



Paul R. LePage
GOVERNOR

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0137

Gary R. Hatfield, M.D.
CHAIRMAN

Randal C. Manning, M.B.A.
EXECUTIVE DIRECTOR

February 15, 2012

Sent via e-mail to infami@excite.com

Re: Rebecca Jackson, M.D.

Dear C. Infami:

I am writing in response to your e-mail dated January 1, 2012 requesting publicly available information regarding Rebecca Jackson, M.D. pursuant to the Maine Freedom of Information Act. Enclosed please find publicly available information concerning Dr. Jackson.

If you have any questions, please contact me at (207) 287-3625.

Sincerely,

Maureen S. Lathrop
Secretary Associate

/msl
Enclosures

128625

LICENSE APPLICATION FLOW SHEET

Applicant Name: Rebecca Jackson, MD
Date Received: 8/18/89 Fee Pd: 125
md - 50
8175

MEDICAL EDUCATION
SCHOOL: Dartmouth Med Sch. DATE GRADUATED 1973

Diploma submitted: ☒ YES ☐ NO COMMENT: _____
Lic based on: ☒ NBME ☐ FLEX ☐ LMCC ☐ STATE EXAM

If Foreign Grad: ☐ ECFMG ☐ FLEX ☐ BD CERT ☐ VQE
COMMENT: DK 83275 re NBME and board

POSTGRADUATE TRAINING

Internship 1 YR Residency 2 YR(s) Fellow YR
TOTAL POSTGRADUATE TRAINING 3 YRS

Postgrad Certificates submitted ☒ YES ☐ NO

Comments: DK

DOCUMENTS ON FILE: ☒ NBME ☐ FLEX ☐ STATE EX ☐ SP ☐ BD ☐ LMCC
☐ ECFMG

CERT OF MED ED ☒ YES ☐ NO

STATE CERT: ☒ YES ☐ NO STILL NEEDED ☐

MALPRACTICE: NO

LETTERS OF REFERENCE: 1 of 2 re. covering 1980-89. How many??

YES ANSWERS TO PERSONAL DATE: None

COMMENTS: L.S.V.B. 11/14 except for space by of references.

APPROVAL

DR Hedrick [Signature] DATE 11/14 BT Darlington 39 DATE: 10/26
BOARD APPROVED [Signature] YES ☐ NO ☐ DATE: 11/14/89
ORAL EXAM: DATE 11/15/89 EXAMINER Geo. Sullivan, MD
COMMENTS: _____

Interview Date 11/15/89 Fee 12825 ECFMG
 Board Review 11/14/89 Sp. Bd.
 Cert. No. 12825 Form II
 Date Issued 11/15/89 Letters of Ref. 11/15/89 Appl. Let. 11/15/89

Application for License to Practice Medicine by Endorsement
 RECEIVED
 AUG 18 1989

on the basis of _____
 license obtained by written examination
 Date of application 8-1 Aug 89
 BOARD OF REGISTRATION
 MEDICINE 19 89

1 I hereby apply for licensure to practice medicine and surgery in the State of Maine and in support of this, submit the following information:

NAME JACKSON REBECCA
 Last First Middle
 ADDRESS [REDACTED]
 DAYTIME TELEPHONE [REDACTED]
 PROPOSED RESIDENCE SCOTT AS ABOVE
 BIRTHPLACE Boston City State MASS
 BIRTHDATE [REDACTED] Month Day Year
 Social Security No. [REDACTED]

2 AFFIDAVIT
 I hereby certify that the information given in this application is true and accurate and that the attached is a true photograph of me.

APPLICANT MUST SIGN HIS FULL NAME IN THE PRESENCE OF A NOTARY PUBLIC, WHO MUST COMPLETE THE AFFIDAVIT AND AFFIX NOTARIAL SEAL OVER A PORTION OF THE PHOTOGRAPH.

(Signed) Rebecca Jackson
 (Signature of applicant)
 Subscribed and sworn to before me this 15 day of August, 1989
 OFFICIAL SEAL
 Notary Public for the State of MAINE
 NOTARY PUBLIC - NEW
 NOTARY BOND FILED WITH SECRETARY OF STATE
 My Commission Expires 9-30-90

3 MEDICAL LICENSURE
 List licenses applied for or held in the U.S. or Canada currently or in the past:
 State New Mexico Cert. No. 77-50 Date Issued May 1977
 State Arizona Cert. No. 10931 Date Issued 3-17-88

4 MEDICAL EDUCATION
 List names and locations of medical schools attended:
Dartmouth Medical School
 Title of Degree (M.D., M.B., B.S.) M.D. Date Conferred June 1973
 4A SPECIALTY Family Practice American Board Certified Yes ECFMG No. _____
 4B NAME OF AMERICAN SPECIALTY BOARD American Board of Family Practice Date _____

5 PROFESSIONAL TRAINING AND EXPERIENCE

List in chronological order all professional education and experience including college and/or university, medical school, internship, residencies, and practice. Include ALL periods of time from the date of graduation from medical school to the present, whether or not engaged in activities related to medicine. INCLUDE THE MONTH AND YEAR in CHRONOLOGICAL ORDER.

* Notarized copy of certificate(s) must accompany application.

From Mo. Yr.	To Mo. Yr.	Name of Hospital/Institution	Address (Street, City, State/Province, Zip Code)	Certificate, Degree, or Nature of Experience	Office, Use Only S R
9/64	7/65	Shenandoah School for Gals	Shenandoah England	A-level Math	
9/65	6/69	Radcliffe College	10 Garden St Cambridge Mass 02138	BA	
6/69	12/69	Harvard Medical School		volunteer work/teach	
12/69	5/70	Sidwell Friends School	Washington DC	algebra teacher	
8/70	6/73	Dartmouth Medical School	Hanover New Hampshire	M.D.	
6/73	6/74	travel & electives	University of Washington School of Medicine 2ms	elective	
			Sage Memorial Hospital 2ms Canada AZ	experience	
			Hospital St. Catherine's 3ms St Mary's London ENG	travel	
6/74	7/77	University of New Mexico Sch of Med	Albuquerque NM 87131	internship residency	
8/77	9/77	Peru / Bolivia		travel	
10/77	10/78	Sage Memorial Hospital	Canada Arizona 86505	staff physician	
10/78	9/79	UNM SOM Dept Fam Community & Emergency Medicine	2400 Tucker Dr NE Albuquerque NM 87131	assistant professor	
9/79	8/89	Abortion & Pregnancy Testing Center	107 Grand Ave Albuquerque NM 87106	staff physician	

6 HOSPITAL AFFILIATIONS

List names and addresses of all U. S. or Canadian Hospitals/Institutions where you are or were a member of the staff (if not included in above listing.)

From Mo. Yr.	To Mo. Yr.	Name of Hospital/Institution	Address (Street, City, State/Province, Zip Code)	Certificate, Degree, or Nature of Experience	Office, Use Only S R
10/77	10/78	Sage Memorial Hospital	MNHF Colorado AZ 86505	staff physician	
10/78	9/79	UNM SOM Dept Family Community & Emergency Medicine	2400 Tucker Dr NE Albuquerque NM 87131	assistant professor	
8/89	8/89	Abortion & Pregnancy Testing Clinic	107 Grand Ave Albuquerque NM 87106	staff physician	

⑦ EXAMINATIONS TAKEN

Most Recent Date Taken

Pass/Fail

Identification Number

1. ECFMG 19 Pass 1282583
 2. VOE 19 Pass
 3. FMGEMS 19 Pass
 4. FLEX 19 Pass
 5. NBME 19 Pass
 6. LMCC 19 Pass
 7. OTHER 19 Pass
 (Specify)

⑧ PERSONAL DATA

If any of the following questions are answered "Yes", full details must be furnished on separate sheet and attached.

1. Have you ever been called before any state board for interrogation concerning any violation of the Medical Practice Act or unethical conduct? Yes ☐ No ☒
2. Have you ever had a license to practice medicine revoked or suspended? Yes ☐ No ☒
3. Have you ever been convicted of a felony or misdemeanor other than traffic violations? Yes ☐ No ☒
4. Have you ever received psychiatric treatment or treatment for mental illness? Yes ☐ No ☒
5. Have you ever been addicted to or treated for addiction to narcotic drugs? Yes ☐ No ☒
6. Have you ever been convicted of a violation of any narcotic law? Yes ☐ No ☒
7. Have you ever been denied a license, or the privilege of taking the examination for licensure by any state medical board? Yes ☐ No ☒
8. Have you ever been denied hospital privileges, or have your hospital privileges ever been limited? Yes ☐ No ☒
9. Have you ever been denied a DEA registration number or have you been issued a restricted DEA registration? Yes ☐ No ☒
10. Have you ever had any malpractice suits filed against you? Yes ☐ No ☒

⑨ AFFIDAVIT OF APPLICANT

I, Rebecca Jackson, being first duly sworn, depose and say that I am the person described and identified in the foregoing application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations, of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I understand that such act will constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the State of Maine.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of my professional and ethical qualifications for licensure in the State of Maine.

I hereby authorize the Board of Registration in Medicine to transmit any information contained in this application, or information that may otherwise become available to them, to any agency, organization, hospital, or individual, who, in the judgment of the Board, has a legitimate interest in such information.

APPLICANT MUST SIGN HERE FULL NAME IN THE PRESENCE OF A NOTARY PUBLIC, WHO MUST COMPLETE THE AFFIDAVIT AND AFFIX NOTARIAL SEAL OVER APPLICANT'S SIGNATURE.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this

15th day of August 1989

OFFICIAL SEAL
 DOROTHY SCHRAMER
 NOTARY PUBLIC - NEW JERSEY

Notary Public for the State of New Mexico

My Commission Expires 9-30-90

My commission expires 9-30-90

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Before you complete this application, please review the enclosed Requirements for Medical Licensure in the State of Maine. Application fees are NOT RETURNABLE.

This application, together with supporting documents and a certified check or postal money order in the amount of \$125.00 must be filed with the Board of Registration in Medicine at least sixty days prior to the date of the Board meeting at which you wish your application to be considered.

Incomplete applications or those received without the required fee or documents will not be accepted. Please type or print clearly in ink. Answer all questions. All supporting documents must be NOTARIZED with the statement: **This is a true copy of the original.**

Procedures:

1. Complete sections 1, 3, 4, 5, 6, 7 and 8;
 - a. Provide complete addresses of institutions listed in Sections 5 and 6;
 - b. Enclose notarized photocopies of supporting documents: medical school diploma, U.S. or Canadian residency programs; specialty boards; if certificates are unavailable, provide letters from Directors of Medical Education.
 - c. Provide documentation of ANY NAME CHANGE.
2. Complete, in the presence of a notary public, sections 2 and 9.
3. Forward to your Medical School for completion, the Certificate of Medical Education with instructions that it be returned directly to the Board of Registration in Medicine. A sealed transcript is required to be returned with the certificate.
4. Certification by other states/provinces (Form I):

If you have ever been licensed by another state based on a written examination by that state or by a Canadian Province through examination of the provincial medical council:

 - a. Use Form II. Complete identification and authorization/release. Send to State or province agency which holds record of your exam score. Note, many charge a fee for certifying your examination score to Maine.
 - b. If you are applying to Maine for your first medical license, return Form II incomplete. You will be required to take FLEX or to have taken NBME exam.
5. Certification by FLEX, NBME, or LMCC:

If you have been licensed in another state based on scores obtained on FLEX or NBME examination, or in Canada by examination of the LMCC, you must request that the examining agency send certification of your scores to the Maine Board. The addresses of and certifying fees of those agencies are:

 - a. National Board of Medical Examiners, 3930 Chestnut St., Philadelphia, PA 19104. Fee \$30;
 - b. FLEX - Federation of State Medical Boards, 2630 West Freeway, Suite 138, Fort Worth, TX 76102. Fee \$35 in certified check;
 - c. Medical Council of Canada, 1867 Alta Vista Drive, Box 8234, Ottawa, Canada K1G3H7. Fee \$15 Canadian.
6. FOREIGN MEDICAL GRADUATES must provide documentation of having passed the VISA Qualifying Examination (VQE) OR the Educational Commission for Foreign Medical Graduates (ECFMG) and must provide a notarized copy of their Standard ECFMG Certificate.
7. ORAL EXAMINATION: The Board will acknowledge receipt of your application within two weeks. As soon as your application has been processed, the Board will send you information regarding the oral examination. All applicants are required to appear for oral examination before licensure may be issued. An additional fee of \$50 will be added for the oral examinations. Board meetings are held on the second Tuesday of January, March, May, July, September and November.

EDWARD DAVID, M.D., CHAIRPERSON
BANGOR

BRINTON T. DARLINGTON, M.D., SECRETARY
AUGUSTA

HARRY W. BENNETT, M.D.
PORTLAND

EDWARD F. BRADLEY, JR., ESQ.
FREEPORT

CAROLINA L. HAVERLY, M.D.
PORTLAND



STATE OF MAINE

BOARD OF REGISTRATION IN MEDICINE

LOCATION: TWO BANGOR STREET

MAILING ADDRESS: STATE HOUSE STATION #137

AUGUSTA, MAINE 04333

TEL (207) 289-3601

ELIZABETH G. SERRAGE, MD
PORTLAND

NANCY MCDOWELL SNYDER
BLUE HILL FALLS

LEOPOLD A. VIGER, M.D.
BROOKFIELD

THOMAS L. WATT, MD
BANGOR

DAVID R. HEDRICK
EXECUTIVE DIRECTOR

RECEIVED

August 29, 1989

SEP 05 1989

BOARD OF REGISTRATION
IN MEDICINE

Chief of Staff
Abortion & Pregnancy Testing Clinic
107 Girard NE
Albuequerque, NM 87106

Rebecca Jackson, M.D.

Dates of Affiliation: 9-1-82

August 1989

FP/Staff

8/31/89

Dear Doctor:

The physician named above has applied for licensure to practice medicine in the State of Maine and has indicated affiliation with your institution during the period shown.

Would you please verify this information and provide us with your comments concerning this physician's professional ethics, character and clinical competence.

Available to patients (82)

As this doctor's license in Maine is contingent upon a response from your institution, a prompt reply would be appreciated.

Sincerely,

I have left signed to

Dr Jackson.

Encl:1

Bernice G. Mansir
Licensure Coordinator

Medical Director

APR clinic

POOR COPY

SCIENTIE LITERARUMQUE
QUIBUS HANC
Stases et Cui
SALUT

Notum sit quod

bona indole praeditus, scientias peritus
impensum, praelectiones quo omnium
inquisitione quo habita, so omnino digni
in nobis sit, rito conferantur.

Quapropter P.D.S.
Collegii Dartmuthensis,
Reipublicae Americanae CXCVI
ab iisdem Aulae Medicae professoribus
admissimus; eique condonavimus potestatem

fluendi, quae ubique gentium, gradum

Cujus rei in testimonium

Collegii Dartmuthensis et Ch.

Notary witnessed this
is a True copy,

OFFICIAL SEAL
Signature Dorothy Schenmer
DOROTHY SCHENMER
NOTARY PUBLIC - NEW MEXICO
NOTARY BOND FILED WITH SECRETARY OF STATE
My Commission Expires 9-30-70

James C. Stricker
Deanus Medicae Facultatis

HUMANARUM FAUTORIBUS ET AMICIS OMNIBUS
LITTERAE PATENTES PERVENERINT,
S

ores Collegii Dartmouthensis
IN DOMINO PACEMQUE.

Rebecca Jackson

et probis moribus ornatus, post temp. s. usitatum in studiis medicinae
us artis Professorum in Academia nostra diligentissimo auditus,
um probavit, cui honores amplissimi Facultatis suae, quantum

Praeres et Decanus Medicinae Facultatis et Curatores

o die X IUNII anno Salutis Humanae MCMLXXIII

Rebecca Jackson nobis de more commendatum

us nostris, ad gradum DOCTORIS in MEDICINA
atem amplissimam privilegiis omnibus honoribus et immunitatibus
et eandem pertinent.

m, NOS, pro auctoritate nobis commissa

ographia nostra apposuimus



John G. Kenney
Praes

Reuben W. Hunter
Praes

SCIENTIÆ LITTERARUMQUE HUMANARUM FAVORIBUS ET AMICIS
SOCIETAS EAE LITTERA PATENTES PERVENIUNT;
CUIUSMODI SODALITAS

*Societas Cantores Collegii Dartmouthensis et
Salutem in Domino Pacemque.*

Reparatur

lenia inedia praestiter scientia pariter et proba moribus ornata, post longi et variis studiis maxime
infernum praestionesque omnium huius ceteri Professorum in Academia nostra deliquit bene audita.
in quidemque facta, se omnino dignum profecti cui honore compleretur Facultatis tuae, quoniam
in nobis sit tunc confidit.

Magister P. P. Phares et Decanus Medicorum Facultatis et Curator
et Collegii Pharmaceutici Acad. X IUNII *anno Salutis Reipublice MCMXXII*
Reipublice Americanae CXCVII *nobis damus commendationem*
ad rationem Medicarum Professorum nostris, ad gradum DOCTORIS in MEDICINA
admittendum, regis americanorum, salutem amplexationem, privilegia omnia honoris et immunitatis
suavitatis, quae illis gentium, gradum ad eundem pertinent

Quibus nec in testimonium, NOS, pro auctoritate nostra, committimus.

Collegii Dürnbuthensis et Chirographa nostra apponenda

James C. Strickler
Deceased & Heirs of Deceased

John G. Kennedy

Joseph W. Hunt

12825-
86

The University of New Mexico
SCHOOL OF MEDICINE
affiliated hospitals, Albuquerque, New Mexico



CERTIFICATE

awarded to

Rebecca Jackson, M.D.

in recognition of successful completion
of the accredited program as

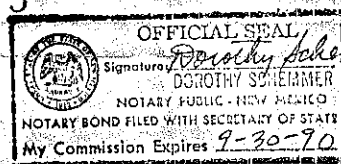
Rotating 4 Pediatric Intern

June 1974-June 1975

Alvin H. Cushing

Kenneth D. Gardner

Leonard Repolletano



*Notary witnessed this
is true copy*

12825
12827

The University of New Mexico
SCHOOL OF MEDICINE
affiliated hospitals, Albuquerque, New Mexico



RECEIVED

AUG 18 1989

CERTIFICATE

BOARD OF REGISTRATION
IN MEDICINE

awarded to

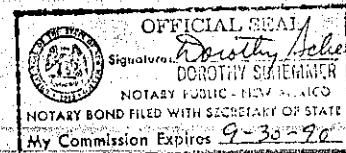
Rebecca Jackson, M.D.

Harmon A. Hoffman, M.D. in recognition of successful completion
of the accredited program as

William H. Levine, M.D.

Resident in Family Practice
July 1975-July 1977

Leonard Napolitano



*Notary witnessed this
is true copy.*

POOR COPY

12825
P8
RECEIVED

AUG 18 1984

STATE OF VERMONT
HARTFORD DISTRICT

BOARD OF REGISTRATION
IN MEDICINE

BE IT REMEMBERED that I, REBECCA J. HALLOWELL of Norwich,
in the County of Windsor and State of Vermont, will be here-
after known and called REBECCA JACKSON.

IN WITNESS WHEREOF, I hereunto set my hand and seal this
19th day of December, 1973.

Rebecca J. Hallowell



BE IT REMEMBERED that I, CHRISTIAN HALLOWELL, husband of
the said Rebecca Jackson Hallowell, do hereby express my consent
to the change of name of my spouse as above set forth.

IN WITNESS WHEREOF I hereunto set my hand and seal this 19th
day of December, 1973.

Christian Hallowell



STATE OF VERMONT
WINDSOR COUNTY, SS.

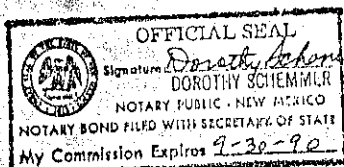
At Woodstock, in said County this 19th day of December,
1973, personally appeared the undersigned REBECCA J. HALLOWELL
and CHRISTIAN HALLOWELL and they acknowledged that they made,
signed, sealed the foregoing instrument and same was their free
act and deed.

Before me,

Sara R. Maynes
Probate Judge

LAW OFFICE
OF
BLACK & PLANTE
WHITE RIVER JUNCTION,
VERMONT

It is ordered that a certified copy of the foregoing Instrument be
published for three successive weeks in The Vermont Standard a newspaper
published at Woodstock in the County of Windsor and State of Vermont.



*Notary witnessed this is
True copy*

Sara R. Maynes

Sara R. Maynes
Judge of Probate
Hartford District

12825
p9

DARTMOUTH MEDICAL SCHOOL

Medical Registrar

HANOVER • NEW HAMPSHIRE • 03755

RECEIVED

AUG 18 1989

14 December 1973

BOARD OF REGISTRATION
IN MEDICINE

TO WHOM IT MAY CONCERN:

This is to certify that Rebecca Jackson
matriculated in Medicine at the Dartmouth
Medical School on 1 September 1970 and
received the degree of Doctor of Medicine
on 10 June 1973.

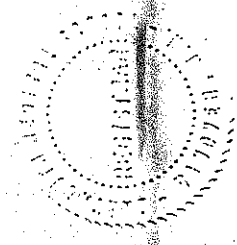
Miss Jackson was married to Christian Hallowell
on April 2, 1972 and as of this date uses her
own name exclusively - that is
Rebecca Jackson.

Madalyn A. Cimino

Madalyn A. Cimino
Medical Registrar

OFFICIAL SEAL
Signature: *Dorothy S. Lemmer*
DOROTHY S. LEMMER
NOTARY PUBLIC - NEW MEXICO
NOTARY BOND FILED WITH SECRETARY OF STATE
My Commission Expires 9-30-90

*Notary witnessed this
is true copy.*



128228
810

American Board of Family Practice



Rebera Jackson, M.D.

is a Diplomate of this Board, and
having met its continuing requirements is hereby

Recertified

as a

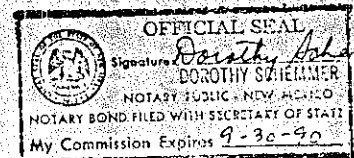
Diplomate

1985 - 1992

RECEIVED

AUG 18 1989

BOARD OF REGISTRATION
IN MEDICINE



*Notary witnessed this
is true copy.*

Richard J. Kacian, M.D.
Executive Director and Secretary



Paul L. Young, M.D.
President

12825
P11

National Board of Medical Examiners

of the

United States of America

RECEIVED

AUG 18 1989

BOARD OF REGISTRATION
IN MEDICINE

Rebecca Jackson, 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

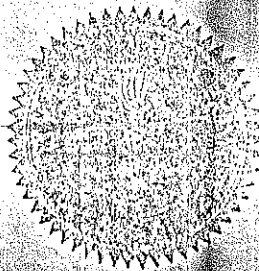
Attest

John S. Millis
Chairman of the Board

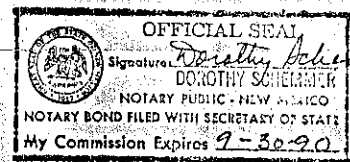
Robert E. O'Connell
President of the Board

Philadelphia, Pa.

July 1, 1975



Certificate No. 133297



*Notary witnessed this is
True copy.*

12825
12

No. 77-50

The New Mexico Board of



Medical Examiners

Hereby authorizes and licenses

Rebecca Jackson, M.D.

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

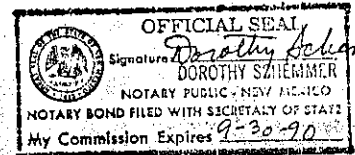
Dated at Santa Fe, New Mexico, May 16, 1977



M. C. Rodriguez, M.D.
President

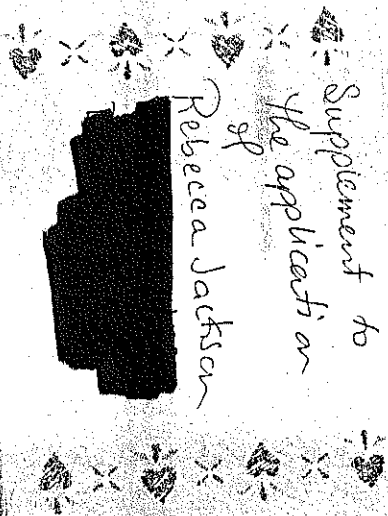
R. C. Rodriguez, M.D.
Secretary

RECEIVED
AUG 18 1989
BOARD OF REGISTRATION
IN MEDICINE



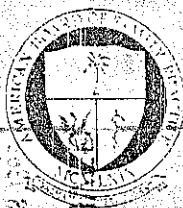
Notary witnessed this
is a true copy.

Supplement to
the application
of
[REDACTED]
Rebecca Jackson



12825
8/13

American Board of Family Practice



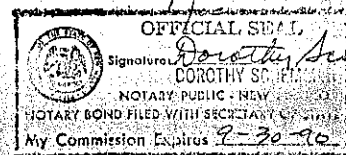
Rebecca Jackson

having met all its requirements
is hereby certified to be a

Diplomate

of this Board for the period
1977-1984

*this verifies true
copy*



Wilelmo J. Lacaus, M.D.
Executive Director and Secretary



James L. Grobe, M.D.
President

12825
P14

Board of Medical Examiners
of the
State of Arizona

LICENSE No. 10391

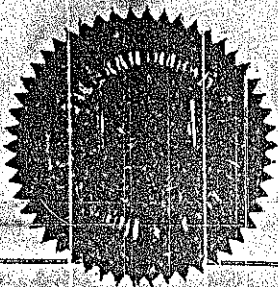
This Is To Certify, That REBECCA JACKSON, M.D.

a graduate of DARTMOUTH MEDICAL SCHOOL

having a diploma thereof dated JUNE 10, 1973

has complied with the applicable provisions of Chapter 13, Title 32, Arizona Revised Statutes, as amended, required to practice Medicine in the State of Arizona, and, therefore, is entitled so to practice. This license shall be evidence thereof unless or until suspended or revoked.

In testimony whereof, the BOARD OF MEDICAL EXAMINERS of the STATE OF ARIZONA has issued this LICENSE and caused the same to be signed by its PRESIDENT and its SECRETARY-TREASURER, and its SEAL to be hereto affixed this 17TH day of MARCH A. D., 1978.



BOARD OF MEDICAL EXAMINERS
of the STATE OF ARIZONA

[Signature]
PRESIDENT M. D.

[Signature]
SECRETARY-TREASURER M. D.

This verifies true copy

OFFICIAL SEAL
Signature *Dorothy Schenker*
DOROTHY SCHENKER
NOTARY PUBLIC - STATE OF ARIZONA
NOTARY BOND FILED WITH SECRETARY OF STATE
My Commission Expires 9-30-78

STATE OF MAINE

BOARD OF REGISTRATION IN MEDICINE

PLEASE FORWARD TO YOUR MEDICAL SCHOOL



CERTIFICATE OF MEDICAL EDUCATION

THIS CERTIFIES THAT Rebecca Jackson
of Dresden, Maine ENROLLED IN Dartmouth Medical School

Hanover, New Hampshire ON THE 1st DAY OF September 19 70 Year
Location

AND WAS GRANTED THE FOLLOWING CREDITS ON ENROLLMENT:

PREMEDICAL EDUCATION, TWO YEARS OF PREPROFESSIONAL POSTSECONDARY
EDUCATION, INCLUDING THE SUBJECTS OF PHYSICS, CHEMISTRY, AND BIOLOGY.

Radcliffe College BA 1969
Educational Institution

Dates

ADVANCED CREDITS, CREDITS PREVIOUSLY OBTAINED AT AN APPROVED MEDICAL SCHOOL.*

Medical School
Total Credits
Dues
RECEIVED

TRANSCRIPTS OF ADVANCED CREDITS AND
MEDICAL SCHOOL CREDITS MUST BE SUPPLIED WITH THIS CERTIFICATE
AUG 30 1989
BOARD OF REGISTRATION
IN MEDICINE

THE UNDERSIGNED FURTHER CERTIFIES THAT THE RECORDS OF THIS INSTITUTION SHOW THAT SE HE
ATTENDED IN THIS INSTITUTION 3 years of COURSES OF RESIDENT INSTRUCTION DURING A TOTAL OF
129½ WEEKS, AND THAT SE HE WAS GRANTED THE DEGREE Doctor of Medicine
Number of Weeks BY THE ABOVE MENTIONED MEDICAL SCHOOL ON THE 10th DAY OF June 19 73.
Month

SIGNED AND THE COLLEGE SEAL AFFIXED THIS 25 DAY OF August 19 80
BY Madalyn A. Cimino President, Secretary, Dean

AFFIX
SEAL
HERE

Dr. Jackson was in the 3 year M.D. degree granting program
*Each Medical School Attended Must Complete One Of These Forms Covering Period of Attendance.

RETURN THIS FORM DIRECTLY TO: BOARD OF REGISTRATION IN MEDICINE
State House Station 137
Augusta, Maine 04333

INFORMATION REGARDING AUTHENTICITY ON REVERSE



DARTMOUTH MEDICAL SCHOOL

HANOVER, NEW HAMPSHIRE

OFFICIAL CERTIFICATE

RE: REBECCA JACKSON

matriculated in Medicine at Dartmouth Medical School on 1 September 1970,
and was awarded the degree of Doctor of Medicine on 10 June 1973,
having completed the following courses:

FIRST YEAR (1 September 1970 to
15 June 1971)

Anatomy PASS
Biochemistry PASS
Biostatistics PASS
Clinical Examination PASS
Developmental Anatomy PASS
Genetics PASS
Microanatomy PASS
Microbiology PASS
Neural Science PASS
Pathology PASS
Pharmacology PASS
Physiology PASS
Psychiatry PASS
Scientific Basis of Medicine PASS

SECOND YEAR (1 July 1971 to
9 June 1972)

Clinical Diagnosis PASS
Epidemiology PASS
Psychiatry PASS
Scientific Basis of Medicine
Fall Term PASS
Winter Term PASS
Spring Term PASS
Systems of Medical Care PASS
Block Electives: *
Pragmatics of Human Communica-
tion PASS
Psychiatric Consultation
Service PASS

Minor Elective: *
Psychobiological Aspects
of the Affective Disorders PASS

THIRD YEAR (10 July 1972 to
10 June 1973)

Maternal & Child Health PASS
Medicine PASS
Psychiatry PASS
Surgery PASS
Block Elective: *
Advanced Medical
Clerkship PASS

JUN 25 1973

*Minor Electives are not required but are offered for credit. Block electives are a part of the required curriculum for three year M.D. candidates.

INFORMATION REGARDING AUTHENTICITY ON REVERSE



BOARD OF MEDICAL EXAMINERS

491 Old Santa Fe Trail, Lamy Building
P.O. Box 20001
Santa Fe, NM 87504
(505) 827-9933

RECEIVED

SEP 05 1989

BOARD OF REGISTRATION
IN MEDICINE

CERTIFICATE OF VERIFICATION
(Letter of Good Standing)

THE NEW MEXICO BOARD OF MEDICAL EXAMINERS, DOES HEREBY CERTIFY THAT THEIR RECORDS
INDICATE THE FOLLOWING INFORMATION REGARDING THE PHYSICIAN NAMED BELOW:

THIS IS TO CERTIFY THAT:

REBECCA JACKSON

BORN ON:

77-50

WAS ISSUED LICENSE NO:

5-16-77

ON:

TO PRACTICE AS A:

MEDICAL DOCTOR

LICENSED BY:

☐ FLEX ☒ NATIONAL BOARD
☐ NM STATE EXAM ☐ LMCC
☐ ENDORSEMENT WITH ☐

CURRENT LICENSURE STATUS IS:

ACTIVE

CURRENT LICENSE EXPIRES:

12-31-89

OUR RECORDS REGARDING
DERAGATORY INFORMATION INDICATE:

☒ NO DISCIPLINARY ACTION
(GOOD STANDING)
☐ PROBATION ☐ SUSPENDED

COMMENTS:

DETAILS OF DISCIPLINARY

ACTION, IF ANY, ARE ENCLOSED.

Liz J. Montoya
LIZ J. MONTOKA
VERIFICATION OFFICER

AUGUST 28, 1989
DATE

SEAL



STATE OF MAINE

BOARD OF REGISTRATION IN MEDICINE RECEIVED

AC 207
239-3604

SEP 05 1989
Augusta, ME 04333

BOARD OF REGISTRATION

Complete top section of form and mail to the Board of each state in which you are licensed to practice. If needed, you may make duplicates of this form.

SECRETARY:

I am applying for medical licensure in the State of Maine. The Board of Registration in Medicine requires that your Board complete this form in order that I may be considered for licensure.

This is my authorization to release any information in your files, favorable or otherwise, to the State of Maine Board of Registration in Medicine.

Rebecca Jackson
Print or type full name Rebecca Jackson, M.D.

10931
License Number

3-17-78
Date Issued

Rebecca Jackson
Signature

[Redacted]
Address

[Redacted]
City

[Redacted]
State

[Redacted]
Zip

Arizona

THE SECTION BELOW TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

RETURN TO: Board of Registration in Medicine
State House Station #137
Augusta, ME 04333

This is to certify that the records of the Board of Medical Examiners in the State of Arizona
indicate that Rebecca Jackson, M.D. was issued license number 10391
dated 3/17/78 to practice medicine on the basis of:

State Exam	FLEX	Reciprocity	National Boards
Licensure is current and in good standing?	YES	YES	NO <input checked="" type="checkbox"/> X
Has the holder of this certificate ever been summoned to appear before your Board?	YES	YES	NO <input checked="" type="checkbox"/> X
Has the holder of this certificate ever been placed on probation?	YES	YES	NO <input checked="" type="checkbox"/> X
Has the holder of this certificate or license ever been suspended or revoked?	YES	YES	NO <input checked="" type="checkbox"/> X
Deportatory information	None		

DATE 8/30/89 SIGNED: Lori Burkhardt
SEAL TITLE: Verification Clerk

BOMEX
AUG 18 1989

12825
P.19

NATIONAL BOARD OF MEDICAL EXAMINERS • 3930 CHESTNUT STREET, PHILADELPHIA, PA 19104

ENDORSEMENT OF CERTIFICATION

RECEIVED

AUG 24 1989

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

Rebecca Jackson, 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.

BOARD OF REGISTRATION
IN MEDICINE

Attest JOHN S. MILLIS, PH.D.

Chairman of the Board

SEAL

ROBERT A. CHASE, M.D.

President of the Board

Philadelphia, Pa.

Certificate # 133297

07/01/75

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 DARTMOUTH MEDICAL SCHOOL
in JUNE 1973 and whose birth date is 08/25/1946. 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
PART I passed 06/71		
Anatomy	460	78
Physiology	505	81
Biochemistry	550	84
Pathology	360	71
Microbiology	430	76
Pharmacology	540	83
Behavioral Sciences	---	---
TOTAL TEST (Minimum Passing Score 380/75)	475	79
PART II passed 04/73		
Medicine	490	81
Surgery	455	80
Obstetrics and Gynecology	535	84
Public Health and Preventive Medicine	640	89
Pediatrics	470	81
Psychiatry	600	87
TOTAL TEST (Minimum Passing Score 290/75)	540	83
PART III passed 03/75		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 290/75)	615	86.3
GENERAL AVERAGE (Parts I, II, and III Scale Score)		82.8

*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.

Melanie Valente

Secretary for Certification

08/22/89

Date

SEAL

120225
p20

RECEIVED

SEP - 8 1989

SEP 11 1989

BOARD OF REGISTRATION
IN MEDICINE

DISCIPLINARY INQUIRIES

Federation of State Medical Boards
2630 West Freeway, Suite 138
Fort Worth, Texas 76102-7999
BOARD OF REGISTRATION IN MEDICINE

The STATE HOUSE STATION #137 requests a disciplinary
AUGUSTA, MAINE 04333
search concerning the following individual:

Rebecca Jackson, M.D.
Name

Address

City, State and Zip

Date of Birth

Social Security Number

Dartmouth Med Sch, Hanover, NH
Medical School of Graduation and Branch Location
1973

Date of Graduation

Please mail the response to the following address:

BOARD OF REGISTRATION IN MEDICINE

State House Station #137

Augusta, ME 04333

ATTENTION:

Bunny Mansir

Licensure Coordinator

Bonnie L. Mansir
Signature

WE HAVE NO UNAVAILABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

SEP - 8 1989

Robert L. Gaudin, Jr.
BRYANT L. GALUSHA, M.D.
EXECUTIVE VICE-PRESIDENT

12825
821

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES
DEPARTMENT OF PHYSICIAN DATA SERVICES

DATE 09-15-89
TIME 9:49 AM

NAME JACKSON, REBECCA, M.D.

ADDRESS [REDACTED]

87023

BIRTHPLACE BOSTON, MA

BIRTHDATE [REDACTED]

MEMBER OF AMA: NOT MEMBER

MEDICAL SCHOOL

DARTMOUTH MED SCH, HANOVER NH 03756

YEAR OF GRADUATION: 1973

LICENSES (INITIAL YEAR GRANTED BY STATE):
NM 1977

AZ 1978

NATIONAL BOARD CERTIFICATION: 1975

SPECIALTY BOARD CERTIFICATION: AMERICAN BOARD OF FAMILY PRACTICE

PHYSICIAN'S PROFESSIONAL ACTIVITIES: NOT CLASSIFIED
SELF DESIGNATED SPECIALTIES

PRIMARY: FAMILY PRACTICE

SECONDARY: PEDIATRICS

TERTIARY: UNSPECIFIED

CURRENT MEDICAL TRAINING: NONE REPORTED TO DATE

PRIOR MEDICAL TRAINING: RESIDENT

HOSPITAL:

DATES OF TRAINING:

SPECIALTY:

SPECIALTY:

UNIV NM SCH OF MED

07/75-06/77 -- (CONFIRMED)

FAMILY PRACTICE

UNSPECIFIED

ALBUQUERQUE NM 87131

PRIOR MEDICAL TRAINING:

HOSPITAL:

DATES OF TRAINING:

SPECIALTY:

SPECIALTY:

INTERN

UNIV NM SCH OF MED

06/74-06/75 -- (CONFIRMED)

PEDIATRICS

UNSPECIFIED

ALBUQUERQUE NM 87131

FELLOWSHIP: NONE REPORTED TO DATE

THE FOLLOWING IS HISTORICAL. CHECK WITH PRIMARY SOURCES FOR CURRENT STATUS

NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NONE REPORTED TO DATE

PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE

COPYRIGHT 1989 AMERICAN MEDICAL ASSOCIATION. SEE REVERSE ***AMA FILES CHECKED

12825
p22

BOARD OF REGISTRATION IN MEDICINE ORAL EXAMINATION

APPLICANT: REBECCA JACKSON DATE: 11-15-99
 EXAMINER(S): [Signature] LOCATION: 20714
 SCORE: 2

In compliance with Section 3271 of the Medical Practice Act, an oral examination was administered to the above cited applicant.

The applicant Pass the examination. Medical Licensure 1/5 is not recommended. P/E

Signed: [Signature] examiner

EXAMINATION GRADING FORM

IDENTIFICATION: 74610

FACTOR I. PROBLEM SOLVING ABILITY, CLINICAL JUDGMENT
 The candidate's ability to use information to make appropriate decisions in patient diagnosis and treatment from the data he obtains, the diagnostic and therapeutic conclusions he comes to, and his defense of his decisions.

UNABLE TO EVALUATE	FAILURE	QUESTION	LOW PASS	PASS	HIGH PASS
(0)	(-3)	(-2) (-1)	(+1) (+2)	(+3) (+4)	(+5) (+6)

FACTOR II. INTERPERSONAL RELATIONSHIPS AND APPROPRIATE PROFESSIONAL CHARACTERISTICS.

The candidate's ability both in statement and manner, to communicate effectively and convey genuine concern for patients and an understanding of the ethical responsibilities of a physician in his relationships with patients and colleagues.

UNABLE TO EVALUATE	FAILURE	QUESTION	LOW PASS	PASS	HIGH PASS
(0)	(-3)	(-2) (-1)	(+1) (+2)	(+3) (+4)	(+5) (+6)

FACTOR III. RECALL OF APPROPRIATE FACTUAL INFORMATION.

The candidate's knowledge of:

UNABLE TO EVALUATE	FAILURE	QUESTION	LOW PASS	PASS	HIGH PASS
(0)	(-3)	(-2) (-1)	(+1) (+2)	(+3) (+4)	(+5) (+6)

P 811 604 293

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Rebecca Jackson, M.D.	
Street and No.	Lic# 12825
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return Receipt Showing to whom, Date, and Address at Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

<p>1. Complete items 1 and 2 when additional services are desired, and complete item 3 and 4.</p> <p>2. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt will be sent to the address in the "Return to" space on the reverse side of this card. For additional fees the return receipt will be sent to the address in the "Return to" space on the reverse side of this card. For additional fees the return receipt will be sent to the address in the "Return to" space on the reverse side of this card.</p>	
<p>3. Article Number: 811 604 293</p>	
<p>4. Signature: Rebecca Jackson, M.D.</p>	
<p>5. Date of Delivery: 7/1/85</p>	
<p>6. Signature: Rebecca Jackson, M.D.</p>	
<p>7. Date of Delivery: 7/1/85</p>	
<p>8. Address: Rebecca Jackson, M.D.</p>	
<p>9. Signature: Rebecca Jackson, M.D.</p>	
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<p>97. Signature: Rebecca Jackson, M.D.</p>	
<p>98. Date of Delivery: 7/1/85</p>	
<p>99. Signature: Rebecca Jackson, M.D.</p>	
<p>100. Date of Delivery: 7/1/85</p>	

PS Form 3811, Mar. 1988 • U.S. G.P.O. 89-100-200 • DOMESTIC RETURN RECEIPT

3201-0184

B/50

State of Maine
Board of Registration in Medicine
 2 Bangor Street
 State House Station #137
 Augusta, ME 04333
 (207)289-3601

REBECCA JACKSON, MD

BATCH 10/13

Application for Maine Medical License Registration Renewal July 1, 1990 - June 30, 1992

REBECCA JACKSON, MD

12925 **Renewal Fee: \$200.00**

Please remit with application to
 "Maine Board of Registration in Medicine"

Type Registration Requested

- ☒ **ACTIVE:** My log of CME activity ___ has been submitted or ___ is enclosed. *exempt*
- ☐ **INACTIVE:** I do not provide professional services to patients in Maine full time or part time.
- ☐ **WITHDRAWAL:** I hereby apply to withdraw my Maine license from registration. I acknowledge that reinstatement cannot be effected after five years from date of withdrawal.

I. Demographic Data

- A. The name in which my license should be recorded ___ is correct as it appears on the above label, or, ___ should be spelled: _____ (please print or type).
- B. My Social Security Number: _____ or: ___ None (not U.S. resident)
- C. My date of birth (MM/DD/YY): _____ Age last birthday: 43
- D. Office Mailing Address ___ as above or: _____

- E. Home Mailing Address ☒ as above or: _____

- F. Office Phone: () - _____
- G. Home Phone: _____

☐ Prefer Board contact me at office.☒ Prefer Board contact me at home.

II. Practice Data (All Applicants Must Complete)

- A. At present I practice medicine
 (check all that apply):

☐ Full Time
☒ Part Time
☒ Solo
☐ In Partnership or Group
☐ Hospital-based Practice
☐ Do Not See Patients
 (ie., Administrative, Research, etc.)
☐ I Have Retired

- B. Practice Specialty(ies):
 (Note: Physicians applying for "active" status in Maine also please complete Section IV, survey data for the 5-year Liability Demonstration Project.)

Primary Specialty: Family Practice 10

Sub-specialty 1: _____

Sub-specialty 2: _____

☐ I am Specialty Board certified by
 (Board Name): Family Practice 10

Fee: \$ 200

Exempt: _____

Date _____

Posted: 12/30/90

CME: Exempt 11/2/92Act: ☒

Inact: _____

-O/S: _____

-Ret: _____

-W/D: _____

Verified: _____

Nm: _____

SS: _____

DOB: _____

Pref. Addr. _____

Posted: _____

Date: _____

FT/PT/RTD: _____

MCP: _____

Spec Codes: _____

Prim: _____

Sec 1: _____

Sec 2: _____

Sp. Bd. Cert. _____

Code: _____

NOT INSURED

III. Background Data (All Applicants Must Complete)

A. Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, *Locum tenens*, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow):

Licensing Jurisdiction

New Mexico

Arizona

Present Status (*)

(*) Explain in **Section V. Additional Explanation/Statement of Facts** any status other than "in force" or "active".

B. I am currently registered with the U.S. Department of Justice, Drug Enforcement Administration with DEA Registration # REBECCA JACKSON MD. This registration is in the name of: REBECCA JACKSON MD (ie., your own name or that of a business entity). Or, I am not registered with the DEA and I do not prescribe/utilize drugs requiring DEA registration in my medical practice or research.

C. SINCE **JULY 1, 1988** HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response. Note: any "Yes" response must be explained fully in Section V. Additional Explanation/Statement of Facts.)

- | | | | Ofc
Use |
|--|-------------------------------------|--------------------------------------|------------|
| (1.) Had a physical or mental illness which necessitated the suspension of your medical practice for more than 30 days? | <input checked="" type="radio"/> NO | YES | (C-1) |
| (2.) Arrest(s) <u>with or without</u> conviction(s) for any offense including driving while intoxicated (ie., "OUI", "DWI", "DUI") but not including other minor traffic violation? | <input checked="" type="radio"/> NO | YES | (C-2) |
| (3.) Hospital (or similar health care institution) privileges <i>which had previously been granted to you</i> were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review? | <input checked="" type="radio"/> NO | YES | (C-3) |
| (4.) Disciplined by a professional society or resigned while accusation was pending? | <input checked="" type="radio"/> NO | YES | (C-4) |
| (5.) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgment by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability <u>including</u> "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (See Instructions) | NO | <input checked="" type="radio"/> YES | (C-5) |
| (6.) Been treated for, or been advised to seek treatment for, abuse of alcohol, other drugs and chemical compounds, mind or mood altering drugs? | <input checked="" type="radio"/> NO | YES | (C-6) |
| (7.) Been notified by the licensing board of any state or province of Canada of the existence of allegations of your misconduct filed with or by that board and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.) | <input checked="" type="radio"/> NO | YES | (C-7) |
| (8.) As of the date of this application, do you practice medicine but without holding privileges to admit patients to any hospital as a member of its medical staff (ie., you have an "office-based" practice only)? | NO | <input checked="" type="radio"/> YES | (C-8) |
| D. Has any state or territory of the U.S. or province/territory of Canada ever denied your application for any type of license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring)? | <input checked="" type="radio"/> NO | YES | (D.) |
| E. Have you ever left a medical licensing jurisdiction while allegations were pending? | <input checked="" type="radio"/> NO | YES | (E.) |

Section IV. Background & Survey Data on Physicians Practicing in Maine

(Only Physicians applying for "Active" Registration Need Respond in this Section. All others may proceed to Section V and the affidavit at the end of this application.)

A. The following questions relate to information required to be gathered by the Board of Registration in Medicine pursuant to Maine Public Laws Chapter 931, "An Act to Establish the Rural Medical Access Program, the 5-year Medical Liability Demonstration Project, Revise the Rules Regarding Collateral Sources and the Discovery Rule in Medical Liability Cases Without Imposing Caps on Damages."

An inference should not be drawn from the information being sought that either certification in any medical specialty or insurance coverage for professional liability are necessary qualifications for or conditions of continuing licensure to practice medicine or surgery in Maine.

Physicians practicing the specialties of Anesthesiology, Emergency Medicine, and/or Obstetrics and Gynecology in Maine will, in Fall, 1991, be afforded an opportunity to enroll in the 5-year Medical Liability Demonstration Project.

1. Does your Maine medical practice consist of or include in part the practice of anesthesiology, emergency medicine, or obstetrics and gynecology? If not, skip to the next box. If so, specify which:

- ☐ Anesthesiology
- ☐ Emergency Medicine
- ___ Full Time Practice
- ___ On call as specialty consultant only
- ___ Occasionally as Medical Staff obligation
- ☐ Obstetrics/Gynecology
- ___ Primary Practice
- ___ Consulting
- ___ Family Practice including OB/GYN

Ofc
Use



N/A

2. Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice?

- ☐ YES
- ☒ NO, I am self-insured.

• If yes, identify insurance company and your policy number:

___ Medical Mutual of Maine, Policy # _____

___ Saint Paul, Policy # _____

___ Other: Name of Company _____ Policy # _____

Address: _____

City: _____ State _____ ZIP _____

• Are premiums for your professional liability insurance paid by a Hospital? ___ YES ___ NO

• Are you a participant in a Risk Retention Group? ___ YES ___ NO

Please identify this group: _____

Self
Insured

Section V. Additional Explanation/Statement of Facts (All Applicants)

All questions to which you provided a "YES" response on this application must be explained here. (Use an 8" x 11" sheet of plain stationery if additional space is required. Cross reference your statement to the application Page, Section, and Question number. Tell the "who, how, when, what, and why" as completely as possible to reduce delays occasioned by follow-up by Board staff for further details. If reporting a malpractice claim, give the date and place of incident, the cause of action alleged by the plaintiff, the current status of the case as you know it, your liability insurance policy number, the name and address of the insurance company and/or your legal representative in this claim.

PAGE * SECTION * QUESTION *

2 III c 5

EXPLANATION:

I, another physician F.P. & the cytopathologists at UNM/SOM are being sued for failure to diagnose cervical cancer. The suit is pending. The plaintiff is named [REDACTED]

2 III c 8

I see practically no patients
I am primarily a parent. I ^{OK} am
have no hospital privileges.

AFFIDAVIT OF APPLICANT FOR RENEWAL OF LICENSE REGISTRATION

(All applicants must sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.)

I affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. I understand that any false statement made in conjunction with a license application may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). I acknowledge my responsibility to notify the Maine Board of Registration in Medicine of any change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence.

Date: 7-15-90 Signature: Rebecca Jackson, M.D., ✓

Typed or Printed Name: REBECCA JACKSON, M.D.,



3202 - 1145

8/35

State of Maine
Board of Registration in Medicine
2 Bangor Street, State House Station #137, Augusta, ME 04333
(207) 289-3601

MAY 18 1992

OK
mm

Application for Maine Medical License Registration Renewal
July 1, 1992 - June 30, 1994

REBECCA JACKSON, MD

Renewal Fee: to June 30, 1992: \$200.00 (U.S. Funds), after June 30th: \$300.00

Please remit with application by check/money order payable to "Maine Board of Registration in Medicine". Renewal fee not required if over age 70 on July 1, 1992, if initially licensed in Maine after January 1, 1992 (Lic # greater than 013227), or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

LICENSE #

SOCIAL SECURITY NO.

REBECCA JACKSON MD

012825

DATE OF BIRTH

ME

DAYTIME PHONE NO.

Applicant is qualified for ACTIVE registration by evidence on file of CME activity:

Y

Type of Registration Classification for Which Applying:

- ☒ (1.) I am applying for ACTIVE registration, based on evidence of CME qualification on file with the Board, to practice medicine in Maine between July 1, 1992 and June 30, 1994.
- ☐ (2.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to and approval from the Board, I certify that I will not practice medicine in Maine for the period July 1, 1992 to June 30, 1994. I am either:
- ☐ (2a.) not a resident of Maine and do not intend to practice, even part time, in the State of Maine in the immediate future, or I am employed in an administrative capacity, or;
- ☐ (2b.) I am fully retired from the practice of medicine. While registered as "inactive," I certify that I will not provide professional services in Maine in any degree, including the writing of prescriptions for myself, family, or friends.
- ☐ (3.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (Complete, date and sign, and return this application by due date omitting payment of renewal application fee.)

Personal Data Update:

If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information on the adjacent line. Please correct an error in your current mailing address in section B below.

The Board requires both your home address and phone and the address and phone of your principle place of medical practice. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designated for that purpose will so be the address published by the Board in listings and publications available to the general public.

(.) Home Mailing Address - (as above) or:

(5.) Office Mailing Address - as above or:

Emergency Medicine Associates
RFD #11 Box 750
Oxford ME 04270

(.) Home Phone: () -

(7.) Office Phone: (207) 539-8275

☒ Prefer Board contact me at home.

☐ Prefer Board contact me at office.

Practice Data

(.) At present I practice medicine.
(check all that apply:)

- ☐ Full Time
☒ Part Time
☐ Solo
☒ In Partnership or Group
☒ Hospital-based Practice
☒ Do Not See Patients
(i.e., Administrative, Research, Teaching, etc.)
☐ I Have Retired

(9.) Practice Specialty(ies):
Primary Specialty:

Emergency Medicine

(10.) Sub-specialty 1: Family Medicine

(11.) Sub-specialty 2:

(12.) I am ABMS Specialty Board certified by:

(Board Name): Family Practice

For Ofc Use

Fee:	\$200
Exempt:	
Date:	
Posted:	MAY 18 1992
Reg Status:	
Act:	
-CME:	
Inact:	
-O/S:	
-Ret:	
W/D:	
Address:	
Chng:	

BATCH No. 2

For Ofc Use

Spec Code:	
Prim:	
Sub 1:	
Sub 2:	
Sp Bd Cert Code:	

Please Continue with Entries on Reverse of this Page

Liability Insurance Data

(Complete Only if Applying for Registration in "ACTIVE" status.)

though maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) 931.

3.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice?

☒ YES ☐ NO. I am self-insured

• If yes, identify insurance company and your policy number:

Medical Mutual of Maine, Policy # _____

☒ Saint Paul, Policy # DM 06001803

Other: Name of Company _____ Policy # _____

Address: _____

City: _____ State _____ Zip: _____

• Are premiums for your professional liability insurance paid by a Hospital or other employer? ☒ YES ☒ NO

Name of Hospital/Employer: Emergency Medicine Associates, hospitals the Bethlem Hosp

• Are you a participant in a Risk Retention Group? ☒ YES ☐ NO

Please identify this group: Emergency Medicine

Background Data

(All Applicants Must Complete)

4.) Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, *Locum tenens*, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow):

☐ I have never held a permanent medical practice license except in Maine.

Licensing Jurisdiction

Present Status (i.e., in force, expired, etc.)

New Mexico
Arizona

expired
expired

5.) My individual DEA Registration number is _____ (If you are not registered with the DEA as an individual practitioner enter "None" in this space and explain the circumstances which either preclude or make unnecessary your registration with DEA on a separate, attached 8 x 11 sheet of paper. For example, do you: use institutional registration of hospital, not prescribe controlled substance in your practice, etc. See also Item 16 - 10.)

6.) SINCE JULY 1, 1990, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response. Any "Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.)

- 6-1.) Had a physical or mental illness which necessitated the suspension of your medical practice for more than 30 days? ☐ NO YES
- 6-2.) Been convicted of any offense (including driving while intoxicated - i.e., "OUT", "DWI", "DUI" but not including other minor traffic violations)? ☐ NO YES
- 6-3.) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review? ☐ NO YES
- 6-4.) Disciplined by a professional society or resigned while accusation was pending? ☐ NO YES
- 6-5.) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgment by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (See Instructions) ☐ NO YES
- 6-6.) Been treated for, or been advised to seek treatment for, abuse of alcohol, other drugs and chemical compounds, mind or mood altering drugs? ☐ NO YES
- 6-7.) Been notified by the licensing board of any state or province of Canada of the existence of allegations of your misconduct filed with or by that board and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.) ☐ NO YES
- 6-8.) Has any state or territory of the U.S. or province/territory of Canada ever denied your application for any type of license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring)? ☐ NO YES
- 6-9.) Have you ever left a medical licensing jurisdiction while allegations were pending? ☐ NO YES
- 6-10.) Have you ever been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances? ☐ NO YES
- 6-11.) Have you ever received a sanction from Medicare or from a state Medicaid program? ☐ NO YES

Provide a full explanation of any YES response on a separate, attached 8 x 11 sheet of paper cross-referencing your explanation to the question number to which it pertains.

Review your application, sign and date the affidavit below. Any missing entry will render this application administratively incomplete and may subject you to a late application charge of \$100. In the same manner, failure to enclose a renewal application fee of \$200 (unless qualified for fee waiver) or failure to have provided evidence of CME qualification if applying for ACTIVE registration classification will render your application incomplete and may subject you to a late application charge of \$100.

AFFIDAVIT OF APPLICANT FOR RENEWAL OF LICENSE REGISTRATION

All applicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.)

I affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. I understand that any false statement made in conjunction with a license application may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). I acknowledge my responsibility to notify the Maine Board of Registration in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence.

Date: 5-8-92 Signature: Rebecca Jackson M.D.
Typed or Printed Name: Rebecca Jackson M.D.

Office Use

Staff Rev Date: _____ Recommendation: _____
Exec Rev Date: _____ Recommendation: _____
Comm Rev Date: _____ Recommendation: _____
Board Decision Date: _____ Action: _____
Record Update Keyed by: _____ Certificate Batch Run #: _____

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned from January 1, 1990 to December 31, 1991, or 24 months ending _____.

PLEASE RETURN COMPLETED, SIGNED FORM (BY 1/31/92) TO:

MAINE BOARD OF REGISTRATION IN MEDICINE
State House Station # 137
2 Bangor Street
Augusta, ME 04333 Telephone (207) 289-3601

FEB - 3 1992

BOARD OF REGISTRATION
IN MEDICINE

Maine License Number

12825

Name

Roseanna Jackson

Address

City/Town

[REDACTED]

State ME

Zip

[REDACTED]

If this is a change of address, please place a check mark after this statement to authorize the Board to officially change your mailing address. ()

PLEASE LIST CATEGORY I CREDITS BELOW AND CATEGORY II ON BACK OF FORM.

PLEASE TYPE OR PRINT LEGIBLY.

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the National Liaison Committee on CME, or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. § 13 of the Rules and Regulations of the Maine Board of Registration in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
EMMC	EPINE, Bangor ME	ATLS	Feb 1991	17
MMMC	MMMC, Wadsworth ME	ACLS	Sept. 1991	6
Mercy Hosp	Mercy Hosp, PORTLAND ME	ACLS	Sept	16
KVMC	Augusta ME	Neonatal Resuscitation	Dec 1991	6
AACP, AMA	SCIENTIFIC AMERICAN	CME	8 91	8
KIDFPR/KVMC	AUGUSTA	neon conferences	7/1/91 - 12/31/91	7

(If you need additional space, please attach separate sheet of paper.)

TOTAL CATEGORY I CREDITS

60

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY FOR THE PAST 24 MONTHS.
(This form must be completed, signed, and returned by January 31, 1992, or earlier, to qualify for re-registration to practice medicine in Maine from July 1, 1992 to June 30, 1994.)

Dated:

1-31-92

Physician Signature:

Roseanna Jackson

TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH PAGE.

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. § 13 of the Rules and Regulations of the Maine Board of Registration in Medicine for more specific rules and definitions.] 60 Credits Required.

CHECK LIST BEFORE MAILING

1. Have you printed or typed name, address, and license number clearly?
2. Have you listed Category I on the front of the form and Category II on the back?
3. Have you indicated total Category I and Category II credits?
4. Have you signed and dated the Affidavit on the front of the form?
5. Have you included copies of certificates received indicating Category I credits awarded for credits claimed? [Example: Physician's Recognition Award, Specialty Board Certification or re-certification, membership AAFP, Continuing Professional Development Program of ACOG, certification of submission of quizzes for Audio Digest credit, etc.]
6. For new licensees, have you indicated any exemptions?

Self-Study, Self-Assessment Program
Office of Postgraduate Medical Education
Stanford University School of Medicine
Stanford, California 94305

Having completed the examination for the unit named opposite, the addressee is awarded four hours of continuing medical education credit by the Office of Postgraduate Medical Education of the Stanford University School of Medicine. These four hours are acceptable for the programs indicated opposite:

REBECCA JACKSON MD



I.D. No. 0033344 Sub. No.

REBECCA JACKSON MD



I.D. No. 0033344 Sub. No.

SCIENTIFIC AMERICAN *Medicine*
 Continuing Medical Education
 CREDIT AWARDED:

4 Category 1 credit hours
 toward the
 Physician's Recognition Award
 of the
 American Medical Association

4 Prescribed credit hours
 the American Academy of Family Physicians

4 Category 1 credit hours
 the American College of Emergency Physicians

4 Category 2-B credit hours
 the American Osteopathic Association

Validation Date:
 AUGUST 7, 1991

Examination:
 A 28-YR-OLD SEMICOMATOSE
 MAN MR. S

4 Category 1 credit hours
 the American College of Emergency Physicians

4 Category 2-B credit hours
 the American Osteopathic Association

Validation Date:
 AUGUST 7, 1991

Examination:
 A YOUNG WOMAN INQUIRING
 ABOUT IMMUNIZATION MS. T

MAINE-DARTMOUTH FAMILY PRACTICE RESIDENCY

12 East Chestnut Street
 Augusta, Maine 04330
 (207) 622-9362

12/6/91	Breast feeding	Susan Child
11/25/91	Hepatitis B & C	Scars
11/22/91	Acne	2 Ringed
10/28/91	Travel	3 Scars
9/13/91	about LFT's	1.5.8.17
8/19/91	Infectious Disease	Scars
8/16/91	Sexually Transmitted	Male

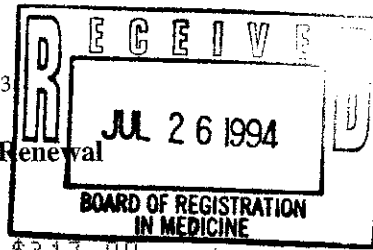


3113-0216

B/6.

State of Maine
Board of Registration in Medicine
2 Bangor Street, State House Station #137, Augusta, ME 04333
(207) 287-3601

Application for Maine Medical License Registration Renewal
due June 30, 1994, expiring: 08/31/96



Renewal Fee: to June 30, 1994: \$ 217.00 (U.S. Funds), after June 30th: \$ 317.00
Please remit with application by check/money order payable to "Maine Board of Registration in Medicine". Renewal fee not required if over age 70 on July 1, 1994, if initially licensed in Maine after January 1, 1994 (Lic # greater than 013677), or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

LICENSE #

012825

JUL 18 1994

REBECCA JACKSON MD
RICHMOND AREA HEALTH CENTER
24 GARDINER STREET
RICHMOND ME 04357

Social Security No.:

Date of Birth:

Daytime Phone No.:

Licant is qualified for ACTIVE registration by evidence on file of CME activity: *Yam*

Type of Registration Classification for Which Applying

☒ (1.) I am applying for ACTIVE registration, based on evidence of CME qualification on file with the Board, to practice medicine in Maine between July 1, 1994 and next expiration of license.

☐ (2.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to and approval from the Board, I certify that I will not practice medicine in Maine for the period July 1, 1994 and next license expiration. I am either:

☐ (2a.) not a resident of Maine and do not intend to practice, even part time, in the State of Maine in the immediate future, or I am employed in an administrative capacity, or;

☐ (2b.) I am fully retired from the practice of medicine. While registered as "inactive", I certify that I will not provide professional services in Maine in any degree, including the writing of prescriptions for myself, family, or friends.

☐ (3.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (Complete, date and sign, and return this application by due date omitting payment of renewal application fee.)

Personal Data Update

If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly note the correct information on the adjacent line. Please correct an error in your current mailing address in section B below.

The Board requires both your home address and phone and the address and phone of your principal place of medical practice. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designated for that purpose will be the address published by the Board in listings and publications available to the general public. ?

) Home Mailing Address - as above or:

(5) Office Mailing Address - as above or:

Richmond Area Health Center
24 Gardiner Street
Richmond, ME 04357

) Home Phone: () -

(7.) Office Phone: (207) 737 4359

☐ Prefer Board contact me at home.

☒ Prefer Board contact me at office.

Practice Data

) At present I practice medicine (check all that apply:)

- ☐ Full Time
☒ Part Time
☐ Solo
☒ In Partnership or Group
☐ Hospital-based Practice
☐ Do Not See Patients (i.e., Administrative, Research, Teaching, etc.)
☐ I Have Retired

(9.) Practice Specialty(ies):

Primary Specialty:

Family Practice

(10.) Sub-specialty 1: _____

(11.) Sub-specialty 2: _____

(12.) I am ABMS Specialty Board certified by:

(Board Name): Family Practice

For Ofc Use

Fee:	\$ <u>217.00</u>
Exempt:	_____
Late \$	<u>100.00</u>
Date	_____
Posted:	<u>7/18/94</u>
Reg Status	_____
Act:	_____
-CME:	_____
Inact:	_____
-O/S:	_____
-Ret:	_____
W/D:	_____
Address	_____
Chng:	_____

For Ofc Use

Spec Code:	_____
Prim:	_____
Sub 1:	_____
Sub 2:	_____
Sp Bd Cert	_____
Code:	_____

Liability Insurance Data

(Complete Only if Applying for Registration in "ACTIVE" status.)

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) ch. 931.

13.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice?

☒ YES ☐ NO. I am self-insured

• If yes, identify insurance company and your policy number:

— Medical Mutual of Maine, Policy # _____

☒ Saint Paul, Policy # DMO6001864-B

— Other: Name of Company _____ Policy # _____

Address: _____

City: _____ State _____ Zip: _____

• Are premiums for your professional liability insurance paid by a Hospital or other employer? ☒ YES ☐ NO

Name of Hospital/Employer: Kennebec Valley Regional Health Agency

• Are you a participant in a Risk Retention Group? ☐ YES ☒ NO

Please identify this group: _____

Background Data

(All Applicants Must Complete)

14.) Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, *Locum tenens*, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow):

☐ I have never held a permanent medical practice license except in Maine.

Licensing Jurisdiction

New Mexico
Arizona

Present Status (i.e., in force, expired, etc.)

expired
expired

5.) My individual DEA Registration number is [REDACTED]. (If you are not registered with the DEA as an individual practitioner enter "None" in this space and explain the circumstances which either preclude or make unnecessary your registration with DEA on a separate, attached 8 x 11 sheet of paper. For example, do you: use institutional registration of hospital, not prescribe controlled substance in your practice, etc. See also Item 16 - 10.)

6.) SINCE JULY 1, 1992, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response. Any "Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.)

6-1.) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days? ☐ YES ☒ NO

6-2.) Been arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)? ☐ YES ☒ NO

6-3.) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review? ☐ YES ☒ NO

6-4.) Disciplined by a professional society or resigned while accusation was pending? ☐ YES ☒ NO

6-5.) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgment by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (See Instructions) ☐ YES ☒ NO

6-6.) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.) ☐ YES ☒ NO

6-7.) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital? ☐ YES ☒ NO

6-8.) Do you practice medicine in a state or province other than Maine without "active" medical staff privileges at a hospital operating in the jurisdiction where you practice? ☐ YES ☒ NO

6-9.) Has any state or territory of the U.S. or province/territory of Canada ever denied your application for any type of license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring)? ☐ YES ☒ NO

6-10.) Have you ever left a medical licensing jurisdiction while allegations were pending? ☐ YES ☒ NO

6-11.) Have you ever been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances? ☐ YES ☒ NO

6-12.) Have you ever received a sanction from Medicare or from a state Medicaid program? ☐ YES ☒ NO

Give a full explanation of any YES response on a separate, attached 8 x 11 sheet of paper cross-referencing your explanation to the question number to which it pertains. (See Instructions)

Please review your application, sign and date the affidavit below. Any missing entry will render this application administratively incomplete and may subject you to a late application charge of \$100. In the same manner, failure to enclose the appropriate renewal application fee (unless qualified for fee waiver) or failure to have provided evidence of CME qualification if applying for ACTIVE registration classification will render your application incomplete and may subject you to a late application charge of \$100.

AFFIDAVIT OF APPLICANT FOR RENEWAL OF LICENSE REGISTRATION

(All applicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.)

I affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. I understand that any false statement made in conjunction with a license application may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). I acknowledge my responsibility to notify the Maine Board of Registration in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence.

Date: 6-9-94 Signature: Rebecca Jackson M.D.
Typed or Printed Name: Rebecca Jackson M.D.

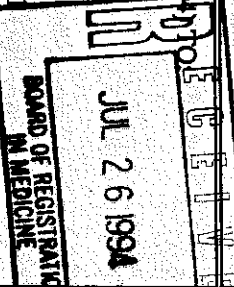
For Ofc Use
Staff Rev Date: 6-29-94 Recommendation: OK'am
Exec Rev Date: _____ Recommendation: _____
Comm Rev Date: _____ Recommendation: _____
Board Decision Date: _____ Action: _____
Record Update Keyed by: _____ Certificate Batch Run #: _____

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned from January 1, 1992 to December 31, 1993, or 24 months ending _____

PLEASE RETURN COMPLETED, SIGNED FORM (BY 1/31/94)

MAINE BOARD OF REGISTRATION IN MEDICINE
2 Bangor Street
State House Station #137
Augusta, ME 04333 Telephone (207) 287-3601



Maine License Number 012825
Name Rebecca Jackson
Address [REDACTED]
City/Town [REDACTED] State ME Zip [REDACTED]
If this is a change of address, please place a check mark after this statement to authorize the Board to officially change your mailing address. ()

PLEASE LIST CATEGORY I CREDITS BELOW AND CATEGORY II ON BACK OF FORM.

PLEASE TYPE OR PRINT LEGIBLY.

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the National Liaison Committee on CME, or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Registration in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
KVMC	Augusta	Ref. ed session, Friday Med Case Reviews	7/27/93, 10/15/93	2
KVMC	Augusta	Renovated infectious conf.	5/21/93	3
ACE-EM <u>Augusta</u>	Augusta	Ref. ed session, Friday Med Case Reviews	11/15/93	5.25
<u>Augusta</u>	Augusta	Ref. ed session, Friday Med Case Reviews	10/18/93	8
KVMC	Augusta	Ref. ed session, Friday Med Case Reviews	1.9.92	13
Augusta <u>Augusta</u>	Augusta	Ref. ed session, Friday Med Case Reviews	1.9.92	26
EMA dinners			2.9.92 3.9.92	2

(If you need additional space, please attach separate sheet of paper.)

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY FOR THE PAST 24 MONTHS.

(This form must be completed, signed, and returned by January 31, 1994, or earlier, to qualify for reregistration to practice medicine in Maine from July 1, 1994 to June 30, 1996.)

Dated: 6-9-94 Physician Signature: [Signature]

TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH PAGE.

TOTAL CATEGORY I CREDITS

51.25

completed in 92 not reported me

TOTAL CATEGORY I CREDITS

59.25

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Registration in Medicine for more specific rules and definitions.] 60 Credits Required.

Acet. 2. 11.

CHECK LIST BEFORE MAILING

1. Have you printed or typed name, address, and license number clearly?
2. Have you listed Category I on the front of the form and Category II on the back?
3. Have you indicated total Category I and Category II credits?
4. Have you signed and dated the Affidavit on the front of the form?
5. Have you included copies of certificates received indicating Category I credit equivalency [for Physician's Recognition Award, Specialty Board Certification or re-certification, membership in AAFP, Continuing Professional Development Program of ACOG, certification of submission of quizzes for Audio Digest credit, etc.]?
6. For new licensees, have you indicated any exemptions?

REBECCA JACKSON

USA

The Medical Letter[®]
and
the Yale School of Medicine
continuing medical education program

This is to certify that

REBECCA JACKSON

has successfully completed

EXAM NO. 24

JULY

1991

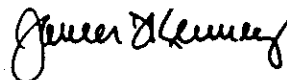
and is therefore awarded 13 credits in Category 1 for Educational Materials.

Yale University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Yale University School of Medicine has designated this continuing medical education activity as meeting the criteria for 13 credit hours in Category 1 for Educational Materials for the Physician's Recognition Award of the American Medical Association or any other organization that recognizes such Category 1 credit.

The program has also been reviewed and is acceptable for 13 prescribed hours by the American Academy of Family Physicians.

Additional accreditations of the program have been listed in the examination booklets. They can be supplied on request.



James D. Kenney, M.D.

Associate Dean for Postgraduate
and Continuing Medical Education
Yale University School of Medicine



REBECCA JACKSON

USA

The Medical Letter[®]
and
the Yale School of Medicine
continuing medical education program

This is to certify that

REBECCA JACKSON

has successfully completed

EXAM NO. 23

JANUARY 1991

and is therefore awarded 13 credits in Category 1 for Educational Materials.

Yale University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Yale University School of Medicine has designated this continuing medical education activity as meeting the criteria for 13 credit hours in Category 1 for Educational Materials for the Physician's Recognition Award of the American Medical Association or any other organization that recognizes such Category 1 credit.

The program has also been reviewed and is acceptable for 13 prescribed hours by the American Academy of Family Physicians.

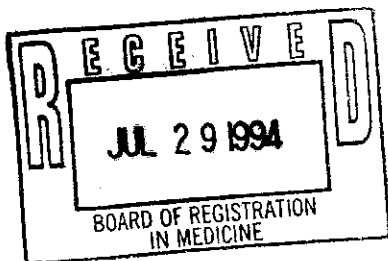
Additional accreditations of the program have been listed in the examination booklets. They can be supplied on request.



James D. Kenney, M.D.

Associate Dean for Postgraduate
and Continuing Medical Education
Yale University School of Medicine





STATE OF MAINE
BOARD OF REGISTRATION IN MEDICINE
STATE HOUSE STATION # 137
AUGUSTA, ME 04333
(207) 287-3604

ATTN: Anita C. Merrow, Secretary

Reviewed by acm

TO: Rebecca Jackson MD

LICENSE # 012825

Date of return: 7-27-94

Your 1994 to expiration date License Renewal Application is being returned as administratively incomplete pursuant to 32 M.R.S.A. §3280. Please correct or provide the necessary information as indicated below and return the completed form to the Board of Registration in Medicine.

REASON FOR RETURN:

- ☐ Failed to sign and date form.
- ☐ Failed to remit _____ license application fee.
- ☐ Returning check # _____.
- ☐ Requested "active" status but failed to provide summary of CME activity on CME reporting log (see Bulletin enclosed for sample) to qualify for "active" status.
- ☐ Failed to answer question(s) () or provide the

following data.

It was completed in 92, not 91
I'm sorry, but the documentation you submitted for the Yale Medical Letter is unacceptable for this reporting period. Please submit an additional 24.75 Cat. I credits for the Jan 1992 - Dec. 1993 reporting period. Also please provide documentation for all Category I credits claimed on your log.

excused per an P.C. ej

Please remit an additional \$100 late fee. The law provides that the Board assess a fee in addition to the renewal fee when it is necessary to write to a licensee about his incomplete renewal application after July 1, 1994.

AN ADMINISTRATIVELY COMPLETE APPLICATION FORM, ALL FEES DUE, AND ANY OTHER INFORMATION REQUESTED ABOVE MUST BE RECEIVED AT THE BOARD OFFICE WITHIN THE NEXT TEN DAYS.



3103-0432

B/a

State of Maine
Maine Board of Licensure in Medicine2 Bangor Street
137 State House Station
Augusta, ME 04333-0137

For Ofc Use

Fee \$ 200
Exempt: _____
Late \$ 100
Date: 9/9/96
Posted: _____Jackson, Rebecca
License Number: 012825
Date Certificate Printed: 9/13/96

Application for Maine Medical License Registration

Fee: \$200 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE OF 08/31/96

Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

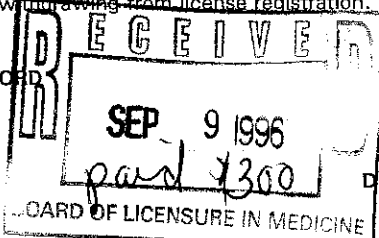
Rebecca Jackson, MD
Richmond Area HC
24 Gardiner St
Richmond ME 04357

License No

012825

Social Security

Date of Birth

Daytime Phone No.
(207) 737-4359

Type of Registration Classification for Which Applying

- ☐ (1.) I am applying for an initial license to practice medicine in Maine.
- ☒ (2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.
- ☐ (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application and approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional services in Maine in any degree, including the writing of prescriptions for myself, family, or friends.
- ☒ (4.) I am applying for reinstatement of my Maine license.
- ☐ (5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years.
(In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.)

Personal Data Update

A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information.

B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designated for that purpose will also be the address published by the Board in listings and publications available to the general public.

- (6.)
- ☐
- Prefer Board contact me at home.

Home Mailing Address

If your home address is incorrect, please correct here

Home Phone: () -

- (7.)
- ☒
- Prefer Board contact me at office.

Office Mailing Address

Richmond Area HC

24 Gardiner St

Richmond ME 04357

Office Phone: (207) 737-4359

If your office address is incorrect, please correct here

Practice Data

Check here if ABMS
certified in this specialty

- (8.) At present I practice medicine (check all that apply):

If your practice data is incorrect, please correct
in the space provided

- ☐ Full Time ☐ Hospital-based Practice
- ☒ Part Time ☒ In Partnership or Group
- ☐ Solo ☐ I Have Retired
- ☐ Do Not See Patients
(i.e., Administrative,
Research, Teaching, etc.)

(9.) Primary Specialty: Family Practice ☒(10.) Sub-specialty 1: ☐(11.) Sub-specialty 2: ☐

(12.) I am ABMS Specialty Board certified by:

(Board Name): ☐

Liability Insurance Data

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) Ch. 931.

(Complete Only if Applying for Registration in "Active" status.)

- (13.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice? Please make changes if appropriate.

Insurance Company (Name, Address)

AHS Risk Management (FIB Trust)

Yes ☒ No ☐

Policy #:

☒ Check here if premiums for your professional liability are paid by a Hospital or other employer?Hospital/Employer: Health Reach Network

Background Data

(All Applicants Must Complete)

(14.) Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to information below)

State	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at left:
New Mexico	77-50		ended	
Arizona			ended	

☐ I have never held a permanent medical practice license except in Maine.

(15.) Have you ever: (Circle the appropriate response.)

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?) NO YES
- (15-2) Left a medical licensing jurisdiction while allegations were pending? NO YES
- (15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances? NO YES
- (15-4) Received a sanction from Medicare or from a state Medicaid program? NO YES
- SINCE LAST RENEWAL, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response.)
- (15-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days? NO YES
- (15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)? NO YES
- (15-7) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review? NO YES
- (15-8) Disciplined by a professional society or resigned while accusation was pending? NO YES
- (15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see Instructions) NO YES
- (15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.) NO YES
- (15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital? NO YES
- (15-12) Do you practice medicine in a state or province other than Maine without "Active" medical staff privileges at a hospital operating in the jurisdiction where you practice? NO YES

(Any "Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.)

Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee or provide evidence of CME qualification if applying for ACTIVE status will render your application incomplete.

AFFIDAVIT OF APPLICATION

(All applicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.)

I affirm, under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. I understand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 22 M.R.S.A. §3282-A(2). I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence.

Date: 8-30-96 Signature: Rebecca Jackson M.D.
Typed or Printed Name: Rebecca Jackson M.D.

For Ofc Use

Staff Rev Date: 9/10/96 Recommendation: SR MSL
Staff Rev Date: Recommendation:

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 8/31/96

Maine License Number: 012825

Name: Jackson, Rebecca

CATEGORY I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the National Liaison Committee on CME, or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
KVMC	Augusta Me	Rental Tubular Dysgenesis	2-1-94	1
MACC MD FPR EMMC	Rockport Me	Rural Health Care	2-10-12-94	13.25
KVMC	Augusta Me	Spirituality & Health Care	6-14-94	6
MAFP	So. Portland Me	2 nd Annual MAFP FPU Update	5-5-6-94	10
NECOM	Biddeford Me	94 Summer Institute OP&P	8-18-94	68
AAFP	Bangor Me	AHSO	9-15-16-94	14.5
UCSD	Del Mar Ca	Intro to Medical Hypnosis	10-94	26
MD FPR	Augusta Me	No Scalpel Vasectomy	5-19-95	3
EMMC	Bangor Me	Effects of Stress on Memory	3-31-95	1.5
Medical Care Development	Rockport Me	Reproductive Health Care	9-28-95	5.25

(If you need additional space, please attach separate sheet of paper.)

TOTAL CATEGORY I CREDITS: 158.5

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Credits Required.

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
MA CC	Rockport Me	5 th Annual Clinician Support	2-8-10-96	12.5
KVMC	Waterville Me	Confronting Domestic Violence	6-11-96	5.5
AHA	Newry Me	Congestive Heart Failure	4-29-30-95	
MA CC	Rockport Me	4 th Annual Clin Sup Net Symposium	2-9-11-95	

TOTAL CATEGORY II CREDITS: 18.25

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Dated: 8.30.96

Physician Signature: Rebecca Jackson

TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH SECTION

Instructions for Completing Application for Maine Medical License Registration Renewal

The following definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you have questions, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth. Because of this, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on the regular cycle for fees and CME.

Type of registration Classification for Which Applying (select only one):

NEW APPLICATION: This category applies to physicians who are applying for an initial license to practice medicine in Maine or those who have withdrawn their license or have allowed it to lapse for more than five (5) years.

ACTIVE: Intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for active registration, you must file a log of CME activities satisfactory to the Board showing a minimum of 40 AMA Category I and 60 AMA Category II CME credits earned during the previous licensing period.

INACTIVE: Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice or writing prescriptions for friends, family, or self. Physicians who check box 3, by signing the application affidavit at the end of the form, have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of Registration in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.

REINSTATEMENT: This category applies to physicians who have allowed their license to lapse or who have withdrawn from licensure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.

Request to WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so.

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

Must be completed if applying for registration in ACTIVE classification. Information you supply here is required by PL(1990), Chapter 931, regarding the Maine Rural Health Access Program. It will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force.

Background Data:

Item 14 asks you to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not list training permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.

Items 15-1 through 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items 15-5 through 15-12 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in 1986 which was closed by a settlement since your last renewal should be reported. If this is your first renewal disclose all data.

For any "Yes" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it has been or is being resolved. For example:

Item 15-5 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness to continue practice. Board will inform you if clinical records or report are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207) 623-9266.

Item 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not answered completely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental explanation must include, for each such claim reported, a full description using the format of the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000 on February 14, 1992. I have been told the plaintiff rejected this and the claim is still pending.

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle, Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

In conclusion, the Board's staff is available by phone at (207) 287-3604, Monday through Friday, 8 am to 4:30 pm, Eastern Daylight Time.



0007-0372
3101 B/2

State of Maine
Maine Board of Licensure in Medicine
2 Bangor Street
137 State House Station
Augusta, ME 04333-0137

For Ofc Use

Fee: \$ 310.40
Exempt: _____
Late \$ _____
Date Posted: _____

License Number: 012825
Date Certificate Printed: 8/27/98
Jackson, Rebecca

Application for Maine Medical License Registration

Fee: \$310 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE OF 8/31/98

Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

Rebecca Jackson, MD
Richmond Area Health Center
24 Gardiner St
Richmond ME 04357

AUG 24 1998

License No

012825

Social Security

[REDACTED]

Date of Birth

[REDACTED]

Daytime Phone No.

(207) 737-4359

Type of Registration Classification for Which Applying

- ☐ (1.) I am applying for an initial license to practice medicine in Maine.
- ☒ (2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.
- ☐ (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to and approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional services in Maine in degree, including the writing of prescriptions for myself, family, or friends.
- ☐ (4.) I am applying for reinstatement of my Maine license.
- ☐ (5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.)

Personal Data Update

A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information.

B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designated for that purpose will also be the address published by the Board in listings and publications available to the general public.

why?

- (6.) ☐ Prefer Board contact me at home.

Home Mailing Address

If your home address is incorrect, please correct here

[REDACTED]

Home Phone: () [REDACTED]

- (7.) ☐ Prefer Board contact me at office.

Office Mailing Address

Richmond Area Health Center
24 Gardiner St
Richmond ME 04357
Office Phone: (207) 737-4359

If your office address is incorrect, please correct here

Practice Data

Check here if ABMS ?
certified in this specialty

- (8.) At present I practice medicine (check all that apply):
If your practice data is incorrect, please correct in the space provided

- ☐ Full Time ☐ Hospital-based Practice
☒ Part Time ☒ In Partnership or Group
☐ Solo ☐ I Have Retired
☐ Do Not See Patients
(i.e., Administrative, Research, Teaching, etc.)

- (9.) Primary Specialty: Family Practice ☒
(10.) Sub-specialty 1: _____ ☐
(11.) Sub-specialty 2: _____ ☐
(12.) I am ABMS Specialty Board certified by:
(Board Name): _____ ☐

Liability Insurance Data

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) Ch. 931.

(Complete Only if Applying for Registration in "Active" status.)

- (13.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice? Please make changes if appropriate.

Insurance Company (Name, Address)

Not Defined

ST. PAUL FIRE + MARINE
40 SEDSWICK JAMES
PO BOX 9755
PORTLAND, ME 04104

☒ Yes ☐ No

Policy #: DM06618661A

☒ Check here if premiums for your professional liability are paid by a Hospital or other employer?

Hospital/Employer: HealthReach Network

Background Data

(All Applicants Must Complete)

(14.) Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to information below)

State	Certificate#	Expiration Date	Present Status
New Mexico	77-50	00/00/0000	Expir
Arizona		00/00/0000	Expir

Please add to or correct any of the entries listed at left:

☐ I have never held a permanent medical practice license except in Maine.

(15.) Have you ever: (Circle the appropriate response.)

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?)
- (15-2) Left a medical licensing jurisdiction while allegations were pending?
- (15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances?
- (15-4) Received a sanction from Medicare or from a state Medicaid program?

NO YES

NO YES

NO YES

NO YES

SINCE LAST RENEWAL, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response.)

- (15-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days?
- (15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
- (15-7) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review?
- (15-8) Disciplined by a professional society or resigned while accusation was pending?
- (15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see Instructions)
- (15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.)
- (15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital?
- (15-12) Do you practice medicine in a state or province other than Maine without "Active" medical staff privileges at a hospital operating in the jurisdiction where you practice?

NO YES

NO YES

NO YES

NO YES

NO YES

NO YES

NO YES

NO YES

NO YES

(Any "Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.)

Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee or provide evidence of CME qualification if applying for ACTIVE status will render your application incomplete.

AFFIDAVIT OF APPLICATION

(All applicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration) I affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. I understand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence.

Date: 8 August, 1998

Signature:

Typed or Printed Name:

Rebecca Jackson

M.D.

M.D.

For Ofc Use

Staff Rev Date:

Recommendation:

Staff Rev Date:

Recommendation:

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 8/31/98

Maine License Number: 012825

Name: Jackson, Rebecca

CATEGORY I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
Tufts U. SPM	Freeport	conference	5.19.98	2
Healthsource	Augusta	conference	4.8.98	7
EMMC	Augusta	conference	11.19.97	4
MG MC	Augusta	conference	5.30.98	1+1
FAA AAFP	Freeport	conference	5.29.98	5
MG MC	Augusta	conference	9.5+11.97	13.5
MAAA AAFP	Rockport	conference	3.6.8.97	10.5
KVMC	Augusta	conference	1.13+14.96	12
Harvard	Boston	conference	12.15+16.96	15
Healthsource	Augusta	conference	5.13.97	?
FAA AAFP	Freeport	conference	5.2.97	5.5
TOTAL CATEGORY I CREDITS				76.5

(If you need additional space, please attach separate sheet of paper.)

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Credits Required.

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
conference	New York	conference "Keeping Abroad"	4.30.98	6
conference	Portland	conference - Bragelton	5.14.97	7
conference	Augusta	Healthsource	5.13.97	7
Journal readings	Dresden	Med letter; AFP; Journal of the	9.96-8.98	50
		Sci Am Med		

TOTAL CATEGORY II CREDITS

70

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY

Dated: 8.8.98

Physician Signature

Rebecca Jackson

TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH SECTION

Instructions for Completing Application for Maine Medical License Registration Renewal

The following definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you have questions, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth. Because of this, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on the regular cycle for fees and CME.

Type of registration Classification for Which Applying (select only one.):

NEW APPLICATION: This category applies to physicians who are applying for an initial license to practice medicine in Maine or those who have withdrawn their license or have allowed it to lapse for more than five (5) years.

ACTIVE: Intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for active registration, you must file a log of CME activities satisfactory to the Board showing a minimum of 40 AMA Category I and 60 AMA Category II CME credits earned during the previous licensing period.

INACTIVE: Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice or writing prescriptions for friends, family, or self. Physicians who check box 3, by signing the application affidavit at the end of the form, have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of Registration in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.

REINSTATEMENT: This category applies to physicians who have allowed their license to lapse or who have withdrawn from licensure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.

Request to WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so.

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

Must be completed if applying for registration in ACTIVE classification. Information you supply here is required by PL(1990), Chapter 931, regarding the Maine Rural Health Access Program. It will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force.

Background Data:

Item 14 asks you to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not list training permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.

Items 15-1 through 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items 15-5 through 15-12 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in 1986 which was closed by a settlement since your last renewal should be reported. If this is your first renewal disclose all data.

For any "Yes" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it has been or is being resolved. For example:

Item 15-5 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness to continue practice. Board will inform you if clinical records or report are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207) 623-9266.

Item 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not answered completely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental explanation must include, for each such claim reported, a full description using the format of the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000 on February 14, 1992. I have been told the plaintiff rejected this and the claim is still pending.

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 57104. I am also represented by William B. Eagle, Eagle Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 66601.

In conclusion, the Board's staff is available by phone at (207) 287-3604, Monday through Friday, 8 am to 4:30 pm, Eastern Daylight Time.

100

PERSONAL ADDRESS ALERT

It is the obligation of an applicant or licensee to inform the Board of an address change.

Public law 214--effective September 2001--An Act to Protect the Privacy of Maine Physicians as follows below:

32 MRSA §2600-A. Confidentiality of personal information of applicant or licensee.

- An applicant or licensee shall provide the Board with a current professional address and telephone number, as well as a personal residence address and telephone number.
- The professional address and telephone number will be a public contact address.
- The personal residence address and telephone number is confidential information and may not be disclosed except as permitted by this section or as required by law, *unless the personal residence address and telephone number have been provided as the public contact address.*

You may tell us about the address change in a letter or you may use the form below.

Address changes may be faxed to (207) 287-6590.

CHANGE OF ADDRESS

Please indicate your public address. The public address will be on the Internet.

Maine License Number: 012825

LICENSEE NAME: Rebecca Jackson
(Type or Print)

PERSONAL RESIDENCE ADDRESS:
(Old address)

(New address)

City/Town

State

Zip

New Telephone No:

PROFESSIONAL ADDRESS:
(Old address)

(New Address)

City/Town

State

Zip

New Telephone No:

Licensee Signature:

Date:

continuing at RAHC, 24 Gardiner St Richmond
ME 04357
when vacation per diem available



State of Maine
Maine Board of Licensure in Medicine
2 Bangor Street
137 State House Station
Augusta, ME 04333-0137

RECEIVED JUL 12 2000	For Ofc Use
	Fee: 310.
	Exempt:
	Date \$
	Date Posted:

BOARD OF LICENSURE IN MEDICINE

Jackson, Rebecca
License Number: 012825
Date Certificate Printed: 7/29/00

3167-0976
8/18

Fee: \$310. UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE OF August 31, 2000

Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

Rebecca Jackson, MD
Richmond Area Health Center
24 Gardiner St
Richmond ME 04357

License No

012825

Social Security

[REDACTED]

Daytime Phone No.

(207) 737-4359

Date of Birth

[REDACTED]

Type of Registration Classification for Which Applying:

- ☐ (1.) I am applying for an initial license to practice medicine in Maine.
- ☒ (2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.
- ☐ (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional services in Maine in degree, including the writing of prescriptions for myself, family, or friends.
- ☐ (4.) I am applying for reinstatement of my Maine license.
- ☐ (5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.)

Personal Data Update:

A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information.

B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designated for that purpose will also be the address published by the Board in listings and publications available to the general public.

- (6.) ☒ Prefer Board contact me at home.

Home Mailing Address

If your home address is incorrect, please correct here

[REDACTED]

Home Phone: [REDACTED]

- (7.) ☐ Prefer Board contact me at office.

Office Mailing Address

Richmond Area Health Center
24 Gardiner St
Richmond ME 04357
Office Phone: (207) 737-4359

If your office address is incorrect, please correct here

Practice Data:

Check here if ABMS
certified in this specialty

- (8.) At present I practice medicine (check all that apply):

If your practice data is incorrect, please correct in the space provided

- ☐ Full Time ☐ Hospital-based Practice
- ☒ Part Time ☒ In Partnership or Group
- ☐ Solo ☐ I Have Retired
- ☐ Do Not See Patients
(i.e., Administrative,
Research, Teaching, etc.)

(9.) Primary Specialty: Family Practice ☒

(10.) Sub-specialty 1: ☐

(11.) Sub-specialty 2: ☐

(12.) I am ABMS Specialty Board certified by:
(Board Name): ☐

Liability Insurance Data:

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) Ch. 931.

(Complete Only if Applying for Registration in "Active" status.)

(13.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice? Please make changes if appropriate.

Insurance Company (Name, Address)

Saint Paul

Yes ☒ No ☐

Policy #: DM06618661A

☒ Check here if premiums for your professional liability are paid by a Hospital or other employer?

Hospital/Employer: HealthReach Network

Saint Paul

Background Data

(All Applicants Must Complete)

(14.) Other than in Maine, I currently hold, or have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to information below)

State	Certificate#	Expiration Date	Present Status
New Mexico	77-50	00/00/0000	Expire
Arizona		00/00/0000	Expire

Please add to or correct any of the entries listed at left:

☐ I have never held a permanent medical practice license except in Maine.

(15.) Have you ever: (Circle the appropriate response.)

(15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?) (NO) YES

(15-2) Left a medical licensing jurisdiction while allegations were pending? (NO) YES

(15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances? (NO) YES

(15-4) Received a sanction from Medicare or from a state Medicaid program? (NO) YES

SINCE LAST RENEWAL, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response.)

(15-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days? (NO) YES

(15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)? (NO) YES

(15-7) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review? (NO) YES

(15-8) Disciplined by a professional society or resigned while accusation was pending? (NO) YES

(15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see Instructions) (NO) YES

(15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.) (NO) YES

(15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital? (NO) YES

(15-12) Do you practice medicine in a state or province other than Maine without "Active" medical staff privileges at a hospital operating in the jurisdiction where you practice? (NO) YES

(Any "Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.)

Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee or provide evidence of CME qualification if applying for ACTIVE status will render your application incomplete.

AFFIDAVIT OF APPLICATION

(All applicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.)

I affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. I understand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence.

Date: 7-10-2000 Signature: Rebecca Jackson M.D.
Typed or Printed Name: Rebecca Jackson M.D.

For Ofc Use

Staff Rev Date: 7/29/00 Recommendation: BTZ
Staff Rev Date: Recommendation:

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 8/31/00

Maine License Number: 012825

Name: Jackson, Rebecca

OK per attached

CATEGORY I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED

(If you need additional space, please attach separate sheet of paper.)

TOTAL CATEGORY I CREDITS _____

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Credits Required.

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS

TOTAL CATEGORY II CREDITS _____

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Dated:

7-10-2000

Physician Signature:

Rebecca Jackson

TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH SECTION



[View Re-Election Status](#)

AAFP CME Credit Report for Rebecca Jackson, MD

Current as of July 10, 2000

Begin Date:	Course Title:	Hours:	Credit Type:
03/06/1997	6th Clinician Support Network Symp—	10.50	P
05/02/1997	Reproductive Health Care Update	5.50	P
09/11/1997	Advanced Life Support in Ob.	14.50	P
Total Prescribed hours for 1997:		30.5	
Total Elective hours for 1997:		0	
Total Group hours for 1997:		30.5	
Total Prescribed and Elective hours for 1997:		30.5	
01/01/1998	Journal Watch Exam #14	25.00	P
01/01/1998	Non-group Activities Category 1	1.00	E
03/26/1998	7th Clinician Support Network Symp	10.50	P
04/08/1998	Formal Group Activity - Category 1	7.00	E
04/30/1998	Formal Group Activity - Category 1	6.00	E
05/29/1998	Reproductive Hlth Care Update	5.50	P
06/01/1998	Formal Group Activity - Category 1	2.00	E
10/07/1998	Comm Solutions-domestic Violence	4.00	P
Total Prescribed hours for 1998:		45	
Total Elective hours for 1998:		16	
Total Group hours for 1998:		35	
Total Prescribed and Elective hours for 1998:		61	
01/01/1999	AFP CME Quiz Vol 57/ #11	6.00	P
01/01/1999	AFP CME Quiz Vol 58/ #1	4.50	P
01/01/1999	The Medical Letter Exam #38	13.00	P

Rebecca Jackson 7.10.2000

01/01/1999 Journal Watch Exam #15	25.00	P
01/01/1999 Non-group Activities Category 1	11.00	E
01/01/1999 AFP CME Quiz Vol 58/ #3	3.00	P
01/01/1999 AFP CME Quiz Vol 58/ #4	3.50	P
01/01/1999 AFP CME Quiz Vol 58/ #5	3.50	P
01/01/1999 AFP CME Quiz Vol 58/ #6	4.50	P
01/01/1999 AFP CME Quiz Vol 58/ #7	3.00	P
01/01/1999 AFP CME Quiz Vol 58/ #8	4.00	P
01/01/1999 AFP CME Quiz Vol 58/ #9	4.00	P
02/15/1999 AFP CME Quiz Vol 59/ #4	6.50	P
03/01/1999 Journal Watch Exam #16	25.00	P
04/07/1999 Updates/Best Practices	6.50	P
05/14/1999 Reproductive Hlth Care Update	5.50	P
06/30/1999 Management of Obesity	2.00	P
09/28/1999 Formal Group Activity-category 1	1.00	E
11/03/1999 Formal Group Activity-category 1	6.00	E
11/03/1999 Infectious Disease Conference: Lyme Disease Update	5.50	P
11/09/1999 Formal Group Activity-category 1	1.00	E

Total Prescribed hours for 1999:	125
Total Elective hours for 1999:	19
Total Group hours for 1999:	25.5
Total Prescribed and Elective hours for 1999:	144

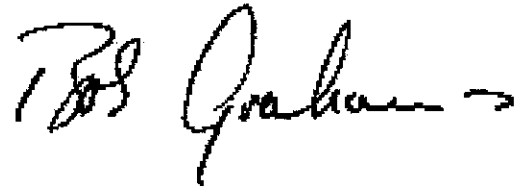
01/01/2000 AFP CME Quiz Vol 59/ #3	3.00	P
01/01/2000 The Medical Letter Exam #39	13.00	P
01/01/2000 AFP CME Quiz Vol 59/ #5	4.50	P
01/01/2000 AFP CME Quiz Vol 59/ #6	6.00	P
01/01/2000 Scientific American Medicine	120.00	P
01/01/2000 Enrichment Activities	1.00	E
01/01/2000 Journal Watch Exam #17	25.00	P
02/18/2000 New Modalities For The 21st Century	4.00	P

Total Prescribed hours for 2000:	175.5
Total Elective hours for 2000:	1
Total Group hours for 2000:	4
Total Prescribed and Elective hours for 2000:	176.5

Rebecca Jackson 7-10-2000

Total Prescribed Hours: 376
Total Elective Hours: 36
Total Prescribed and Elective: 412

Provided to AAFP members
on a complimentary basis
as a membership service.

A handwritten signature in black ink, appearing to read "Bob Graham" with a stylized flourish at the end.

Robert Graham, M.D.
Executive Vice President
American Academy of Family Physicians

Rehensachan 7-10-2000

Instructions for Completing Application for Maine Medical License Registration Renewal

The following definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you have questions, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth. Because of this, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on the regular cycle for fees and CME.

Type of registration Classification for Which Applying (select only one.):

NEW APPLICATION: This category applies to physicians who are applying for an initial license to practice medicine in Maine or those who have withdrawn their license or have allowed it to lapse for more than five (5) years.

ACTIVE: Intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for active registration, you must file a log of CME activities satisfactory to the Board showing a minimum of 40 AMA Category I and 60 AMA Category II CME credits earned during the previous licensing period.

INACTIVE: Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice or writing prescriptions for friends, family, or self. Physicians who check box 3, by signing the application affidavit at the end of the form, have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of Registration in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.

REINSTATEMENT: This category applies to physicians who have allowed their license to lapse or who have withdrawn from licensure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.

Request to WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so.

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

Must be completed if applying for registration in ACTIVE classification. Information you supply here is required by PL(1990), Chapter 931, regarding the Maine Rural Health Access Program. It will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force.

Background Data:

Item 14 asks you to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not list training permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.

Items 15-1 through 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items 15-5 through 15-12 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in 1986 which was closed by a settlement since your last renewal should be reported. If this is your first renewal disclose all data.

For any "Yes" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it has been or is being resolved. For example:

Item 15-5 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness to continue practice. Board will inform you if clinical records or report are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207) 623-9266.

Item 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not answered completely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental explanation must include, for each such claim reported, a full description using the format of the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000 on February 14, 1992. I have been told the plaintiff rejected this and the claim is still pending.

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 57104. I am also represented by William B. Eagle, Eagle Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 66601.

CHANGE OF ADDRESS

0.2 8/15/00
BAC

Maine License Number 012825

LICENSEE NAME

(Type or Print)

Rebecca Jackson

Old Address:

Richmond Area Health Center

24 Gardiner St. Richmond ME 07357

Change Address to:

[REDACTED]

City / Town

[REDACTED]

State

[REDACTED]

Zip

[REDACTED]

New Telephone No.:

[REDACTED]

Licensee Signature

Rebecca Jackson

3314-0474/1532



State of Maine

Maine Board of Licensure in Medicine

137 State House Station, 2 Bangor Street

Augusta ME 04333-0137

(207)287-3601

FAX: (207)287-6590

For Ofc Use

Fee: 400

Exempt:

Late \$

Date

Posted:

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE AUGUST 31, 2002

Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

Rebecca Jackson, MD

License No

012825

Social Security No.

Daytime Phone No.

Date of Birth

Type of Registration Classification for Which Applying:

- ☐ (1.) I am applying for an initial license to practice medicine in Maine.
- ☒ (2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.
- ☐ (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to an approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional services in Maine in degree, including the writing of prescriptions for myself, family, or friends.
- ☐ (4.) I am applying for reinstatement of my Maine license.
- ☐ (5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.)

Personal Data Update:

A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information.

B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDIC PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address design that purpose will also be the address published by the Board in listings and publications available to the general public.

- (6.) ☒ Prefer Board contact me at home.

Home Mailing Address

If your home address is incorrect, please correct here

Home Phone:

- (7.) ☐ Prefer Board contact me at office.

Office Mailing Address

If your office address is incorrect, please correct here

Office Phone: () -

Practice Data:

Check here if ABMS certified in this specialty

- (8.) At present I practice medicine (check all that apply):

If your practice data is incorrect, please correct in the space provided

- ☐ Full Time ☐ Hospital-based Practice
- ☒ Part Time ☐ In Partnership or Group
- ☐ Solo ☐ I Have Retired
- ☐ Do Not See Patients (i.e., Administrative, Research, Teaching, etc.)

(9.) Primary Specialty: Family Practice ☒(10.) Sub-specialty 1: ☐(11.) Sub-specialty 2: ☐(12.) I am ABMS Specialty Board certified by: (Board Name): ☐

Liability Insurance Data:

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) Ch. 931.

(Complete Only if Applying for Registration in "Active" status.)

- (13.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice? Please make changes if appropriate.

Insurance Company (Name, Address)

Saint Paul National Union

Yes ☒ No ☐

Policy #: DM06618661A

☒ Check here if premiums for your professional liability are paid by a Hospital or other employer?

Hospital/Employer: Health Reach Network Planned Parenthood of Northern New England

Saint Paul

Jackson, Rebecca

License Number: 012825

Date Certificate Printed: 10/9/2002

ce# 7394

264 8255

+ good (fill 12/31/02)

Background Data

(All Applicants Must Complete)

(14.) Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to information below)

State	Certificate#	Expiration Date	Present Status
New Mexico	77-50	00/00/0000	Expired
Arizona		00/00/0000	Expired
Massachusetts	208092	8/25/03	active

Please add to or correct any of the entries listed at left:

☐ I have never held a permanent medical practice license except in Maine.

(15.) Have you ever: (Circle the appropriate response.)

(15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?)

NO YES

(15-2) Left a medical licensing jurisdiction while allegations were pending?

NO YES

(15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances?

NO YES

(15-4) Received a sanction from Medicare or from a state Medicaid program?

NO YES

SINCE LAST RENEWAL, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response.)

(15-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days?

NO YES

(15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?

NO YES

(15-7) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review?

NO YES

(15-8) Disciplined by a professional society or resigned while accusation was pending?

NO YES

(15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see Instructions)

NO YES

(15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.)

NO YES

(15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital?

NO YES

(15-12) Do you practice medicine in a state or province other than Maine without "Active" medical staff privileges at a hospital operating in the jurisdiction where you practice?

NO YES

(Any "Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.)

Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee or provide evidence of CME qualification if applying for ACTIVE status will render your application incomplete.

AFFIDAVIT OF APPLICATION

(All applicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.)

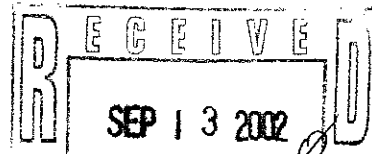
I affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. I understand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence.

Date: _____ Signature: _____ M.D.
Typed or Printed Name: _____ M.D.

For Ofc Use

Staff Rev Date: _____ Recommendation: _____
Staff Rev Date: _____ Recommendation: _____

Background Data



(All Applicants Must Complete)

(14.) Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permit/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to information below)

State	Certificate#	Expiration Date	Present Status
New Mexico	77-50	00/00/0000	Expired
Arizona		00/00/0000	Expired
Massachusetts	208092	8/25/03	active

Please add to or correct any of the entries listed at left:

☐ I have never held a permanent medical practice license except in Maine.

(15.) Have you ever: (Circle the appropriate response.)

(15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?)

NO YES

(15-2) Left a medical licensing jurisdiction while allegations were pending?

NO YES

(15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances?

NO YES

(15-4) Received a sanction from Medicare or from a state Medicaid program?

NO YES

SINCE LAST RENEWAL, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response.)

(15-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days?

NO YES

(15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?

NO YES

(15-7) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review?

NO YES

(15-8) Disciplined by a professional society or resigned while accusation was pending?

NO YES

(15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see Instructions)

NO YES

(15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.)

NO YES

(15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital?

NO YES

(15-12) Do you practice medicine in a state or province other than Maine without "Active" medical staff privileges at a hospital operating in the jurisdiction where you practice?

NO YES

(Any "Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.)

Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee or provide evidence of CME qualification in applying for ACTIVE status will render your application incomplete.

AFFIDAVIT OF APPLICATION

All applicants must personally sign and date this form, and only for active or inactive registration or license or requesting withdrawal of registration. I affirm that I am a duly licensed physician and that all information given on this application is true and accurate to the best of my knowledge and belief. I understand that any false statements may be cause for disciplinary action by the Board of Medicine in Maine pursuant to 32 M.R.S. § 8-282-A(2). I acknowledge my responsibility to notify the Maine Board of Medicine in Maine of any subsequent change in my status from that reported here and in particular to notify the Board of any change in my status of medical practice or place of residence.

Date:

Signature:

Typed or Printed Name:

M.D.

M.D.

For Office Use

Staff Rev Date: 10/9/02 Recommendation:

Staff Rev Date: Recommendation:

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 8/31/2002

Maine License Number: 012825

Name: Jackson, Rebecca

CATEGORY I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
Boston Univ SOM	Lowell Manchester MA	Journal Watch # 21	6/1/02	25
Bu/SOM	Manchester MA	Journal Watch 20	12/1/01	25
U Wash SOM	Manchester	Sci Am Med	6/12/01	130
NIA	San Jose CA	Medical Affairs	4/14/02	6.25
NAF	San Jose CA	Postgrad Seminar	4/14/02	6.25
AAFP	Manch. MA	Dx/Mgmt Allergic Rhinitis	5/15/02	0.5
AAFP	Manch. MA	Online Case Study Asthma	01/01/02	0.5
Bu SOM	Manch MA	Journal Watch #9	01/01/01	25
		Journal Watch Med Weller #43		13
AAFP	Dorset ME	July 15, 2002, Aug 1, 2002	8/17/02	6

(If you need additional space, please attach separate sheet of paper.)

TOTAL CATEGORY I CREDITS	238.25
	231.25

CATEGORY II

CATEGORY II: Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Credits Required.

Note: Category I may be substituted for Category II.

[illegible]

TOTAL CATEGORY II CREDITS _____

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Dated:

Physician Signature: _____

TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH SECTION

Instructions for Completing Application for Maine Medical License Registration Renewal

The following definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you have questions, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth. Because of this, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on the regular cycle for fees and CME.

Type of registration Classification for Which Applying (select only one):

NEW APPLICATION: This category applies to physicians who are applying for an initial license to practice medicine in Maine or those who have withdrawn their license or have allowed it to lapse for more than five (5) years.

ACTIVE: Intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for active registration, you must file a log of CME activities satisfactory to the Board showing a minimum of 40 AMA Category I and 60 AMA Category II CME credits earned during the previous licensing period.

INACTIVE: Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice or writing prescriptions for friends, family, or self. Physicians who check box 3, by signing the application affidavit at the end of the form, have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of Registration in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.

REINSTATEMENT: This category applies to physicians who have allowed their license to lapse or who have withdrawn from licensure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.

Request to WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so.

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

Must be completed if applying for registration in ACTIVE classification. Information you supply here is required by PL(1990), Chapter 931, regarding the Maine Rural Health Access Program. It will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force.

Background Data:

Item 14 asks you to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not list training permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.

Items 15-1 through 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items 15-5 through 15-12 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in 1986 which was closed by a settlement since your last renewal should be reported. If this is your first renewal disclose all data.

For any "Yes" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it has been or is being resolved. For example:

Item 15-5 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness to continue practice. Board will inform you if clinical records or report are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207) 623-9266.

Item 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not answered completely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental explanation must include, foreach such claim reported, a full description using the format of the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000 on February 14, 1992. I have been told the plaintiff rejected this and the claim is still pending.

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle, Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

8/18/02

15-11

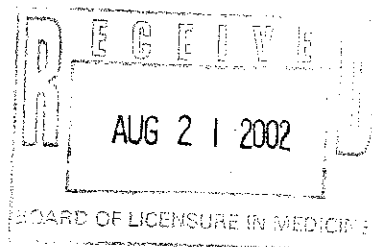
15-12

I work at Planned Parenthood

in Portland ME and Boston, MA

I do not have hospital privileges
at the present time.

Phengjoch





STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0137

EDWARD DAVID, M.D.J.D.
CHAIRMAN

ANGUS S. KING, JR.
GOVERNOR

RANDAL C. MANNING
EXECUTIVE DIRECTOR

September 6, 2002

Rebecca Jackson, MD
[REDACTED]


Dear Dr. Jackson:

I am writing to confirm that you have applied for renewal of your Maine medical license, but the Board has not yet taken final action on your application.

Under Maine law, Title 5 M.R.S.A., Section 1002, when a licensee has made timely and sufficient application for renewal, the existing license shall not expire until the application has been finally determined by the Board. Therefore, your existing license does not expire on August 31, 2002, as it states. Your license remains an Active status license pending final action on your renewal application.

If I can be of further assistance, please feel free to contact me at (207) 287-3604.

Sincerely,


Barbara A. Eckhardt, Clerk IV
MD Renewal/PA Licensure Specialist

/bae

**Board of Licensure in Medicine
2 Bangor Street
137 State House Station
Augusta, ME 04333
Tel: (207) 287-3601
Fax: (207) 287-6590**

FAX:

To: Gretchen

From: Barbara A. Eckhardt, Clerk IV, MD Renewal/PA Licensure Specialist

Fax No. (207) 797-5093

Page: 23

Date: September 6, 2002

Re: Confirmation letter for Rebecca Jackson, MD

Dr. Jackson's renewal application was received at the Board office as administratively incomplete pursuant to 32 M.R.S.A. §3280. **Please provide the necessary information as indicated below:**

Failed to sign and date form.

Please have Dr. Jackson sign and date the attached faxed copy of her renewal in blue ink over the black box at the bottom of page 2. Then mail the form to the Board office within the next 10 days from the date of this fax. Thank you. The copy of Dr. Jackson's renewal will be amended and become a part of her renewal. .



State of Maine
Maine Board of Licensure in Medicine
137 State House Station, 2 Bangor Street
Augusta ME 04333-0137
(207)287-3601
FAX: (207)287-6590

For Ofc Use
Fee: \$ 400.00
Exempt: ☐
Date:
Date:
Posted:
JUL 28 2004
PO. 8218
BOARD OF LICENSURE IN MEDICINE

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION AUGUST 31, 2004

Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

Rebecca Jackson, MD

License No

012825

Social Security No.

Daytime Phone No.

Date of Birth

Type of Registration Classification for Which Applying:

- ☐ (1.) I am applying for an initial license to practice medicine in Maine.
☒ (2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.
☐ (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to an approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional services in Maine in degree, including the writing of prescriptions for myself, family, or friends.
☐ (4.) I am applying for reinstatement of my Maine license.
☐ (5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years.
(In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.)

Personal Data Update:

- A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information.
B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address design that purpose will also be the address published by the Board in listings and publications available to the general public.

- (6.) ☒ Prefer Board contact me at home.

Home Mailing Address

If your home address is incorrect, please correct here

Home Phone:

- (7.) ☐ Prefer Board contact me at office.

Office Mailing Address

If your office address is incorrect, please correct here

Office Phone: () -

Practice Data:

Check here if ABMS certified in this specialty

- (8.) At present I practice medicine (check all that apply):
If your practice data is incorrect, please correct in the space provided

- ☐ Full Time ☐ Hospital-based Practice
☒ Part Time ☐ In Partnership or Group
☐ Solo ☐ I Have Retired
☐ Do Not See Patients
(i.e., Administrative, Research, Teaching, etc.)

- (9.) Primary Specialty: Family Practice ☒
(10.) Sub-specialty 1: ☐
(11.) Sub-specialty 2: ☐
(12.) I am ABMS Specialty Board certified by: ☒
(Board Name): ABFP

Liability Insurance Data:

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) Ch. 931.

(Complete Only if Applying for Registration in "Active" status.)

- (13.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice? Please make changes if appropriate.

Insurance Company (Name, Address)

☒ Yes ☐ No

National Fire Insurance Company of

Policy #: 2648255

Hartford

☒ Check here if premiums for your professional liability are paid by a Hospital or other employer?

Hospital/Employer: Planned Parenthood of Northern New England

Jackson, Rebecca
License Number: 012825
Date Certificate Printed: 8/16/2004

Background Data

(All Applicants Must Complete)

(14.) Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to information below)

State	Certificate#	Expiration Date	Present Status
New Mexico	77-50	00/00/0000	Expire
Arizona		00/00/0000	Expire
Massachusetts	208092	08/25/2003	Active

Please add to or correct any of the entries listed at left:

☐ I have never held a permanent medical practice license except in Maine.

(15.) Have you ever: (Circle the appropriate response.)

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?)
- (15-2) Left a medical licensing jurisdiction while allegations were pending?
- (15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances?
- (15-4) Received a sanction from Medicare or from a state Medicaid program?

1. ☒ NO YES

2. ☒ NO YES

3. ☒ NO YES

4. ☒ NO YES

SINCE LAST RENEWAL, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response.)

- (15-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days?
- (15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
- (15-7) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review?
- (15-8) Disciplined by a professional society or resigned while accusation was pending? **NO**
- (15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see Instructions) **YES**

5. ☒ NO YES

6. ☒ NO YES

7. ☒ NO YES

8. ☒ NO YES

9. ☒ YES

- (15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.)

☒ NO YES

- (15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital?

NO ☒ YES

- (15-12) Do you practice medicine in a state or province other than Maine without "Active" medical staff privileges at a hospital operating in the jurisdiction where you practice?

NO ☒ YES

(Any "Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.)

Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee or provide evidence of CME qualification if applying for ACTIVE status will render your application incomplete.

AFFIDAVIT OF APPLICATION

(All applicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.)

I affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. I understand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence.

Date: **6/24/2004** Signature: **Rebecca Jackson** M.D.
Typed or Printed Name: **Rebecca Jackson** M.D.

For Ofc Use

Staff Rev Date: **8/12/04** Recommendation: **[Signature]**
Staff Rev Date: Recommendation:

CONTINUING MEDICAL EDUCATION REPORTING LOG

dm

For reporting CME credits earned during the 24 months preceeding expiration date 8/31/2004

Maine License Number: 012825

Name: Jackson, Rebecca

CATEGORY I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
Harvard	Boston MA	Course in Acupuncture	10/02-06/03	200.
Yale	Manchester MA	Medical Letter exam #47	01/01/2004	13
"	"	" " " #46	01/01/2003	13
Boston Univ.	"	Journal Watch #25		25
		#23		25
MEAFP.	Boston	MEAFP 11th FP Update	04/03/03	6.25

(If you need additional space, please attach separate sheet of paper.)

TOTAL CATEGORY I CREDITS 282.25

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Credits Required.

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
Journal Quiz	Manchester MA	AFP. CME Quiz	11-01-03	3.5
?	"	CME Bulletin Postgraduate	04	1
		reupdate		
		AFP CME Quiz	9	

TOTAL CATEGORY II CREDITS _____

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Dated: 7-25-2004

Physician Signature: Rebecca Jackson

TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH SECTION



AAFP CME Credit Report for Rebecca Jackson, MD

Current as of June 24, 2004

2004

Date	Title	CME Credit
2004-01-01	The Med Letter Exam #47	13 Prescribed
2004-01-01	Journal Watch Exam #25	25 Prescribed
2004-01-01	CME Bulletin: Postherpetic Neuralgia	1 Prescribed

Total Prescribed credits for 2004: 39
Total Elective credits for 2004: 0
Total Group credits for 2004: 0
Total credits for 2004: 39

2003

Date	Title	CME Credit
2003-01-01	Non-Group Activities Category 1	1 Elective
2003-01-01	Journal Watch Exam #23	25 Prescribed
2003-01-01	The Med Letter Exam #46	13 Prescribed
2003-04-03	ME AAFP 11th FP Update	6.25 Prescribed
2003-06-11	Formal Group Activity-category 1	100 Elective
2003-11-01	AAFP CME Quiz Vol 68/#9 (11/01/03)	3.5 Prescribed

Total Prescribed credits for 2003: 47.75
Total Elective credits for 2003: 101
Total Group credits for 2003: 106.25
Total credits for 2003: 148.75

2002

Date	Title	CME Credit
2002-01-01	Journal Watch Exam #21	25 Prescribed
2002-01-01	#805 Generalized Anxiety Disorder	1 Prescribed
2002-01-01	#870 Early Detection/Prev of Mental Illness	1 Prescribed
2002-01-01	FP Mgmt Quiz Vol 8/#7 (07/01/01)	3.5 Prescribed
2002-01-01	AAFP CME Quiz Vol 64/#3 (08/01/01)	3 Prescribed
2002-01-01	AAFP CME Quiz Vol 64/#4 (08/15/01)	3 Prescribed
2002-01-01	The Med Letter Exam #45	13 Prescribed
2002-01-01	#1828 Cancer: Supporting Patients/Families	1 Prescribed
2002-01-01	AAFP CME Quiz Vol 64/#5 (09/01/01)	3.5 Prescribed
2002-01-01	FP Mgmt Quiz Vol 8/#8 (09/01/01)	3 Prescribed
2002-01-01	AAFP CME Quiz Vol 64/#6 (09/15/01)	4 Prescribed
2002-01-01	AAFP CME Quiz Vol 64/#7 (10/01/01)	3 Prescribed

2002-01-01	AAFP Online Case Study: Adult-Unstable Asthma	0.5 Prescribed
2002-01-01	FP Mgmt Quiz Vol 8/#9 (10/01/01)	4 Prescribed
2002-01-01	AFP CME Quiz Vol 64/#8 (10/15/01)	3 Prescribed
2002-01-01	AAFP Online Case Study:Dx/Mgmt of Acute Bronchitis	0.5 Prescribed
2002-03-01	Journal Watch Exam #22	25 Prescribed
2002-04-14	Natl Abortion Federation Post Graduate Seminar	6.25 Prescribed
2002-05-15	Dx/Mgmt of Allergic Rhinitis in Children	0.5 Prescribed
2002-07-15	AFP CME Quiz Vol 66/#2 (07/15/02)	3 Prescribed
2002-08-01	AFP CME Quiz Vol 66/#3 (08/01/02)	3 Prescribed
2002-10-02	Formal Group Activity-category 1	100 Elective

Total Prescribed credits for 2002: 109.75

Total Elective credits for 2002: 100

Total Group credits for 2002: 106.25

Total credits for 2002: 209.75

2001

Date	Title	CME Credit
2001-01-01	Non-Group Activities Category 1	10 Elective
2001-01-01	Journal Watch Exam #19	25 Prescribed
2001-01-01	The Med Letter Exam #43	13 Prescribed
2001-03-01	Journal Watch Exam #20	25 Prescribed

Total Prescribed credits for 2001: 63

Total Elective credits for 2001: 10

Total Group credits for 2001: 0

Total credits for 2001: 73

2000

Date	Title	CME Credit
2000-01-01	Enrichment Activities	1 Elective
2000-01-01	AFP CME Quiz Vol 59/#3	3 Prescribed
2000-01-01	AFP CME Quiz Vol 59/#5	4.5 Prescribed
2000-01-01	AFP CME Quiz Vol 59/#6	6 Prescribed
2000-01-01	The Med Letter Exam #40	13 Prescribed
2000-01-01	Journal Watch Exam #17	25 Prescribed
2000-01-01	The Med Letter Exam #39	13 Prescribed
2000-01-01	Scientific Amer Medicine	120 Prescribed
2000-02-18	New Modalities For the 21st Century	4 Prescribed
2000-03-09	ME Ambulatory Care Coalitions 9th Clinical Suppor	12 Prescribed
2000-05-25	Adv Life Support in OB	14.75 Prescribed
2000-07-01	The Med Letter Exam #42	13 Prescribed
2000-11-15	Formal Group Activity-Category 1	4.5 Elective

Total Prescribed credits for 2000: 228.25

Total Elective credits for 2000: 5.5

Total Group credits for 2000: 35.25

2002-01-01	#805 Generalized Anxiety Disorder	1 Pr
2002-01-01	#870 Early Detection/Prev of Mental Illness	1 Pr
2002-01-01	FP Mgmt Quiz Vol 8/#7 (07/01/01)	3.5 Pr
2002-01-01	AFP CME Quiz Vol 64/#3 (08/01/01)	3 Pr
2002-01-01	AFP CME Quiz Vol 64/#4 (08/15/01)	3 Pr
2002-01-01	The Med Letter Exam #45	13 Pr
2002-01-01	#1828 Cancer: Supporting Patients/Families	1 Pr
2002-01-01	AFP CME Quiz Vol 64/#5 (09/01/01)	3.5 Pr
2002-01-01	FP Mgmt Quiz Vol 8/#8 (09/01/01)	3 Pr
2002-01-01	AFP CME Quiz Vol 64/#6 (09/15/01)	4 Pr
2002-01-01	AFP CME Quiz Vol 64/#7 (10/01/01)	3 Pr
2002-01-01	AAFP Online Case Study: Adult-Unstable Asthma	0.5 Pr
2002-01-01	FP Mgmt Quiz Vol 8/#9 (10/01/01)	4 Pr
2002-01-01	AFP CME Quiz Vol 64/#8 (10/15/01)	3 Pr
2002-01-01	AAFP Online Case Study:Dx/Mgmt of Acute Bronchitis	0.5 Pr
2002-03-01	Journal Watch Exam #22	25 Pr
2002-04-14	Natl Abortion Federation Post Graduate Seminar	6.25 Pr
2002-05-15	Dx/Mgmt of Allergic Rhinitis in Children	0.5 Pr
2002-07-15	AFP CME Quiz Vol 66/#2 (07/15/02)	3 Pr
2002-08-01	AFP CME Quiz Vol 66/#3 (08/01/02)	3 Pr
2002-10-02	Formal Group Activity-category 1	100 Ek

Total Prescribed credits for 2002: 109.75

Total Elective credits for 2002: 100

Total Group credits for 2002: 106.25

Total credits for 2002: 209.75

2001

Date	Title	CME Crec
2001-01-01	Non-Group Activities Category 1	10 Ek
2001-01-01	Journal Watch Exam #19	25 Pr
2001-01-01	The Med Letter Exam #43	13 Pr
2001-03-01	Journal Watch Exam #20	25 Pr

Total Prescribed credits for 2001: 63

Total Elective credits for 2001: 10

Total Group credits for 2001: 0

Total credits for 2001: 73

2000

Date	Title	CME Crec
2000-01-01	Enrichment Activities	1 Ek
2000-01-01	AFP CME Quiz Vol 59/#3	3 Pr
2000-01-01	AFP CME Quiz Vol 59/#5	4.5 Pr
2000-01-01	AFP CME Quiz Vol 59/#6	6 Pr
2000-01-01	The Med Letter Exam #40	13 Pr

1998-01-01	Journal Watch Exam #14	25 Pre
1998-03-26	7th Clinician Support Network Symp	10.5 Pre
1998-04-08	Formal Group Activity - Category 1	7 Ele
1998-04-30	Formal Group Activity - Category 1	6 Ele
1998-05-29	Reproductive Hlth Care Update	5.5 Pre
1998-06-01	Formal Group Activity - Category 1	2 Ele
1998-10-07	Comm Solutions-Domestic Violence	4 Pre

Total Prescribed credits for 1998: 45

Total Elective credits for 1998: 16

Total Group credits for 1998: 35

Total credits for 1998: 61

1997

Date	Title	CME Credits
1997-03-06	6th Clinician Support Network Symp	10.5 Pre
1997-05-02	Reproductive Hlth Care Update	5.5 Pre
1997-09-11	Adv Life Support in OB	14.5 Pre
1997-11-17	Formal Group Activity - Category 1	5 Ele
1997-11-19	Flexible Sigmoidoscopy	4 Pre

Total Prescribed credits for 1997: 34.5

Total Elective credits for 1997: 5

Total Group credits for 1997: 39.5

Total credits for 1997: 39.5

**CME
Credits
for
1995 -
2004**

Total Prescribed Credits: 705.25

Total Elective Credits: 256.5

Total Group Credits: 347.75

Total Credits: 961.75

Provided to AAFP
on a complimer
as a membersh

Douglas S. Healy

Douglas He
Executive Vice
American Academy of Family F

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Instructions for Completing Application for Maine Medical License Registration Renewal

The following definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you have questions, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth. Because of this, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on the regular cycle for fees and CME.

Type of registration Classification for Which Applying (select only one.):

NEW APPLICATION: This category applies to physicians who are applying for an initial license to practice medicine in Maine or those who have withdrawn their license or have allowed it to lapse for more than five (5) years.

ACTIVE: Intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for active registration, you must file a log of CME activities satisfactory to the Board showing a minimum of 40 AMA Category I and 60 AMA Category II CME credits earned during the previous licensing period.

INACTIVE: Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice or writing prescriptions for friends, family, or self. Physicians who check box 3, by signing the application affidavit at the end of the form, have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of Registration in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.

REINSTATEMENT: This category applies to physicians who have allowed their license to lapse or who have withdrawn from licensure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.

Request to WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so.

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

Must be completed if applying for registration in ACTIVE classification. Information you supply here is required by PL(1990), Chapter 931, regarding the Maine Rural Health Access Program. It will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force.

Background Data:

Item 14 asks you to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not list training permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.

Items 15-1 through 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items 15-5 through 15-12 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in 1986 which was closed by a settlement since your last renewal should be reported. If this is your first renewal disclose all data.

For any "Yes" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it has been or is being resolved. For example:

Item 15-5 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness to continue practice. Board will inform you if clinical records or report are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207) 623-9266.

Item 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not answered completely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental explanation must include, for each such claim reported, a full description using the format of the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000 on February 14, 1992. I have been told the plaintiff rejected this and the claim is still pending.

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle, Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 66301.

* * * * *

In conclusion, the Board's staff is available by phone at (207) 287-3604, Monday through Friday, 8 am to 4:30 pm, Eastern Daylight Time.

15-11 I do not have "active" medical staff privileges at a Maine Hospital. I have not applied for them. I do not practice in a hospital.

15-12 I do not have "active" medical staff privileges at a Massachusetts hospital. I have not applied for them. I do not practice in a hospital.

15-9 Pending claim of malpractice, by [REDACTED] for alleged failure to diagnose colon cancer in a timely fashion.

identity of case [REDACTED] v. Health Reach Network,
Rebecca Jackson MD,
Adam Bowdoy MD.

date ~ June 12, 2000 July 12, 2000

Place of original occurrence: Richmond Area Health Center, Richmond ME
legal cause: delayed diagnosis of rectal adenocarcinoma

current status- depositions are being obtained
"mid-discovery phase"

Insurance Company Medical Mutual Insurance Company of Maine
P.O. Box # 15275
Portland ME 04112-5275

2/11/01 Chris Nylan
Pretiflatery
One City Center / P.O. Box 9546
Portland ME 04112-9546

our defense is that the patient was advised to have a GI consultation which she didn't follow up on.

Rebecca Jackson

Maine Board of Licensure in Medicine
Professional (Malpractice) Liability Claims Experience

Duplicate For Multiple Claims.

My Name: Rebecca Jackson

Identity of Case: [REDACTED] vs Rebecca Jackson, Ada Benton, RAC

Date and Place of Original Occurrence: July 2000, Richmond Area
Health Center, 29 Gardner St, Richmond ME 04357

Malpractice Alleged By Claimant: delay in diagnosis of
failure to diagnose rectal colon
cancer in a timely manner

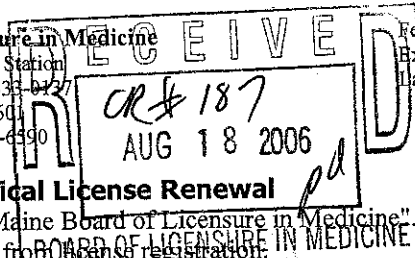
Summary of My Defense: referral was made for rectal bleeding by me.
Rectal bleed began after annual visit & as I was leaving the practice
move to Massachusetts. I did not examine patient but began referral
process. She was finally seen March 2001

Current Status of Case: ~~went to court~~ closed
review found in my favor, & I was dropped dismissed
went to court v. D. Badby
court found in favor of D. Badby. case closed.

Name and Address of Insurance Company and/or Attorney Defending the Case:
Maine Medical Mutual Chris ~~Ashman~~ Nylhan
Petty, Flaherty
Portland Maine

**M.D. License
Renewal
Fee: \$400.**

Maine Board of Licensure in Medicine
137 State House Station
Augusta, ME 04333-0127
(207)287-3601
Fax: (207)287-4590



Fee: 4w
Exempt: _____
Date: _____

Application for Maine Medical License Renewal

Fee: Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". A renewal fee is not required if you are age 70 or older, or if you are withdrawing from license registration.

Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee, or report CME qualification if applying for ACTIVE status, will render your application incomplete.

Please correct any of the following information that may be missing or incorrect.

Name: Rebecca Jackson

Address: [REDACTED]

United States

Daytime Phone No: [REDACTED]

License No: 012825

Email address: [REDACTED]

[Note: your DOB and SSN are already on file with us and have been removed from this form to protect your personal identity security.]

Type of Licensure Status for Which Applying:

- ☒ 1. I am applying for renewal of my license in ACTIVE status, based on evidence of CME qualification filed with this application.
- ☐ 2. I am applying for renewal of my license in INACTIVE status. I have therefore not submitted evidence of CME qualification. With prior application to and approval from the Board, I will not practice medicine in Maine or provide professional services in Maine, in writing of prescriptions for myself, family, friends, or anyone. I must still pay the renewal fee.
- ☐ 3. I am applying for reinstatement of my Maine license.
- ☐ 4. I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by the due date, omitting payment of renewal application fee.)

Personal Data Update:

- A. If the spelling of your name, social security number, or date of birth preprinted above is not correct, please circle the error and legibly correct information.
- B. The Board requires BOTH your HOME mailing address and phone #, and the address and phone # of your PRINCIPAL PLACE OF PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designate for that purpose will also be the address circulated by the Board in listings and publications available to the general public the Internet.

5. I Prefer Board contact me at Home, or at Business. (H) (B) (H)

My Home mailing address and phone are:

United States

If your home address is incorrect, please correct here

Telephone: [REDACTED]

My Business mailing address and phone are:

PRACTICE DATA: If your practice data is incorrect, please correct in the space provided.

If your business address is incorrect, please correct here

Telephone: [REDACTED]

7. At present I practice medicine (check all that apply):

- ☐ Full Time ☐ Hospital-based Practice ☐ Solo
- ☒ Part Time ☐ In Partnership or Group ☐ Retired

☐ Do not see patients (i.e. Administrative, Research, Teaching, etc.)

Check box if ABMS certified in each specialty.

8. Primary Specialty: Family Practice ☒

9. Sub-Specialty 1: ☐

11. I am ABMS Specialty Board certified (Y/N) Y by: (Board name) ABFP ☒

10. Sub-Specialty 2: ☐

LIABILITY INSURANCE DATA:

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to 24-A MRSA, Ch. 75, § 6304, (3).

12. Please indicate the method you employ to secure professional medical malpractice liability insurance. If you have no coverage answer "Y" to 'Self Insured':

- Are you Self Insured (Y/N) Y
- Is your insurance Employer Paid (Y/N) Y

Jackson, Rebecca,
License Number: 012825
Issue Date: August 24, 2006

14. Circle each appropriate response. Every "YES" response must be fully explained by written statement on a separate 8 1/2" x 11" sheet of white paper. Each explanation must be referenced by question number, signed, dated, and enclosed with your application.

HAVE YOU EVER:

- YES ☒ NO 14.1 Had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?
- YES ☒ NO 14.2 Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?
- YES ☒ NO 14.3 Left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
- 14.4 Been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by
- YES ☒ NO a) U. S. Drug Enforcement Administration (DEA)?
- YES ☒ NO b) Any state/territory of U. S. INCLUDING MAINE?

SINCE YOUR LAST APPLICATION:

- YES ☒ NO 14.5 Have you received a sanction from Medicare or from any state Medicaid program?
- YES ☒ NO 14.6 Have you suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or that resulted in the inability to practice medicine for more than 30 days?
- YES ☒ NO 14.7 Have you been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
- YES ☒ NO 14.8 Have you applied for hospital, HMO or other health care entity privileges which were denied?
- YES ☒ NO 14.9 Have you had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, limited in any way, or withdrawn involuntarily?
- YES ☒ NO 14.10 Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- YES ☒ NO 14.11 Have you been deselected from a managed care organization physician panel?
- YES ☒ NO 14.12 Have you been disciplined by a professional society or resigned while accusation was pending?
- YES ☒ NO 14.13 Have you had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including "nuisance" suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company /representatives without your express consent?
- YES ☒ NO 14.14 Do you have any open malpractice claims?
- ☒ YES NO 14.15 Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

AFFIDAVIT OF APPLICANT:

(All applicants must personally sign and date whether applying for "active" or "inactive" renewal of license or requesting withdrawal of licensure status.)
I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine. I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of my subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or residence.

Date: 7-1-2006 Signature: Rebecca Jackson MD

Typed or Printed Name: Rebecca Jackson MD

For Office Use Only:

Staff Rev Date:

Recommendation:

8/23/06

16/2 (14.15)

14.15

I do not practice in a hospital setting.

I do not have staff privileges at a Maine hospital. I work as a contract physician.

Patients requiring hospital admission are admitted by hospital physicians

Rebeusfacher 7/1/06



AAFP CME Credit Report for Rebecca Jackson, MD

Current as of June 30, 2006

2006

Date	Title	CME Credit
2006-01-01	Journal Watch Exams #29/#30 (2006)	25 Prescribed
2006-04-11	Formal Group Activity-Category 1	5 Elective

Total Prescribed credits for 2006: 25
 Total Elective credits for 2006: 5
 Total Group credits for 2006: 5
 Total credits for 2006: 30

2005

Date	Title	CME Credit
2005-01-01	Journal Watch Exam #27	25 Prescribed
2005-01-01	Journal Watch Exams #27/#28 (2005)	25 Prescribed
2005-04-16	Best Practices in Abortion Care:A Clinical Review	6.75 Prescribed
2005-04-17	PG Seminar:North Amer Updates on Abortion	5 Prescribed
2005-04-18	29th Mtg Coming Together:Science/Politics/Ethics	9.5 Prescribed
2005-06-01	CME Bulletin:Metabolic Syndrome Part II	1 Prescribed
2005-09-26	Risk Mgmt Seminar:Increasing Your Odds for Success	11 Prescribed

Total Prescribed credits for 2005: 83.25
 Total Elective credits for 2005: 0
 Total Group credits for 2005: 32.25
 Total credits for 2005: 83.25

2004

Date	Title	CME Credit
2004-01-01	The Med Letter Exam #47	13 Prescribed
2004-01-01	Journal Watch Exam #25	25 Prescribed
2004-01-01	CME Bulletin:Postherpetic Neuralgia	1 Prescribed
2004-03-01	Journal Watch Exam #26	25 Prescribed
2004-10-22	Robert M True MD Symp	7 Prescribed

Total Prescribed credits for 2004: 71
 Total Elective credits for 2004: 0
 Total Group credits for 2004: 7
 Total credits for 2004: 71

30
 83.25
 7
 120.25

CONTINUING MEDICAL EDUCATION REPORT

For reporting CME credits earned during the previous 24 months.

The Board will routinely and regularly audit CME credits claimed. Failure to provide proof of CME credits claimed upon request by the Board may be grounds for discipline.

Therefore, it is vitally important that you retain documentation of all CME claimed.

Category I

Category 1 includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to Chapter 1, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://www.maine.gov/sos/cec/rules/02/373/373c001.doc>] Forty (40) CME credits must be in Category 1. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.

Total Category I Credits Earned 120

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious learning Experiences. [Refer to Chapter 1, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://www.maine.gov/sos/cec/rules/02/373/373c001.doc>] Sixty (60) CME credits are required.

NOTE: Category I may be substituted for Category II.

Total Category II Credits Earned _____

AFFIDAVIT: I CERTIFY THAT THIS IS A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Date: 7.1.2006

Physician Signature: _____



Typed or Printed Name: Rebecca Jackson, MD

• Is your insurance Physician Paid (Y/N) N

Insurance Company (Name/Address):

National Fire Insurance Company of

Policy #: 2648255

Name of person or entity who or which pays your insurance premium:

Planned Parenthood of Northern New England
Planned Parenthood League of Massachusetts

If your Insurance information is incorrect, please correct here:

Health Reach Community Health Centers

ETCA Triton Group LLC
265 SW Port St. Lucie #200
Port St. Lucie, FL 34989

425A contract #
232 00 00 97

BACKGROUND DATA:

(All Applicants must complete. Use additional sheet if necessary)

13. Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow):

	State	Certificate #	Expiration Date	Present Status
1	Massachusetts	208092	08/25/2007	Active
2				
3				
4				
5				

(Please make corrections to information below)

	State	Certificate #	Expiration Date	Present Status
1				
2	Arizona			withdrawn 2° to move East
3	New Mexico	77-50		withdrawn 2° to move East
4				
5				

☐ I have never held a permanent medical practice license except in Maine.

Veinott, Tammy L

From: mike@informe.org
Sent: Thursday, August 21, 2008 7:33 PM
To: mike@informe.org; lesley@informe.org; Fike, Mike J; BOM-Renewal
Subject: MBLM - New Registrant - Jackson-012825

User: Rebecca Jackson
License#: 012825
Renewal Status: Active
Renewal Confirmation: 4791787
Renewal Approved: N
Approved Reason: Applicant had at least one yes response in the questionnaire.

Reported CME credits:
Cat1: 175 credits
Cat2: 83.25 credits

Reported Insurance Information:
Method: employer
Employer:
Company Name: Federal Tort Claims Act
Ins#:

Jackson, Rebecca
License # 012825
Issue Date: 08/21/2008

Veinott, Tammy L

From: mike@informe.org
Sent: Thursday, August 21, 2008 7:00 PM
To: mike@informe.org; lesley@informe.org; Fike, Mike J; BOM-Renewal
Subject: MBLM - Questionnaire - Jackson-012825

User: Rebecca Jackson
License#: 012825

Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

"I have worked and hope to work again if the opportunity presents itself at the Richmond Area Health Center, a member of HealthReach Community Health Centers. Being nearly equidistant from three different medical centers and more than a half hour away from all three, we resigned our privileges and patience were admitted by hospitalists or doctors nearer to the hospital. "

=====

Veinott, Tammy L

From: mike@informe.org
Sent: Thursday, August 21, 2008 7:20 PM
To: mike@informe.org; lesley@informe.org; Fike, Mike J; BOM-Renewal
Subject: MBLM - Questionnaire - Jackson-012825

User: Rebecca Jackson
License#: 012825

Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

"When I worked at Richmond Area Health Center, people were admitted by their preference to hospitals in three different directions each more than a half hour away. In the interest of efficiency and good patient care we relinquished hospital privileges."
=====

Veinott, Tammy L

From: mike@informe.org
Sent: Tuesday, August 24, 2010 1:28 PM
To: mike@informe.org; jgrace@informe.org; kim@informe.org; Fike, Mike J; BOM-Renewal; Veinott, Tammy L
Subject: MBLM - New Registrant - Jackson-012825

User: Rebecca Jackson
License#: 012825
Renewal Status: Active
Renewal Confirmation: 16990787
Renewal Approved: N
Approved Reason: Applicant had at least one yes response in the questionnaire.

Reported CME credits:
Cat1: 40 credits
Cat2: 60 credits

Reported Insurance Information:
Method: self
Employer:
Company Name: Self Insured
Ins#:

Jackson, Rebecca
License # 012825

Veinott, Tammy L

From: mike@informe.org
Sent: Tuesday, August 24, 2010 1:18 PM
To: mike@informe.org; jgrace@informe.org; kim@informe.org; Fike, Mike J; BOM-Renewal; Veinott, Tammy L
Subject: MBLM - Questionnaire - Jackson-012825

User: Rebecca Jackson
License#: 012825

12. Have you been charged, summonsed, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses but not minor traffic or parking violations.

"I got three speeding tickets spread out over two years but because I was curious about the legal process I chose to go to court on one. I ended up paying before actually going in front of the judge but this resulted in my having too many points at one time and though I had already relinquished my Maine drivers license to get a Massachusetts license, Massachusetts did not send my old license back to Maine as I had misunderstood. Maine considered that I did still have a Maine license and suspended it. I had not paid the re-up fee of \ \$50. when I was stopped for another matter and not ticketed but because that suspension was still outstanding I was summoned for driving under suspension. I have since paid the \ \$50 fee and am awaiting resolving the summons. "

=====

20. Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

"I occasionally have practiced for Family Planning of Maine and also have until recently worked doing locums and at Richmond Area Health Center. As I live now in western Mass it is not practical to have active privileges in Maine"

=====



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0137

8/10

SHERIDAN R. OLDHAM, M.D.
CHAIRMAN

RANDAL C. MANNING, M.B.A.
EXECUTIVE DIRECTOR

September 17, 2010

Rebecca Jackson, MD
[REDACTED]

Dear Dr. Jackson

I am writing to confirm that you have applied for renewal of your Maine medical license, but the Board has not yet taken final action on your application.

Under Maine law, Title 5 M.R.S.A., Section 10002:..."when a licensee has made timely and sufficient application for renewal, the existing license shall not expire until the application has been finally determined by the agency." Therefore, your existing license does not expire on **August 31, 2010**. Your license remains an Active status license pending final action on your renewal application.

If I can be of further assistance, please feel free to contact me at (207) 287-3782.

Yours truly,

Tammy Veinott

Tammy Veinott/ MD Renewals

/tlv

INTER-OFFICE MEMORANDUM

To: Gary R. Hatfield, MD
From: Tammy Veinott, MD Renewal Specialist/PA Licensure/APRN Registration
Date: September 28, 2010
Subject: Rebecca Jackson, MD

Dr. Jackson has answered yes to question 14.7. She has a driving record, Investigator for the AG's office got driving history. See enclosed.

Recommendation:

Renew _____

Further information Licensure Committee

GH

BOARD OF LICENSURE IN MEDICINE

MEMORANDUM

Date: November 09, 2010
To: Licensure Committee
From: Tammy Veinott, Board of Licensure in Medicine
Re: Rebecca Jackson, MD

Dr. Jackson has answered yes to the following question: 12. Have you been charged, summonsed, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses but not minor traffic or parking violations.

Dr. Jackson's explanation and 10 year Driver History Report is enclosed.

The Board Secretary has reviewed and would like the Licensure Committee to review as well.

How do you wish to proceed?

<u>NAME</u>	<u>LICENSE NO.</u>
Andrews, Christopher	017398
Bartolet, Terry	016373
Butiu, Teodor	017136
Crowley, Stephen	017635
Delaney, Frederick	005949
Himmelfarb Jonathan	012275
Irons, Daniel	017026
Magdalene, Juliette	018004
Morton, Douglas	016923
Murdock, David	018308
Park, Melissa	015943
Wynter, Carl	017920
Yatsynovich, Viktor	018014

F. LIST F LICENSEES REQUESTING TO CONVERT TO ACTIVE STATUS

1. SUBHASH VYAS, M.D.

The Licensure Committee moved to table the license application of Subhash Vyas, M.D. for 4 months pending results from the Kentucky Board and to table scheduling the adjudicatory hearing.

G. LIST G RENEWAL APPLICATIONS FOR REVIEW

1. REBECCA JACKSON, M.D.

The Licensure Committee moved to approve the license renewal of Rebecca Jackson, M.D. The motion passed unanimously.

H. LIST H PA SCHEDULE II AUTHORITY REQUESTS FOR RATIFICATION (NONE)

XV. STANDING COMMITTEE REPORTS

A. ADMINISTRATION, POLICY & RULES COMMITTEE

1. FIRST QUARTER FINANCIAL REPORT (FYI)

The FY 2011 First Quarter Financial Report showed income down \$26,824 from the budgeted projection, expenses came in \$20,835 under budget, and other expenses came in \$65,107 under budget with cash reserves in the current year of \$68,118. An outstanding bill from the Attorney General's Office represents a large portion of the cash reserves.

XVI. BOARD CORRESPONDENCE (NONE)

XVII. FYI