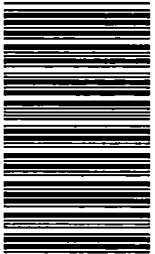
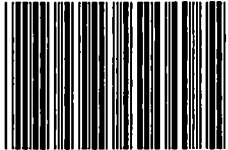


MEDS3068



5167445

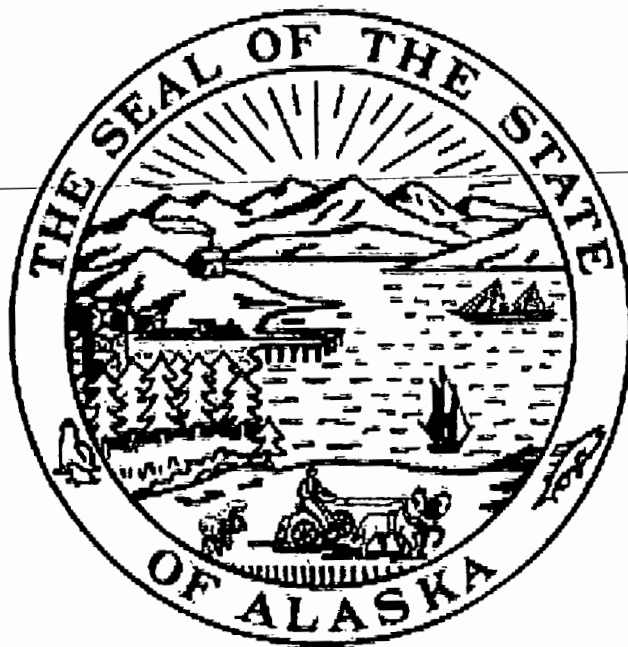


New Packet?

**Alaska Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing**

**Disclaimer:**

The Division of Corporations, Business and Professional Licensing, in accordance with AS 40.21 and 4 AAC 59 has scanned this professional license record from a hardcopy file. Every effort has been made to reproduce the documents completely, clearly, and with maximum accuracy. Due to the age and quality of the original documentation some images may not appear clearly. Please be aware while most of the information contained in professional license records are public information, this file contains information that may be confidential pursuant to state law. Check with the Division paralegal or records officer before distributing this information.



No. 3068  
Effective: 10/22/2014  
Expires: 12/31/2016

**STATE OF ALASKA**  
DEPARTMENT OF COMMERCE, COMMUNITY, & ECONOMIC DEVELOPMENT  
Division of Corporations, Business and Professional Licensing

STATE MEDICAL BOARD  
Certifies that  
**JAN EUGENE WHITEFIELD**  
IS A LICENSED  
**PHYSICIAN**

Commissioner: Susan K. Bell

Wallet Card

No. 3068		
State Of Alaska		
Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing		
<b>JAN EUGENE WHITEFIELD</b>		
IS A LICENSED PHYSICIAN		
Effective 10/22/2014	Expiration 12/31/2016	Date of Birth <b>BOI/Priv.</b>
Signature _____		

IT IS YOUR RESPONSIBILITY TO BE AWARE OF THE CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL AND REPORTING REQUIREMENTS FOR MALPRACTICE SETTLEMENTS.

WALL CERTIFICATES SUITABLE FOR FRAMING ARE AVAILABLE FOR A FEE OF \$20.

THE FEE FOR VERIFICATIONS OF LICENSURE OR LETTERS OF GOOD STANDING IS \$20.

PER 12 AAC 02.900 YOU MUST NOTIFY US IN WRITING IF YOU CHANGE YOUR MAILING ADDRESS. YOU MAY FAX YOUR ADDRESS CHANGE TO (907) 465-2974.

Division website: <http://www.commerce.alaska.gov/occ>  
Division e-mail: [license@alaska.gov](mailto:license@alaska.gov)

MED

JAN EUGENE WHITEFIELD  
5540 GRAND TETON LP  
ANCHORAGE AK 99502

# STATE MEDICAL BOARD

Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
P.O. Box 110806, Juneau, Alaska 99811-0806  
**Physician - Biennial License Renewal**  
**January 1 2015 - December 31 2016**

**Online  
Renewal**

## Personal Information:

Name WHITEFIELD JAN EUGEN License MEDS3068

### Address of Record

5540 GRAND TETON LF

ANCHORAGE AK 99502

### Alternate Address

3260 PROVIDENCE DR, STE 321

ANCHORAGE AK 99502

Spec OBSTETRICS AND GYNECOLOGY  
States Texas, New Mexico

Phone **BOI/Privacy** Fax 907-563-6276  
Email jwhitefield@akwomenshealth.com

## Web Information:

Receipt 10347313

Web Date 10/22/14

XID

Auth Code 00293G

Web Total

Successful Y

Only the license holder is authorized to renew their license online. USE OF THE ONLINE PROGRAM BY ANYONE OTHER THAN THE LICENSEE IS PROHIBITED. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

By checking this box, I affirm that I am the licensee applying for the renewal of this license and that I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

YES

## Professional Fitness Questions

- 1 Since the date of your last application for a license in Alaska or within the past two years has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending? NO
- 2 Since the date of your last application for a license in Alaska or within the past two years have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction (including Alaska) for any reason or is any such action pending? NO
- 3 Since the date of your last application for a license in Alaska or within the past two years have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending? NO
- 4 Since the date of your last application for a license in Alaska or within the past two years have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question 'crime' includes a misdemeanor, felony, or military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving with license, reckless driving, or driving with a suspended or revoked license. 'Convicted' included having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, suspended imposition of sentence, or a fine. NO
- 5 Since the date of your last application for a license in Alaska or within the past two years have you been the subject of an investigation by any licensing jurisdiction (including Alaska) or are you currently under investigation by any licensing jurisdiction (including Alaska) or is any such action pending? NO
- 6 Since the date of your last application for a license in Alaska or within the past two years have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation? NO
- 7 Since the date of your last application for a license in Alaska or within the past two years have you been notified of any complaint or allegations involving you, filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application? NO
- 8 Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment? NO
- 9 Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine? NO
- 10 Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder? NO
- 11 Since the date of your last application for a license in Alaska or within the past two years has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement? NO
- 12 If you responded yes to question 11, has such settlement already been reported to the board? NO
- 13 Since the date of your last application for a license in Alaska or within the past two years have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending? NO

IM-0004

**Continuing Education Questions**

CE1 I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200-240 for the license period 01/01/2013 through 12/31/2014.



# ALASKA STATE MEDICAL BOARD

Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
P. O. Box 110806  
Juneau AK 99811-0806

RECEIVED

Juneau

FEB 05 2014

Division of Corporations, Business  
and Professional Licensing

## CHANGE OF ADDRESS NOTIFICATION

Please print this form legibly and mail the original to the letterhead address.

NAME Whitefield, Jan E  
(Last, First, Middle Initial/Name)

LICENSE NO. 3068

MD     DO     DPM     PA-C     MICP

(2.10 Vjs)

Please change my address of record\* to:

NEW ADDRESS 5540 GRAND TOWER LOOP

Anchorage  
(City)

AK  
(State)

99502  
(Zip)

This is a:     Practice Address     Residence Address

TELEPHONE 907-563-7228 (Day) [Redacted] (Home)

EMAIL ADDRESS [Redacted]

Effective Date of this Address Change: 10/30/2013  
(MM/DD/YYYY)

SIGNATURE Jan Whitefield    2/1/2014  
(Must be signed by license holder only)    Date

\*Address of Record is the official address to which all mail from the board will be sent. Please be aware that this is also considered public information.

Hilyard/Whitefield  
5540 Grand Teton Loop  
Anchorage, AK 99502

ANCHORAGE AK 995

03 FEB 2014 PM 1 T



ALASKA STATE MEDICAL BOARD  
Dept. of Commerce, Community & Econ. Development  
Div. of Corporations, Business & Prof. Lic.  
PO Box 110806  
Juneau, AK. 99811-0806

99811+0806



Alaska State Medical Board  
Dept. of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
P.O. Box 110806  
Juneau, AK 99801

FIRST CLASS



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RECEIVED  
MED # S 068  
JUNEAU

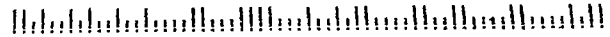
JAN WHITEFIELD  
4115 LAKE OTIS PKWY  
ANCHORAGE, AK 99508

OCT 08 2012

Division of Corporations, Business  
and Professional Licensing

NIXIE 995 DE 1 00 10/05/12  
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD  
BC: 99811080606 \*0589-10524-03-32

IMPOR





# TIME TO RENEW YOUR MEDICAL LICENSE

FOR IMMEDIATE PROCESSING RENEW ONLINE AT

<http://commerce.alaska.gov/occ/pmed.htm>

This is your official notice that your medical license **lapses** after December 31, 2012. To renew your license for the period of January 1, 2013 to December 31, 2014, use **one** of the following options:

- 1) **Renew online** at <http://commerce.alaska.gov/occ/pmed.htm>. You will need your license number, birth date, last four digits of your SSN, and credit card.  
-OR-
- 2) **Print the renewal forms** from the website listed above. Fill out the forms and mail to the Division with the renewal fee. Faxed forms are **not** accepted.  
-OR-
- 3) **Contact the Division** at 907-465-2550 or [license@alaska.gov](mailto:license@alaska.gov) and request a form be mailed to you.

**FINAL DEADLINE: December 31, 2012**

**This is your only renewal notice. You cannot work without a valid license.**

**Paper applications are processed within 3-4 weeks. Plan accordingly.**

No. 3068

Effective: 11/16/2012

Expires: 12/31/2014

# STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, & ECONOMIC DEVELOPMENT

Division of Corporations, Business and Professional Licensing

## STATE MEDICAL BOARD

Certifies that

# JAN EUGENE WHITEFIELD

IS A LICENSED

## PHYSICIAN

Commissioner: Susan K. Bell

Wallet Card

No. 3068      **State Of Alaska**  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
**JAN EUGENE WHITEFIELD**  
 IS A LICENSED  
 PHYSICIAN

Effective	Expiration	Date of Birth
11/16/2012	12/31/2014	<b>BOL/Priv.</b>

Signature \_\_\_\_\_

IT IS YOUR RESPONSIBILITY TO BE AWARE OF THE CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL AND REPORTING REQUIREMENTS FOR MALPRACTICE SETTLEMENTS.

WALL CERTIFICATES SUITABLE FOR FRAMING ARE AVAILABLE FOR A FEE OF \$20.

THE FEE FOR VERIFICATIONS OF LICENSURE OR LETTERS OF GOOD STANDING IS \$20.

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Division website: <http://www.commerce.alaska.gov/occ>  
 Division e-mail: [license@alaska.gov](mailto:license@alaska.gov)

MED

JAN EUGENE WHITEFIELD  
 3260 PROVIDENCE DRIVE, SUITE 322  
 ANCHORAGE AK 99508

# STATE MEDICAL BOARD

Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
P.O. Box 110806, Juneau, Alaska 99811-0806

**Physician - Biennial License Renewal**  
**January 1 2013 - December 31 2014**

**Online  
Renewal**

**Personal Information:**

Name WHITEFIELD JAN EUGENE License MEDS3068

**Address of Record**

3260 PROVIDENCE DRIVE, SUITE 322

ANCHORAGE AK 99508

**Alternate Address**

2550 CURLEW CIRCLE

ANCHORAGE AK 99502

Spec OBSTETRICS AND GYNECOLOGY  
States Texas, New Mexico

Phone 907-563-5151 Fax 907-563-6278  
Email jwhitefield@akwomenshealth.com

**Web Information:**

Receipt 10153675

Web Date 11/16/12

XID

Auth Code 02137G

Web Total

Successful Y

Only the license holder is authorized to renew their license on-line. USE OF THE ON-LINE PROGRAM BY ANYONE OTHER THAN THE LICENSEE IS PROHIBITED. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

By checking this box, I affirm that I am the licensee applying for the renewal of this license and that I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

YES

**Professional Fitness Questions**

- 1 Since the date of your last application for a license in Alaska or within the past two years has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending? NO
- 2 Since the date of your last application for a license in Alaska or within the past two years have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction for any reason or is any such action pending? NO
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- 11 Since the date of your last application for a license in Alaska or within the past two years has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement? NO

- 12 If you responded yes to question 11, has such settlement already been reported to the board? NO
- 13 Since the date of your last application for a license in Alaska or within the past two years have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending? NO

**Continuing Education Questions**

CE1 I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200-240 for the license period 01/01/2011 through 12/31/2012.

No. 3068

Effective: 10/25/2010

Expires: 12/31/2012

# STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

Division of Corporations, Business and Professional Licensing

P.O. Box 110806, Juneau, Alaska 99811-0806

## STATE MEDICAL BOARD

Certifies that

# JAN EUGENE WHITEFIELD

IS A LICENSED

## PHYSICIAN

Commissioner: Susan K. Bell

### Wallet Card

No. 3068

State Of Alaska

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

**JAN EUGENE WHITEFIELD**

IS A LICENSED  
PHYSICIAN

Effective  
10/25/2010

Expiration  
12/31/2012

Date of Birth  
BOI/Priv.

Signature

IT IS YOUR RESPONSIBILITY TO BE AWARE OF CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL.

WALL CERTIFICATES SUITABLE FOR FRAMING ARE AVAILABLE FOR A FEE OF \$20.

THE FEE FOR VERIFICATIONS OF LICENSURE OR LETTERS OF GOOD STANDING IS \$20.

PER 12 AAC 02.900 YOU MUST NOTIFY US IN WRITING IF YOU CHANGE YOUR MAILING ADDRESS. YOU MAY FAX YOUR ADDRESS CHANGE TO (907) 465-2974.

Division Website: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ)

MED

JAN EUGENE WHITEFIELD  
4115 LAKE OTIS PKWY  
ANCHORAGE AK 99508

# STATE-MEDICAL BOARD

Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
P.O. Box 110806, Juneau, Alaska 99811-0806

**Physician - Biennial License Renewal**  
**January 1 2011 - December 31 2012**

**Online  
Renewal**

## Personal Information:

Name WHITEFIELD JAN EUGENE License MEDS3068

### Address of Record

4115 LAKE OTIS PKWY

ANCHORAGE AK 9950E

### Alternate Address

2550 CURLEW CIRCLE

ANCHORAGE AK 99502

Spec OBSTETRICS AND GYNECOLOGY

Phone 907-563-7228

Fax 907-563-6278

States Texas, New Mexico

Email awh@akwomenshealth.com

## Web Information:

Receipt 6611803

Web Date 10/25/10

XID 82011029800280

Auth Code 016336

Web Total

Successful Y

Only the license holder is authorized to renew their license on-line. USE OF THE ON-LINE PROGRAM BY ANYONE OTHER THAN THE LICENSEE IS PROHIBITED. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

By checking this box, I affirm that I am the licensee applying for the renewal of this license and that I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

YES

## Professional Fitness Questions

- 1 Has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending? NO
- 2 Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction for any reason or is any such action pending? NO
- 3 Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending? NO
- 4 Have you been convicted of a felony or misdemeanor, other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country or is any such action pending? NO
- 5 Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction or is any such action pending? NO
- 6 Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation? NO
- 7 Have you been notified of any complaint or allegations involving you, filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application? NO
- 8 Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment? NO
- 9 Have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine? NO
- 10 Have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder? NO
- 11 Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement? NO
- 12 If you responded NO
- 13 Have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending? NO

## Continuing Education Questions

CE1 I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200-240 for the license period 01/01/2009 through 12/31/2010.

No. 3068  
Effective: 11/03/2008  
Expires: 12/31/2010

**STATE OF ALASKA**  
**DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT**  
**Division of Occupational Licensing**  
**P.O. Box 110806, Juneau, Alaska 99811-0806**  
**STATE MEDICAL BOARD**

Certifies that

**JAN EUGENE WHITEFIELD**  
IS A LICENSED  
**PHYSICIAN**

Commissioner: Emil Notti

Wallet Card

No. 3068  
State Of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Occupational Licensing  
**JAN EUGENE WHITEFIELD**  
IS A LICENSED  
PHYSICIAN

Effective	Expiration	Date of Birth
11/03/2008	12/31/2010	BOI/Priv.

Signature \_\_\_\_\_

IT IS YOUR RESPONSIBILITY TO BE AWARE OF CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL.

WALL CERTIFICATES SUITABLE FOR FRAMING ARE AVAILABLE FOR A FEE OF \$20.

THE FEE FOR VERIFICATIONS OF LICENSURE OR LETTERS OF GOOD STANDING IS \$20.

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Division Website: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ)

MED

JAN EUGENE WHITEFIELD  
4115 LAKE OTIS PKWY  
ANCHORAGE AK 99508

0913203

**RECEIVED**  
 MED  
 OCT 30 2008  
 DIVISION OF CORPORATIONS  
 BUSINESS AND PROFESSIONAL  
 LICENSING / ANCHORAGE

Receipt No.	Amount
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**ALASKA STATE MEDICAL BOARD**  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business, and Professional Licensing  
 Post Office Box 110806  
 Juneau AK 99811-0806  
 (333 Willoughby Street - Ninth Floor)  
 Phone: (907) 465-2541  
 E-mail: license@alaska.gov

Renew Online at  
<http://www.commerce.state.ak.us/occ/pmed.htm>



**MEDICAL LICENSE (MD / DO / DPM)  
 RENEWAL APPLICATION**

For the Period of January 1, 2009 through December 31, 2010

**INSTRUCTIONS AND GENERAL INFORMATION - Please read carefully.**

Your license to practice medicine in Alaska lapses December 31, 2008. There is no grace period. It is illegal for you to practice if your license is lapsed. To renew your license for the coming license period, please return this signed application to the above address with a check or money order payable to the State of Alaska or by credit card using the attached credit card authorization form. THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE. If you wish to receive confirmation that the board has received your renewal, mail it certified, return receipt requested. Receipt of the renewal form does not mean processing is complete or that a renewed license has been issued. Please see additional information on pages 4 and 5.

**TYPE OF RENEWAL: (Check appropriate box.)**

**Active License**  
**\$590**

**Inactive License**  
**\$250**

**Retired License**  
**\$100**

**PERSONAL INFORMATION: (Please print legibly or type.)**

Name (Last, First, Middle) WHITEFIELD, JAN Eugene		License No. 3068	Gender <input type="checkbox"/> F <input checked="" type="checkbox"/> M
Practice Address (Complete address) 415 Lake Otis Parkway, Anchorage, AK 99508		Use as Address of Record <input checked="" type="checkbox"/>	
Residence Address (Complete address) 2550 Curlew Circle, Anchorage, AK 99502		Use as Address of Record <input type="checkbox"/>	
Work Telephone (907) 563-7228	Fax (907) 563-5027	Email Address: BOI/Privacy	
Social Security Number AS 45.48.400	Date of Birth (MM/DD/YYYY) BOI/Privacy	Do you wish to be included on an emergency email notification list to be used only in the event of a public health emergency or disaster? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**REQUIRED INFORMATION:**

Practice Specialty OB/GYN	Subspecialty						
List all other states and/or provinces of Canada or other jurisdictions in which you hold or have ever held a license to practice medicine. (Attach a separate sheet if needed.)	TX	N.M.					
Reviewed by Leslie A. Gallant							

NO ISSUE -- Previously known/reported to board.  
 Initials: [Signature] Date: 11/3/08



**PROFESSIONAL CONDUCT:** The following questions must be answered. "Yes" answers do not automatically result in license denial. If you answer "yes" to any question, attach a detailed explanation including relevant dates and circumstances. Attach copies of any supporting documents that are applicable (court records, board actions, etc.). Failure to attach a detailed explanation will result in the application being rejected. Please read each question carefully. Please check the appropriate response to the questions below.

**CONFIDENTIALITY:** The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

**PUBLIC INFORMATION:** All information in this renewal form will be available to the public unless required to be kept confidential by law.

**Since the date of your last application for a license in Alaska or within the past two years:**

- 1)  No  Yes Has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending?
- 2)  No  Yes Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction for any reason or is any such action pending?
- 3)  No  Yes Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records), or is any such action pending?
- 4)  No  Yes Have you been convicted of a felony or misdemeanor, other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country or is any such action pending?
- 5)  No  Yes Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction or is any such action pending?
- 6)  No  Yes Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?
- 7)  No  Yes Have you been notified of any complaint or allegations involving you filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application?
- 8)  No  Yes Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?

---

- 9)  No  Yes Have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine?
- 10)  No  Yes Have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?
- 11)  No  Yes Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?
- 12)  No  Yes If you responded 'yes' to question 11, has such settlement already been reported to the board?
- 13)  No  Yes Have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending?

*Please attach a separate sheet and supporting documents explaining any 'yes' responses to the questions in this application.*

## CONTINUING MEDICAL EDUCATION

As provided by regulations 12 AAC 40.200, 210, 220, and 240 (see page 5), your license cannot be renewed unless you have met continuing medical education requirements. Individuals who are renewing their licenses in "Retired" status are not required to complete CME.

<u>If your license number is:</u>	<u>From 01/01/2007 to 12/31/2008, you must have been awarded:</u>
0001 to 5944 ..... (licensed prior to 12/31/2006)	At least 50 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.
5945 to 6247 ..... (licensed during 2007)	At least 25 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.

Only those CME hours actually awarded between January 1, 2007 and December 31, 2008 may be used to satisfy the requirements for the licensing period of 2007-08.

**YOU MAY BE AUDITED!**

The board will conduct a random audit of ten percent of the license application renewals. If your license is randomly selected for audit, you will be contacted by separate letter within 60 days after renewal. You will be **required** to submit copies of your certificates and other documentation that proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits. **DO NOT SUBMIT YOUR CME DOCUMENTS WITH THIS RENEWAL.**

**CME STATEMENT OF COMPLIANCE** (Check one) :

- YES . . . . I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200 - 240 for the license period 01/01/2007 through 12/31/2008.
  
- NO . . . . I have not met the requirements of law for continuing medical education and I am attaching a detailed explanation of the reason for my inability to obtain the required hours of CME. I understand that my license will not be renewed at this time due to this failure to obtain the CME. I will contact a representative of the Division of Corporations, Business and Professional Licensing for assistance. Refer to 12 AAC 40.200 on page 5 attached.
  
- NO . . . . I am renewing my license as a RETIRED LICENSE.

**STATEMENT**

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content thereof.

I declare that all of the information contained herein and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice medicine in the state of Alaska.

Jon E. Whitefield  
Applicant's Signature

12/26/08  
Date

**WARNING:** The medical board may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice medicine by fraud, deceit, or misrepresentation. The person may also be subject to criminal charges under AS 11.56.210 and AS 11.56.230.



**REPORT OF MALPRACTICE CLAIM SETTLEMENT**

Please read instructions carefully:

- 1) PLEASE PRINT CLEARLY. Incomplete or illegible reports will be returned.
- 2) Answer all questions in the form.
- 3) Return the completed form to the letterhead address.
- 4) DO NOT USE PATIENT NAME TO IDENTIFY CASE.
- 5) Submit your report within 30 days following the settlement of a case. Refer to statutes and regulation (on page 3).
- 6) Social security number for identification purposes only – not released to the public.



**PART I IDENTIFICATION INFORMATION**

NAME (Last, First, Middle) Whitefield, Jan E.	
ADDRESS 4115 Lake Otis Parkway	
CITY, STATE, ZIP Anchorage, AK 99508	
TELEPHONE – DAY (907)563-7228	TELEPHONE – FAX (907)563-6278
ALASKA LICENSE NUMBER No. <u>S 3068</u> <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DPM <input type="checkbox"/> PA-C	SOCIAL SECURITY NUMBER <u>AS 45.48.400</u>

**PART II CLAIM INFORMATION**

Case/Claim/ Court/Chart Number: 3AN-04-12424CI      Date(s) of Occurrence: 11/12/02      Date of Award/ Settlement: 10/4/07

Total Amount of Award/Settlement\*: \$600,000

\* If the amount is subject to a confidentiality order, a copy of the court order or other agreement must be attached to this report.

Type of Payment (check one):    One-Time Lump Sum       Monthly Annuity       Structured Settlement       Other  
 Type of Award/Settlement (check one):    CA (Court Award)       PC (Private Compromise)  
     SET-A (Settlement after initiation civil action)       SET-B (Settlement before initiation civil action)

Location of Medical Records (Indicate hospital, doctor's office, etc.): Alaska Women's Health Services

Complete description of the alleged malpractice case including the duration of physician-patient relationship, frequency of patient contacts, any external factors that have bearing on the case, duration of patient-physician relationship, initial diagnosis, treatment plan, follow-up by both the physician and patient, and other pertinent information (300 words or less). Attach additional page if needed.

**PART III ALLEGATION**      Describe the nature of the allegation of the malpractice claim.

Plaintiff was my patient from October of 2002 through January of 2003. I am a gynecologist. I performed a laparoscopy assisted vaginal hysterectomy and salpingo-oophorectomy procedure on Plaintiff on November 12, 2002, to relieve pelvic pain and bleeding. The preoperative diagnosis was menometrorrhagia. Complications and neurological problems occurred following the procedure,

including urinary retention experienced postoperatively and, later, constipation, bowel incontinence, and lack of sensation in the genital area and these conditions have required further medical treatment. Plaintiff claimed that the surgery was performed in a negligent manner and that I had failed to obtain proper consent and that she suffered damages as a result of my acts or omissions.

**PART IV LICENSEE'S DESCRIPTION OF CASE** Complete description of the alleged malpractice case including the duration of patient-physician relationship, frequency of patient contacts, any external factors that have bearing on the case, duration of patient-physician relationship, initial diagnosis, treatment plan, follow-up by both the physician and patient, and other pertinent information (300 words or less). Attach additional page if needed.

On October 23, 2002, I saw Plaintiff upon referral from Dr. Laura Walters and/or Dr. Souza. The consultation addressed her heavy, painful menstrual periods. She had already attempted conservative treatment including birth control pills and hormone therapy. Those records had been faxed to me earlier. I took a detailed history. I discussed the treatment options, including surgical options with Plaintiff. I recommended medical treatment, which would also be a diagnostic modality, which she declined. Plaintiff desired a definitive treatment for her problem. I discussed these options with her and, after she was informed of the alternatives, including the risks and benefits of surgery, she chose to have a hysterectomy.

On November 8, 2002, I met with Plaintiff again and discussed the common risks and the surgery, including bleeding, infection, bowel and bladder injury, anesthesia and failure of the treatment. She consented to the treatment.

The surgical procedure was conducted on November 12, 2002. Prior to the procedure, I again discussed the surgery risks, including anesthesia, infection, bleeding and injury to the bowel and bladder. The surgery was a laparoscopically assisted vaginal hysterectomy with a bilateral salpingo-oophorectomy. (LAVH/BSO) The surgery was performed in a standard, reasonable and appropriate manner. There were no complications. After the surgery Plaintiff experienced post-operative problems involving urinary retention. She was discharged with a catheter on 11/15/02 and returned to her home in Kodiak. She was then referred to Dr. Tomera, an urologist, who assumed her care for this problem. Plaintiff was diagnosed with Fowler's Syndrome, described as similar to Reflex Sympathetic Dystrophy (RSD) of the bladder. This is a very rare condition. The etiology of this condition is unknown, both in general and specifically in this case. A temporary nerve stimulator was placed, and later a permanent one inserted, underneath the skin in the sacral area. These had some success in relieving symptoms.

Plaintiff also reported other symptoms that succeeded the LAVH/BSO, including constipation, bowel incontinence and lack of feeling in her thigh and genital area.

**PART V LICENSEE'S RESPONSE TO ALLEGATIONS** Licensee's response to allegations including extenuating factors, complications, and other pertinent information (attach additional page if needed):

On November 12, 2002, I performed a necessary and appropriate laparoscopy assisted vaginal hysterectomy and salpingo-oophorectomy procedure on Plaintiff to relieve pelvic pain and bleeding. Previous to surgery I had discussed with Plaintiff non-surgical options and the risks of this surgery as well as consequences of removal of ovaries. The informed consent obtained was reasonable and met the standard of care as set forth by Alaska statute. This Court ruled on my motion for summary judgment that my surgical technique did not fall below the standard of care. I have denied all claims of negligence and malpractice.

Physician  
Signature

Jane Whitfield

Date

11/19/07

NOTARY VERIFICATION:

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for the State of

Alaska

, this

19<sup>th</sup>

day of

November 2007

Notary Signature

B Kelley Cowgill

(Notary Seal)

My commission expires:

December 25, 2010



STAFF REVIEW:	DATE:
Signature	
ENTERED IN LICENSE DATABASE:	BY:
Date:	
REVIEWED BY BOARD	
Meeting of:	
RECOMMENDATION OF BOARD:	
<input type="checkbox"/> No further action required <input type="checkbox"/> Additional Information Required <input type="checkbox"/> Refer to Investigations	
RETURNED TO BOARD WITH ADDITIONAL INFORMATION:	
Meeting of:	
FOLLOW UP LETTER SENT:	
<input type="checkbox"/> Closure, no further action <input type="checkbox"/> Referred to Investigations for further inquiry	

**Sec. 08.64.130. Board records.** (a) The board shall preserve a record of its proceedings, which must contain the name, age, residence and duration of residence of each applicant for a license, the time spent by the applicant in medical study, the place of medical study, and the year and school from which degrees were granted. The record must also show whether the applicant was granted a license or rejected.

(b) The board shall maintain records for each person licensed under this chapter concerning the outcome of malpractice actions and claims as reported under AS 08.64.200(a) and 08.64.345. The board shall periodically review these records to determine if the licensee should be found to be professionally incompetent under AS 08.64.326(a)(8)(A).

(c) The board shall make available to the public the information maintained under (a) and (b) of this section for each person licensed under this chapter.

**Sec. 08.64.345. Reports relating to malpractice actions and claims.** A person licensed under this chapter shall report in writing to the board concerning the outcome of each medical malpractice claim or civil action in which damages have been or are to be paid by or on behalf of the licensee to the claimant or plaintiff, whether by judgment or under a settlement. This report shall be made within 30 days after resolution of the claim or termination of the civil action.

**12 AAC 40.930. Requirements for Reporting the Outcome of Malpractice Claims or Actions.** (a) A person licensed under this chapter shall submit to the board a signed, notarized report on a form provided by the department, explaining the outcome of each malpractice claim or action against the licensee in which damages have been or are to be paid, whether by judgement or settlement. Reports shall be submitted to the board within 30 days of the date of the resolution of the claim or action.

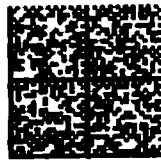
(b) Malpractice reports shall include the

- (1) name and address of the licensee;
- (2) telephone number of the licensee;
- (3) date of the occurrence;
- (4) summary of the alleged malpractice;
- (5) summary of the licensee's response to the allegations;
- (6) case, claim, or court number of the malpractice claim or action; if a court action was not filed, the medical record or chart number, and the location of the records relating to the alleged malpractice;
- (7) amount of the award or settlement paid or to be paid by or on behalf of the licensee;
- (8) date of award or settlement;
- (9) following type of resolution of the claim or action:
  - (A) court or jury award;
  - (B) settlement following initiation of civil court action;
  - (C) settlement before the initiation of civil court action;
  - (D) other private compromise.

(c) Failure to submit a malpractice report required by this section constitutes unprofessional conduct under 12 AAC 40.967 and is subject to disciplinary action by the board.

**CONFIDENTIAL SETTLEMENTS:**

Please note that most confidential settlements have a provision that the details of such settlements will be confidential unless required to be disclosed by law. These statutes and regulations require disclosure to the medical board regardless of the nature of the settlement. If the amount is subject to a confidentiality order from a court, a copy of the court order must be provided with the form when submitting the report. Since the information maintained by the board is subject to release to the public upon request, in order to comply with a court ordered confidentiality clause, we must have a copy of the court order on file.



UNITED STATES POSTAGE  
FITNEY BOWES

02 1A  
0004351619 OCT 28 2008  
MAILED FROM ZIP CODE 99501

Alaska Women's Center  
115 Lake of the Kings  
Anchorage, AK 99508

Received By  
**AK Medical Board**  
AK Medical Board

**RECEIVED**

OCT 8 0 2008

DIVISION OF CORPORATIONS  
BUSINESS AND PROFESSIONAL  
LICENSING / ANCHORAGE

Alaska State Medical Board  
Department of Commerce, Community & Economic Dev.  
Division of Corporations, Business & Professional Licen.  
550 West 7th Ave suite 1500  
Anch, AK 99501

No. 3068  
Effective: 11/21/2006  
Expires: 12/31/2008

**STATE OF ALASKA**  
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
Division of Occupational Licensing  
P.O. Box 110806, Juneau, Alaska 99811-0806  
**STATE MEDICAL BOARD**

Certifies that

**JAN EUGENE WHITEFIELD**  
IS A LICENSED  
**PHYSICIAN**

Commissioner: William C. Noll

Wallet Card

No. 3068		
State Of Alaska		
Department of Commerce, Community, and Economic Development		
Division of Occupational Licensing		
<b>JAN EUGENE WHITEFIELD</b>		
IS A LICENSED PHYSICIAN		
Effective 11/21/2006	Expiration 12/31/2008	Date of Birth <b>BOL/Priv.</b>
Signature _____		

IT IS YOUR RESPONSIBILITY TO BE AWARE OF CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL.

WALL CERTIFICATES SUITABLE FOR FRAMING ARE AVAILABLE FOR A FEE OF \$20.

THE FEE FOR VERIFICATIONS OF LICENSURE OR LETTERS OF GOOD STANDING IS \$20.

PER 12 AAC 02.900 YOU MUST NOTIFY US IN WRITING IF YOU CHANGE YOUR MAILING ADDRESS. YOU MAY FAX YOUR ADDRESS CHANGE TO (907) 465-2974.

Division Website: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ)

MED

JAN EUGENE WHITEFIELD  
4115 LAKE OTIS PKWY  
ANCHORAGE AK 99508



# STATE MEDICAL BOARD

Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
P.O. Box 110806, Juneau, Alaska 99811-0806  
**Physician - Biennial License Renewal**  
**October 20 2006 - December 31 2008**

**Online  
Renewal**

## Personal Information:

Name	WHITEFIELD JAN EUGENE	License	MEDS3068
Address of Record		Alternate Address	
	4115 LAKE OTIS PKWY		2550 CURLEW CIRCLE
	ANCHORAGE AK 99506		ANCHORAGE AK 99502
Spec	OBSTETRICS AND GYNECOLOGY	Phone	907-563-7228
States		Fax	907-563-6278
		Email	JWHITEFIELD@AKWOMENSHEALTH.COM

## Web Information:

Receipt	668296	Web Date	11/21/06	XID	19276435
Auth Code	021293	Web Total	590	Successfull	Y

Only the license holder is authorized to renew their license on-line. Use of the on-line program by anyone other than the licensee is prohibited. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

I affirm that I am the individual applying for the renewal of this license. I further certify that the information provided is true and correct. I understand that all information is subject to review.

YES

## Professional Fitness Questions

- 1 Has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending? NO
- 2 Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction for any reason or is any such action pending? NO
- 3 Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending? NO
- 4 Have you been convicted of a felony or misdemeanor, other other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country or is any such action pending? NO
- 5 Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any-licensing-jurisdiction-or-is-any-such-action-pending? NO
- 6 Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation? NO
- 7 Have you been notified of any complaint or allegations involving you filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application? NO
- 8 Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment? NO
- 9 Have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine? NO
- 10 Have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder? NO
- 11 Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement? NO
- 12 Have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending? NO

## Continuing Education Questions

CE1 I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200-240 for the license period 01/01/2005 through 12/31/2006.

No. 3068  
Effective: 11/23/2004  
Expires: 12/31/2006

**STATE OF ALASKA**  
**DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC**  
**DEVELOPMENT**  
**Division of Occupational Licensing**  
**STATE MEDICAL BOARD**

Certifies that

**JAN EUGENE WHITEFIELD**  
IS A LICENSED  
**PHYSICIAN**

Commissioner: Edgar Blatchford

Wallet Card

No. 3068			State Of Alaska		
Department of Commerce, Community, and Economic Development					
Division of Occupational Licensing					
<b>JAN EUGENE WHITEFIELD</b>					
IS A LICENSED PHYSICIAN					
Effective	Expiration	Date of Birth			
11/23/2004	12/31/2006	BOI/Priv.			
Signature _____					

IT IS YOUR RESPONSIBILITY TO BE AWARE OF THE CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL.

WALL CERTIFICATES SUITABLE FOR FRAMING ARE AVAILABLE FOR A FEE OF \$20.

THE FEE FOR VERIFICATIONS OF LICENSURE OR LETTERS OF GOOD STANDING IS \$20.

PER 12 AAC 02.900 YOU MUST NOTIFY US IN WRITING IF YOU CHANGE YOUR MAILING ADDRESS. YOU MAY FAX YOUR ADDRESS CHANGE TO (907) 465-2974.

Division Website: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ)

MED

JAN EUGENE WHITEFIELD  
4115 LAKE OTIS PKWY  
ANCHORAGE AK 99508



**REQUIRED INFORMATION** (Information required to update the board's license database.):

MEDICAL SCHOOL (Name of school) <i>UNiversity of New Mexico</i>		Year of Graduation <i>1980</i>
LOCATION (City, State) <i>Albuquerque New Mexico</i>		Country <i>USA</i>
SELF-DESIGNATED PRACTICE SPECIALTY <i>OS/gyn</i>	SUBSPECIALTY	SUBSPECIALTY

LIST **ALL** OTHER STATES AND/OR PROVINCES OF CANADA OR OTHER JURISDICTIONS IN WHICH YOU HOLD OR HAVE EVER HELD A LICENSE TO PRACTICE MEDICINE

*Texas*  
*New Mexico*

**PROFESSIONAL CONDUCT:** The following questions must be answered. "Yes" answers do not automatically result in license denial. If you answer "Yes" to any question, attach a detailed explanation including dates and circumstances. Attach copies of supporting documents that are applicable (court records, copies of actions, etc.). **Failure to attach a detailed explanation will result in the application being rejected. Please read each question carefully and check the appropriate response to the questions below.**

**CONFIDENTIALITY:** The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "Yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

**Since the date of your last application for a license to practice medicine in Alaska,**

1.  NO  YES Has your professional license been denied, revoked, suspended, surrendered, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction, including military authorities?
2.  NO  YES Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction?
3.  NO  YES Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (OTHER THAN FOR LATE MEDICAL RECORDS)?
4.  NO  YES Have you been convicted of a felony or misdemeanor, other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country?
5.  NO  YES Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction?
6.  NO  YES Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?
7.  NO  YES Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?
8.  NO  YES Have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine?
9.  NO  YES Have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?

(Questions Continued on Next Page)

10.  NO  YES Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid, or are to be paid, by you, or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?

11.  NO  YES Have you been investigated by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason?

RECEIVED  
NOV 12 2004

**CONTINUING MEDICAL EDUCATION\***

As provided by regulations 12 AAC 40.200 – 240, your license cannot be renewed unless you have met continuing medical education requirements. Those regulations are provided on page 4 of this application. Individuals who are renewing their licenses in "Retired" status are not required to complete CME.

DIVISION OF  
OCCUPATIONAL LICENSING

If your license number is: From 01/01/2003 to 12/31/2004, you must have completed and been awarded:

- 0001 to 5021 ..... At least 34 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.\*
- 5022 to 5237 ..... At least 17 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.\*

\* Please be aware of a change in the law. Effective January 1, 2005, you will be required to obtain a minimum of 25 hours of continuing medical education each year (50 hours each biennial licensing period) to renew your license.

**YOU MAY BE AUDITED**

The board will conduct a random audit of ten percent of the license application renewals. If your license is randomly selected for audit, you will be contacted by separate letter and will be required to submit copies of certificates or other documentation that proves you satisfied the continuing education requirements as affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits. DO NOT SUBMIT YOUR CME DOCUMENTS WITH THIS RENEWAL.

**CME STATEMENT OF COMPLIANCE**

Check one:

YES . . . I hereby affirm that between 1/1/03–12/31/04, I was awarded the required continuing medical education hours as set forth in regulations 12 AAC 40.200 - 240.

NO . . . . I have not met the requirements of law for continuing medical education. I have attached a detailed explanation of the reason for my inability to obtain the required hours of CME and my request for an extension of time in order to comply with those requirements. I understand that my license will not be renewed at this time due to my failure to obtain the CME. I will contact a representative of the Division of Occupational Licensing for assistance. (Refer to 12 AAC 40.200 on page 4 attached.)

NO . . . . I am renewing my license in RETIRED status and am not required to provide proof of CME.

I hereby certify and affirm that the information provided in this application document is true and correct.

➔ Sign here Jan E Whitefield  
Applicant's Signature

➔ 11/1/04  
Date

**WARNING:** The medical board may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230)

**BEFORE YOU MAIL THIS RENEWAL APPLICATION--HAVE YOU?**

- Attached a check for fees payable to the "State of Alaska"?
- Completed all questions in the form?
- Attached explanations for any 'yes' responses?
- Signed and dated the renewal form?

1.240  
DIVISION OF  
333 MILLION  
JUNE 04  
987-3

Phone

ID: 00000001  
11/15/04  
Batch #: 000197

MASTERCARD

XXXXXXXXXXXX2659H      Exp: 06  
Appr Code: 015154      Invoice#: 0  
Total:                      \$ 51

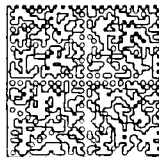
I agree to pay above total amount  
according to card issuer agreement  
(Merchant agrees not if credit voucher)

X \_\_\_\_\_

Merchant Cop.  
THANK YOU!!

**205427**

Alaska Women's Health Services, Inc.  
4115 Lake Otis Parkway  
Anchorage, AK 99508



02 1A \$ 00.37<sup>0</sup>  
0004357452 NOV 05 2004  
MAILED FROM ZIP CODE 99508

Alaska State Medical Board  
Dept. of Commerce, Community, &  
Economic Development  
Division of Occupational Licensing  
PO Box 110806  
Juneau, AK 99811-0806

JW-0031

No. 3068

Effective: 11/23/2004

Expires: 12/31/2006

# STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC  
DEVELOPMENT

Division of Occupational Licensing

## STATE MEDICAL BOARD

Certifies that

# JAN EUGENE WHITEFIELD

IS A LICENSED

## PHYSICIAN

Commissioner: Edgar Blatchford

Wallet Card

No. 3068	<b>State Of Alaska</b>	
Department of Commerce, Community, and Economic Development Division of Occupational Licensing		
<b>JAN EUGENE WHITEFIELD</b>		
IS A LICENSED PHYSICIAN		
Effective 11/23/2004	Expiration 12/31/2006	Date of Birth <b>BOI/Priv.</b>
Signature _____		

IT IS YOUR RESPONSIBILITY TO BE AWARE OF THE CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL.

WALL CERTIFICATES SUITABLE FOR FRAMING ARE AVAILABLE FOR A FEE OF \$20.

THE FEE FOR VERIFICATIONS OF LICENSURE OR LETTERS OF GOOD STANDING IS \$20.

PER 12 AAC 02.900 YOU MUST NOTIFY US IN WRITING IF YOU CHANGE YOUR MAILING ADDRESS. YOU MAY FAX YOUR ADDRESS CHANGE TO (907) 465-2974.

Division Website: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ)

MED

JAN EUGENE WHITEFIELD  
4115 LAKE OTIS PKWY  
ANCHORAGE AK 99508



214164

January 19, 2005

RE: Duplicate Medical License  
Jan E. Whitefield, M.D.  
License # 3068  
DOB: BOI/Priv.

MED  
RECEIVED  
FOR  
JAN 24 2005

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

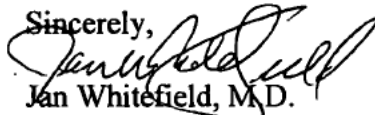
Dear Ms. Linda Sherwood,

I am requesting a duplicate medical license be sent to me due to a misplacement of my renewal license. I have enclosed a \$5.00 check made out to the State of Alaska as per instructed by Leslie Gallant. If you need any further information please contact me at 563-7228.

Please forward to the following address:

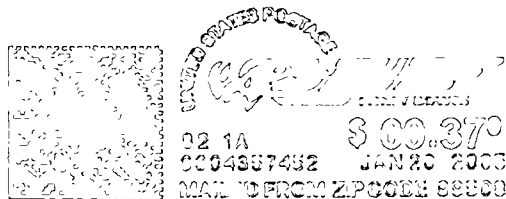
2550 Curlew Circle  
Anchorage, AK. 99502

Sincerely,

  
Jan Whitefield, M.D.



4115 Lake Otis Parkway  
Anchorage, Alaska 99508



ATTN: Linda Sherwood  
State of Alaska  
P.O. Box 110806  
Juneau, AK 99811-  
0806

99511#0806 0000



JW-0034

No. 3068

Effective: 11/26/2002

Expires: 12/31/2004

# STATE OF ALASKA

DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

P.O. Box 110806, Juneau, Alaska 99811-0806

## STATE MEDICAL BOARD

Certifies that

# JAN EUGENE WHITEFIELD

IS A LICENSED

## PHYSICIAN

Commissioner: Deborah B. Sedwick

Wallet Card

No. 3068

State Of Alaska

Department of Community and Economic Development  
Division of Occupational Licensing

**JAN EUGENE WHITEFIELD**

IS A LICENSED  
PHYSICIAN

Effective	Expiration	Date of Birth
11/26/2002	12/31/2004	BOI/Priv.

Signature \_\_\_\_\_

IT IS YOUR RESPONSIBILITY TO BE AWARE OF THE CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL.

WALL CERTIFICATES SUITABLE FOR FRAMING ARE AVAILABLE FOR A FEE OF \$20.

THE FEE FOR VERIFICATIONS OF LICENSURE OR LETTERS OF GOOD STANDING IS \$20.

PER 12 AAC 02.900 YOU MUST NOTIFY US IN WRITING IF YOU CHANGE YOUR MAILING ADDRESS. YOU MAY FAX YOUR ADDRESS CHANGE TO (907) 465-2974.

MED

JAN EUGENE WHITEFIELD  
4115 LAKE OTIS PKWY  
ANCHORAGE AK 99508



# ALASKA STATE MEDICAL BOARD

Department of Community & Economic Development  
Division of Occupational Licensing  
P. O. Box 110806  
Juneau AK 99811-0806  
E-mail: license@dced.state.ak.us

A - K: (907) 465-2756  
L - Z: (907) 465-2541

**MED**  
**RECEIVED**  
**NOV 07 2002**  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU  
590/23160 ✓ TA  
613321

MED S 3068  
JAN EUGENE WHITEFIELD  
~~2550 CURLEW CIRCLE~~  
ANCHORAGE AK 99515

**MEDICAL LICENSE (MD, DO, DPM)**  
**RENEWAL APPLICATION**  
For the period of January 1, 2003 thru December 31, 2004

### INSTRUCTIONS - Please read carefully.

Your license to practice medicine in Alaska lapses December 31, 2002. There is no grace period. It is illegal for you to practice if your license is lapsed. To renew your license for the coming license period, please return this signed application to the above address with a check or money order payable to the State of Alaska. **This is the only renewal notice you will receive.** If you wish to receive confirmation that the board has received your renewal, mail it certified, return receipt requested. Receipt of the renewal form does not mean processing is complete or that a renewed license has been issued.

**RENEWAL DUE DATE** For renewal prior to December 31, 2002, your completed renewal form and fees must be received in our office no later than December 1, 2002. Processing of a complete renewal takes three to four weeks from the date of receipt in our office - plan accordingly. Your renewal will be rejected if the form is incomplete or insufficient fees are received.

**NAME CHANGE** If you have had a legal name change since your last license was issued, enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.

**SOCIAL SECURITY NUMBERS** In accordance with AS 08.01.100(e), the department is not authorized to renew a license unless the licensee's social security number has been provided to the department.

**LAPSED LICENSES** If you choose not to renew your license before it lapses, you may renew the license at a later date only after meeting the requirements of regulation 12 AAC 40.025 (see page 4). Licenses that are expired for more than five years may not be renewed.

**INACTIVE LICENSES** You may not practice medicine or write prescriptions in Alaska with an inactive license. BEFORE YOU RENEW YOUR LICENSE AS INACTIVE, please carefully review 12 AAC 40.033, page 4, regarding reactivation requirements.

**RETIRED LICENSES** There is a one-time fee for the remainder of the licensee's lifetime. A physician may not practice medicine on a retired license, nor is there a requirement to meet CME under a retired license. BEFORE YOU RETIRE YOUR LICENSE, please carefully review 12 AAC 40.031 regarding reactivation requirements that are included in this renewal (page 4).

**PAYMENT OF CHILD SUPPORT OR STUDENT LOANS** If the Alaska Child Support Enforcement Division has determined you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you will be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Enforcement at (907) 269-6686, (907) 269-6688, or 1-800/478-3300 or Post-Secondary Education at 1-888/441-2961 to resolve payment issues.

**PUBLIC INFORMATION** All information on this renewal form will be available to the public unless required to be kept confidential by law. Current licensee information, including mailing address, is available on the Division of Occupational Licensing's website at [www.dced.state.ak.us/occ](http://www.dced.state.ak.us/occ) under "Occupational License Search."

Check appropriate box:  **ACTIVE LICENSE \$590**       **INACTIVE LICENSE \$250**       **RETIRED LICENSE \$100**  
(Please read 12 AAC 40.025.)      (Please read 12 AAC 40.031.)

### PERSONAL INFORMATION: (PRINT LEGIBLY OR TYPE)

NAME (Last, First, Middle) WHITEFIELD, JAN Eugene		SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
PRACTICE ADDRESS (Complete address) 4115 LAKE OTIS PARKWAY, Anchorage AK 99508		Use as Address of Record: <input checked="" type="checkbox"/>
RESIDENCE ADDRESS (Complete address) 2550 Curlew Circle Anchorage, AK 99502		Use as Address of Record: <input type="checkbox"/>
WORK TELEPHONE: 907-563-7228	E-MAIL ADDRESS: BOI/Privacy	
SOCIAL SECURITY NO.: AS 45.48.400	DATE OF BIRTH (MM/DD/YYYY) BOI/Privacy	ALASKA LICENSE NO. 3068

**REQUIRED INFORMATION** (Information required to update the board's license database.):

MEDICAL SCHOOL (Name of school) <i>UNIVERSITY of New Mexico</i>		Year of Graduation <i>1980</i>
LOCATION (City, State) <i>Albuquerque, New Mexico</i>		Country <i>USA</i>
PRACTICE SPECIALTY <i>OB/GYN</i>	SUBSPECIALTY	SUBSPECIALTY

LIST **ALL** OTHER STATES AND/OR PROVINCES OF CANADA OR OTHER JURISDICTIONS IN WHICH YOU HOLD OR HAVE EVER HELD A LICENSE TO PRACTICE MEDICINE

*New Mexico*  
*Texas*

**PROFESSIONAL CONDUCT:** The following questions must be answered. "Yes" answers do not automatically result in license denial. If you answer "Yes" to any question, attach a detailed explanation including dates and circumstances. Attach copies of supporting documents that are applicable (court records, copies of actions, etc.). **Failure to attach a detailed explanation will result in the application being rejected. Please read each question carefully. Please check the appropriate response to the questions below.**

**CONFIDENTIALITY:** The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "Yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

**Since the date of your last application for a license to practice medicine in Alaska, or within the past two years:**

1.  NO  YES Has your professional license been denied, revoked, suspended, surrendered, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction, including military authorities?
2.  NO  YES Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction?
3.  NO  YES Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (OTHER THAN LATE MEDICAL RECORDS)?
4.  NO  YES Have you been convicted of a felony or misdemeanor, other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country?
5.  NO  YES Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction?
6.  NO  YES Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?
7.  NO  YES Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?
8.  NO  YES Have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine?
9.  NO  YES Have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?

(Questions Continued on Next Page)

NOV 07 2002

DIVISION OF OCCUPATIONAL LICENSING JUNEAU

10.  NO  YES Has a medical malpractice claim been resolved or a civil action been terminated or dismissed, and damages have been paid, or are to be paid, by you, or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?

11.  NO  YES Have you been investigated by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason?

CONTINUING MEDICAL EDUCATION

As provided by regulations 12 AAC 40.200, 210, 220, and 240, your license cannot be renewed unless you have met continuing medical education requirements. Those regulations are provided on page 4 of this application. Individuals who are renewing their licenses in "Retired" status are not required to complete CME.

If your license number is: From 01/01/2001 to 12/31/2002, you must have been awarded:

- 0001 to 4565 (licensed prior to 12/31/2000) At least 34 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.
4566 to 4753 (licensed during 2001) At least 17 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.

If you have CME hours awarded after December 31, 2002, they will not apply to the licensing period of 2001-02. If they are awarded after 12/31/02, they will apply to the licensing period 2003-04.

YOU MAY BE AUDITED

The board will conduct a random audit of ten percent of the license application renewals. If your license is randomly selected for audit, you will be contacted by separate letter. You will be required to submit copies of your certificates and other documentation that proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits. DO NOT SUBMIT YOUR CME DOCUMENTS WITH THIS RENEWAL.

CME STATEMENT OF COMPLIANCE

Check one:

[X] YES I hereby affirm that I have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200 - 240 for the license period 01/01/2001 through 12/31/2002.

[ ] NO I have not met the requirements of law for continuing medical education and I am attaching a detailed explanation of the reason for my inability to obtain the required hours of CME. I understand that my license will not be renewed at this time due to this failure to obtain the CME. I will contact a representative of the Division of Occupational Licensing for assistance. Refer to 12 AAC 40.200 on page 4 attached.

[ ] NO I am renewing my license as a RETIRED LICENSE.

I hereby certify and affirm that the information provided in this application document is true and correct.

Sign here

Applicant's Signature (Handwritten signature)

Date

11/1/02

BEFORE YOU MAIL THIS RENEWAL APPLICATION--HAVE YOU?

- Attached a check for fees payable to the State of Alaska? Attached explanations for any 'yes' responses?
Completed all questions in the form? Signed the renewal form?

All regulations referenced in this application document may be found on page 4 of the renewal form.

PUBLIC INFORMATION: All information on this renewal form will be available to the public unless required to be kept confidential by law.

WARNING: The medical board may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230)

## SELECTED PERTINENT REGULATIONS

**12 AAC 40.025. LAPSED PHYSICIAN LICENSES.** (a) A physician license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant

- (1) submits a completed application for license reinstatement;
- (2) pays the applicable biennial license renewal fee established in 12 AAC 02.250(a);
- (3) submits proof of meeting the continuing medical education requirements in 12 AAC 40.200 - 12 AAC 40.220; and
- (4) receives clearance from the Federation of State Medical Boards and documentation of the clearance is sent directly to the division by that federation.

(b) A physician license that has been lapsed for at least one year but less than five years will be reinstated if the applicant meets the requirements in (a) of this section and

- (1) receives clearance from the federal Drug Enforcement Administration (DEA) and documentation of the clearance is sent directly to the division by the DEA;
- (2) arranges for verification of licensure to be sent directly to the division from each state other than Alaska where the applicant is or has been licensed as a physician;
- (3) is qualified for a license under AS 08.64.230 and is not disqualified by AS 08.64.240; and
- (4) arranges for a verification of hospital privileges to be sent directly to the division, from each hospital where the applicant has held privileges within the five years immediately before the date that the applicant signs the application form.

(c) Notwithstanding (a) and (b) of this section, the board may refuse to reinstate a physician license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

**12 AAC 40.031. ACTIVATING A RETIRED STATUS LICENSE.** (a) An applicant holding a retired status license under AS 08.64.276 will, in the board's discretion, be issued an active license to practice medicine, podiatry, or osteopathy in this state, as appropriate, if the applicant

- (1) submits a new and complete application as required by 12 AAC 40.010, documenting compliance with
  - (A) AS 08.64.200 and 08.64.250, if a physician applicant;
  - (B) AS 08.64.209 and 08.64.250, if a podiatry applicant; or
  - (C) AS 08.64.205, if an osteopath applicant;
- (2) submits evidence of at least 34 hours of continuing medical education credits earned within the two years immediately before the date of application;
- (3) submits evidence of successful completion of the Special Purpose Examination (SPEX) prepared by the Federation of State Medical Boards;
- (4) submits, at the request of the board, physical and mental examination reports from practitioners approved by the board indicating that, at the time of the examination, the applicant is mentally and physically capable of practicing medicine, podiatry, or osteopathy safely;
- (5) submits information from the disciplinary data bank of the Federation of State Medical Boards;
- (6) is interviewed by a member of the board; and
- (7) pays the fees established in 12 AAC 02.250.

(b) If the report required in (a)(5) of this section shows evidence of disciplinary action in this state or another licensing jurisdiction within the five years immediately before the date of application under (a)(1) of this section, the board will, in its discretion, deny an application for reactivation, if the evidence demonstrates that the applicant is not capable of practicing medicine, podiatry, or osteopathy safely or lawfully.

**12 AAC 40.033. INACTIVE PHYSICIAN LICENSE.** (a) A physician who is not practicing in the state may hold an inactive license that may be renewed.

- (b) A physician may apply for an inactive license at the time of license renewal by
  - (1) indicating on the form for license renewal that the physician is requesting an inactive license; and
  - (2) paying the inactive biennial license fee established in 12 AAC 02.250.
- (c) A physician licensed as inactive may not practice as a physician in the state.
- (d) A physician licensed as inactive who wishes to resume active practice as a physician in the state must
  - (1) meet the requirements of 12 AAC 40.025;
  - (2) submit a written request for reactivation;
  - (3) request a clearance report from the Federation of State Medical Boards Board Action Data Bank be sent directly to the board; and
  - (4) pay the physician biennial license renewal fee established in 12 AAC 02.250, less any inactive license fee previously paid for the same licensing period.
- (e) Notwithstanding (a) and (b) of this section, the board may refuse to reactivate a physician license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

**12 AAC 40.200. GENERAL REQUIREMENTS.** (a) A physician seeking renewal of a license on or after January 1, 1986 shall obtain an average of 17 credit hours of continuing medical education during each year of the previous license period.

(b) If a licensee fails to meet continuing medical education requirements due to illness or other extenuating circumstances, the licensee may request an extension of time in order to comply with those requirements. The request for an extension must be made on the licensee's application for license renewal.

The board, or its designee, will only consider a request for extension if the licensee also agrees to enter into a memorandum of agreement with the board that specifies the date within the licensing period by which the licensee will meet the continuing education requirements and the licensee's agreement to voluntarily surrender the license to the board if the licensee fails to comply with the memorandum of agreement. The board, or its designee, will evaluate the request and proposed memorandum of agreement on an individual basis. If approved, the board, or its designee, will grant the extension of time and issue the renewed license for the next licensing period, effective from the date of the approval of the agreement.

**12 AAC 40.210. CREDIT HOURS.** (a) Except as provided in (b) of this section, a licensee may meet the continuing medical education requirements set out in 12 AAC 40.200(a) only by obtaining credit hours in a Category I continuing medical education program accredited by the American Medical Association.

- (b) The board will accept the following as the equivalent of the credit hours required under 12 AAC 40.200(a):
  - (1) a current physician's recognition award from the American Medical Association, American Podiatry Association, American Osteopathic Association, or a recognized subspecialty board; or
  - (2) initial certification or recertification during the concluding licensing period by a specialty board recognized by the American Medical Association.

**12 AAC 40.220. CERTIFICATION OF COMPLIANCE.** (a) A licensee shall submit, upon a form supplied by the board, a signed statement of compliance with the continuing medical education requirement at the time the licensee applies for license renewal.

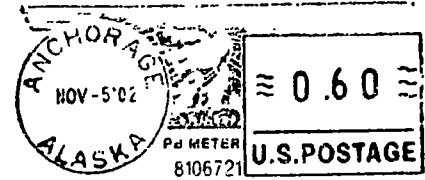
(b) The board, or its designee, will, in the board's or the board designee's discretion, require a licensee to submit additional evidence of compliance with the continuing medical education requirement. The licensee shall maintain evidence of compliance.

(c) The board, or its designee, will, in the board's or the board designee's discretion, audit the statements of compliance and additional evidence submitted under (a) and (b) of this section. If upon audit, the board or its designee determines that the statement of compliance contained misstatements and that the licensee had not met continuing medical education requirements set out in 12 AAC 40.200 and 12 AAC 40.210 by the time that the statement of compliance was signed, the board or its designee will consider the licensee as securing a license through intentional misrepresentation under AS 08.64.326(a)(1). Nothing in this subsection precludes the board from finding other grounds for imposition of disciplinary sanctions under AS 08.64.326 based on the conduct described in this subsection.

**12 AAC 40.240. EXEMPTION FROM CONTINUING MEDICAL EDUCATION REQUIREMENTS.** For the purposes of exempting a licensee from meeting the continuing medical education requirements in a licensing period, extenuating circumstances are those circumstances, beyond the licensee's control, that prevent the licensee from meeting the continuing medical education requirements. Extenuating circumstances include the licensee's debilitating or long-term personal illness or injury and the debilitating or long-term illness or injury of a member of the licensee's immediate family.



4115 Lake Otis Parkway  
Anchorage, Alaska 99508



ALASKA STATE MEDICAL BOARD  
Dept. of Community & Economic Development  
Division of Occupational Licensing  
P.O.Box 110806  
Juneau, AK 99811-0806

99811+0806





3068

Tony Knowles, Governor

*Alaska*

**Department of Community  
and Economic Development**

**Division of Occupational Licensing**

3601 C Street, Suite 722, Anchorage, AK 99503-5934

Telephone: (907) 269-8160 • Fax: (907) 269-8156 • Text Telephone: (907) 465-5437

Email: License@dced.state.ak.us • Website: www.dced.state.ak.us/occ/

February 20, 2001

Jan E. Whitefield, MD  
2550 Curlew Circle  
Anchorage AK 99515

Thank you for providing documentation of your continuing medical education hours for the licensing period of 1999-2000.

Your records have been reviewed and it appears from the information you have provided that you are in compliance with the Alaska State Medical Board's continuing medical education requirements for renewal of your license.

A copy of this letter, along with your documents, will be placed in your license file to verify that you have met this requirement. If you have any questions or concerns about this licensing process, please do not hesitate to call.

---

Thank you, again, for your cooperation and participation in this random audit.



Leslie G. Abel  
Executive Administrator  
Alaska State Medical Board

xc: Joanie Stude, Licensing Examiner, Juneau



Department of Community and Economic Development

Division of Occupational Licensing

3601 C Street, Suite 722, Anchorage, AK 99503-5934
Telephone: (907) 269-8160 • Fax: (907) 269-8156 • Text Telephone: (907) 465-5437
Email: License@dced.state.ak.us • Website: www.dced.state.ak.us/occl

ALASKA STATE MEDICAL BOARD
CONTINUING MEDICAL EDUCATION AUDIT
LICENSING PERIOD OF 1999-2000

Name Whitefield MD DO MICP
CME Documents Received 02/13/2001
1999 Hours Accepted 68
2000 Hours Accepted 62
Acknowledgement Letter Sent (130)
Hours Denied

Comments

Audited By Leslie G. Abel, Exec. Administrator Alaska State Medical Board
Date 02/20/2001

# Alaska Department of Community and Economic Development

## Division of Occupational Licensing

P.O. Box 110806, Juneau, AK 99811-0806  
Telephone: (907) 465-2534 • Fax: (907) 465-2974 • Text Telephone: (907) 465-5437  
Email: license@dced.state.ak.us • Website: www.dced.state.ak.us/occl

### ALASKA STATE MEDICAL BOARD

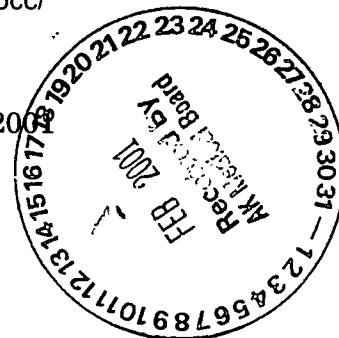
MED S 3068

JAN EUGENE WHITEFIELD  
2550 CURLEW CIRCLE  
ANCHORAGE AK 99515

99  
68

00  
62

February 6, 2001



130

Dear Licensee:

### NOTIFICATION OF CME AUDIT

Your medical license renewal has been randomly selected for audit of your compliance with Continuing Medical Education (CME) laws that require a minimum of 34 hours of Category I, AMA- or AOA-approved education in each biennial licensing period.

Please submit copies of certificates or other documents awarding credit hours of CME obtained during the licensing period January 1, 1999 to December 31, 2000 to:

Leslie G. Abel, Executive Administrator  
Alaska State Medical Board  
3601 C Street, Suite 722  
Anchorage, AK 99503  
(907) 269-8163

In accordance with regulation 12 AAC 02.960, in order to be counted for this audit, the documents you submit must contain:

- your name;
- the name of the education program or a description of the activity;
- the date of the education program or date of participation;
- the name, address, and signature of the instructor, sponsor, or other verifier;
- the number of hours being credited; and
- that the hours are Category I, AMA- or AOA-approved hours.

If you are unable to provide documentation of the required hours, please write a detailed explanation as to why you were unable to comply with this renewal requirement.

Please respond to this audit no later than **MARCH 10, 2001.**

Failure to successfully complete this audit may result in disciplinary sanctions. If you have any questions regarding this audit, or if there are extenuating circumstances that will prevent you from meeting the March 10, 2001 deadline, please contact Ms. Abel at (907) 269-8163.

Sincerely,

Joanie Stude, Licensing Examiner  
Alaska State Medical Board

JS/dgl/8546js.doc/020501b

cc: Leslie Abel, Executive Administrator

*"Promoting a healthy economy and strong communities"*

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(conjugated estrogens/medroxyprogesterone acetate tablets)

0.625 mg / 2.5 mg

**PREMPRO™**

(conjugated estrogens/medroxyprogesterone acetate tablets)

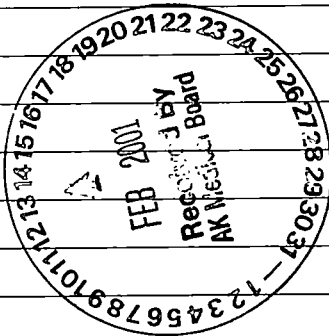
0.625 mg / 5 mg

Ms Abel

Enclosed is my ACOG Transcript listing CME for 2000, along with the ACOG letter verifying that it is CME. This is all tracked through the Am. College of OB/Gyn. I assume it is sufficient. If not, please notify me.

The

Jan Walefski



# THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS



## PROGRAM FOR CONTINUING PROFESSIONAL DEVELOPMENT

### ACOG COGNATE PROGRAM

409 12th Street, SW  
 PO Box 96920  
 Washington, DC 20090-6920  
 (800) 673-8444 • (202) 863-2405  
 e-mail: cognates@acog.org

# TRANSCRIPT

ACOG ID NUMBER BOI/Privacy

Jan B. Whitefield MD  
 2550 Curlew Cir  
 Anchorage, AK 99515-1353



COGNATES REPORTED THRU 12-31-2000

DATE OF ISSUE 01/24/2001

ACTIVITY DATE	CODE	ACOG/ACCME APPROVED CATEGORY I ACTIVITY	COGNATE HOURS	CUMULATIVE TOTAL BY CYCLE
01/27/1997	01	ACCME COURSE/MEETING	3	3
06/07/1997	01	ACCME COURSE/MEETING	15	18
09/02/1997	11	ACCME SELF-INSTRUCT'L PROG	2	20
09/30/1997	13	INTERACTIONS	18	38
12/31/1997	13	INTERACTIONS	3	41
01/31/1998	13	INTERACTIONS	3	44
04/23/1998	0303	PROLOG Patient Mgmt III	25	69
10/19/1998	1220	ACOG DISTRICT MEETING	17	86
-----				
04/19/1999	0309	PROLOG Gynecology III	25	25
08/13/1999	1600	ACCME ETHICS/PROFESSIONAL RESP	3	28
09/10/1999	11	ACCME SELF-INSTRUCT'L PROG	4	32
10/21/1999	01	ACCME COURSE/MEETING	3	35
11/30/1999	13	INTERACTIONS	33	68
03/20/2000	06	ACCME HOSP TRAINING SESSIONS	1	69
05/04/2000	01	ACCME COURSE/MEETING	8	77
06/08/2000	0312	PROLOG Endocrinology III	25	102
06/14/2000	06	ACCME HOSP TRAINING SESSIONS	1	103
08/04/2000	1601	ACOG ETHICS/PROFESSIONAL RESP	2	105
08/05/2000	1220	ACOG DISTRICT MEETING	6	111
08/06/2000	1220	ACOG DISTRICT MEETING	17	128
08/14/2000	11	ACCME SELF-INSTRUCT'L PROG	2	130

REPORTING YEARS	TOTAL COGNATE HOURS
1996	0
1997	41
1998	45
<b>TOTAL COGNATE HOURS THIS CYCLE</b>	<b>86</b>

REPORTING YEARS	TOTAL COGNATE HOURS
1999	68
2000	62
2001	0
<b>TOTAL COGNATE HOURS THIS CYCLE</b>	<b>130</b>



## 2001 TRANSCRIPT

Enclosed is your annual transcript which records your Category I continuing medical education through **December 31, 2000**, as reported to the ACOG Program for Continuing Professional Development. Cognate hours reported after the December deadline will appear on the transcript for the following year (2002).

Eligibility for the ACOG Award is based on 150 Category I cognate hours earned within the three-year cycle (reporting period). **Those in the cycle beginning in 1998 and ending in 2000 who have met the requirements will see "AWARD EARNED JAN/2001" at the bottom of the transcript.** The Award certificate will be mailed, to those who qualify, approximately six weeks after receipt of the transcript. Late award certificates for those that did not meet the December 31, 2000 deadline can be issued if a request is received in writing.

Those who have already fulfilled the requirements for the cycle beginning in 1999 and ending in 2001 will see "AWARD ELIGIBLE JAN/2002" in the lower right hand corner of the transcript. Award certificates for this cycle will be issued in 2002.

The Continuing Professional Development Program of the ACOG is designed to provide a simple means for Fellows and Junior Fellows to maintain a record of their continuing medical education activities and should serve as verification for those states requiring such information.

If you have submitted Category I documentation to this office that does not appear on your transcript, we ask that you fax or mail a copy to us prior to March 15, 2001 along with a letter requesting an updated transcript. There is normally a \$20.00 processing fee for special transcript requests. This fee will be waived as long as the information is received by March 15, 2001, the \$20.00 processing fee will apply after this date. The fax number is (202) 484-1586 and the mailing address is Cognate Program, PO Box 96920, Washington, DC 20090-6920

Thank you for participating.

12/00

No. 3068

Effective: 12/18/2000

Expires: 12/31/2002

# STATE OF ALASKA

DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

P.O. Box 110806, Juneau, Alaska 99811-0806

## STATE MEDICAL BOARD

Certifies that

**JAN EUGENE WHITEFIELD**

IS A LICENSED

PHYSICIAN

Commissioner: Deborah B. Sedwick

Wallet Card

No. 3068		
<b>State Of Alaska</b> Department of Community and Economic Development Division Of Occupational Licensing This Certifies that <b>JAN EUGENE WHITEFIELD</b> IS A LICENSED PHYSICIAN		
Effective 12/18/2000	Expiration 12/31/2002	Date of Birth BOI/Priv.
Signature _____		

IT IS YOUR RESPONSIBILITY TO BE AWARE OF THE CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL.

WALL CERTIFICATES SUITABLE FOR FRAMING ARE AVAILABLE FOR A FEE OF \$20.

THE FEE FOR VERIFICATIONS OF LICENSURE OR LETTERS OF GOOD STANDING IS \$20.

PER 12 AAC 02.900 YOU MUST NOTIFY US IN WRITING IF YOU CHANGE YOUR MAILING ADDRESS. YOU MAY FAX YOUR ADDRESS CHANGE TO (907) 465-2974.

MED

JAN EUGENE WHITEFIELD  
2550 CURLEW CIRCLE  
ANCHORAGE AK 99515



# ALASKA STATE MEDICAL BOARD

Dept. Of Community & Economic Development  
 Division of Occupational Licensing  
 P. O. Box 110806 Juneau AK 99811-0806  
 (907) 465-2541 - Office  
 E-mail: license@dced.state.ak.us

3068

**MED**

**553617**

DIVISION OF  
 OCCUPATIONAL LICENSING  
 RECEIPT

NOV 27 2001

590.00

*[Signature]*

MED S 3068

JAN E. WHITEFIELD  
 2550 CURLEW CIRCLE  
 ANCHORAGE AK 99515

## MEDICAL LICENSE (MD, DO, DPM) RENEWAL APPLICATION

For the period of January 1, 2001 thru December 31, 2002

### INSTRUCTIONS - Please read carefully.

Your license to practice medicine in Alaska lapses December 31, 2000. It is illegal for you to practice if your license is lapsed. There is no grace period. To renew your license for the coming license period, please return this signed application to the above address with a check or money order payable to the State of Alaska. **This is the only renewal notice you will receive.** Your renewal will be rejected if the form is incomplete or insufficient fees are received. If you wish to receive confirmation that the board has received your renewal, mail it certified, return receipt requested. Numerous telephone calls delay processing. Receipt of the renewal form does not mean processing is complete or that a renewed license has been issued.

**RENEWAL DUE DATE** For processing prior to December 31, 2000, your renewal must be received in our office no later than December 1, 2000. Processing of a complete renewal takes three to four weeks from the date of receipt in our office--Plan accordingly.

**NAME CHANGE** If you have had a legal name change since your last license was issued, enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.

**SOCIAL SECURITY NUMBERS** In accordance with AS 08.01.100(b), the department is not authorized to renew a license unless the licensee's social security number has been provided to the department.

**EXPIRED LICENSES** If you choose not to renew your license before it lapses, you may renew the license at a later date only after meeting the requirements of regulation 12 AAC 40.025. Licenses that are lapsed for more than five years may not be renewed.

**INACTIVE LICENSES** You may not practice medicine (including writing prescriptions) in Alaska on an inactive license.

**RETIRED LICENSES** There is a one-time fee for the remainder of the licensee's lifetime. A physician may not practice medicine on a retired license, nor is there a requirement to meet CME under a retired license. **BEFORE YOU RETIRE YOUR LICENSE**, please carefully review 12 AAC 40.031 regarding reactivation requirements that are included in this renewal.

**PAYMENT OF CHILD SUPPORT OR STUDENT LOANS** If the Alaska Child Support Enforcement Division has determined you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you will be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Enforcement at 800/478-3300 or 907/269-6659 or Post-secondary Education at 888/441-2962 or 907/269-6659 to resolve payment issues.

**PUBLIC INFORMATION** All information on this renewal form will be available to the public unless required to be kept confidential by law.

Check appropriate box:  **ACTIVE LICENSE \$590**     **INACTIVE LICENSE \$250**     **RETIRED LICENSE \$100**

### PERSONAL INFORMATION: (PRINT LEGIBLY OR TYPE)

LAST NAME <b>WHITEFIELD</b>	FIRST <b>JAN</b>	MIDDLE <b>Eugene</b>	SEX <input type="checkbox"/> F <input checked="" type="checkbox"/> M
SOCIAL SECURITY NUMBER <b>AS 45.48.400</b>	DATE OF BIRTH (MM/DD/YY) <b>BOI/Privacy</b>	ALASKA LICENSE NUMBER <b>3068</b>	
MAILING ADDRESS* <b>2550 Curlew Circle</b> CITY <b>Anchorage</b> STATE <b>AK</b> ZIP <b>99575</b>		*Is this an address change? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
PRIMARY PRACTICE ADDRESS <b>4115 Lake Otis Parkway</b> CITY <b>Anchorage</b> STATE <b>AK</b> ZIP <b>99508</b>			
TELEPHONE - DAY <b>907-563-7228</b>	E-MAIL ADDRESS (Optional): <b>BOI/Privacy</b>		



**GENERAL INFORMATION:**

PRACTICE SPECIALTY:

*OB/gyn*

SUBSPECIALTY:

LIST **ALL** OTHER STATES AND/OR PROVINCES OF CANADA OR OTHER JURISDICTIONS IN WHICH YOU HOLD OR HAVE EVER HELD A LICENSE TO PRACTICE MEDICINE

*New Mexico*

*TEXAS*

**PROFESSIONAL CONDUCT:**

The following 12 questions must be answered. "Yes" answers do not automatically result in license denial. If you answer "Yes" to any question, attach a detailed explanation including dates and circumstances. Attach copies of supporting documents that are applicable (court records, copies of actions, etc.). **Failure to attach a detailed explanation will result in the application being rejected. Please read each question carefully. Please check the appropriate response to the questions below.**

**CONFIDENTIALITY:**

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "Yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

1  NO  YES Has your professional license ever been denied, revoked, suspended, surrendered, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction, including military authorities?  
If you answer "Yes" to the above question, provide the following:  
Name of Jurisdiction in Which Action was Taken: \_\_\_\_\_  
Date of the Action: \_\_\_\_\_

2  NO  YES If you answered "Yes" to the question above, have you previously reported this action to the State of Alaska Division of Occupational Licensing or the Alaska State Medical Board?

**Since the date of your last application for a license to practice medicine in Alaska, or within the past two years:**

3  NO  YES Have you voluntarily surrendered or restricted your professional license in any jurisdiction?

4  NO  YES Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (OTHER THAN LATE MEDICAL RECORDS)?

5  NO  YES Have you been convicted of a felony or misdemeanor, other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country?

6  NO  YES Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction?

7  NO  YES Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under investigation?

8  NO  YES Have you experienced, been diagnosed with, or been treated for any alcohol or other chemical impairment?

9  NO  YES Have you experienced, been diagnosed with, or been treated for any physical or mental condition which may impair or interfere with your ability to practice?

10  NO  YES Have you experienced, been diagnosed with, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?

(Questions Continued on Next Page)

11  NO  YES Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid, or are to be paid, by you, or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?

12  NO  YES Have you been investigated by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason?

RECEIVED  
DEC 27 11 39

**CONTINUING MEDICAL EDUCATION**

As provided by regulations 12 AAC 40.200, 210, 220, and 240, your license cannot be renewed unless you have met continuing medical education requirements. Those regulations are provided on page 4 of this application. Individuals who are renewing their licenses in "Retired" status are not required to complete CME.

RECEIVED  
DEC 13 2000

**YOU MAY BE AUDITED**

The board will conduct a random audit of ten percent of the license application renewals. If your license is randomly selected for audit, you will be sent a letter. You will be **required** to submit copies of your certificates and other documentation that proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits. **DO NOT SUBMIT YOUR CME DOCUMENTS WITH THIS RENEWAL.**

Division of Occupational Licensing  
Juneau

If your license number is: 0001 to 4177 You must have obtained: At least 34 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.  
4178 to 4393 At least 17 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.

**CME STATEMENT OF COMPLIANCE**

I hereby affirm that I have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200 - 240 for the license period of January 1, 1999 through December 31, 2000.

✓ Check one:  YES  NO\*  NO - RETIRED LICENSE

\*If you check "NO", attach a detailed explanation of the reason for your inability to obtain the required hours of CME. Failure to obtain the required CME hours will result in your license not being renewed at this time. You will be contacted by a representative of the Division of Occupational Licensing who will assist you.

**I hereby certify and affirm that all information provided in this application document is true and correct.**

✓ Sign here: Jan E Whitehead 11/09/00  
Applicant's Signature Date  
Jan E Whitehead 12/11/00

PUBLIC INFORMATION: All information on this renewal form will be available to the public unless required to be kept confidential by law.

**WARNING:** The medical board may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230)

NOTIFICATION OF PROPOSED REGULATIONS CHANGES  
If you would like to receive notice of all proposed medical regulation changes, please send a written request adding your name to the "Medical" Interested Parties List to:  
REGULATIONS SPECIALIST  
Dept. of Community and Economic Development - Division of Occupational Licensing  
Post Office Box 110806  
Juneau AK 99811-0806

# Alaska Department of Community and Economic Development

## Division of Occupational Licensing

P.O. Box 110806, Juneau, AK 99811-0806  
Telephone: (907) 465-2534 • Fax: (907) 465-2974 • Text Telephone: (907) 465-5437  
Email: license@dced.state.ak.us • Website: www.dced.state.ak.us/occ/

Jan E. Whitefield, MD  
2550 Curlew Circle  
Anchorage, AK 99515

Date: 12-1-00

RECEIVED

DEC 1 3 2000

Division of Occupational Licensing  
Juneau

Dear Licensee:

We have received your renewal for the licensing period of January 1, 2001 through December 31, 2002. It is incomplete for the reason(s) indicated. The following items must be completed in order for your MD, DO, or DPM license to be renewed:

- 1. License fee: \$590 Active; \$250 Inactive (if you do not plan to practice in Alaska).
- 2. Answer General Information question on page 2.
- 3. Answer the Professional Conduct question(s). # 11
- 4. You answered "Yes" to the Professional Conduct question(s) \_\_\_\_\_. Please attach an explanation.
- 5. Complete the Continuing Medical Education (CME) Statement of Compliance on page 3.
- 6. Sign and date your renewal form on page 3.
- 7. Sign and date your renewal again upon completion.
- 8. Other: \_\_\_\_\_


**IMPORTANT:**

All current licenses lapse December 31, 2000. To activate licenses lapsed more than 60 days, but less than one year, the licensee will need to also submit:

- 1. Copies of Continuing Medical Education Category 1 for 1999 and 2000 (an average of 17 credit hours for each year for a total of 34).
- 2. Board Action Data Bank Search from Federation of State Medical Boards of the United States, Inc.

Sincerely,

JOANIE STUDE  
LICENSING EXAMINER  
STATE MEDICAL BOARD



No. 3068

Effective: 12/31/1998

Expires: 12/31/2000

# STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

P.O. Box 110806, Juneau, Alaska 99811-0806

## STATE MEDICAL BOARD

Certifies that

**JAN E. WHITEFIELD**

IS A LICENSED

**PHYSICIAN**

Commissioner: Deborah B. Sedwick

Wallet Card

No. 3068		
<b>State Of Alaska</b>		
Department of Commerce and Economic Development		
Division Of Occupational Licensing		
This Certifies that		
JAN E. WHITEFIELD		
IS A LICENSED		
PHYSICIAN		
Effective	Expiration	Date of Birth
12/31/1998	12/31/2000	BOI/Priv.
Signature _____		

WALL CERTIFICATES SUITABLE FOR FRAMING ARE AVAILABLE FOR A FEE OF \$20.

OUR FEE FOR VERIFICATIONS OF LICENSURE OR LETTERS OF GOOD STANDING IS \$20.

PER 12 AAC 02.900 YOU MUST NOTIFY US IN WRITING IF YOU CHANGE YOUR MAILING ADDRESS.

MED

JAN E. WHITEFIELD  
2550 CURLEW CIRCLE  
ANCHORAGE AK 99515

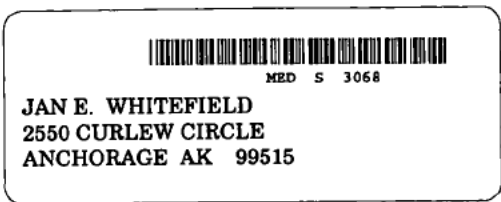
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# ALASKA STATE MEDICAL BOARD

Dept. Of Commerce & Economic Development  
Division of Occupational Licensing  
P. O. Box 110806 Juneau AK 99811-0806  
(907) 465-2541 - Office  
E-mail: License@commerce.state.ak.us

RECEIVED  
MED  
NOV 18 1998  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU



## MEDICAL LICENSE RENEWAL APPLICATION

For the Period of  
January 1, 1999 thru December 31, 2000

**Please read instructions carefully when completing this renewal application form.**

Your license to practice medicine in Alaska expires December 31, 1998. It is illegal for you to practice if your license is expired. There is no grace period. To renew your license for the coming license period, please return this signed application to the above address with a check or money order payable to the State of Alaska. This is the only renewal notice you will receive. Incomplete renewal forms or insufficient fees will result in your renewal being rejected. If you wish to receive confirmation that the board has received your renewal, mail it certified, return receipt requested. Numerous telephone calls only delay processing. Note that receipt of the renewal does not guarantee processing.

**RENEWAL DUE DATE . . .** Submit this renewal application on or before December 1, 1998 for processing prior to December 31, 1998.

**NAME CHANGE . . . . .** If you have had a legal name change since your last license was issued, enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.

**SOCIAL SECURITY NUMBERS . . . . .** In accordance with AS 08.01.100(b), the department is not authorized to renew a license unless the licensee's social security number has been provided to the department.

**EXPIRED LICENSES . . . . .** If you choose not to renew your license before it expires, you may renew the license at a later date only after meeting the requirements of regulation 12 AAC 40.025 Licenses that are expired for more than five years may not be renewed.

**INACTIVE LICENSES . . . . .** You may not practice medicine (including writing prescriptions) in Alaska on an inactive license.

**RETIRED LICENSES . . . . .** There is a one-time fee for the remainder of the licensee's lifetime. A physician may not practice medicine on a retired license, nor is there a requirement to meet CME under a retired license. **BEFORE YOU RETIRE YOUR LICENSE,** please carefully review 12 AAC 40.031 regarding reactivation requirements which are included in this renewal.

**PAYMENT OF CHILD SUPPORT OR STUDENT LOANS . . . . .** If the Alaska Child Support Enforcement Division has determined you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you will be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Enforcement at 907/269-6659 or Post-secondary Education at 800/441-2962 to resolve payment issues.

**PUBLIC INFORMATION . . . . .** All information on this renewal form will be available to the public unless required to be kept confidential by law.

Check appropriate box:  **ACTIVE LICENSE \$340**     **INACTIVE LICENSE \$100**     **RETIRED LICENSE \$50**

**PERSONAL INFORMATION: (PLEASE PRINT LEGIBLY OR TYPE)**

JAN E. WHITEFIELD  
NAME (Last, First, Middle)

AA3068  
Alaska License Number

AS 45.48.400  
SOCIAL SECURITY NUMBER

F  
SEX (M/F)

BOI/Privacy  
DATE OF BIRTH (MM/DD/YY)

907-563-7228  
TELEPHONE NUMBER

2550 Curlew Circle Anchorage, AK 99515  
MAILING ADDRESS \* CITY STATE ZIP

\* Is this an address correction?  NO     YES

GENERAL INFORMATION:

PRACTICE SPECIALTY: Primary OB/GYN Secondary None

PRACTICE ADDRESS 4115 Lake One Parkway CITY Anchorage STATE AK ZIP 99508

LIST ALL OTHER STATES AND/OR PROVINCES OF CANADA IN WHICH YOU HOLD OR HAVE HELD A LICENSE TO PRACTICE MEDICINE New Mexico  
TEXAS

PROFESSIONAL CONDUCT:

The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any question, attach a detailed explanation including dates and circumstances. Attach copies of supporting documents that are applicable (court records, copies of actions, etc.). **Failure to attach a detailed explanation will result in the application being rejected. Please read each question carefully.**

Since the date of your last application for a license to practice medicine in Alaska:

- 1  YES  NO Has your professional license been denied, revoked, suspended, surrendered, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction?
- 2  YES  NO Have you voluntarily surrendered or restricted your professional license in any jurisdiction?
- 3  YES  NO Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization?
- 4  YES  NO Have you been convicted of any felony or misdemeanor, other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country?
- 5  YES  NO Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction?
- 6  YES  NO Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under active investigation?
- 7  YES  NO Have you experienced, been diagnosed with, or been treated for any chemical impairment?
- 8  YES  NO Have you experienced, been diagnosed with, or been treated for any physical or mental condition which may impair or interfere with your ability to practice?
- 9  YES  NO Have you experienced, been diagnosed with, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?
- 10  YES  NO Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid, or are to be paid, by you, or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?

Whitefield # 3068

RECEIVED

NOV 18 1998 Page 3

DIVISION OF OCCUPATIONAL LICENSING JUNEAU

CONTINUING MEDICAL EDUCATION

As provided by regulations 12 AAC 40.200, 210, and 220, your license application for renewal cannot be processed unless you have met those continuing medical education requirements. Those regulations are attached. Individuals who are renewing their licenses in "Retired" status are not required to complete CME.

The board will conduct an audit of ten percent of the license application renewals. If your license is randomly selected for audit, you will be sent a letter. You will be required to submit copies of documentation which proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits.

RECEIVED

DEC 17 1998

DIVISION OF OCCUPATIONAL LICENSING JUNEAU

RECEIVED YOU MAY BE AUDITED!

If your license number is:

0001 to 3771

JAN 04 1999

You must have:

at least 34 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalents allowed by regulation.

3772 to 3973

DIVISION OF OCCUPATIONAL LICENSING JUNEAU

at least 17 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalents allowed by regulation.

CME STATEMENT OF COMPLIANCE

I hereby affirm that I have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200 - 220 during the license period of January 1, 1997 through December 31, 1998.

Check here

YES

NO

NO - RETIRED LICENSE

If you check "NO", attach a detailed explanation.

I certify that all information provided in this application document is true and correct.

Sign here

Jan E. Whitefield
Applicant's Signature

11/9/98
Date

WARNING: The medical board may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230)

NOTIFICATION OF PROPOSED REGULATIONS CHANGES

If you would like to receive notice of all proposed medical regulation changes, please send a written request adding your name to the "Medical" Interested Parties List to:

REGULATIONS SPECIALIST

Dept. of Commerce and Economic Development - Division of Occupational Licensing

Post Office Box 110806

Juneau AK 99811-0806

# STATE OF ALASKA

## DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

TONY KNOWLES, GOVERNOR

PO BOX 110806  
JUNEAU, ALASKA 99811-0806  
PHONE (907) 465-2534  
FAX (907) 465-2974  
TDD (907) 465-5437

E-mail address:  
License@commerce.state.ak.us

Date: Dec 4, 1998

*Resent 12/21/98  
Still need come  
answered*

Jan E. Whitefield, MD  
2550 Curlew Circle  
Anchorage, AK 99515

Dear Licensee:

We have received your license renewal for 1999 and 2000, and it is incomplete for the reason(s) indicated. The following items must be completed and postmarked no later than December 31, 1998, in order for your MD, DO, or DPM license to be renewed.

1. License fee: \$340.00 Active; \$100.00 Inactive (if you do not plan to practice in Alaska).
2. Please answer Personal Information question side 1.
3. Please answer General Information question side 2.
4. Please answer the Professional Conduct question(s).
5. You answered "Yes" to the Professional Conduct question(s) \_\_\_\_\_. Please attach an explanation.
6. Please complete the Continuing Medical Education (CME) Statement of Compliance requirements on side 3.
7. Please sign and date your renewal form on side 3.
8. Other: \_\_\_\_\_

### IMPORTANT:

If your application is postmarked after March 1, 1999, you must include:

1. Copies of Continuing Medical Education Category 1 for 1997 and 1998 (an average of 17 credit hours for each year for a total of 34).
2. Board Action Data Bank Search from Federation of State Medical Boards of the United States, Inc.

Sincerely,

NANCY FERGUSON /*pf*  
LICENSING EXAMINER  
STATE MEDICAL BOARD

NF/dgl/4143nf.doc  
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# STATE OF ALASKA

RECEIVED  
**DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT**

**JAN 04 1999**  
DIVISION OF OCCUPATIONAL LICENSING  
OCCUPATIONAL LICENSING  
JUNEAU

**TONY KNOWLES, GOVERNOR**

P.O. BOX 110806  
JUNEAU, ALASKA 99811-0806  
PHONE: (907) 465-2534  
FAX: (907) 465-2974  
TDD: (907) 465-5437

E-mail address:  
License@commerce.state.ak.us

Date: Dec 4, 1998

*Returned for completion of CME 12/1/98*

**RECEIVED**

**DEC 17 1998**

**DIVISION OF OCCUPATIONAL LICENSING  
JUNEAU**

Jan E. Whitefield, MD  
2550 Curlew Circle  
Anchorage, AK 99515

Dear Licensee:

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- 5. You answered "Yes" to the Professional Conduct question(s) \_\_\_\_\_. Please attach an explanation.
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- 1. Copies of Continuing Medical Education Category 1 for 1997 and 1998 (an average of 17 credit hours for each year for a total of 34).
- 2. Board Action Data Bank Search from Federation of State Medical Boards of the United States, Inc.

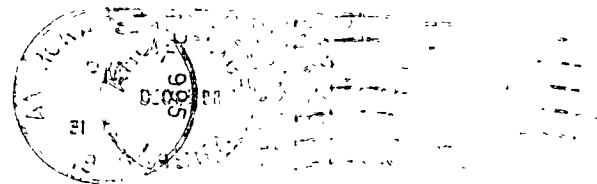
Sincerely,

NANCY FERGUSON/*NF*  
LICENSING EXAMINER  
STATE MEDICAL BOARD

NF/dgl/4143nf.doc  
111398a



4115 Lake Otis Parkway  
Anchorage, Alaska 99508



NANCY FERGUSON  
STATE OF ALASKA  
DIVISION OF OCCUPATIONAL LICENSING  
P O BOX 110806  
JUNEAU, AK 99811-0806

JW-0058

CERTIFICATION

I, Patricia J. Gingras, Licensing Examiner, Division of Occupational Licensing, Department of Commerce and Economic Development, State of Alaska, do hereby certify that I am the keeper of the records of the ALASKA STATE MEDICAL BOARD and that these records indicate that the following individual is/was licensed as shown:

Name: JAN E. WHITEFIELD

License Type: PHYSICIAN

License Number: 3068

Date Originally Issued: 06/10/1985

Expiration Date: 12/31/1998

Date Of Birth: BOI/Privacy

DEROGATORY INFORMATION: NONE

~~Comments: IN GOOD STANDING~~

DATED this 15th day of April, 1997 at Juneau, Alaska.

SEAL

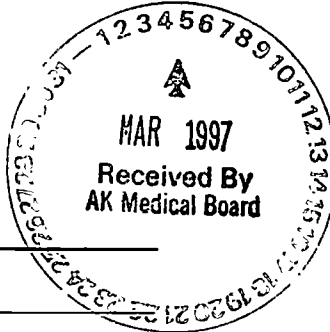
\_\_\_\_\_  
Patricia J. Gingras  
Licensing Examiner



Aetna U.S. Healthcare/Credentialing  
 2777 Stemmons Freeway  
 P.O. Box 569200  
 Dallas TX 75356



Alaska State Medical Board  
 3601 C Street 722  
 Division of Occupational Licensing  
 Anchorage AK 99503-5934



DIVISION OF  
 OCCUPATIONAL LICENSING

20 of 40 PM  
 APR 08 1997

STATE OF ALASKA  
 DEPARTMENT OF COMMERCE  
 & ECONOMIC DEVELOPMENT

621824

Verification Requested:  
 License  
 Provider Name:  
 Dr Jan E Whitefield 3068

February 27, 1997

Dear Sir/Madam,

The practitioner named above has applied to participate in the Aetna U.S. Healthcare Managed Care Program. The provider states that he/she holds a valid license to practice in your state.

Please verify the information provided and indicate if this practitioner is currently, or has ever been, under investigation by your Board. If so, please supply all documents, including Board action and ultimate resolution.

Please sign this form and return, with any attached documentation, using the enclosed mailing labels.

The information you provide will be used only for the purpose of qualifying this practitioner for participation as a plan provider. We would appreciate your response within 30 days from the date of this letter.

If you have any questions or wish to speak with someone, please contact:

(214)401-8600

Thank you for your time and consideration.

Sincerely,

Credentialing Coordinator

RECEIVED  
 MAR 11 1997  
 Med. Credentialing

BUTLE0004572540PLIC



Aetna U.S. Healthcare/Credentialing  
 2777 Stemmons Freeway  
 P.O. Box 569200  
 Dallas TX 75356



Alaska State Medical Board  
 3601 C Street 722  
 Division of Occupational Licensing  
 Anchorage AK 99503-5934

DIVISION OF  
 OCCUPATIONAL LICENSING

APR 08 1997

(Please Print or Type)

STATE OF ALASKA

Provider Name/Title Dr Jan E Whitefield	State AK	License 3068	DEPT & EC Type of License STATE MEDICAL DEVELOPMENT
Expiration Date	Current <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments			
Status			
In good standing? If "no," please comment: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any disciplinary actions? If "yes," please comment: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature	Title		
Name (Please Print)	Date		

RECEIVED  
 MAR 11 1997  
 Med. Credentialing

BUTLE0004572540PLIC



Alaska Department of Commerce and Economic Development  
 Division of Occupational Licensing  
 P.O. Box 110806, Juneau, Alaska 99811-0806  
 Telephone: (907) 465-2541 E-mail: License@commerce.state.ak.us

**MED**

**RECEIVED**

*3:00 of 9:00 PM*

**NOV 18 1996**

DIVISION OF OCCUPATIONAL LICENSING

**BIENNIAL MEDICAL LICENSE RENEWAL**

January 1, 1997 — December 31, 1998

*NOV 15 1996*

*607776*



MEDS03068  
 WHITEFIELD, JAN E.  
 2550 CURLEW CIRCLE  
 ANCHORAGE AK 99515

**IT IS TIME TO RENEW YOUR MEDICAL LICENSE**

Your license to practice in the State of Alaska expires on December 31, 1996. It is illegal for you to practice if your license has expired. There is no grace period. To renew your license for the period from January 1, 1997, through December 31, 1998, return this **signed, notarized** application to the above address with a check or money order payable to the State of Alaska. This is the only renewal notice you will receive. Incomplete applications or insufficient fees will result in your renewal being rejected.

- RENEWAL DUE DATE** Submit this renewal application on or before December 6, 1996, for renewal processing prior to December 31, 1996. A \$50.00 penalty will be charged for applications postmarked after March 1, 1997. **If you renew after December 31, 1996, CME documentation and a Federation of State Medical Boards Data Bank report will be required.**
- NAME CHANGE** If you have had a legal name change since your last license was issued, enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.
- EXPIRED LICENSES** If you choose not to renew your license before it expires, you may renew the license at a later date only after satisfying the requirements of 12 AAC 40.025. Licenses which have expired more than 5 years cannot be renewed.
- INACTIVE LICENSES** You may not practice medicine (including writing prescriptions) in Alaska on an inactive license.
- RETIRED LICENSES** There is a one-time fee for the remainder of the licensee's career. A physician may not practice medicine on a retired license, nor is there a requirement to meet CME under a retired license. **BEFORE YOU RETIRE, please review 12 AAC 40.031 regarding reactivation requirements.**
- PAYMENT OF CHILD SUPPORT AND STUDENT LOANS** If the Alaska Commission on Postsecondary Education has determined you are in loan default, your renewal application will be denied. If the Alaska Child Support Enforcement Division has determined you are in arrears on child support, you will be issued a nonrenewable, temporary license valid for 150 days and your fee will not be refunded. Contact Postsecondary Education at (800) 441-2962 or Child Support Enforcement at (907) 269-6659 to resolve payment issues.
- PUBLIC INFORMATION** Please be aware that all information on this renewal form will be available to the public, unless required to be kept confidential by state or federal law.
- BUSINESS LICENSES** Renewal applications for business licenses will be mailed separately. For more information about business licenses, call (907) 465-2550.

CHECK APPROPRIATE LICENSE STATUS BOX

- Active License \$300**  
 **Inactive License \$100**  
 **Retired License \$50**  
 **Late Penalty \$50 - Penalty for applications postmarked after March 1, 1997.**

Name: WHITEFIELD JAN E  
 Last First Middle

Corrected Mailing Address (complete only if your address is different than the address label shown above):

Street or P.O. Box City State ZIP Code

Daytime Telephone Number (907) 563-7225 License Number: AA 3068

Social Security Number: AS 45.48.400 Date of Birth: BOI/Privacy

**PROFESSIONAL FITNESS**

The following questions must be answered. "Yes" answers may not automatically result in license denial.

Since the date of your last application for an Alaska Medical license:

YES NO

- A. Has your professional license been denied, revoked, suspended, surrendered, stipulated, on probation, under investigation, or been subject to any other restriction or disciplinary action by any jurisdiction, medical facility, or agency?  YES  NO
- B. Have you been convicted of any criminal offense other than a minor traffic violation?  YES  NO
- C. Have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, a psychotic disorder, substance abuse, or any other mental or emotional illness which may impair or interfere with your ability to practice as a Physician, Podiatrist or Osteopath?  YES  NO
- D. Have you been addicted to, excessively or illegally used alcohol, or a controlled substance?  YES  NO
- E. Have you experienced a physical disability which may impair or interfere with your ability to practice as a Physician, Podiatrist or Osteopath?  YES  NO

If you answered "Yes" to any of the above questions, please explain dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.).

**CONTINUING COMPETENCY**

Your license cannot be renewed unless you have met the continuing medical education requirements in 12 AAC 40. (See enclosed regulations.) Persons entering retired status do not have to complete CME or sign the CME affidavit.

- Licenses #0001 through #3417 must have **34** AMA-approved Category 1 CME credit hours, or the equivalents allowed by 12 AAC 40.210(b).
- Licenses #3418 through #3606 must have **17** AMA-approved Category 1 CME credit hours, or the equivalents allowed by 12 AAC 40.210(b).
- Licenses #3607 and above do not need CME for this renewal.

**RANDOM AUDIT:** The board will audit a percentage of the license renewals. If your license is randomly selected for audit you will be sent a letter and **required** to submit certified true copies of documentation and proof that you satisfied the continuing education requirements as you stated on this renewal form. Save your documents for at least four years so you can respond to audits.

**AFFIDAVIT OF COMPLIANCE WITH CONTINUING MEDICAL EDUCATION REQUIREMENTS**

Do you certify that you have complied with the continuing medical education requirements in 12 AAC 40.200-220 during the license period from January 1, 1995, through December 31, 1996?

YES  NO

**WARNING:** The Medical Board may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice Medicine, Podiatry, or Osteopathy by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230)

I certify that the information in this application is true and correct.

**SIGN HERE** 

*Ken E. Whitefield*  
 Applicant's Signature

Date: 11/5/96

SUBSCRIBED AND SWORN TO before me this 5 day of November, 19 96.

*Linda P. Clark*  
 Notary Public for the State of Alaska

**NOTIFICATION OF PROPOSED REGULATIONS CHANGES**

If you would like to receive notice of all proposed Medical Board regulation changes, please send a written request adding your name to the Medical Board Interested Parties List to:

**REGULATIONS SPECIALIST**  
 Department of Commerce and Economic Development • Division of Occupational Licensing  
 P.O. Box 110806, Juneau, Alaska 99811-0806

JW-0063

# STATE OF ALASKA

## DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

TONY KNOWLES, GOVERNOR

P.O. BOX 110806  
JUNEAU, ALASKA 99811-0806  
PHONE: (907) 465-2534  
FAX: (907) 465-2974  
TDD: (907) 465-5437  
E-mail address:  
License@commerce.state.ak.us

Date Dec 5, 1996

Jan E. Whitefield, M.D.  
2550 Curlew Cir  
Anchorage, AK 99515

DIVISION OF OCCUPATIONAL LICENSING  
RECEIVED  
'96 DEC 16 PM 30

Dear Licensee:

We have received your license renewal for 1997 and 1998 and it is incomplete for reason(s) indicated. The following items must be completed and postmarked no later than December 31, 1996, in order for your MD, DO, or DPM license to be renewed:

1. License fee: \$300.00 Active; \$100.00 Inactive (if you do not plan to practice in Alaska).
2. Late fee: \$50.00 if your renewal is received after March 1, 1997.
3. Please answer the Professional Fitness questions.
4. You answered "yes" to the Professional Fitness question(s) \_\_\_\_\_  
Please attach an explanation.
5. Please complete the Affidavit of Compliance with Continuing Medical Education requirements on side 2.
6. Please sign and date your renewal form before a notary public on side 2. The notary public must sign, date, and seal. *Seal is missing.*
7. Other: \_\_\_\_\_

### IMPORTANT:

If your application is postmarked after 12/31/96, you must include:

1. Certified true copies of continuing medical education Category I for 1995 and 1996 (an average of 17 credit hours for each year for a total of 34). Notary public must state "true copy of original," sign, and seal.
2. Board Action Data Bank Search from Federation of State Medical Boards of the United States, Inc. (form enclosed).

SINCERELY  
NANCY FERGUSON  
LICENSE EXAMINER, STATE MEDICAL BOARD



CERTIFICATION

I, Patricia J. Gingras, Licensing Examiner, Division of Occupational Licensing, Department of Commerce and Economic Development, State of Alaska, do hereby certify that I am the keeper of the records of the ALASKA STATE MEDICAL BOARD and that these records indicate that the following individual is/was licensed as shown:

Name: JAN E. WHITEFIELD

License Type: PHYSICIAN

License Number: 3068

Date Originally Issued: 06/10/1985

Expiration Date: 12/31/1996

Date Of Birth: BOI/Privacy

DEROGATORY INFORMATION: NONE

Comments: IN GOOD STANDING

DATED this 3rd day of April, 1995 at Juneau, Alaska.

SEAL

---

Patricia J. Gingras  
Licensing Examiner

rept # 537663 - over pd \$100 -

five cents. were "2nd notice" & incorrectly included money. After call w/ Aetna, spoke w/ Patty in accounting, they will send future cents. (5) & reference the rept# to use up the \$, rather than do refunds to the various doctors.

J. 3/13/95

**REQUEST FOR VERIFICATION OF LICENSE**

Your request for verification of license has been received. There is a fee of \$20 for each written verification requested. Please return your request along with a check or money order in the amount of \$20 for each verification, made payable to the State of Alaska. Upon receipt, your verification request will be processed immediately.

Please send your request to:

State of Alaska  
Dept. of Commerce and Economic Development  
Division of Occupational Licensing  
STATE MEDICAL BOARD  
Post Office Box 110806  
Juneau AK 99811-0806

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAR 28 1995

OCCUPATIONAL LICENSING

NO \$

Ref. 537663



Mail Address:  
P.O. Box 140789  
Irving, TX 75014-0789

Office Location:  
20th Floor  
5215 N. O'Connor Boulevard  
Irving, TX 75038  
214-401-8500

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

Date: 20-MAR-95

MAR 28 1995

ALASKA STATE BOARD \*\*  
3601 C ST, SUITE 722  
  
ANCHORAGE, AK 99503

Re: JAN E WHITEFIELD, MD  
License Number: 3068

Dear Sir:

The above noted practitioner has made application as a provider for Aetna Health Plans and states that he/she holds a valid license to practice his/her profession in your state. Enclosed is a copy of a signed release of information authorizing this verification of status.

Please verify the information provided below and indicate if this practitioner is currently, or has ever been, under investigation by the Board. If so, please supply all documents, including Board actions and ultimate resolution.

This form and any attached documentation should be signed and returned in the enclosed stamped, self addressed envelope. All information will be held in strict confidence and will be used only for the purpose of qualifying this practitioner for participation as a health care provider in Aetna's managed care programs. We would appreciate your response within thirty (30) days.

If you have any questions or wish to speak with someone directly, please contact:

Customer Service  
(214) 401-8600

Thank you for your cooperation in completing this inquiry.

Sincerely,

Linda Ash-Jackson, M.D.  
Vice President and Medical Director  
Aetna Health Plans

License #: \_\_\_\_\_ Date Licensed: \_\_\_\_\_  
License Expiration Date: \_\_\_\_\_  
Any History Of Disciplinary Action: \_\_\_\_\_  
Signature/Title: \_\_\_\_\_

11103  
LANCAA167342743

MAR 28 1995

DIV. OF OCCUPATIONAL LICENSING

**Release**

I authorize Aetna Health Management, Inc. (AHM, Inc.), its affiliates, successors, employees and agents to consult with members of hospital medical staffs, professional liability carriers and other persons or entities to obtain information concerning my professional qualifications, including competence, ethics and other qualifications. I release AHM, Inc., its affiliates and successors and their employees and agents from any and all liability of their acts performed in good faith and without malice in obtaining information and evaluating my application. I consent to the release, by any person to AHM, Inc., its affiliates or successors, of all information that may be relevant to an evaluation of my qualifications, including information and disciplinary actions or other confidential or privileged information. I release from any and all liability anyone providing this information in good faith and without malice. I understand that I have the burden of providing adequate information to AHM, Inc, its affiliates or successors to demonstrate my qualifications. I understand that any misstatement in this application may constitute grounds for denial of this application or for summary dismissal as a participating AHM, Inc. provider. If any material changes occur affecting my professional status, it is my obligation to notify AHM, Inc. or the appropriate affiliate or successor as soon as possible. I consent to the release of this information, as well as other quality assurance data relating to me, to health benefit plans owned, managed or administered by AHM, Inc., its affiliates or successors and to medical groups, IPAs and other similar entities contracting with those plans and the Aetna Life Insurance Company and its affiliates.

FEB 20 1995

Name - First, Middle, Last *JAN EUGENE WATERFIELD* Signature *Jan Eugene Waterfield* Date *1/30/95*

Please provide copies of the following information when submitting this form.

- Current State License Registration Certificate
- Documentation for Board Certification
- Curriculum vitae or summary of work history
- Current Federal Drug Enforcement Agency Registration (if applicable)
- SS4 or W9 form - Identify formal name filed with IRS for Tax Identification Number identified
- Current professional liability insurance Certificate of Coverage and name and address of agent
- Any explanatory statements requested related to Questions 1 - 7


**THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE**

Return this form with check or money order to:

STATE OF ALASKA  
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
STATE MEDICAL BOARD  
P.O. BOX 110806, JUNEAU, ALASKA 99811-0806

**BIENNIAL MEDICAL LICENSE RENEWAL**  
January 1, 1995 — December 31, 1996

<b>DATE STAMP</b>	
STATE OF ALASKA DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT	
<b>NOV 16 1994</b>	
DIV. OF OCCUPATIONAL LICENSING	
440.00 SK ✓	<b>526276</b>

	
MEDS03068	
WHITEFIELD, JAN E. 2550 CURLEW CIRCLE ANCHORAGE AK 99515	

**IMPORTANT**  
Submit renewal application on or before November 30, 1994, for renewal processing prior to December 31, 1994.

**LICENSE RENEWAL FEE**

Active License ..... \$440.00  
 Inactive License ..... \$225.00  
 Retired License ..... \$50.00

Please be aware that you may not practice medicine (including writing prescriptions) in Alaska on an inactive license.

The retired license fee is a one-time fee for the remainder of the licensee's career. A physician may not practice medicine on a retired license and need not meet any CME requirements.

Upon reviewing attached letter, please check applicable box regarding business licensing.

Your license to practice medicine in the State of Alaska expires on December 31, 1994. There is no grace period to practice on a lapsed license. By law, it is illegal for you to practice or offer to practice medicine in Alaska if your license has lapsed.

NOTE: In accordance with 12 AAC 02.105(7), a \$50.00 penalty fee is required for renewals postmarked after March 1, 1995.

**BUSINESS LICENSE** (Check one, if applicable)

**PLEASE READ ATTACHED LETTER**  
Complete the Business License Section

Current Business License with S.I.C. Code \_\_\_\_\_ expires 12/31/94 ..... \$50.00

Current Business License with S.I.C. Code \_\_\_\_\_ expires 12/31/95 ..... \$25.00

**NOTE: You must indicate business license number, if previously issued.**  
Business License Number \_\_\_\_\_

No current business license but enclosing fee and applying for a business license for S.I.C. Code \_\_\_\_\_ ..... \$50.00

Business license not required ..... \$0  
Licensee does not practice independently in Alaska

**S.I.C. Codes**

Physician 8011  
 Osteopathic Physician 8031  
 Podiatrist 8043

Business Name \_\_\_\_\_

Business Is:  Sole Proprietorship       Partnership       Corporation

Name all partners, or if a corporation provide corporate file number \_\_\_\_\_

**Name Change:** If you have had a legal name change since your last medical license was issued, please enclose a certified true copy of the legal document, i.e., marriage certificate, divorce decree, etc., for proof of your name change.

- 1. Name \_\_\_\_\_  
Last                                  First                                  Middle Initial                                  License Number
- 2. Daytime Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_
- 3. Mailing Address - Street or P.O. Box (Please make corrections if different than label above.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Date Issued: 12/14/94	
Initials: JWA	

Other states or countries in which you hold or have held a license: New Mexico Texas

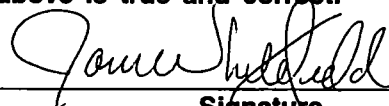
**Professional Conduct - AS 08.64.200**

- |  | YES                      | NO                                  |
|--|--------------------------|-------------------------------------|
| 1. During 1993 or 1994, were you under investigation by any state, territory, hospital, clinic, or other agency per AS 08.64.200(b) .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. During 1993 or 1994, did you have a license to practice as a MD/DO/DPM disciplined in any manner by any authority including but not limited to revocation, suspension, or limited by any state, territory, hospital, clinic, or any other agency per AS 08.64.326(a)(13)? ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. <del>During</del> 1993 or 1994, were you investigated for or convicted of a violation of a U.S., Canadian, Mexican statute, regulation, or other law excluding minor traffic violations per AS 08.64.326(a)(4)? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. During 1993 or 1994, did you suffer from or were you treated for or diagnosed with emotional or mental illness or substance abuse including but not limited to alcohol, narcotics, or any other substance per AS 08.64.326(a)(8)(B)? .....                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer is yes to any of the above questions, please attach a written explanation with your renewal application.

I certify under penalty of perjury that the information furnished above is true and correct.

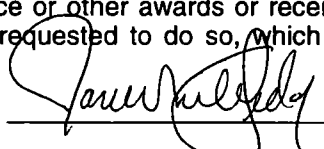
Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application is subject to imprisonment for not more than one year, a fine of not more than \$5,000, or both.

  
 \_\_\_\_\_  
 Signature  
 Date: 11/13/94

**CONTINUING MEDICAL EDUCATION AFFIDAVIT OF COMPLIANCE**

Your Continuing Medical Education (CME) affidavit **must** accompany your renewal form. Your license will not be processed until the proper fee and CME affidavit have been received.

"In accordance with 12 AAC 40.200, I hereby certify that I have obtained an average of 17 credit hours of Category I CME during each of the previous two years (1993/1994) for a total of 34 hours. That I have documentation of attendance or other awards or recertification described in 12 AAC 40.210 which I will furnish to the State Medical Board if requested to do so, which support this CME certification."

Signature:  Date: 11/13/94

**IMPORTANT NOTICE**

**YOU MAY BE AUDITED!**

Please note that your signature on the CME affidavit attests that you have completed the required numbers of hours of Category I continuing medical education.

A representative sample number of MD/DO/DPM will be audited for the purposes of documenting their continuing medical education hours. If audited, you will be required to provide proof by submitting written confirmation of your attendance at Category I educational offerings to document your continuing medical education, physician recognition awards, or subspecialty recertification.

**WARNING:** Alaska Statute 08.64.326(a)(1) states that it is grounds for imposition of disciplinary sanctions if a licensee secures a license through deceit, fraud, or intentional misrepresentation.

WARRANT CLASS <u>GN</u>	SCHED PRINT DATE _____
WARRANT NUMBER _____	PRINT DATE _____
DOCUMENT NUMBER _____	TRANS CODE MINOR <u>11</u>
SOURCE RD CODE _____	ADDITIONAL AUTH RD _____
WARRANT AMOUNT <u>400<sup>00</sup></u>	SPREAD AMT (Y/N)? _____ DENOMINATOR _____

PAYEE NAME Jan Whitefield  
 PAYEE ADDRESS 2550 Curlew Circle  
 CITY Anchorage STATE AK ZIP 99516

FISCAL PERIOD CODE \_\_\_\_\_ ROUTING CODE M ROUTING RD CODE \_\_\_\_\_

REF	TYPE	NUMBER	AMOUNT	DATE	COMMENTS
1.	<u>PVN</u>	<u>JAN99999</u>			
2.	<u>ARS</u>	<u>08230</u>			
3.	<u>STM</u>	<u>AG437154</u>	<u>400<sup>00</sup></u>	<u>93 02 24</u>	<u>paid medical license</u>
4.	<u>PVN</u>	<u>Whitefield</u>	<u>400<sup>00</sup></u>		<u>renewal fee twice</u>

FIN	AMOUNT	SY	CC	PGM	LC	ACCT	FY	NMR	TYPE	NUM	LINE	FLI
1.	<u>400<sup>00</sup></u>	<u>93</u>	<u>8835001</u>	<u>31314</u>		<u>58735</u>						
2.												
3.												
4.												

EASYTRAN NUMBER \_\_\_\_\_ PREPARED BY N Ferguson DATE 3/8/93  
 INPUT RD CODE \_\_\_\_\_ DATE \_\_\_\_\_

2092



# STATE OF ALASKA

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

P.O. Box 110806, Juneau, Alaska 99811-0806

STATE MEDICAL BOARD

This certifies that, as provided by law, the person named is a licensed  
PHYSICIAN

Board: \_\_\_\_\_  
License No.: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

*NAME/ ADDRESS CHANGE*

Additional documentation and a fee may be required,  
in accordance with applicable statutes & regulations.

### STATE OF ALASKA

Department of Commerce & Economic Development  
Division of Occupational Licensing

THIS CERTIFIES THAT

WHITEFIELD, JAN E.  
IS A LICENSED  
PHYSICIAN

License No.	Effective Date	Expiration Date
AA 3068	11/10/92	12/31/94

WHITEFIELD, JAN E.  
2550 CURLEW CIRCLE

ANCHORAGE, AK 99515

License Number	Effective	Expiration		
AA 3068	11/10/92	12/31/94		
Social Security Number		Date of Birth		
AS 45.48.400		BOI/Privacy		
Height	Weight	Sex	Eyes	Hair
		M		

Control No: 016981

Social Security No.	
AS 45.48.400	
Original Issue Date	Issued By
06/10/85	KM

Signature of Licensee

DUPLICATE

Commissioner Paul Fuhs  
Department of Commerce & Economic Development  
08-2407 (Rev. 1/92)

Control No: 016981

Signature

**THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE**

Return this form with check or money order to:

STATE OF ALASKA  
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
STATE MEDICAL BOARD  
P.O. BOX 110806, JUNEAU, ALASKA 99811-0806

**BIENNIAL MEDICAL LICENSE RENEWAL**  
January 1, 1993 – December 31, 1994

*paid fee twice*

*3/18/93 requested*

DATE RECEIVED <i>refused</i>		
DIVISION OF OCCUPATIONAL LICENSING RECEIVED		
FEB 24 PM 3 57		
0437154		
Receipt No.	Amount	Initials
	400 <sup>00</sup> ✓	BV

Renewal Fee:  \$400.00 Active  
 \$200.00 Inactive  
 \$ 50.00 Retired

Prorated fees apply when the initial license was issued on or after January 1, 1992.

Please be aware that you may not practice medicine (including writing prescriptions) in Alaska on an inactive license.

The retired license fee is a one-time fee for the remainder of the licensee's career. A physician may not practice medicine on a retired license and need not meet any CME requirements.

NOTE: Your license to practice medicine in the State of Alaska expires on December 31, 1992. By law, it is illegal for you to practice or offer to practice medicine in Alaska if your license has expired. There is no grace period. If postmarked after December 31, 1992 you must include documentation of CME.

Name: (Last, First, Middle Initial)

WHITEFIELD JAN E

License No.:

AA 3068

Social Security Number:  
AS 45.48.400

Sex:  M

Date of Birth: BOI/Privacy  
Month Day Year

Telephone Number:

907 272 1347

Residence Address:

2550 CUREW CIRCLE

Check here if you have made address corrections.

City: ANCHORAGE State: AK Zip Code + Four: 99515

Practice Address:

4115 LAKE OTIS PKWY

Check here if you have made address corrections.

City: ANCHORAGE State: AK Zip Code + Four: 99508

Preferred mailing address is:  Residence  Practice

**GENERAL INFORMATION**

Specialty: OB/GYN

Other states and/or Canadian provinces in which you hold or have held a medical license:  
Texas, New Mexico

In accordance with AS 08.01.100, a \$20.00 penalty fee is required for renewals received after March 1, 1993.

CONTINUING MEDICAL EDUCATION AFFIDAVIT OF COMPLIANCE

Your Continuing Medical Education (CME) affidavit is due and must accompany your renewal fee. Your license will not be processed until the proper fee and CME affidavit have been received.

Name: JAN E WHITEFIELD License No: AA 3068 (Please Print or Type)

"In accordance with 12 AAC 40.200, I hereby certify that I have obtained an average of 17 credit hours of Category I CME during each of the previous two years, for a total of 34 hours, that I have documentation of attendance or other awards or recertification described in 12 AAC 40.210 which I will furnish to the State Medical Board if requested to do so, which support this CME certification."

Professional Issues: During the preceding two years: Yes No

- 1. Have you been treated for or had any drug- or alcohol-related impairments, physical or mental disability which could impair your ability to practice medicine? (If you are currently registered in a board-approved rehabilitation program or the ASMA Impaired Physician Program, you may answer "no" to this question)
2. Has your license to practice medicine/podiatry or your DEA registration been denied, revoked, suspended, or restricted; or has there been other disciplinary action against you in any state, territory or province of Canada?
3. Have you been convicted of any felony or misdemeanor, other than minor traffic infractions, under local, state or federal laws in the United States?
4. Have you voluntarily surrendered or limited your license to practice medicine/podiatry in any jurisdiction (including military, public health, or foreign)?
5. Have any hospital/health care institution staff privileges been denied, reduced, or removed, or have you been subject to disciplinary action for reasons pertaining to your clinical or ethical performance as a physician/podiatrist?
6. Have you voluntarily resigned or limited your staff privileges at any hospital/health care institution while under formal investigation by the institution or a committee thereof?
7. Have you voluntarily resigned or withdrawn from a national, state, or county medical/podiatric society, association, or organization while under investigation by that body?
8. Have you altered or retired from the active practice of medicine/podiatry in your specialty?
9. Are you presently under investigation by any licensing authority or law enforcement organization in regard to your license to practice medicine in any state, territory or province of Canada? (Including military, public health or foreign.)

If the answer is yes to any of the above questions, please attach an explanation to this form.

I certify under penalty of perjury that the above information furnished is true and correct.

WARNING: Alaska Statute 08.64.326(a)(1) states that it is grounds for imposition of disciplinary sanctions if a licensee secures a license through deceit, fraud or intentional misrepresentation.

Signature: [Handwritten Signature]

WARNING: Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application has committed a Class A misdemeanor.

Date: 2/22/93

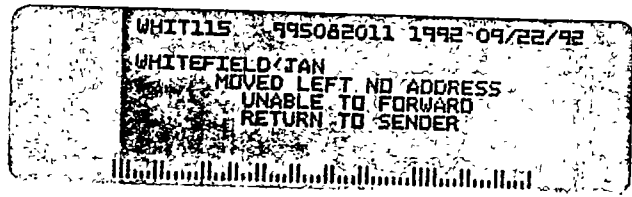
Please explain any "yes" answers to questions 1 - 9 above.

[Blank lines for explanation]

WHITEFIELD, JAN  
4115 LAKE OTIS PARKWAY  
ANCHORAGE, AK 99508

S AA 03068 MED

✓ m/s sent  
15 Dec  
2550 Curlew Cir  
Anch. AK 99515



Board: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

*NAME / ADDRESS CHANGE*

Additional documentation and a fee may be required, in accordance with applicable statutes & regulations.

**STATE OF ALASKA**  
 Department of Commerce & Economic Development  
 Division of Occupational Licensing

THIS CERTIFIES THAT

**WHITEFIELD, JAN E.**  
 IS A LICENSED  
**PHYSICIAN**

License Number <b>AA 3068</b>	Effective <b>11/10/92</b>	Expiration <b>12/31/94</b>
Social Security Number <b>AS 45.48.400</b>	Date of Birth <b>BOI/Privacy</b>	
Height	Weight	Sex <b>M</b>
		Eyes
		Hair

Control No: **015248**

# STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

P.O. Box 110806, Juneau, Alaska 99811-0806

## STATE MEDICAL BOARD

This certifies that, as provided by law, the person named is a licensed  
**PHYSICIAN**

License No. <b>AA 3068</b>	Effective Date <b>11/10/92</b>	Expiration Date <b>12/31/94</b>
-------------------------------	-----------------------------------	------------------------------------

**WHITEFIELD, JAN E.**  
**2550 CURLEW CIRCLE**  
**ANCHORAGE, AK 99515**

Social Security No. <b>AS 45.48.400</b>
Original Issue Date <b>06/10/85</b>
Issued By <b>KM</b>

Signature of Licensee

Commissioner **Paul Fuhs, Acting**  
 Department of Commerce & Economic Development  
 08-2407 (Rev. 1/92)

Control No: **015248**

Signature

**THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE**

Return this form with check or money order to:

STATE OF ALASKA  
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
STATE MEDICAL BOARD  
P.O. BOX 110806, JUNEAU, ALASKA 99811-0806

**BIENNIAL MEDICAL LICENSE RENEWAL**  
January 1, 1993 — December 31, 1994

 MEDS03068 WHITEFIELD, JAN 4115 LAKE OTIS PARKWAY ANCHORAGE AK 99508	
---	--

DATE RECEIVED DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT		
NOV 2 1992 425527		
DIVISION OF OCCUPATIONAL LICENSING		
Receipt No.	Amount	Initials
	400.00 ✓	BV

Renewal Fee:  \$400.00 Active  
 \$200.00 Inactive  
 \$ 50.00 Retired

Prorated fees apply when the initial license was issued on or after January 1, 1992.

Please be aware that you may not practice medicine (including writing prescriptions) in Alaska on an inactive license.

The retired license fee is a one-time fee for the remainder of the licensee's career. A physician may not practice medicine on a retired license and need not meet any CME requirements.

NOTE: Your license to practice medicine in the State of Alaska expires on December 31, 1992. By law, it is illegal for you to practice or offer to practice medicine in Alaska if your license has expired. There is no grace period. If postmarked after December 31, 1992 you must include documentation of CME.

Name: (Last, First, Middle Initial)

WHITEFIELD JAN E

License No.:

AA 3068

Social Security Number:

AS 45.48.400

Sex:

M

Date of Birth:

BOL/Privacy  
 Month Day Year

Telephone Number:

907 563 7228

Residence Address:

2550 CURLEW CIRCLE

Check here if you have made address corrections.

City:

ANCHORAGE

State:

AK

Zip Code + Four:

99515

Practice Address:

4115 LAKE OTIS PARKWAY

Check here if you have made address corrections.

City:

ANCHORAGE

State:

AK

Zip Code + Four:

99508

Preferred mailing address is:  Residence  Practice

**GENERAL INFORMATION**

Specialty: OB / GYN

Other states and/or Canadian provinces in which you hold or have held a medical license:

New Mexico

Texas

In accordance with AS 08.01.100, a \$20.00 penalty fee is required for renewals received after March 1, 1993.

CONTINUING MEDICAL EDUCATION AFFIDAVIT OF COMPLIANCE

Your Continuing Medical Education (CME) affidavit is due and must accompany your renewal fee. Your license will not be processed until the proper fee and CME affidavit have been received.

Name: JAN E WHITEFIELD License No: AA 3065 (Please Print or Type)

In accordance with 12 AAC 40.200, I hereby certify that I have obtained an average of 17 credit hours of Category I CME during each of the previous two years, for a total of 34 hours, that I have documentation of attendance or other awards or recertification described in 12 AAC 40.210 which I will furnish to the State Medical Board if requested to do so, which support this CME certification.

Professional Issues: During the preceding two years: Yes No

- 1. Have you been treated for or had any drug- or alcohol-related impairments, physical or mental disability which could impair your ability to practice medicine? (If you are currently registered in a board-approved rehabilitation program or the ASMA Impaired Physician Program, you may answer "no" to this question)
2. Has your license to practice medicine/podiatry or your DEA registration been denied, revoked, suspended, or restricted; or has there been other disciplinary action against you in any state, territory or province of Canada?
3. Have you been convicted of any felony or misdemeanor, other than minor traffic infractions, under local, state or federal laws in the United States?
4. Have you voluntarily surrendered or limited your license to practice medicine/podiatry in any jurisdiction (including military, public health, or foreign)?
5. Have any hospital/health care institution staff privileges been denied, reduced, or removed, or have you been subject to disciplinary action for reasons pertaining to your clinical or ethical performance as a physician/podiatrist?
6. Have you voluntarily resigned or limited your staff privileges at any hospital/health care institution while under formal investigation by the institution or a committee thereof?
7. Have you voluntarily resigned or withdrawn from a national, state, or county medical/podiatric society, association, or organization while under investigation by that body?
8. Have you altered or retired from the active practice of medicine/podiatry in your specialty?
9. Are you presently under investigation by any licensing authority or law enforcement organization in regard to your license to practice medicine in any state, territory or province of Canada? (Including military, public health or foreign.)

If the answer is yes to any of the above questions, please attach an explanation to this form.

I certify under penalty of perjury that the above information furnished is true and correct.

WARNING: Alaska Statute 08.64.326(a)(1) states that it is grounds for imposition of disciplinary sanctions if a licensee secures a license through deceit, fraud or intentional misrepresentation.

WARNING: Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application has committed a Class A misdemeanor.

Signature: [Handwritten Signature]

Date: 10/26/92

Please explain any "yes" answers to questions 1 - 9 above.

[Blank lines for explanation]

## IMPORTANT NOTICE

### YOU MAY BE AUDITED!

Please note that your signature on the CME affidavit attests that you have completed the required number of hours of continuing medical education.

A representative sample number of physicians will be audited for the purposes of documenting their continuing medical education hours. If audited, you will receive a short-term license and you will be required to provide proof by submitting written confirmation of your attendance at Category I programs, your Physician Recognition Award or subspecialty recertification to document your CME.

### GENERAL REQUIREMENTS

The Alaska State Medical Board requires each currently licensed physician to obtain an average of 17 hours of Category I continuing medical education for each of the two years prior to license renewal. A continuing education affidavit is included with your renewal notice for the purpose of reporting your CME.

**FAILURE TO COMPLY WITH ALL THE RENEWAL REQUIREMENTS RENDERS THE LICENSE INVALID. PRACTICING MEDICINE WITHOUT A VALID LICENSE CONSTITUTES A GROSS MISDEMEANOR.**

### Board Approved Certificate:

In lieu of 17 hours per year of CME, the board will accept a current physician's recognition award from AMA, APA, AOA, or recertification by a specialty board. The recertification must be obtained in the two years preceding the application renewal.

### Audits:

A percentage of CME affidavits will be randomly selected for auditing. Only hours that can be fully documented should be claimed as CME.

### Waivers:

If a licensee fails to meet the requirements because of illness or other circumstances, the board may grant an extension. A request for a waiver must contain a detailed account of hours earned, and the reason for the request. The request must be received 45 days before the expiration date to allow for processing time.

Any questions should be directed to:

Pam Ventgen, CMA  
Executive Secretary  
Alaska State Medical Board  
3601 C Street, Suite 722  
Anchorage, Alaska 99503  
(907) 561-2878

DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

NOV 2 1992

DIVISION OF  
OCCUPATIONAL LICENSING



THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

PROGRAM FOR CONTINUING PROFESSIONAL DEVELOPMENT



ACOG COGNATE PROGRAM

400 First Street, N.W.  
Washington, D.C. 20024-2186  
800-476-3444 • 202-462-2402

**TRANSCRIPT**

DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

NOV 2 1992

PAGE

2

DIVISION OF  
OCCUPATIONAL LICENSING

ACOG ID NUMBER

BOI/Privacy

JAN E. WHITEFIELD M.D.  
2550 CURLEY CIR  
ANCHORAGE AK 99515

DATE ISSUED

TOTAL AWARDS

ACOG ID NUMBER (FOR USE ONLY)	ACTIVITY DATE	CODE	DESCRIPTION	CREDITS	CREDITED COGNATES	ADDITIONAL COGNATES	TOTAL AWARDS			
							CAT I	CAT II	CAT III	CAT IV
910604-000	08/03/90	01	POSTGRAD COURSE/SPECIALTY MEET	17	8	0	46	0	0	0
901205-001	11/29/90	13	INTERACTIONS	17	3	0	49	0	0	0
901205-000	11/30/90	13	INTERACTIONS	17	3	0	52	0	0	0
910523-001	12/31/90	33	VOLUNTARY FACULTY IN OB/GYN	17	24	0	52	0	24	0
910201-000	12/31/90	11	OTHER SELF-INSTRUCTION PROGRAMS	17	26	0	73	0	24	0
910214-000	12/31/90	07	ACOG UPDATE TAPES	17	30	0	109	0	24	0
910523-005	02/06/91	06	HOSPITAL TRAINING SESSION	17	2	0	110	0	24	0
910531-000	04/05/91	01	POSTGRAD COURSE/SPECIALTY MEET	17	5	0	115	0	24	0
910524-005	04/25/91	13	INTERACTIONS	17	3	0	119	0	24	0
910524-004	04/26/91	13	INTERACTIONS	17	3	0	121	0	24	0
910524-003	04/27/91	13	INTERACTIONS	17	3	0	124	0	24	0
910524-002	04/28/91	13	INTERACTIONS	17	3	0	127	0	24	0
910524-001	04/29/91	13	INTERACTIONS	17	3	0	130	0	24	0
910524-000	04/30/91	13	INTERACTIONS	17	3	0	133	0	24	0
910523-002	04/31/91	33	VOLUNTARY FACULTY IN OB/GYN	17	8	0	133	0	32	0
910715-000	06/30/91	13	INTERACTIONS	17	3	0	136	0	32	0
911114-000	09/02/91	06	HOSPITAL TRAINING SESSION	17	9	0	145	0	32	0
920406-001	12/31/91	33	VOLUNTARY FACULTY IN OB/GYN	17	8	16	145	0	40	0
920406-000	12/31/91	06	HOSPITAL TRAINING SESSION	17	2	0	147	0	40	0

TOTAL COGNATES FOR PRIMARY CYCLE: 14

REPORTING YEARS	CAT I	CAT II	CAT III	TOTAL
87	31	0	0	31
88	112	0	0	112
89	59	0	0	59
<b>TOTAL COGNATES THIS CYCLE</b>				<b>257</b>

TOTAL COGNATES FOR SECONDARY CYCLE: 17

REPORTING YEARS	CAT I	CAT II	CAT III	TOTAL
90	108	0	24	132
91	39	0	32	71
92	0	0	0	0
<b>TOTAL COGNATES THIS CYCLE</b>				<b>203</b>

ELIGIBLE FOR AWARD MAY 93

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

PROGRAM FOR CONTINUING PROFESSIONAL DEVELOPMENT



ACOG COGNATE PROGRAM

400 14th Street, S.W.  
Washington, D.C. 20024-2168  
800.677.8444 • (202) 363-2402

TRANSCRIPT

DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

NOV 2 1992

PAGE 1

DIVISION OF  
OCCUPATIONAL LICENSING

ACOG ID NUMBER

BOI/Privacy

JAN E. WHITEFIELD M.D.  
2550 CURLEW CIR  
ANCHORAGE AK 99515

COGNATES REPORTED THROUGH MAR 15 1992

DATE OF EXPIRE 04/15/92

TOTAL AWARDED

ACOG ID NUMBER	EXPIRE DATE	COURSE	COURSE TITLE	CYCLE	CREDITS COGNATES	ADDITIONAL COGNATES	TOTAL AWARDED		
							CAT I	CAT II	CAT III
871103-000	03/24/87	32	PRESENTATION AT SCIENTIFIC MTG	14	5	0	0	0	5
871103-002	09/20/87	01	POSTGRAD COURSE/SPECIALTY MEET	14	12	0	12	0	5
871207-001	11/17/87	01	POSTGRAD COURSE/SPECIALTY MEET	14	17	0	29	0	5
871207-000	11/21/87	01	POSTGRAD COURSE/SPECIALTY MEET	14	26	0	55	0	5
871229-000	12/31/87	11	OTHER SELF-INSTRUCTION PROGRAMS	14	26	0	81	0	5
880606-000	06/03/88	03	PROLOG	14	25	0	106	0	5
880606-001	06/03/88	03	PROLOG	14	25	0	131	0	5
890714-000	07/11/88	03	PROLOG	14	25	0	156	0	5
890608-001	12/01/88	13	INTERACTIONS	14	3	0	159	0	5
890608-002	12/02/88	13	INTERACTIONS	14	3	0	162	0	5
890608-003	12/03/88	13	INTERACTIONS	14	3	0	165	0	5
890608-000	12/29/88	03	PROLOG	14	25	0	190	0	5
890608-000	12/30/88	13	INTERACTIONS	14	3	0	193	0	5
890607-000	01/31/89	13	INTERACTIONS	14	3	0	195	0	5
890607-001	03/14/89	13	INTERACTIONS	14	3	0	199	0	5
910523-000	03/31/89	01	POSTGRAD COURSE/SPECIALTY MEET	14	6	0	205	0	5
890717-001	07/04/89	13	INTERACTIONS	14	3	0	208	0	5
890717-002	07/05/89	13	INTERACTIONS	14	3	0	211	0	5
890717-000	07/06/89	13	INTERACTIONS	14	3	0	214	0	5
910523-004	08/04/89	01	POSTGRAD COURSE/SPECIALTY MEET	14	10	0	224	0	5
891218-000	12/11/89	11	OTHER SELF-INSTRUCTION PROGRAMS	14	26	0	250	0	5
910523-006	12/31/89	06	HOSPITAL TRAINING SESSION	14	2	0	252	0	5
910523-003	02/21/90	01	POSTGRAD COURSE/SPECIALTY MEET	17	3	0	3	0	0
900530-000	05/06/90	12	ACOG SPONSORED MEETING/COURSE	17	12	0	15	0	0
900524-000	05/10/90	12	ACOG SPONSORED MEETING/COURSE	17	6	0	21	0	0
900524-001	05/10/90	12	ACOG SPONSORED MEETING/COURSE	17	17	0	38	0	0

REPORTING YEARS	CAT I	CAT II	CAT III	TOTAL
TOTAL COGNATES THIS CYCLE				

REPORTING YEARS	CAT I	CAT II	CAT III	TOTAL
TOTAL COGNATES THIS CYCLE				

The  
American  
College of  
Obstetricians and  
Gynecologists

DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

NOV 2 1992

DIVISION OF  
OCCUPATIONAL LICENSING

## 1992 TRANSCRIPT

Enclosed is your annual transcript which records your continuing medical education through March 15, 1992, as reported to the ACOG Program for Continuing Professional Development. Cognates reported after the March deadline will appear on the transcript for the following year (1993).

Eligibility for the ACOG Award is based on 150 cognates earned within the three-year cycle (reporting period). A minimum of 70 Category I cognates is required and a maximum of 40 cognates each for Category II and Category III is permitted.

Award cognates will appear on the transcript as "Credited Cognates". Reported Category II or III cognates in excess of 40 per cycle and some Category I cognates (ie, hospital training sessions—a maximum of 40 cognates per year) will appear as "Additional Cognates". The summary box at the bottom of the page will show the total "Award" and "Additional" cognates in each category. Those in cycle 16 (1989, 1990, 1991) who have met the requirements will see "Award Received" at the bottom of the transcript. The Award certificate will be mailed, to those who qualify, approximately six weeks after receipt of the transcript.

The summary box will also indicate "Award Eligible" with a date. For example, many of you will be in cycle 17, reporting years 1990, 1991 and 1992, and may have already fulfilled the Award requirements—such a transcript will state "Award Eligible May 1993". The Award certificate will be issued in 1993.

The Continuing Professional Development (Cognate) Program of the ACOG is designed to provide a simple means for Fellows and Junior Fellows to maintain a record of their continuing medical education activities and should serve as verification for those states requiring such information.

Thank you for participating.

3/92

# STATE OF ALASKA

## DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

WALTER J. HICKEL, GOVERNOR

P.O. BOX 110806  
JUNEAU, ALASKA 99811-0806  
PHONE: (907) 465-2534

Alaska Surgery Center

### CERTIFICATION

I, Nancy Ferguson, Licensing Examiner, Division of Occupational Licensing, Department of Commerce and Economic Development, State of Alaska, do hereby certify that I am the keeper of the records of the State Medical Board and that these records indicate that the following individual is licensed as shown:

Name: WHITEFIELD, JANE

License Type: PHYSICIAN

License Number: PA 3068

Date Originally Issued: 6-10-85

Expiration Date: 12-31-94

DEROGATORY INFORMATION: NONE

DATED this 29<sup>TH</sup> day of JANUARY, 19 93, at JUNEAU,  
Alaska.

\_\_\_\_\_  
Nancy Ferguson  
Licensing Examiner

(SEAL)

**ALASKA SURGERY CENTER**

**CERTIFICATION**

I, Nancy Ferguson, Licensing Examiner, Division of Occupational Licensing, Department of Commerce and Economic Development, State of Alaska, do hereby certify that that I am the keeper of the records of the State Medical Board and that these records indicate that the following individual is licensed as shown:

Name: Jan Whitefield, M.D.

License Type: Physician

License Number: AA3068

Date Originally Issued: 6/10/85

Expiration Date: 12/31/92

DEROGATORY INFORMATION: None

---

DATED this 13th day of July, 1992, at Juneau, Alaska.

---

Nancy Ferguson  
Licensing Examiner

# STATE OF ALASKA

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

### DIVISION OF OCCUPATIONAL LICENSING

WALTER J. HICKEL, GOVERNOR

P.O. BOX D  
JUNEAU, ALASKA 99811-0800  
PHONE: (907) 465-2534

#### CERTIFICATION

I, Nancy Ferguson, Licensing Examiner in the Division of Occupational Licensing, a division of the State of Alaska, Department of Commerce & Economic Development, do hereby certify that I am the keeper of the records for the State Medical Board and that the attached documents are certified true copies of the licensing file for Jan Whitefield, MD holding license #AA 3068 as a physician with an initial issue date of 6/10/85, and a expiration date of 12/31/92.

**EXCEPTION:** National Board of Medical Examiners scores, and the American Medical Association Profile.

  
\_\_\_\_\_  
Licensing Examiner

Subscribed and sworn to before me this 18<sup>th</sup> day of December 1991.

  
\_\_\_\_\_  
Notary Public, State of Alaska

My Commission Expires 7-10-92

To: Nancy Ferguson  
From: Ann Boudreaux  
Subject: dr.'s records

JUNEAU

Date: 12/16/91

Distribution:

Not Requested

---

Margaret Ward, Director of the Governor's Anchorage office, has requested the public information from the files of the following MD's:  
Owen Bell, Richard Curtis, Jerry Orren, George Stransky, and Jan Whitefield. Please make this a priority and pouch the information asap. You can pouch to it our division with instructions to hand deliver to Margaret at the Gov's office down the hall.



**CHARTER  
NORTH HOSPITAL**

2530 DeBarr Road  
Anchorage, Alaska 99508  
(907) 258-7575 • 800-478-7575

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
DEVELOPMENT

*50F340  
MMO*

**SEP 11 1991**

August 13, 1991

OCCUPATIONAL LICENSING

*370533*

State of Alaska  
Department of Occupational Licensing  
3601 C Street  
Anchorage, AK 99503

RE: Dr. Jan Whitefield

Dear Occupational Licensing:

The above-named individual has applied to Charter North Hospital for medical staff reappointment and clinical privileges. Dr. Jan Whitefield states on the application that he is licensed by the State of Alaska under license number AA3068.

Please complete the information below and return it in the self-addressed envelope which is enclosed for your convenience. Your prompt reply will be greatly appreciated.

Sincerely yours,

*Carol L. Drake RRA*

Carol L. Drake, RRA, Manager  
Health Information Services

\*\*\*\*\*

AA 3068  
License Number

Temporary  Permanent

Date Issued: [ 06 / 10 / 85 ]

Date Expires: [ 12 / 31 / 92 ]

Are there any disciplinary actions initiated or pending against the applicant by the Alaska State Licensing Board?  Yes  No

If the answer to either question is yes, please provide a full explanation of the details on a separate sheet.

*Elaine Seymour*  
Person Verifying

*Lucinda Egan*  
Title

10 / 15 / 91  
Date Verified

COUNSELING CENTERS

240 E Tudor Road, Suite 240  
Anchorage, Alaska 99503  
(907) 561-7576

950 E. Bogard Rd., Suite 110  
Wasilla, Alaska 99687  
(907) 373-7575

3504 International St., Suite 1  
Fairbanks, Alaska 99701  
(907) 456-7575

A member of the Charter Medical  
Corporation. We assure quality  
health care facilities





Board: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

NAME / ADDRESS CHANGE

Additional documentation and a fee may be required, in accordance with applicable statutes & regulations.

STATE OF ALASKA  
 Department of Commerce & Economic Development  
 Division of Occupational Licensing

THIS CERTIFIES THAT  
**WHITEFIELD, JAN**  
 IS A LICENSED **PHYSICIAN**

License Number <b>AA 3068</b>	Effective <b>11/21/90</b>	Expiration <b>12/31/92</b>
Social Security Number <b>AS 45.48.400</b>		Date of Birth <b>00/00/00</b>
Height	Weight	Sex <b>M</b>
		Eyes
		Hair

Control No: **016327**

# STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

P.O. Box D-LIC, Juneau, Alaska 99811-0800

## STATE MEDICAL BOARD

This certifies that, as provided by law, the person named is a licensed **PHYSICIAN**

License No.	Effective Date	Expiration Date
<b>AA 3068</b>	<b>11/21/90</b>	<b>12/31/92</b>

**WHITEFIELD, JAN**  
**4115 LAKE OTIS PARKWAY**

**ANCHORAGE, AK 99508**

Social Security No. <b>AS 45.48.400</b>
Original Issue Date <b>06/10/85</b>
Issued By <b>NF</b>

Signature of Licensee

**Jane Angvik**

Commissioner  
 Department of Commerce & Economic Development  
 08-2407 (Rev. 10/88)

Control No: **016327**

JW-0089

Signature

Board: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

*NAME / ADDRESS CHANGE*

Additional documentation and a fee may be required, in accordance with applicable statutes & regulations.

**STATE OF ALASKA**  
 Department of Commerce & Economic Development  
 Division of Occupational Licensing

THIS CERTIFIES THAT  
**WHITEFIELD JAN**  
 IS A LICENSED  
**PHYSICIAN**

License Number	Effective	Expiration		
AA 3068	11/30/88	12/31/90		
Social Security Number	Date of Birth			
AS 45.48.400	/ /			
Height	Weight	Sex	Eyes	Hair
		M		

Control No **03329**

Signature

# STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

P.O. Box D-LIC, Juneau, Alaska 99811-0800

STATE MEDICAL BOARD

This certifies that, as provided by law, the person named is a licensed  
**PHYSICIAN**

License No.	Effective Date	Expiration Date
AA 3068	11/30/88	12/31/90

WHITEFIELD JAN  
 2740 LAKE OTIS PARKWAY  
 ANCHORAGE , AK 99508

Social Security No.	
AS 45.48.400	
Original Issue Date	Issued By
6/10/85	KY

Signature of Licensee

LARRY MERCULIEFF

Commissioner  
 Department of Commerce & Economic Development

08-2407 (Rev. 10/88)

Control No **03329**  
 JW-0090

State of Alaska  
 Department of Commerce and Economic Development  
 Division of Occupational Licensing  
 Alaska State Medical Board  
 P.O. Box D-LIC  
 Juneau, Alaska 99811-0800

**NOTICE OF SURCHARGE AND SURCHARGE PAYMENT FORM**

S AA 03068 MED  
 WHITEFIELD JAN  
 2740 LAKE OTIS PARKWAY  
 ANCHORAGE AK 99508

STATE OF ALASKA  
 DEPARTMENT OF COMMERCE  
 & ECONOMIC DEVELOPMENT

NOV 25 1987

DIVISION OF  
 OCCUPATIONAL LICENSING

Pursuant to Section 22 of the final version of House Bill 70 (see Chapter 87 SLA 1987), and at the specific request of the State Medical Board, the Commissioner of the Department of Commerce and Economic Development hereby gives notice of the imposition of a one-time surcharge of \$120.00 on persons currently holding active physician, osteopath, or podiatry licenses under AS 08.64. The purpose of this surcharge is to cover the cost of employing an investigator and an executive secretary for the State Medical Board during FY 88. [Please also note, in accordance with this new legislation, that the costs of these two positions shall be considered services to the State Medical Board for the purpose of establishing subsequent (i.e., license renewal) fees under AS 08.01.065.]

Therefore, each physician, osteopath, and podiatrist licensed by the State of Alaska and currently in active status is hereby advised of the need to pay the surcharge on or before December 15, 1987. The Division of Occupational Licensing within the Department of Commerce and Economic Development has advised the Commissioner of the department that an across-the-board assessment of \$120.00 will cover the expenses of both the Medical Board's investigator and executive secretary positions for the current fiscal year. Thereafter, the cost of these new services will be included in the Division's determination of the amount of the biennial renewal fee. (Please note that failure to pay the required surcharge shall result in disciplinary sanctions, while late payment of the surcharge will result in the addition of late payment penalties.)

If you have any questions regarding this one-time surcharge, or if you wish a copy of the new legislation, please feel free to call any member of the Medical Board (see listing on the enclosed letter); Pamela Upton, the Medical Board's executive secretary (561-2878 in Anchorage); Kym Walker, the division's licensing examiner for the Medical Board (465-2541 in Juneau); or Randall Burns, the director of the division (465-2535 in Juneau).

Your prompt payment would be appreciated. Thank you!

**Please complete and return this payment form with \$120.00 no later than December 15, 1987. Make checks payable to the State of Alaska.**

Name: (First, Middle, Last)

J A N E W H I T E F I E L D

License Number:

A A 3 0 6 8

Social Security Number:

AS 45.48.400

Telephone Number:

7 0 7 2 5 8 6 1 6 2

Address:

2 7 4 0 L A K E O T I S P A R K W A Y

City:

A N C H O R A G E

State:

A K

Zip Code:

9 9 5 0 8

Please check here if this is a new address:

For Office Use Only

Date	Receipt #	Amount	Initial
11/25/87	276	120.00 ✓ ms	KW JW-0091

# STATE OF ALASKA

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

### DIVISION OF OCCUPATIONAL LICENSING

STEVE COWPER, GOVERNOR

P.O. BOX D-LIC  
JUNEAU, ALASKA 99811-0800  
PHONE: (907) 465-2534

S3068

November 8, 1988

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

NOV 25 1988

DIVISION OF  
OCCUPATIONAL LICENSING

12038

Dr. Jan E. Whitefield  
2740 Lake Otis Parkway  
Anchorage, AK 99508

Dear Dr. Whitefield:

During the recent mail out of biennial medical license renewal forms, you were inadvertently sent a prorated renewal form.

In accordance with 12 AAC 02.030(3), the prorating of renewal does not apply to any licensees whose initial license was issued more than 24 months prior to their initial renewal date.

Our records indicate that your license was issued prior to January 1, 1987, therefore, you owe the full license renewal fee of \$400.00 for an active license, or \$200.00 for an inactive license.

I have received your payment of \$200.00 and will pend renewing your license until you submit the remaining \$200.00.

I am sorry for any inconvenience this matter may have caused you.

Please feel free to call me with any questions you may have.

Sincerely,



Kym Walker  
Licensing Examiner  
State Medical Board

\$200.00 ✓  
conf

KW/mst8765&6m2  
110288a

Return this form with check or money order to:

STATE OF ALASKA  
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
STATE MEDICAL BOARD  
P.O. BOX D, JUNEAU, AK 99811-0800  
BIENNIAL MEDICAL LICENSE RENEWAL  
January 1, 1991—December 31, 1992

Date Received		
STATE OF ALASKA DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT		
NOV - 1 1990		
DIV. OF OCCUPATIONAL LICENSING		
0328527		
Rec No.	Amount	Initials
	400.00	JW

S AA 0306B MED  
WHITEFIELD, JAN  
2740 LAKE OTIS PARKWAY  
ANCHORAGE, AK 99508

Note: Your license to practice medicine in the State of Alaska expires on December 31, 1990. By law, it is illegal for you to practice or offer to practice medicine in Alaska if your license has expired. There is no grace period. If postmarked after 12/31/90, you must include documentation of CME and disciplinary data report from the Federation of State Medical Boards.

Renewal Fee:  \$400.00 Active  
 \$200.00 Inactive  
In accordance with AS 08.01.100, a \$20.00 penalty fee is required for renewals received after March 1, 1991.

Name: (Last, First, Middle Initial)

License Number:

WHITEFIELD JAN E

AA 3068

Social Security Number:

Sex

Date of Birth

Telephone Number:

AS 45.48.400

M

BOI/Privacy  
month day year

907 337 7079

Residence Address:

3950 LUNAR DRIVE

Check here if you have made address corrections.

City:

State:

Zip Code:

ANCHORAGE

AK

99504

Practice Address:

4115 LAKE OTIS PARKWAY

Check here if you have made address corrections.

City:

State:

Zip Code:

ANCHORAGE

AK

99508

General Information

Specialty: OB/GYN

Other states and/or Canadian provinces in which you hold or have held a medical license: New Mexico, TEXAS

Professional Issues: During the preceding two years:

- |   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| 1. Have you had any drug or alcohol related impairments, physical or mental disability which could impair your ability to practice medicine? (If you are currently registered in a board approved rehabilitation program or the ASMA Impaired Physician Program, you may answer "no" to this question)..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Has your license to practice medicine/podiatry or your DEA registration been denied, revoked, suspended, or restricted; or has there been other disciplinary action against you in any state, territory or province of Canada?.....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Have you been convicted of any felony or misdemeanor, other than minor traffic infractions, under local, state or federal law in the United States?.....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Have you voluntarily surrendered or limited your license to practice medicine/podiatry in any jurisdiction (including military, public health, or foreign)?.....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Have any hospital/health care institution staff privileges been denied, reduced, or removed, or have you been subject to disciplinary action for reasons pertaining to your clinical or ethical performance as a physician/podiatrist?.....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Have you voluntarily resigned or limited your staff privileges at any hospital/health care institution while under formal investigation by the institution or a committee thereof?.....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Have you voluntarily resigned or withdrawn from a national, state, or county medical/podiatric society, association, or organization while under investigation by that body?.....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Have you altered or retired from the active practice of medicine/podiatry in your specialty?.....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Are you presently under investigation by any licensing authority or law enforcement organization in regard to your license to practice medicine in any state, territory or province of Canada? (Including military, public health or foreign). ..  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer is yes to any of the above questions, please attach an explanation to this form.

You must submit your CME affidavit with your renewal to meet the renewal requirements.

I certify under penalty of perjury that the above information furnished is true and correct.

Warning: Alaska Statute 08.64.326(a)(1) states that it is grounds for imposition of disciplinary sanctions if a licensee secures a license through deceit, fraud or intentional misrepresentation

Jan E Whitefield  
Signature

Warning: Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application has committed a Class A misdemeanor.

Date:

ALASKA STATE MEDICAL BOARD

CONTINUING MEDICAL EDUCATION AFFIDAVIT OF COMPLIANCE

Your Continuing Medical Education (CME) affidavit is due and **must** accompany your renewal fee. Your license will not be processed until the proper fee and CME affidavit have been received.

Name: JAN E. WHITEFIELD License No.: AA 3068  
(Please Print or Type)

"In accordance with 12 AAC 40.200, I hereby certify that I have obtained an average of 17 credit hours of CME during each of the previous two years for a total of 34 hours, that I have documentation of attendance or other awards or recertification described in 12 AAC 40.210 which I will furnish to the State Medical Board if requested to do so, which support this CME certification."

Date: 10/28/90 Jan E Whitefield  
Signature of Physician

IMPORTANT NOTICE

**You may be audited!**

Please note that your signature on the CME affidavit form attests that you have completed the required number of hours of continuing medical education.

A representative sample number of physicians will be audited for the purpose of documenting their continuing medical education hours. If audited, you will be required to provide proof by submitting written confirmation of your attendance at Category I programs, your Physician Recognition Award or subspecialty recertification to document your CME.

**Warning:** Alaska Statute 08.64.326(a)(1) states that it is grounds for imposition of disciplinary sanctions if a licensee secures a license through deceit, fraud or intentional misrepresentation.

**Warning:** Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application is subject to imprisonment for not more than one year, a fine of not more than \$5,000, or both.

Return this form with check or money order to:  
 State of Alaska  
 Department of Commerce and Economic Development  
 State Medical Board  
 P.O. BOX D-LIC  
 Juneau, Alaska 99811-0800

OCT 17 1988

STATE OF ALASKA  
 DEPARTMENT OF COMMERCE  
 & ECONOMIC DEVELOPMENT

OCT 17 1988

DIVISION OF  
 OCCUPATIONAL LICENSING

Rec. No. <b>7880</b>	Amt. <b>\$200.00</b>	Initial <b>ppc</b>
-------------------------	-------------------------	-----------------------

**BIENNIAL MEDICAL LICENSE RENEWAL**  
 January 1, 1989 — December 31, 1990

Your license to practice medicine in the State of Alaska expires on December 31, 1988. By law, it is illegal for you to practice or offer to practice medicine in Alaska if your license has expired.

S AA 03068 MED  
 WHITEFIELD JAN  
 2740 LAKE OTIS PARKWAY  
 ANCHORAGE AK 99508

Prorated Renewal Fee:  \$200.00 Active  
 \$100.00 Inactive  
 For licenses issued after December 31, 1986  
 License #'s 2240 and above.

In accordance with AS 08.01.100, a \$20.00 penalty fee is required for renewals received after March 1, 1989.

Name: (Last, First, Middle Initial)  
 WHITEFIELD JANE

License Number:  
 AA 3068

Social Security Number: AS 45.48.400  
 Sex:  M  F  
 Date of Birth: BOI/Privacy  
month day year

Telephone Number:  
 907 258 6162

Address: (Please make corrections if necessary)  
 2740 LAKE OTIS PARKWAY

Check here if you have made address corrections.

City: ANCHORAGE State: AK Zip Code: 99508

General Information:  
 Specialty: OB/GYN  
 Other states and/or Canadian provinces in which you hold or have held a medical license: N. Mexico, Texas

- Professional Issues:
- During the last registration period, have you
- |  |                              |  |  |                              |  |
|--|------------------------------|--|--|------------------------------|--|
| 1. Had any physical or mental disability which may impair or interfere with your ability to practice medicine? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 4. Had any professional society revocations?                               | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. Had any felony convictions?   | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    | 5. Had any final unfavorable liability judgments?                          | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    |
| 3. Had any hospital restrictions?  | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    | 6. Have you had any license actions in another state or Canadian province? | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    |

If the answer is yes to any of the above, file a written explanation with your renewal application.

You must submit your CME affidavit with your renewal to meet the renewal requirements.

I certify under penalty of perjury that the above information furnished is true and correct.

Warning: Alaska Statute 08.64.326(1) states that it is grounds for imposition of disciplinary sanctions if a licensee secures a license through deceit, fraud or intentional misrepresentation.

*Jane W. Whitefield*  
 Signature

Warning: Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application is subject to imprisonment for not more than one year, a fine of not more than \$5,000, or both.

Date: 10/12/88

**YOU MUST COMPLETE THE AFFIDAVIT ON THE REVERSE SIDE**

ALASKA STATE MEDICAL BOARD

CONTINUING MEDICAL EDUCATION AFFIDAVIT OF COMPLIANCE

Your Continuing Medical Education (CME) affidavit is due and **must** accompany your renewal fee. Your license will not be processed until the proper fee and CME affidavit have been received.

Name JAN E. WHITEFIELD License No. AA 3068  
(Please Print or Type)

"In accordance with 12 AAC 40.200, I hereby certify that I have obtained an average of 17 credit hours of CME during each of the previous four years, for a total of 68 hours, that I have documentation of attendance at CME courses or other awards or recertification described in 12 AAC 40.210 which I will furnish to the State Medical Board if requested to do so, which support this CME certification."

Date 10/12/88 JAN E WHITEFIELD  
Signature of Physician

IMPORTANT NOTICE

**You may be audited!**

Please note that your signature on the CME affidavit form attests that you have completed the required number of hours of continuing medical education.

A representative sample number of physicians will be audited for the purpose of documenting their continuing medical education hours. If audited, you will be required to provide proof by submitting written confirmation of your attendance at Category I programs, your Physician Recognition Award or subspecialty recertification on forms to be provided by the Division of Occupational Licensing at the time you are notified if you have been selected for audit.

**Warning:** Alaska Statute 08.64.326(1) states that it is grounds for imposition of disciplinary sanctions if a licensee secures a license through deceit, fraud or intentional misrepresentation.

**Warning:** Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application is subject to imprisonment for not more than one year, a fine of not more than \$5,000, or both.



Wed  
3/26/88

medical

Dear Julietta Nelson-

When I applied for licensure I had no  
Alaskan address. I wanted to give the following  
to you. Please note I still have no home phone.

Home: JAN WHITEFIELD  
3950 LUNAR DR  
Anchorage, Alaska 99504

Work: 40 Alaska Womens Health Service  
2740 Lake Otis Parkway  
Anchorage, Alaska 99508  
(907) 338-6162.

Please enter this in my file.

Thank!

Jan Whitefield

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

JUL 24 1985

DIVISION OF  
OCCUPATIONAL LICENSING

08-446  
(Rev. 8/75)

STATE OF ALASKA  
STATE MEDICAL BOARD  
TEMPORARY PERMIT

THIS CERTIFIES THAT

Jan Eugene Whitefield

having fulfilled the requirements of the Laws of Alaska is hereby granted a temporary permit to practice

medicine and surgery  osteopathy  
in the State of Alaska for a period of 8 months or until the Board meets to consider his application for permanent licensure whichever occurs first.

In testimony whereof I the undersigned member of the State Medical Board have hereunto set my hand this 10 day of June, 1985.

Effective 6/10/85 Expires 2/10/85  
[Signature] M.D.

STATE OF ALASKA  
BOARD OF MEDICAL EXAMINERS

DATE: 6/14/85

RECEIPT: 795

APPLICATION FOR A TEMPORARY PERMIT TO PRACTICE

Medicine and Surgery

Osteopathy

AMOUNT \$: 50.00

Name of Applicant JAN Eugene WHITEFIELD INITIAL: JPE

Mailing Address 2740 CAUSE OTIS PARKWAY, ANCHORAGE, ALASKA 99505

U.S. Citizen? Yes If no, what is your status? \_\_\_\_\_

Medical School UNIV. OF NEW MEXICO Date Graduated 1950

Internship 1950-51 Family Practice Residency 1981-85 OP/gyn - UNIV OF NEW MEXICO

NOTE: You are not eligible for a temporary permit to practice medicine and surgery or osteopathy in Alaska unless you intend to apply for permanent licensure. Please answer the following questions. If any of your answers are yes, explain fully on a separate sheet, or reverse side of this application.

	YES	NO
1. Have you ever been called before any state board for interrogation concerning any violation of the medical practice act or unethical conduct?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you ever been denied a certificate by, or the privilege of taking an examination before any state medical board?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have you ever had a license to practice medicine revoked or suspended?....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you ever been charged or convicted of a violation of a U.S. or state statute or Canadian law, excluding minor traffic violations?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Have you ever been addicted to or excessively used alcohol, narcotics, barbiturates or habit forming drugs?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are you now or have you ever been emotionally or mentally ill?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Have you ever been treated for mental or emotional illness, drug addiction or inebriety?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Have you ever applied for and been denied a Narcotic Tax Stamp?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Have you ever been charged with or convicted of a violation of any federal or state narcotic law?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Have you ever made an offer to compromise in connection with the Harrison Narcotic Law or any narcotic law?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Have you ever had hospital privileges revoked or any disciplinary action regarding your privileges?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Have you ever previously been licensed or permitted in the State of Alaska?..	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I CERTIFY that the information above is true and correct. I understand that any false information may result in the revocation of my locum tenens temporary permit.

STATE OF ALASKA  
DEPARTMENT OF COMMERCIAL & ECONOMIC DEVELOPMENT

JUN 13 1985 Jan Whitefield MD  
Signature of Applicant

BOARD MEMBER: COMPLETE LOWER PORTION

DIVISION OF  
OCCUPATIONAL LICENSING

I have interviewed the above named, find him qualified for and have issued him a temporary permit to practice  medicine and surgery/  osteopathy in the State of Alaska, effective 6/10/85  
Enclosed are the following:

1. Copy of temporary permit.
2. Certified copy of medical school diploma.
3. Certified copy of internship or residency certificate.
4. \$50 temporary permit fee.

Recommended for permanent licensure upon completion of requirements?  
Yes

Date of Interview 6/10/85

George Brumme, M.D.  
Signature of Board Member

STATE MEDICAL BOARD  
RECOMMENDATION FOR PERMANENT LICENSURE

NAME Whitefield, Jan Eugene  
ADDRESS 2740 Lake Oaks, Anchorage, AK 99508  
(Notification of licensure will be sent to the above address)

This is to certify that I have interviewed the above named on 6/10/85  
and recommend him for permanent licensure in Alaska.

George Brenneman  
Signature of Board member

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

JUN 13 1985

DIVISION OF  
OCCUPATIONAL LICENSING

Board: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

*NAME / ADDRESS CHANGE*

Additional documentation and a fee may be required, in accordance with applicable statutes & regulations.

**STATE OF ALASKA**  
 Department of Commerce & Economic Development  
 Division of Occupational Licensing

THIS CERTIFIES THAT  
**WHITEFIELD** **JAN**  
 IS A LICENSED **PHYSICIAN**

License Number	Effective	Expiration
AA 3068	6/10/85	12/31/88
Social Security Number	Date of Birth	
AS 45.48.400	/ /	
Height	Weight	Sex
		M
Eyes	Hair	

Control No: **03645**

# STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

Division of Occupational Licensing  
 Pouch D-LIC, Juneau, Alaska 99811-0800

STATE MEDICAL BOARD

This certifies that, as provided by law, the person named is a licensed **PHYSICIAN**

License No	Effective Date	Expiration Date
AA 3068	6/10/85	12/31/88

**WHITEFIELD** **JAN**  
**2740 LAKE OTIS PARKWAY**

**ANCHORAGE** , **AK** **99508**

Social Security No	
AS 45.48.400	
Original Issue Date	Issued By
6/10/85	JA
Signature of Licensee	

**LOREN H. LOUNSBURY**

Commissioner  
 Department of Commerce & Economic Development  
 08-2407 (Rev. 9/84)

Control No: **03645**

Signature

# STATE MEDICAL BOARD



## STATE OF ALASKA

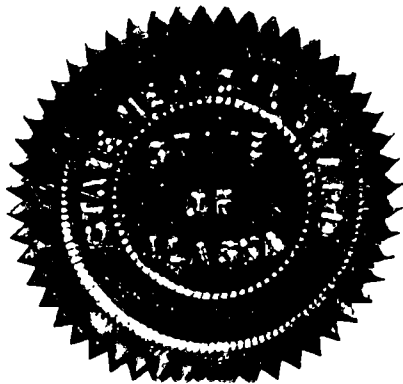
This Certifies That

*Jan Eugene Whitefield*

having fulfilled all the requirements of the laws of Alaska and possessing the prescribed qualifications is hereby granted a License

to practice as a **PHYSICIAN** in Alaska  
said License being subject to renewal under provisions of AS 08.64.

In Witness Whereof we have hereunto set our hands and affixed the Seal of the State Medical Board this 10th day of June, 1985.



No. AA3068

Thomas L. Bentley President  
D. Bernard White Secretary

ENDORSEMENT OF CERTIFICATION

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

APR 08 1985

DIVISION OF  
OCCUPATIONAL LICENSING

NATIONAL BOARD OF MEDICAL EXAMINERS  
OF THE  
UNITED STATES OF AMERICA

**Jan Eugene Whitefield, M.D.**  
having satisfied all the requirements and having successfully passed the examinations is hereby  
declared a Diplomate of the National Board of Medical Examiners.

Attest **WILLIAM B. HOLDEN, M.D.**  
Chairman of the Board

SEAL      **EDITHE J. LEVIT, M.D.**  
Philadelphia, Pa.      President of the Board

**07/01/81**      Certificate # 226248

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be\* awarded to the physician named above, who graduated from **U NEW MEXICO SCH MEDICINE** in **MAY**, 1980 and whose birth date is **BOI/Privacy**. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score	
<b>PART I passed</b> <u>06/78</u>			
Anatomy, incl. histology and embryology		BOI/Privacy	
Physiology			
Biochemistry			
Pathology			
Microbiology, incl. immunology			
Pharmacology and Materia Medica			
Behavioral Sciences			
<b>TOTAL TEST (Minimum Passing Score 380/75)</b>			
<b>Part II passed</b> <u>09/79</u>			
Internal medicine and the medical specialties			
Surgery and the surgical specialties			
Obstetrics and Gynecology			
Public Health and Preventive Medicine			
Pediatrics			
Psychiatry			
<b>TOTAL TEST (Minimum Passing Score 290/75)</b>			
<b>PART III passed</b> <u>03/81</u>			
A General Test of Clinical Competence			
<b>TOTAL TEST (Minimum Passing Score 290/75)</b>			
<b>GENERAL AVERAGE (Parts, I, II, and III Scale Score)</b>			

\*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

*Ann K. Averling*  
Secretary for Certification

04/01/85

Date

SEAL

JW-0103

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING  
STATE MEDICAL BOARD  
POUCH D, JUNEAU, ALASKA 99811-0800  
PHONE: (907) 465-2541

Date: 5/3/85

Dear Dr. Whitefield:

The State Medical Board reviewed your application for permanent licensure at their meeting on

---

Your application was approved pending receipt of:

- a) AMA, Federation and/or DEA information  
(above has been requested by the division).
  - b) Necessary fees in amount of \$ \_\_\_\_\_.
  - c) An interview with a board member.
  - d) Other: \_\_\_\_\_
- 
- 
- 

Please keep this office informed of your current address to facilitate any further correspondence we may have.

If you should have any questions or if I can be of any assistance, please feel free to contact me at (907) 465-2541.

Sincerely,

  
Licensing Examiner



28. ENDORSEMENT CERTIFICATION: If completed by the National Board of Medical Examiners or the Federation of State Medical Boards - delete those portions which you are unable to certify.

I, Michelle McHennis, Administrator ~~Secretary~~ of New Mex. Bd. of Med. Examiners certify that Jan. E. Whitefield was granted License or Certificate No. 81-341 effective 11/16/81. I further certify that Jan. E. Whitefield after written examination before this Board obtained a general average of \_\_\_\_\_ percent (passing grade BOI/Privacy) in the following subjects: (Subjects and grades must be stated in full.)

<u>Anatomy</u>	<u>BOI/</u>	<u>Microbiology</u>	<u>BOI/</u>	<u>SURGERY</u>	<u>BOI/Privacy</u>
<u>Physiology</u>	<u>Privacy</u>	<u>Pharmacology</u>	<u>Privacy</u>	<u>OB/GYN</u>	
<u>Biochemistry</u>		<u>Behavioral Sc.</u>		<u>Pub. Health.</u>	
<u>Pathology</u>		<u>INTERNAL Med.</u>		<u>PEDIATRICS</u>	
				<u>Psychiatry</u>	

I further certify that the applicant's License or Certificate is current and that there are not now nor have there ever been charges or complaints filed against the holder of said License or Certificate, and that so far as the records in this office show, he is of good moral character and worthy of professional recognition and licensure by endorsement to practice medicine and surgery in the State of Alaska.

BOARD SEAL

Michelle McHennis  
Signature of ~~Secretary~~ Administrator  
April 3, 1985  
Date

Return completed document to:

Department of Commerce and Economic Development  
State Medical Board  
Pouch D  
Juneau, Alaska 99811



STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

APR 08 1985

DIVISION OF  
OCCUPATIONAL LICENSING

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION  
535 NORTH DEARBORN STREET  
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES  
DEPARTMENT OF DATA RELEASE SERVICES

DATE: 03-20-85  
TIME: 2:37 PM

NAME: WHITEFIELD, JAN EUGENE, M.D.  
ADDRESS: 419 MONROE NE APT 9-E ALBUQUERQUE NM 87108  
BIRTHPLACE: [BOI/Privacy] BIRTHDATE: [BOI/Privacy]  
MEDICAL EDUCATION (SCHOOL YEAR):  
UNIV OF NEW MEXICO SCH MED, ALBUQUERQUE NM 87131 1980  
NATIONAL BOARD CERTIFICATION: 1981  
LICENSES:  
NM 1981  
PHYSICIAN'S PROFESSIONAL ACTIVITIES:  
RESIDENT  
PRIMARY SPECIALTY: OBSTETRICS AND GYNECOLOGY  
SECONDARY SPECIALTY: UNSPECIFIED  
TERTIARY SPECIALTY: UNSPECIFIED  
SPECIALTY BOARD CERTIFICATION: NONE REPORTED TO DATE  
MEMBER OF AMA: 1985 ACTIVE MEMBER THRU NM  
NATIONAL SCIENTIFIC MEDICAL SOCIETIES:  
AMERICAN ACADEMY OF FAMILY PHYSICIANS  
PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE  
CURRENT MEDICAL TRAINING: RESIDENT  
HOSPITAL: UNIV NM AFFIL HOSP/NE ALBUQUERQUE NM 87131  
DATES OF TRAINING: 07/81-06/85  
SPECIALTY: OBSTETRICS AND GYNECOLOGY  
SPECIALTY: UNSPECIFIED  
INTERNSHIP:  
HOSPITAL: UNIV NM SCH OF MED ALBUQUERQUE NM 87131  
DATES OF TRAINING: 07/80-06/81  
SPECIALTY: FAMILY PRACTICE  
SPECIALTY: UNSPECIFIED  
RESIDENCY:  
NONE REPORTED TO DATE  
FELLOWSHIP:  
NONE REPORTED TO DATE

COPYRIGHT 1985 AMERICAN MEDICAL ASSOCIATION \*\*AMA FILES CHECKED\*\* SEE REVERSE

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT  
MAR 26 1985  
DIVISION OF  
OCCUPATIONAL LICENSING  
JW-0106

AMA PHYSICIAN PROFILE (CONTINUED)

IT IS MUTUALLY AGREED BETWEEN THE AMERICAN MEDICAL ASSOCIATION (AMA) AND THE REQUESTING ORGANIZATION THAT THIS PHYSICIAN PROFILE (SEE REVERSE) IS PROVIDED TO THE REQUESTING ORGANIZATION WITH THE UNDERSTANDING THAT (1) THE INFORMATION ON THE PROFILE WILL BE TREATED WITH TOTAL CONFIDENTIALITY; (2) THAT SUCH INFORMATION IS GRANTED SOLELY TO THE REQUESTING ORGANIZATION AND IS GRANTED AS A NON-EXCLUSIVE LIMITED LICENSE, CONSISTENT WITH AND LIMITED TO THE SPECIFIC PURPOSES SET FORTH ON THE PHYSICIAN PROFILE REQUEST FORM; (3) THAT NO PROFILE INFORMATION WILL BE RELEASED, COPIED, EXTRACTED OR OTHERWISE USURPED FOR THE USE BY ANY OTHER PARTY, ENTITY, ORGANIZATION OR GOVERNMENT AGENCY; AND (4) THAT UPON A BREACH OF ANY OF THE FOREGOING COVENANTS OR UPON THE EFFECTIVE DATE OF ANY STATUTE, REGULATION OR COURT DECISION MANDATING ANY DISCLOSURE WHATSOEVER OF SUCH PROFILE INFORMATION BY THE REQUESTING ORGANIZATION, SUCH LICENSE TO USE AND POSSESS THE PROFILE SHALL BE AUTOMATICALLY AND IMMEDIATELY TERMINATED AND THE PROFILE AND ANY INFORMATION OR DATA CONTAINED THEREON OR, IN ANY WAY, DERIVED THEREFROM SHALL BE RETURNED TO THE AMA IMMEDIATELY, BUT, IN NO EVENT, LATER THAN 48 HOURS AFTER SUCH AUTOMATIC TERMINATION.

For Jan Whitefield

State of Alaska  
Department of Commerce and Economic Development  
State Medical Board  
Pouch D  
Juneau, Alaska 99811-0800

VERIFICATION OF LICENSURE

Sir:

I am applying for a certificate to practice medicine and surgery in the State of Alaska. The State Medical Board requires that this form be completed by each jurisdiction in which I hold or have held licenses. Please complete the form and return it directly to the Alaska State Medical Board at the above address.

Name Jan Whitefield

Address 419 Monroe NE Apt 9E

Albuquerque, NM 87108

PLEASE DO NOT DETACH The information below must be completed by the state licensing board, not to be completed by the applicant.

State of NEW MEXICO

Name of Licensee JAN WHITEFIELD

Graduate of UNIVERSITY OF NEW MEXICO

License No. 81-341 issued effective 11/16/81

By reciprocity/endorsement \_\_\_\_\_ by examination NB

License is current yes lapsed \_\_\_\_\_ Expiration date YEARLY RENEWAL

Has the applicant's license ever been suspended or revoked? —  
If so, for what reason? \_\_\_\_\_

Derogatory information, if any —

Comments, if any —

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT  
MAR 22 1985

[Board Seal]  
(All verifications must have board seal.)  
DIVISION OF  
OCCUPATIONAL LICENSING

Signed Ferri Marcek

Title Verification Officer

State Board New Mexico

Date March 5, 1985

# STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

POUCH D  
JUNEAU, ALASKA 99811  
PHONE: (907) 465-2534

### DIVISION OF OCCUPATIONAL LICENSING

Date: 3/13/85

Federation of State Medical Boards  
2630 West Freeway, Suite 138  
Ft. Worth, Texas 76102

Federation of State Medical Boards  
of the United States

MAR 20 1985

Attn: Martha Buchholtz  
Records

PREV. CORRES. \_\_\_\_\_  
ANS. \_\_\_\_\_ FILE \_\_\_\_\_  
CHECK \_\_\_\_\_  
BY \_\_\_\_\_

Dear Ms. Buchholtz:

Please advise this office if you have any disciplinary actions noted for the following physician:

Name: Jan Whitefield

SSN#: AS 45.48.400

Birth Date: BOI/Privacy

Med. School: Univ. of New Mexico

Your response on the lower portion of this letter will be appreciated. Thank you for your assistance.

Sincerely,

*Julieann Nelson*  
~~Barbara Branson~~ Julieann Nelson  
Licensing Examiner

RESPONSE:

~~WE HAVE NO UNFAVORABLE INFORMATION REGARDING THE ABOVE NAMED PHYSICIAN~~

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAR 27 1985

APR 2 1985

*Bryant L. Galusha, M.D.*  
BRYANT L. GALUSHA, M.D.  
EXECUTIVE VICE-PRESIDENT

Dear Sir:

Enclosed is my application  
as well as

① \$250 check

② Notarized copy of my  
med. school diploma

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

③ Notarized copy of internship

④ Notarized copy of NM state  
license & current status  
slip.

MAR 04 1985

DIVISION OF  
OCCUPATIONAL LICENSING

I have forwarded to the New Mex.  
Board of Med. Examiners the sheets  
for verification of licensure as well  
as the page with "#28" of the  
application to fill out & forward  
to you.

I have taken both FLEX  
& Nat'l Boards. Should be open

require notification from these agencies directly, please notify me if I will request records to be forwarded.

If my application is missing anything, please let me know. I will be visiting Alaska probably in May, and if I take the position offered me, would like to swear in in May.

Thank you for your help

Jim Whiteford

State of Alaska  
Department of Commerce and Economic Development  
Division of Occupational Licensing  
Pouch D  
Juneau, Alaska 99811-0800  
Phone: (907) 465-2541

Date: 3/13/85

Dear Doctor: Whitefield:

Your application for licensure to practice medicine and surgery in the State of Alaska has been received by this office.

\_\_\_\_\_ We've been advised that you have been issued a temporary permit and wish to pursue permanent licensure as a physician and surgeon in Alaska. Enclosed is a complete licensing packet for your information and guidance. Please advise of any address change.

\_\_\_\_\_ Your file is complete and will be reviewed at the next board meeting held on \_\_\_\_\_

Your file is incomplete and you will need to submit the following:

\_\_\_\_\_ 1. Completed Application

\_\_\_\_\_ 2. \$25-Application Fee

\_\_\_\_\_ 3. \$100 Endorsement Fee

\_\_\_\_\_ 4. \$125 Exam Fee (for examinees only)

\_\_\_\_\_ 5. Notarized copy of your medical school diploma

\_\_\_\_\_ 6. Notarized copy of your internship/residency certificate

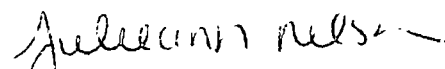
7. Verification of license(s) in New Mexico  
(Form(s) enclosed)

8. Obtain an interview from a member of the Alaska State Medical Board. Their names and addresses are enclosed for your use.

Additional Comments: \$25 Endorsement Certificate  
(Form enclosed)

If you have any questions, please do not hesitate to contact this office.

Very truly yours,

  
Licensing Examiner  
State Medical Board



No. 81541

# The New Mexico Board of



## Medical Examiners

Hereby authorizes and licenses

Jan Eugene Whitefield, M.D.

to practice medicine in the State of New Mexico, in accordance with the law  
regulating the practice of medicine in this state

Dated at Santa Fe, New Mexico, November 16, 1981



Jan L. Steg

President

R. C. Berlyne, M.D.

Secretary

I certify that this is a true copy of the original document



OFFICIAL SEAL

FRANK M. JACKSON

NOTARY PUBLIC - STATE OF NEW MEXICO

Notary Board Filed with Secretary of State

My Commission Expires 2/5/88

Frank M. Jackson

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAR 04 1985

DIVISION OF  
OCCUPATIONAL LICENSING

JW-0113



OFFICIAL SEAL

FRANK M. JACKSON

NOTARY PUBLIC - STATE OF NEW MEXICO

Not to be filed with Secretary of State

I certify that this is a true copy of the original document. My Commission Expires 7/5/88

*Frank M. Jackson*

OFFICIAL RECEIPT

NEW MEXICO BOARD OF MEDICAL EXAMINERS

227 East Palace - Suite 0 • Santa Fe, New Mexico 87501

Date December 26, 1984 EXPIRES DECEMBER 31, 1985

THIS IS TO CERTIFY

that person named below and to whom this license to practice MEDICINE was issued, has complied with the laws governing the annual registration of such license and is hereby entitled to practice medicine in the State of New Mexico.

Reg. Fee \$30.00 Jan Eugene Whitcfield, M. D.  
419 Monroe NE #9E  
Albuquerque, NM 87108

LICENSE NO. 81-341

Date Issued 1985

No 2779

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& OCCUPATIONAL LICENSING

MAR 04 1985

DIVISION OF  
OCCUPATIONAL LICENSING

State Of New Mexico

# Board Of Medical Examiners



**TONY ANAYA**  
GOVERNOR

**KENT F. JACOBS, M.D.**  
PRESIDENT

**THEODORE E. HAUSER, M.D.**  
VICE-PRESIDENT

**JAMES W. MAYER, M.D.**  
SECRETARY-TREASURER

**CORTEZ WILLIAMS, PH.D.**  
MEMBER

**GEORGE P. BUNCH, M.D.**  
MEMBER

**EUGENE CASTIGLIA, M.D.**  
MEMBER

Michelle McGinnis, - Administrator  
227 EAST PALACE AVENUE - SUITE 0  
SANTA FE, NM 87501  
(505) 827-9930

April 3, 1985

Julieann Nelson  
Dept. of Commerce and  
Economic Development  
State Medical Board  
Pouch D  
Juneau, AK 99811

Dear Ms. Nelson:

I received your memorandum and copies on Jan Whitefield. After reviewing Dr. Whitefield's file I found I had made a mistake in the names only, not any of the information from National Board. I have filled out the extra form you sent me, also had my administrator look over it.

Thank you so much for taking the time to call and send the copies. Sending my apologies for my mistake.

Sincerely,

NEW MEXICO BOARD OF MEDICAL EXAMINERS  
Michelle McGinnis, Administrator

A handwritten signature in cursive script that reads "Terri Marcak".

Terri Marcak  
Verification Officer

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

APR 08 1985

DIVISION OF  
OCCUPATIONAL LICENSING

JW-0115

# STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

POUCH D  
JUNEAU, ALASKA 99811  
PHONE: (907) 465-2534

DIVISION OF OCCUPATIONAL LICENSING

465-2541

Date: 3/12/85

Drug Enforcement Administration  
220 West Mercer  
Seattle, WA 98119

Attn: Diversion Control

Dear Sirs:

Re: Jan Whitefield                      DOB BOI/Privacy

The above named physician has made application to the Alaska State Medical Board for license to practice medicine and surgery. Please advise this office in the space below if you have any derogatory information on file regarding this individual.

Thank you for your assistance.

Sincerely,

Julieann Nelson  
License Examiner

*No derogatory information on file.*

*DEA registration  
5/1/85*

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAY 06 1985

STATE OF ALASKA  
Department of Commerce and Economic Development  
State Medical Board  
Pouch D  
Juneau, Alaska 99811-0800

I, JAN Eugene WHITEFIELD, hereby  
authorize the United States Department of Justice, Drug Enforcement Agency, to release to  
the State of Alaska, Department of Commerce and Economic Development, Division of  
Occupational Licensing, State Medical Board, any information in their files with regards to  
my qualifications for licensure as a physician in the State of Alaska.

Jan E. Whitefield  
Signature of Applicant

Date: 2/27/85

DEA Registration Number: AW1406417

Address where DEA Number is registered:

419 Monroe NE Apt. 9E

Albuquerque, NMex 87108

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAR 04 1985

DIVISION OF  
OCCUPATIONAL LICENSING

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAY 06 1985

DIVISION OF  
OCCUPATIONAL LICENSING

250.00 pw

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

DATE: 3/4/85

REC IPT: 555

AMOUNT \$: 250

INITIAL: ja

STATE OF ALASKA  
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING  
Pouch D  
Juneau, Alaska 99811

MAR 04 1985

DIVISION OF  
OCCUPATIONAL LICENSING

STATE MEDICAL BOARD

I hereby apply for a license to practice as a  Medical Doctor (M.D.) /  Osteopath (D.O.) in the State of Alaska  
by:  Examination  Credentials

If applying by credentials, upon what state or provincial license or certificate do you base this application?  
NEW MEXICO

Certificate No. 81-341 Issue Date: 11/16/1981

Have you previously held a license, temporary permit or locum tenens permit in the State of Alaska?  
 Yes  No

This application must be completed in full. If any section does not apply, please write N/A in the space provided. Type or print information.

1. Name in full JAN Eugene WHITEFIELD Social Security No. AS 45.48.400

2. Other names used, including maiden name N/A

3. Legal name changes N/A

4. Mailing address 419 Monroe NE Apt. 9E Albuquerque, N.M. Zip Code 87108

5. Residence address Same Zip Code Same

6. Place of Birth BOI/Privacy Date of Birth BOI/Privacy

7. Are you a citizen of the U.S.?  Yes  No  
If yes, by birth  / by naturalization   
If no, what is your status? N/A

8. MEDICAL EDUCATION

Name of School	Location	Month/Year
UNIV. OF New Mexico School of Med	Albuquerque, N.M.	From <u>7/76</u> To <u>6/80</u> M.D.
		From _____ To _____
		From _____ To _____
		From _____ To _____
Graduated from <u>UNIV. OF New Mexico School of MEDICINE</u>		
Exact date on diploma <u>5/18/1980</u>		

9. List all states, territories, and foreign countries in which you hold or have held medical licenses. Include current status of the license. NEW MEXICO - ACTIVE

10. What is your specialty? OB / GYN  
 Board Certified? Yes  No   
 Date of Certification Residency To Be Completed 6/30/1985

11. Where did you complete your internship? (Hospital name, location and period of service). UNIV. OF New Mexico Hospital - Family Practice, 7/80-6/81 Albuquerque, N.M.

12. Where did you complete your residency? (Hospital name, location and period of service). UNIV. OF New Mexico Hospital, 7/81-6/85. OB/GYN Albuquerque, NM

13. Have you ever served as a staff member in any hospital?  Yes  No  
 If so, give name and address of hospital and period of service. \_\_\_\_\_

14. To what country, district or state medical societies have you belonged? (If you have never been a member indicate reasons below. If you are or have been a member of a society, 27 must be completed.)

Name American Medical Association Address \_\_\_\_\_  
 Name Albuquerque & Bernalillo County Medical Association Address 303 San Mateo N.E. Suite 203, Alb., NM 87108  
 Name \_\_\_\_\_ Address \_\_\_\_\_

15. Have you ever taken the FLEX examination?  Yes  No Date 12/1984

16. Have you ever served in the Armed Forces?  Yes  No  
 If so, date of commission 6/69 and date of discharge 6/73

If any of the following answers are yes, explain fully in a signed affidavit.

	YES	NO
17. Have you ever been disciplined by any state board for any violation of the Medical Practice Act or unethical conduct .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Have you ever been denied a certificate by, or the privilege of taking an examination before any state medical board .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Have you ever had a license to practice medicine revoked, suspended or limited .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Have you ever been convicted of a violation of a U.S. or State statute, or Canadian law excluding minor traffic violations .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Are you now or have you ever been treated for emotional or mental illness, drug addiction or alcoholism .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. Have you ever applied for and been denied a Narcotic Tax Stamp .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Have you ever surrendered your Narcotic Tax Stamp .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Have you ever been convicted of a violation of any federal or state narcotic laws .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Have you ever been disciplined by a hospital staff. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Are you currently, or have you ever been under investigation by any state board or agency for alleged misconduct .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Have you ever had hospital privileges revoked or any disciplinary action regarding your privileges? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

29. I HEREBY CERTIFY that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct and that the photograph which appears below is a true likeness of myself taken within the past 60 days. I understand that any false information or falsification of credentials may result in failure to obtain a license to practice medicine and surgery in the State of Alaska.

Jan E. Whitefield  
Signature of Applicant

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of New Mexico this 2th day of February, 19 85

Frank M. Jackson  
Notary Public



OFFICIAL SEAL  
FRANK M. JACKSON  
My commission expires: 7/5/88  
NOTARY PUBLIC - STATE OF NEW MEXICO  
Notary Bond Filed with Secretary of State  
NOTARY SEAL  
My Commission Expires 7/5/88

NOTE: NOTARY PUBLIC SEAL MUST OVERLIE A PORTION OF THE PHOTOGRAPH.

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAR 04 1985

DIVISION OF  
OCCUPATIONAL LICENSING



# The University of New Mexico

has conferred upon

## Jan Eugene Whitefield

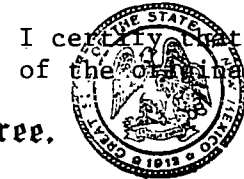
the degree of

### Doctor of Medicine

with all the rights and privileges appertaining to that degree.

in testimony whereof the Regents of the University upon recommendation of the Faculty have granted this diploma bearing the seal of the University

this eighteenth day of May, nineteen hundred and eighty.



I certify that this is a true copy of the original document.  
OFFICIAL SEAL  
FRANK M. JACKSON  
NOTARY PUBLIC - STATE OF NEW MEXICO  
Notary Bond Filed with Secretary of State  
My Commission Expires 7/5/88

*Frank M. Jackson*

*Frank C. Bennett*  
President of the Regents

*Cahai P. Horn*  
Secretary of the Regents



*William E. Dantz*  
President of the University

*Anne Brown*  
Secretary of the University  
*Leonard M. Solitare*  
Dean of the School

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAR 04 1985

DIVISION OF  
OCCUPATIONAL LICENSING

THE UNIVERSITY OF NEW MEXICO  
SCHOOL OF MEDICINE  
AFFILIATED HOSPITALS

ALBUQUERQUE, NEW MEXICO



OFFICIAL SEAL  
FRANK M. JACKSON  
NOTARY PUBLIC - STATE OF NEW MEXICO  
Notary Bond Filed with Secretary of State

My Commission Expires 7/5/88  
I certify that this is a true copy  
of the original document.

*Frank M. Jackson*

Certificate Awarded to

**San Eugene Whitefield, M. D.**

in recognition of successful completion

of the accredited program as

**Resident in Family Practice**

**June 1980 - June 1981**

*Harlan L. Jefferson M.D.*  
Program Director

*William H. Wise M.D.*  
Department Chairman

*Leonard Tapolitano*  
Dean

MEDICAL CHECK LIST

NAME: Jan Whitefield

419 Monroe N.E Apt 9.E

Albuquerque, NM 87108

Temporary Permit Issued: \_\_\_\_\_ By: \_\_\_\_\_

Application by Credentials based on: New Mexico Exam: \_\_\_\_\_

Complete Application

Verification of Exam Results

Medical School Diploma

Intern/Residency Certificate

Verification of License(s) in: NM ✓

\$50.00 Application Fee, Receipt #555

\$200.00 License Fee, Receipt #555

Interview with Benneman on 6/10/85

DEA Inquiry sent: 3/12 (verbal per SZ)

AMA Data Sheet sent: 3/13

Sedation: 3/13

Comments: \_\_\_\_\_

5/2 Approved pending interview

5/2 Approved pending interview D Bennett Winkler

License No. 30608

Issued : 3/13

License #: MEDS3068  
Effective: 11/02/2016  
Expires: 12/31/2018

**STATE OF ALASKA**  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business, and Professional Licensing

**Medical**

Licensee: **JAN EUGENE WHITEFIELD**

License Type: **Physician**

Status: **Active**

Commissioner: Chris Hladick

**Relationships**

RelationType	License #	LicenseType	Owners/Entities	Names/DBA	Type	Group
Collaborative Practice	COLPH61	Collaborative Practice Agreement			Obstetrics and Gynecology	Specialties

**Designations**

JAN EUGENE WHITEFIELD  
5540 GRAND TETON LP  
ANCHORAGE, AK 99502

Wallet Card

State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business, and Professional Licensing Medical JAN EUGENE WHITEFIELD As Physician		
License MEDS3068	Effective 11/02/2016	Expires 12/31/2018

JW-0124



THE STATE

of **ALASKA**

**MED**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business, and Professional Licensing  
PO Box 110806, Juneau, AK 99811-0806  
(907) 465-2550 • Email: [license@alaska.gov](mailto:license@alaska.gov)  
Website: [ProfessionalLicense.Alaska.gov](http://ProfessionalLicense.Alaska.gov)

## 2016 Online Renewal - Fee: \$300.00

Physician

**License Number:** MEDS3068  
**Program:** Medical  
**Type:** Physician  
**Current Status:** Active  
**Issue Date:** 6/10/1985  
**Current Effective Date:** 10/22/2014  
**Current Expiration Date:** 12/31/2016  
**Owner(s):** JAN EUGENE WHITEFIELD  
**Mailing Address:** 5540 GRAND TETON LP, ANCHORAGE, AK 99502

## Biennial License Renewal

Your MD, DO or DPM medical license lapses after December 31, 2016. There is no grace period; it is illegal to work if your license has lapsed.

License status changes, such as "inactive to active", "active to inactive" or "active to retired" may not be performed online. To make license status changes, you must complete a paper renewal form and submit it to the address on the renewal form. Other factors may prevent online renewal as well, such as a "Yes" response to a professional fitness question, etc.

You may download a paper renewal application from the Medical Board website:  
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>

Only the license holder is authorized to renew their license online. USE OF THE ONLINE PROGRAM BY ANYONE OTHER THAN THE LICENSEE IS PROHIBITED. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.



By checking this box, I affirm that I am the licensee applying for the renewal of this license and that I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

## Address of Record

The above mailing address is your address of record. Make any changes above and indicate whether this is your practice or residence address.



Residence Address

# Email Agreement

By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.



Send my correspondence by US Mail

Email address:

jwhitefield@akwomenshealth.com

## Other licenses

List all other states and/or Canadian provinces, or other jurisdictions where you hold, or have ever held, a license to practice medicine. Write "none" if appropriate.

Texas, New Mexico

## Professional Conduct

The following questions must be answered. If you answer "Yes" to any of the questions, you cannot continue with online renewal. You must submit the paper renewal application form along with required explanation and documentation regarding any "yes" answer(s).

- No (1) Since the date of your last application for a license in Alaska or within the past two years has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending?
- No (2) Since the date of your last application for a license in Alaska or within the past two years have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction (including Alaska) for any reason or is any such action pending?
- No (3) Since the date of your last application for a license in Alaska or within the past two years have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending?
- No (4) Since the date of your last application for a license in Alaska or within the past two years have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.
- No (5) Since the date of your last application for a license in Alaska or within the past two years have you been the subject of an investigation by any licensing jurisdiction (including Alaska) or are you currently under investigation by any licensing jurisdiction (including Alaska) or is any such action pending?
- No (6) Since the date of your last application for a license in Alaska or within the past two years have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?
- No (7) Since the date of your last application for a license in Alaska or within the past two years have you been notified of any complaint or allegations involving you filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application?
- No (8) Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?

- No (9) Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine?
- No (10) Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?
- No (11) Since the date of your last application for a license in Alaska or within the past two years has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?
- No If you responded yes to the question above, has such settlement already been reported to the board? If no, you must submit a Medical Malpractice report immediately. IF THIS QUESTION IS NOT APPLICABLE, PLEASE RESPOND "NO".
- No (12) Since the date of your last application for a license in Alaska or within the past two years have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending?

## **Continuing Medical Education**

### **Statement of Compliance**

As provided by regulations 12 AAC 40.200, 210, 220 and 240, your license cannot be renewed unless you have met continuing medical education (CME) requirements.

Only those CME hours actually awarded between January 1, 2015 and December 31, 2016 may be used to satisfy the requirements for this license renewal.

If you have not met the requirements of law for continuing medical education, you are not eligible to renew your license online. You must submit a completed paper renewal application to the Board office, with a written explanation of the reason for your inability to obtain the required hours of CME. You may download a paper renewal application the Board's web page.

I hereby affirm that I have complied with the continuing medical education (CME) requirements set forth in Professional Regulations 12 AAC 40.200 - 240, as follows:

(check ONE of the following)



Renewal for licenses issued on or before December 31, 2014: I have completed and been awarded credit for at least 50 hours of Category 1 AMA-, AOA-, or APMA-approved education, or the equivalent education allowed by regulation, between January 1, 2015 and December 31, 2016.

**RANDOM AUDIT:** The board will conduct a random audit of five percent of the license application renewals. If your license is randomly selected for audit, you will be contacted by separate letter within 60 days after renewal. You will be required to submit copies of your certificates and other documentation that proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits. Do not submit your CME documents until they are requested.

## **Electronic Signature**

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content thereof.

I declare that all of the information contained herein and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice medicine in the state of Alaska. I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

**Applicant Name:** Jan Eugene Whitefield

**Contact Phone:** 907-563-5151



#61

August 1, 2005

Vicki Keefer  
Bernie's Pharmacy  
4100 Lake Otis Pkwy. Ste.200  
Anchorage, AK 99508

RE: PHA R 370  
Collaborative Practice Protocol-Emergency Contraception

Dear Applicant:

The Alaska Board of Pharmacy has reviewed your Pharmacist Collaborative Practice Application for "Emergency Contraception" between you, Jacquelyn May, Wendy Barton, and Jan Whitefield, MD.

The application was approved by the Board of Pharmacy at its meeting, and is effective August 1, 2005 and will expire August 1, 2007, unless renewed.

Please be aware that if the practitioner or location changes, a new plan must be submitted for approval. If the principal pharmacist changes, you must notify the board of the change in writing.

Please note that you must remain in compliance with all state and federal statutes and regulations for the approval to remain effective. In accordance with 12 AAC 52.240, the approved protocol is effective for a maximum of two years. It is your responsibility to reapply for approval if you wish to continue collaborative practice under a similar protocol.

If you have any questions regarding this, you may contact me at (907) 465-2589.

Sincerely,

Sher Zinn  
Licensing Examiner  
Alaska Board of Pharmacy

DATE: July 22, 2005  
 TO: BOARD MEMBERS  
 ALASKA BOARD OF PHARMACY  
 FROM: SIHER ZINN  
 LICENSING EXAMINER

**RECEIVED**  
**JUL 26 2005**  
 DIVISION OF  
 OCCUPATIONAL LICENSING  
 JUNEAU

**MAIL VOTE**

Applicant Name: Bernie's Pharmacy, Vicki Keefer, Jan whitefield, MD  
 License Type: Pharmacist Collaborative Practice – Emergency Contraception

- Approve
- Approve Pending-
- Deny Reason: \_\_\_\_\_
- Abstain Reason: \_\_\_\_\_

Table  
 Board Member Signature Margaret Soden Date 7/26/05  
 Printed Name Margaret Soden

**IMPORTANT NOTICE:** Board action on the matter noted above is being taken via mail vote in accordance with Alaska Statute 44.62.600. Due to open meeting requirements in this state, members are reminded not to discuss this matter with one another. If there are questions or concerns which warrant discussion by the board prior to voting, the licensing examiner should be contacted. Depending upon the time frame involved, action on this matter may be delayed until a regularly scheduled meeting of the board or a special teleconference may be convened, as applicable.

RECEIVED

JUL 29 2005

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

DATE: July 22, 2005  
TO: BOARD MEMBERS  
ALASKA BOARD OF PHARMACY  
FROM: SHER ZINN  
LICENSING EXAMINER

MAIL VOTE

Applicant Name: Bernie's Pharmacy, Vicki Keefer, Jan whitefield, MD

License Type: Pharmacist Collaborative Practice - Emergency Contraception

- Approve
- Approve Pending-
- Deny Reason: \_\_\_\_\_
- Abstain Reason: \_\_\_\_\_
- Table

Cindy Bueler  
Board Member Signature

7-29-05  
Date

Cindy Bueler  
Printed Name

IMPORTANT NOTICE: Board action on the matter noted above is being taken via mail vote in accordance with Alaska Statute 44.62.600. Due to open meeting requirements in this state, members are reminded not to discuss this matter with one another. If there are questions or concerns which warrant discussion by the board prior to voting, the licensing examiner should be contacted. Depending upon the time frame involved, action on this matter may be delayed until a regularly scheduled meeting of the board or a special teleconference may be convened, as applicable.

DATE: July 22, 2005  
TO: BOARD MEMBERS  
ALASKA BOARD OF PHARMACY  
FROM: SHER ZINN  
LICENSING EXAMINER

MAIL VOTE

Applicant Name: Bernle's Pharmacy, Vicki Keefer, Jan whitefield, MD  
License Type: Pharmacist Collaborative Practice - Emergency Contraception

Approve  
 Approve Pending-  
 Dony Reason: \_\_\_\_\_  
\_\_\_\_\_  
 Abstain Reason: \_\_\_\_\_

Table  
*Gary M Givens*  
Board Member Signature

7/24/05  
Date

Gary M Givens  
Printed Name

RECEIVED  
JUL 28 2005  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

IMPORTANT NOTICE: Board action on the matter noted above is being taken via mail vote in accordance with Alaska Statute 44.62.600. Due to open meeting requirements in this state, members are reminded not to discuss this matter with one another. If there are questions or concerns which warrant discussion by the board prior to voting, the licensing examiner should be contacted. Depending upon the time frame involved, action on this matter may be delayed until a regularly scheduled meeting of the board or a special teleconference may be convened, as applicable.



STATE OF ALASKA  
 DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
 DIVISION OF OCCUPATIONAL LICENSING  
 BOARD OF PHARMACY  
 P.O. BOX 110806, JUNEAU, ALASKA 99811-0806  
 (907) 465-2589  
 E-mail: license@commerce.state.ak.us

RECEIVED  
 JUL 15 2005

**PHARMACIST COLLABORATIVE PRACTICE APPLICATION OF OCCUPATIONAL LICENSING JUNEAU**

Instructions: Complete this application form and submit it, along with the written protocol, to the above address for approval by the board.

- Title of Protocol: Emergency Contraception
- Principal Pharmacist: Vicki Keefer License # 519  
 Name
- Pharmacy Name: Bernies Pharmacy License # 370  
 Practice Pharmacy Location (physical address): 4100 Lake Otis Pharmacy #200  
 City/State/Zip Code: Anchorage, AK 99508 Telephone Number: 9075622138
- For protocols involving multiple pharmacists, list participating pharmacists and license numbers, or identify by description those participating (i.e., all pharmacists employed by XYZ Pharmacy):  
Jacquelyn F. May li# 1101  
Wendy Barton li# 1544
- Principal Prescribing Practitioner: Jan Whitefield, MD Type of License: MD  
 Name License # AA3068
- Practice location of Practitioner: Alaska Women's Health Services  
4115 Lake Otis Parkway  
 Physical Address  
 City/State/Zip Code: Anchorage, AK 99508 Telephone Number: 9075637228
- For protocols involving multiple prescribing practitioners, list participating practitioners and license numbers, or identify by description those participating (i.e., all staff physicians at XYZ Hospital):  
 \_\_\_\_\_  
 \_\_\_\_\_

Required in accordance with 12 AAC 52.240(b)

YES NO

- (1) Does the protocol contain an agreement in which practitioners authorized to prescribe legend drugs in this state authorize pharmacists licensed in this state to administer or dispense in accordance with that written protocol? .....  YES  NO
- (2) Does the protocol contain a statement identifying the practitioners authorized to prescribe and the pharmacists who are party to the agreement? .....  YES  NO
- (3) Is a time period for the protocol specified? (May not exceed two years).....  YES  NO
- (4) Does the protocol include the types of collaborative authority decisions that the pharmacists are authorized to make, including
  - (A) types of diseases, drugs, or drug categories involved and the type of collaborative authority authorized in each case? .....  YES  NO
  - (B) procedures, decision criteria, or plans the pharmacists are to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved?.....  YES  NO
- (5) Does the protocol include activities the pharmacists are to follow in the course of exercising collaborative authority, including documentation of decisions made, and a plan for communication and feedback to the authorizing practitioners concerning the specific decisions made? .....  YES  NO
- (6) Does the protocol contain a list of the specific types of patients eligible to receive services under the written protocol?.....  YES  NO
- (7) Does the protocol include a plan for the authorizing practitioners to review the decisions made by the pharmacist at least once every three months? .....  YES  NO
- (8) Does the protocol include a plan for providing the authorizing practitioners with each patient record created under the written protocol? .....  YES  NO
- (9) Are the authorizing practitioners in active practice, and is the prescriptive authority within the scope of the practitioners' practice? .....  YES  NO
- (10) Does the protocol specify and require completion of additional training, if required for the procedures authorized under the protocol? .....  YES  NO

**\*Renewal of Protocol:**

YES NO

To renew a protocol previously approved by the board, please, complete this entire application.

Has there been a change in the protocol which was previously approved by the board? .....  YES  NO  
\*If "yes," attach a copy of amended protocol.

**General Information:**

- Documentation related to the written protocol must be maintained for at least two years.
- Any modification to the written protocol must be approved by the board. Complete this form and submit it with new protocol.
- The written protocol may be terminated upon written notice by the authorizing practitioners or pharmacists. The pharmacists must notify the board in writing within 30 days after a written protocol is terminated.
- 12 AAC 52.240 does not apply to participation by a pharmacist practicing in an institutional facility, in drug therapy protocols and guidelines approved by the institutional facility's pharmacy and therapeutics committee or by another medical staff governing body of that institutional facility, if records related to the drug therapy protocols and guidelines are maintained and made available to the board upon request.

*Veeshat Kheper*  
Signature of Principal Pharmacist

*Jan W. Hester*  
Signature of Principal Prescriber

7/11/05  
Date

7/12/05  
Date

## Emergency Contraceptive Collaborative Agreement Protocol

As a licensed health care provider authorized to prescribe medications in the State of Alaska, I authorize, Vicki Keefer, RPh., Wendy Barton, Pharm.D, and Jacquelyn E. May, RPh. and other pharmacists employed at Bernies Pharmacy to dispense emergency contraceptive pills (ECP's) according to the protocol that follows. The protocol provides written guidelines for prescribing and administering drugs in accordance with definitions in Sections 08.64.380 and 08.80.480 of the Alaska State Statutes.

**Purpose:** 1.) To prevent unintended pregnancy 2.) To provide streamlined access to time sensitive contraception 3.) To standardize the quality of care for clients requesting emergency contraception.

**Procedure:** When the patient requests ECP's, the pharmacists will assess the need for administration and/or referral. The pharmacists will determine the following by

- The elapsed time since unprotected intercourse is less than 120 hours
- The date of the client's last normal menstrual period to rule out established pregnancy
- Whether the client has been a recent victim of sexual assault
- Contact time and verifying the client's age is over 16 years old.

The pharmacist will refer the patient to see a local health care provider if

- Established pregnancy cannot be ruled out
- The elapsed time since unprotected intercourse is greater than 120 hours

If there is concern that the patient may have contracted a sexually transmitted disease through unprotected intercourse, and/or if the patient indicates that she has been sexually assaulted, the pharmacist will initiate appropriate referral while providing ECP's. When the patient is a minor and sexual assault or abuse is suspected, the pharmacist will report or cause a report to be made to the Office of Children's Services (OCS) at 269-4000.

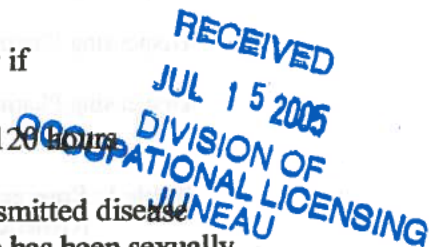
The pharmacist will counsel the patient on available options for regular contraceptives or offer to refer to additional contraceptive services. While ECP's can be repeatedly used with serious health risks, patients who request ECP's repeatedly will be referred to a health care provider for further counseling.

The pharmacist will dispense only the number of ECP's required for one of the regimens listed in enclosed Table 1. Along with the medications, patients will be provided with information concerning dose, potential adverse effects and follow-up care. For patients at risk for vomiting, the pharmacist may recommend 50 mg of diphenhydramine or meclizine to be taken one hour before ECP's.

Each prescription dispensed by the pharmacist will be documented in a patient profile as required by law. A quarterly report, including copies of all signed informed consent will be forwarded quarterly to the licensed practice provider who authorized this agreement.

Provider Name: JAN WHITEFIELD License # AA 3068  
Telephone Number: 563-7228

*Jan Whitefield*



The pharmacist(s) who participate in this protocol must have completed training covering the process listed above, the management of sensitive communications often encountered in emergency contraception, service to minors and victims of sexual assault, and a crisis plan if the pharmacy operations are disrupted by individuals opposing emergency contraception. Further, the pharmacists agree to participate in the Emergency Contraception Hotline.

The agreement is effective for a period of two years from the date of signature unless rescinded in writing earlier by either the authorizing prescriber or the dispensing pharmacist. On a quarterly basis, the authorizing prescriber and the dispensing pharmacist will conduct a quality assurance review of the dispensing decisions according to enclosed Table 2.

Date 7/2/05  
 Signed: \_\_\_\_\_  
 Authorizing Prescriber [Signature] License # AA 3068  
 Dispensing Pharmacist [Signature] License # 519  
 Dispensing Pharmacist [Signature] License # 1101  
 Dispensing Pharmacist [Signature] License # 1544  
 Dispensing Pharmacist \_\_\_\_\_ License # \_\_\_\_\_

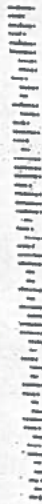
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 OCCUPATIONAL LICENSING  
 NEAU

**Table 1: Emergency Contraceptive Pill Formulations and Doses**  
 (Generic substitution authorized)

Brand Name	Tablets per dose	Doses Required	Directions	Anti-nausea Rx
Plan B	1 white tablet	2	Take as soon as possible, and again in 12 hours	NO
Preven	2 blue tablets	2	Same as above	YES*
Ovral	2 white tablets	2	Same as above	YES*
Lo-Ovral	4 white tablets	2	Same as above	YES*
Tri-Levlen	4 yellow tablets			
Triphasil	4 yellow tablets			
Nordette	4 light orange tablets			
Levlen	4 light orange tablets			
Levora	4 light orange tablets			
Allesse	5 pink tablets	2	Same as above	YES*
Levlite	5 pink tablets			



Bernie's  
4100 La  
Anchorage, AK 99508



State of Alaska  
Dept. of Commerce, Comm. & Econ Dev.  
Division of Occupational Licensing  
Board of Pharmacy  
PO Box 110806  
Juneau, AK 99811-0806

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