



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Sean Parnell, Governor
Susan K. Bell, Commissioner
Don Habeger, Director

Alaska State Medical Board
Division of Corporations, Business and Professional Licensing

February 23, 2012

CERTIFICATION

I, Michelle Johnston, Licensing Examiner in the Division of Occupational Licensing, a division of the State of Alaska, Department of Community and Economic Development, do hereby certify that I am the keeper of the records for the Alaska State Medical Board and that the attached documents are certified true copies of the complete licensing file for Robert Earl Whitmore, holding Alaska license number 1474, with an initial license date of April 12, 1978, and an expiration date of December 31, 2012.

EXCEPTIONS: The following items are considered confidential and therefore not releasable to the public:

- Social Security Number
- Exam Scores
- Transcripts
- National Practitioners Data Bank Reports
- AMA Profile

Michelle Johnston 2/23/12
Michelle Johnston, Licensing Examiner Date

SUBSCRIBED AND SWORN TO before me

SEAL

February 23rd, 2012 (date)
Jessica Ry
Signature

Notary Public, State of Alaska

My Commission Expires: with office



PO Box 110806, Juneau, AK 99811-0806

Telephone: (907) 465-2550 Fax: (907) 465-2974 Text: (907) 465-5437 Website: www.commerce.state.ak.us/occ



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Sean Parnell, Governor
Susan K. Bell, Commissioner
Don Habeger, Director

Division of Corporations, Business and Professional Licensing

CERTIFICATION

I, **Michelle Johnston**, Licensing Examiner, Division Corporations, Business and Professional Licensing, Department of Commerce, Community and Economic Development, State of Alaska, certify that I am the keeper of the records of the **STATE MEDICAL BOARD** and that these records indicate that the following individual is/was licensed as shown:

Name: **MICHAEL MERRICK**
License Type: **PHYSICIAN**
License Number: **1474**
Date Originally Issued: **04/12/1978**
Expiration Date: **12/31/2012**
Date of Birth: **04/28/1946**

Comments: There is additional information available regarding this license. A copy of the action is attached.

Dated this **Twenty-Third day of February, 2012**

SEAL

Michelle Johnston
Licensing Examiner

No. 1474

Effective: 11/13/2010

Expires: 12/31/2012

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

Division of Corporations, Business and Professional Licensing

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

STATE MEDICAL BOARD

Certifies that

MICHAEL MERRICK

IS A LICENSED

PHYSICIAN

Commissioner: Susan K. Bell

Wallet Card

No. 1474

State Of Alaska

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

MICHAEL MERRICK

IS A LICENSED
PHYSICIAN

Effective	Expiration	Date of Birth
11/13/2010	12/31/2012	04/28/1948

Signature _____

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

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

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

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

Division Website: www.commerce.state.ak.us/occ

MED

MICHAEL MERRICK
P O BOX 4110
SOLDOTNA AK 99669

**ALASKA STATE MEDICAL BOARD**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
Post Office Box 110806
Juneau AK 99811-0806
(333 Willoughby Street - Ninth Floor)
Phone: (907) 465-2541
E-mail: medicalboard@alaska.gov

3596899

**RECEIVED
JUNE MED**

✓300JW NOV 01 2010
Division of Corporations, Business
and Professional Licensing

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

Receipt No.

Amount

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

For the Period of January 1, 2011 through December 31, 2012

INSTRUCTIONS AND GENERAL INFORMATION - Please read carefully.

Your license to practice medicine in Alaska lapses December 31, 2010. There is no grace period. It is illegal for you to practice if your license is lapsed. To renew your license for the coming license period, please return this signed application to the above address with a check or money order payable to the State of Alaska or use the attached credit card payment form. **Faxed or emailed applications will not be accepted.** If you wish to receive confirmation that the board has received your renewal, mail it certified, return receipt requested. Receipt of the renewal form does not mean processing is complete or that a renewed license has been issued. Please see additional information on pages 4 and 5.

TYPE OF RENEWAL: (Check appropriate box.)

☒ **Active License**
\$300

☐ **Inactive License**
\$125

☐ **Retired License**
\$50

PERSONAL INFORMATION: (Please print legibly or type.)

Name (Last, First, Middle)		License No.	Gender
Merrick Michael E		1474	<input type="checkbox"/> F <input checked="" type="checkbox"/> M
Practice Address (Complete address)		Use as Address of Record	
416 Frontage Rd Ste 400		<input type="checkbox"/>	
Residence Address (Complete address)		Use as Address of Record	
PO Box 4110 Soldotna AK 99669		<input checked="" type="checkbox"/>	
Work Telephone	Fax	Email Address:	
(907) 283 5487	(907) 283 6662	—	
Social Security Number	Date of Birth (MM/DD/YYYY)	Do you wish to be included on an emergency email notification list to be used only in the event of a public health emergency or disaster?	
	04/28/1946	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

REQUIRED INFORMATION:

Practice Specialty	Subspecialty	
Family Practice		
List all other states and/or provinces of Canada or other jurisdictions in which you hold or have ever held a license to practice medicine. (Attach a separate sheet if needed.)	Oregon	

GENERAL INFORMATION:

PRACTICE SPECIALTY:

Family Practice

SUBSPECIALTY:

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

Oregon**PROFESSIONAL CONDUCT:**

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

CONFIDENTIALITY:

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

- 1 ☐ NO ☒ YES Has your professional license ever been denied, revoked, suspended, surrendered, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction, including military authorities?

If you answer "Yes" to the above question, provide the following:

Name of Jurisdiction in Which Action was Taken:

Date of the Action:

Censure AK Med board

1985 Misdemeanor PT in ER
This board has all the records & information

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

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

- 3 ☒ NO ☐ YES Have you voluntarily surrendered or restricted your professional license in any jurisdiction?
- 4 ☒ NO ☐ YES Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (OTHER THAN LATE MEDICAL RECORDS)?
- 5 ☒ NO ☐ YES Have you been convicted of a felony or misdemeanor, other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country?
- 6 ☒ NO ☐ YES Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction?
- 7 ☒ NO ☐ YES Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under investigation?
- 8 ☒ NO ☐ YES Have you experienced, been diagnosed with, or been treated for any alcohol or other chemical impairment?
- 9 ☒ NO ☐ YES Have you experienced, been diagnosed with, or been treated for any physical or mental condition which may impair or interfere with your ability to practice?
- 10 ☒ NO ☐ YES Have you experienced, been diagnosed with, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?

(Questions Continued on Next Page)

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

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

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

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

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

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

CONTINUING MEDICAL EDUCATION

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

If your license number is:

From 01/01/2009 to 12/31/2010, you must have been awarded:

0001 to 6503 At least 50 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.
(licensed prior to 12/31/2006)

6504 to 6758 At least 25 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.
(licensed during 2009)

Only those CME hours actually awarded between January 1, 2009 and December 31, 2010 may be used to satisfy the requirements for the licensing period of 2009-10.

YOU MAY BE AUDITED!

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

CME STATEMENT OF COMPLIANCE (Check one):

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

☐ NO I have not met the requirements of law for continuing medical education and I am attaching a detailed explanation of the reason for my inability to obtain the required hours of CME. I understand that my license will not be renewed at this time due to this failure to obtain the CME. I will contact a representative of the Division of Corporations, Business and Professional Licensing for assistance. Refer to 12 AAC 40.200 on page 5 attached.

☐ NO I am renewing my license as a RETIRED LICENSE.

STATEMENT

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

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

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



Applicant's Signature

Date

10-28-10

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

Michael Merrick, MD
416 Frontage Road, Ste. 400
Kenai, AK 99611

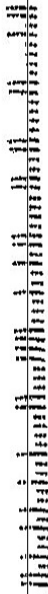
ANCHORAGE AK 995
28 OCT 2010 PM 1 T

LOVE



Business Licensing
PO Box 110806
Juneau, AK 99811-0806

99811+0806





STATE FARM INSURANCE COMPANIES

State Farm Fire and Casualty Company

PO Box 5000
DuPont, WA 98327-5000

18

AT1

J-15- 6094-F466

M

000018

M

STATE OF ALASKA
DEPT OF COMMERCE & ECONOMIC
DIVISION OF OCCPTL LICENSING
PO BOX 110806
JUNEAU AK 99811-0806

Payer - Insured

Important Message(s)

As of the "Date Prepared" shown below, we have not received the premium required to keep this policy in force. Therefore, this policy is canceled effective 12:01 a.m. (or NOON if required by state law) on the "Date Canceled" shown above. If the full premium has been paid and accepted before or on the date of cancellation, you will receive a Notice of Reinstatement, verifying that your coverage continues under this policy. Otherwise, coverage will end. Please contact your State Farm agent with any questions.

Agent KRISTIE BABCOCK
Telephone (907) 283-7116

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT.

J- 6094-F466

F



INSURED	MERRICK, MICHAEL
POLICY NUMBER	92-B0-9409-8
	WORKERS COMP

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM.

DATE DUE	PLEASE PAY THIS AMOUNT
OCT 17 2008	\$141.00

416 FRONTAGE RD
KENAI AK

1509811212

NOTICE OF CANCELLATION

POLICY NUMBER	92-B0-9409-8	#1474
Workers Compensation Policy		
DATE CANCELED	NOV 21 2008	
DATE DUE	PLEASE PAY THIS AMOUNT	
OCT 17 2008	\$141.00	

Payer - Insured

Insured:
MERRICK, MICHAEL
DBA MICHAEL MERRICK MD
416 FRONTAGE RD
KENAI AK 99611-7770

Location: 416 FRONTAGE RD
KENAI AK
99611-6803



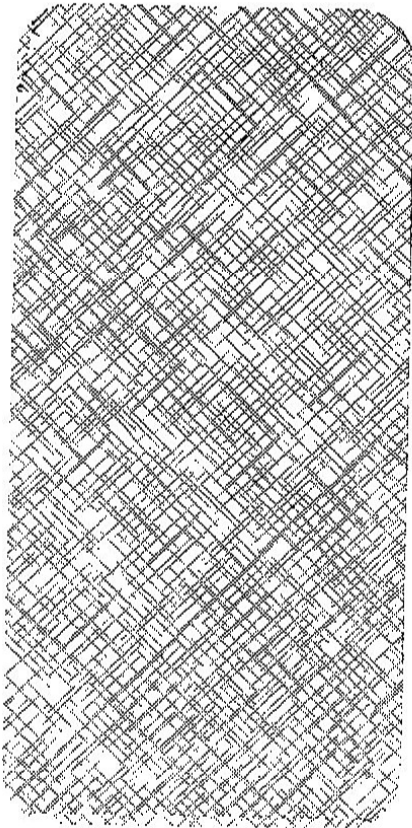
56 4003 7416

See reverse side for important information.
Please keep this part for your record.

Prepared: OCT 29 2008



State Farm®



PRESORTED FIRST-CLASS

FIRST-CLASS MAIL
U.S. POSTAGE
PAID
STATE FARM

**IMPORTANT INSURANCE POLICY
INFORMATION: PLEASE OPEN IMMEDIATELY**

12BCSP1 55611

No. 1474

Effective: 11/26/2008

Expires: 12/31/2010

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

Division of Corporations, Business and Professional Licensing

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

STATE MEDICAL BOARD

Certifies that

MICHAEL MERRICK

IS A LICENSED

PHYSICIAN

Commissioner: Emil Notti

Wallet Card

No. 1474

State Of Alaska

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

MICHAEL MERRICK

IS A LICENSED
PHYSICIAN

Effective	Expiration	Date of Birth
11/26/2008	12/31/2010	04/28/1946

Signature _____

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

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

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

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

Division Website: www.commerce.state.ak.us/occ

MED

MICHAEL MERRICK
416 FRONTAGE RD, SUITE 400
KENAI AK 99611

**ALASKA STATE MEDICAL BOARD**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
Post Office Box 110806
Juneau AK 99811-0806
(333 Willoughby Street - Ninth Floor)
Phone: (907) 465-2541
E-mail: license@alaska.gov

2532811

RECEIVED MED
JUNEAU ✓
NOV 04 2008 590
R

Division of Corporations, Business
and Professional Licensing

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

Receipt No. Amount

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

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

INSTRUCTIONS AND GENERAL INFORMATION - Please read carefully.

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

TYPE OF RENEWAL: (Check appropriate box.)

☐ Active License
\$590

☐ Inactive License
\$250

☐ Retired License
\$100

PERSONAL INFORMATION: (Please print legibly or type.)

Name (Last, First, Middle) MERRICK Michael Edward		License No.	Gender <input type="checkbox"/> F <input checked="" type="checkbox"/> M
Practice Address (Complete address) 416 Frontage Rd Ste 400 Kenai AK 99611		Use as Address of Record <input checked="" type="checkbox"/> (Mark Only One as Address of Record)	
Residence Address (Complete address) 30773 Elda Court Soldotna AK 99669		Use as Address of Record <input type="checkbox"/>	
Work Telephone (907) 2835487	Fax (907) 2836062	Email Address:	
Social Security Number	Date of Birth (MM/DD/YYYY) 04/28/1946	Do you wish to be included on an emergency email notification list to be used only in the event of a public health emergency or disaster? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

REQUIRED INFORMATION:

Practice Specialty Family Practice	Subspecialty									
List all other states and/or provinces of Canada or other jurisdictions in which you hold or have ever held a license to practice medicine. (Attach a separate sheet if needed.)										

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

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

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

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

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

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

CONTINUING MEDICAL EDUCATION

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

If your license number is:

From 01/01/2007 to 12/31/2008, you must have been awarded:

0001 to 5944 At least 50 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.
(licensed prior to 12/31/2006)

5945 to 6247 At least 25 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.
(licensed during 2007)

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

YOU MAY BE AUDITED!

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

CME STATEMENT OF COMPLIANCE (Check one):

☒ YES I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200 - 240 for the license period 01/01/2007 through 12/31/2008.

☐ NO I have not met the requirements of law for continuing medical education and I am attaching a detailed explanation of the reason for my inability to obtain the required hours of CME. I understand that my license will not be renewed at this time due to this failure to obtain the CME. I will contact a representative of the Division of Corporations, Business and Professional Licensing for assistance. Refer to 12 AAC 40.200 on page 5 attached.

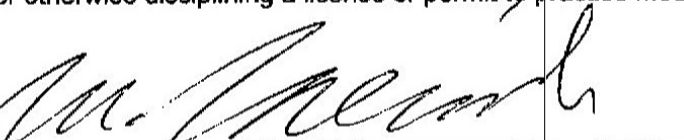
☐ NO I am renewing my license as a RETIRED LICENSE.

STATEMENT

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

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

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



Applicant's Signature

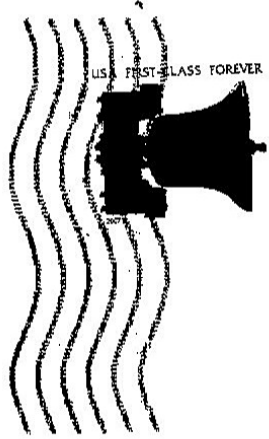
Date

10/31/08

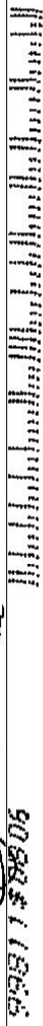
WARNING: The medical board may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice medicine by fraud, deceit, or misrepresentation. The person may also be subject to criminal charges under AS 11.56.210 and AS 11.56.230.

Michael Merrick, MD
416 Frontage Road, Ste. 400
Kenai, AK 99611

ANCHORAGE AK 995
01 NOV 2008 PM 1 T



Occupational Licensing
ST P AK
PO Box 110806
Tulsa AK 74116





State Farm Fire and Casualty Company

PO Box 5000
Dupont, WA 98327-5000

AT1

J-15- 6094-F466

001681

STATE OF ALASKA
DEPT OF COMMERCE & ECONOMIC
DIVISION OF OCCPTL LICENSING
PO BOX 110806
JUNEAU AK 99811-0806



ST-C000008

NOTICE OF REINSTATEMENT

1474

Workers Compensation Policy

M F

POLICY NUMBER	92-B0-9409-8
REINSTATEMENT DATE	JUN 02 2008
DATE PROCESSED	JUL 23 2008
AMOUNT PAID	Bill Sent

RECEIVED

JUL 28 2008

DIVISION OF

LABORATIONAL LICENSING

(JUL 15 11)

PLEASE KEEP FOR YOUR RECORDS

medical



We are pleased to acknowledge receipt of the premium due on this policy. This policy will be continued in force subject to its printed terms and conditions upon the payment check clearing through your bank.

Insured:

MERRICK, MICHAEL
DBA MICHAEL MERRICK MD
416 FRONTAGE RD
KENAI AK 99611-7770

Location:

416 FRONTAGE RD
KENAI AK
99611-6803

Agent: KRISTIE BABCOCK
Telephone: (907) 283-7116

15

001

1681 M

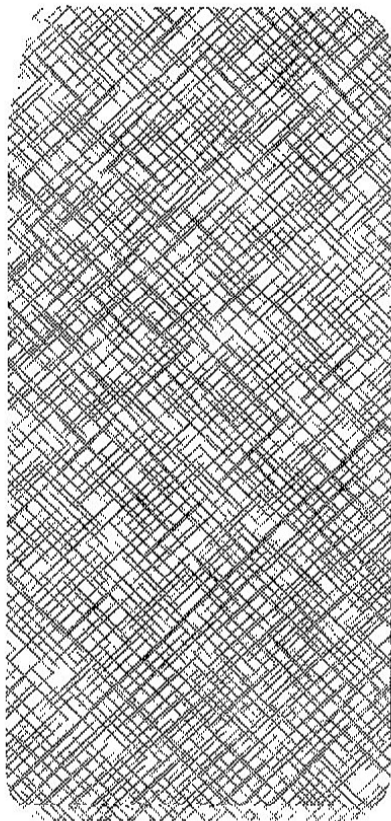
530-177.13 (01f3072d) Rev. 10-2004



FIRST-CLASS MAIL
U.S. POSTAGE
PAID
STATE FARM

PRESORTED FIRST-CLASS

**Policy and/or Premium Notice:
Please Open Immediately**

[illegible]



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Division of Corporations, Business and Professional Licensing

1474
Sarah Palin, Governor
Emil Notti, Commissioner
Rick Urion, Director

ALASKA STATE MEDICAL BOARD

26 June 2007

Michael Merrick, MD
416 Frontage Rd - Suite 400
Kenai Ak 99611

Dr. Merrick, thank you for providing documentation of your continuing medical education hours for the licensing period of 2005-2006 in response to this year's audit.

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

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

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

Leslie A. Gallant
Executive Administrator
Alaska State Medical Board

H:\CME Audit\2007 audit OK - Jun 26.doc

Telephone: (907) 269-8163

550 West Seventh Avenue - Suite 1500, Anchorage, AK 99501-3567

Fax: (907) 269-8196

Website: www.commerce.state.ak.us/occ/pmed.htm



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Sarah Palin, Governor
Emil Notti, Commissioner
Rick Urien, Director

Division of Corporations, Business and Professional Licensing

ALASKA STATE MEDICAL BOARD

**Continuing Medical Education Audit
Licensing Period of 2005-2006**

Name MICHAEL MERRICK

☒ MD ☐ DO ☐ MICP

Date CME Documents Received: 04/26/07

2005 Hours Accepted:

19				
12				
13				
2				
15				
4				

2006 Hours Accepted:

12				
6				
2				
2				
6				

Total 2005: 57.5

Total 2006: 28


TOTAL HOURS FOR 2005-2006: 79.5

Compliance Letter Sent 6/26/07

Hours Denied: _____ Reason for Denial: _____

Audit Status: _____

Audited By


Leslie A. Gallant, Exec. Administrator
Alaska State Medical Board

Date

6/26/07

Referred to: _____ For: _____

Alaska Academy of Family Physicians

A
Received By
APR 2007
AK Medical Board

CERTIFICATE OF ATTENDANCE

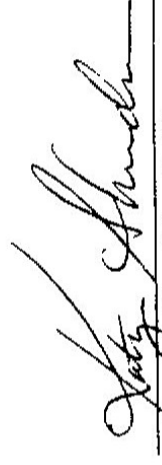
This certifies that:

Michael Merrick, MD

Attended 19 hours of the Alaska Academy of Family Physicians
20th Annual Scientific Congress, June 16-19, 2005, Soldotna Alaska

This activity has been reviewed and is acceptable for up to 20.5 Prescribed credits by the American Academy of Family Physicians. AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA category 1 credit toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed credit, not as category 1.

June 19, 2005
Effective Date


Katy M. Sheridan MD
President

Received By
APR 2007
AK Medical Billing

Alaska Regional Hospital
ANCHORAGE, ALASKA

Certificate of Attendance

Michael Merrick, M.D.

ATTENDED THE

Addiction Medicine Symposium

DATE: October 13-14, 2005

LOCATION: Anchorage, Alaska

Richard Neubauer, MD

Richard Neubauer, MD

Alaska Regional Hospital designates this continuing medical education activity for up to 12 credit hours in
Category I of the Physician's Recognition Award of the American Medical Association.
Alaska Regional Hospital is accredited by the Alaska State Medical Association to sponsor CME for physicians.

POSTED

UW Medicine
SCHOOL OF MEDICINE
CONTINUING MEDICAL EDUCATION

Michael Merrick MD
416 Frontage Road
Suite 400
Kenai, AK 99611

Meeting: MJ0517
Printed: 18-Feb-05

The University of Washington School of Medicine

certifies that

Michael Merrick MD

attended

Treating Mental Disorders in a Primary Care Setting

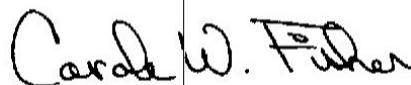
presented at

UW Husky Union Building
2/3/2005 - 2/4/2005

This activity was designated for **13.00** hours of AMA PRA category 1 credit.

13.00 hours were claimed by the attendee.

This Activity has been reviewed and is acceptable for up to 13.00
Prescribed credits by the American Academy of Family Physicians.

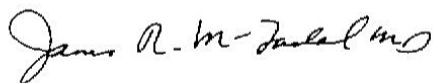


Carole W. Fisher, Executive Director
Continuing Medical Education

560 Davis Street (415) 397-9700
San Francisco (800) 652-1051 TOLL-FREE
California 94111-1902 (415) 835-0894 FACSIMILE

CONTINUING MEDICAL EDUCATION RECORDS

NORCAL Mutual Insurance Company certifies that Dr. Michael Merrick completed the educational activity entitled Failure To Diagnose Lung Cancer: Clinical Series, 2005 Edition on 4/12/2005. The activity was designated for 2.00 hours of AMA PRA Category 1 Credit.



James R. McFarland, M.D., CME Chairperson

PASTED

STATEMENT OF CONTINUING MEDICAL EDUCATION CREDITS EARNED

Participant Information

345482

Michael Merrick, M.D.

416 Frontage Rd

Kenai, AK 99611

Provider Information

CME LLC

2801 McGaw Avenue

Irvine, CA 92614-5835

Certificate #1

Activity Information

Publication Supplement to Consultant June 2005

Date(s) of Completion

Activity Title Alcohol Abuse and Dependence: Update on Etiology and Treatment

Credit Hours/Contact Hours awarded for this activity: 1.5

CME LLC certifies that Michael Merrick, M.D. has participated in the educational activity described above and is awarded 1.5 category 1 credits toward the AMA Physician's Recognition Award.

CME LLC is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

If you have any questions regarding this statement, please call CME LLC Customer Service at (800) 447-4474.



Marsha J Meyer, RPh

Marsha Meyer, RPh

Sr. Vice President, Clinical Information

CME Program Administrator

POSTED



250 Hospital Place
Seldotna, Alaska 99669

4

M. Todd Boling, DO Chief of Staff
Bobbie J. Behrens, MD Vice Chief of Staff
J. Nels Anderson, MD Secretary
Medical Staff Office Tel: 907-714-4782
Fax: 907-714-4697

February 24, 2006

RE: CPGH Grand Rounds/CME 2005

Dear Doctor Merrick:

The following is a list of the Grand Rounds that you attended at Central Peninsula General Hospital in 2005. CPGH is accredited to provide continuing medical education for physicians. The below listings of continuing medical education activities meets the criteria for 1 (one) hour per activity for category I of the physicians recognition award of the American Medical Association. *Each physician should claim only those hours of credit that he/she actually spent in the activity.* Each offering has been awarded 1 hour of CME unless otherwise stated.

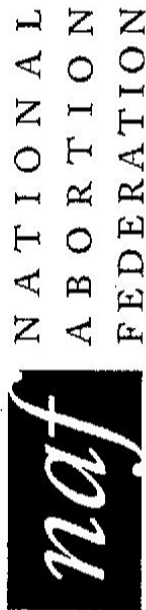
Jan. 13, 2005 Diabetes Jeopardy
Mar. 17, 2005 Brain Development in Children Exposed to Violence
Apr. 14, 2005 Advanced Therapy for Wound Healing
May 19, 2005 Management of Community Acquired Pneumonia

If you have any questions please feel free to contact the Medical Staff Office at 714-4782.

Thank you,
Janice A. Krehel, CPCS
Director, Medical Staff Services

POSTED

CERTIFICATE OF PHYSICIAN ATTENDANCE



NAF's 2006 Annual Meeting: Bridging Care and Justice

April 24-25, 2006 San Francisco, California

The National Abortion Federation (NAF) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. NAF designates this educational activity for a maximum of 13 AMA PRA Category 1 Credits.™ Physicians should only claim credit commensurate with the extent of their participation in the activity.

NAF certifies that

Michael Merrick, MD

(Name of physician)

Has participated in the educational activity titled "NAF's 2006 Annual Meeting: Bridging Care and Justice" at the Fairmont San Francisco Hotel on April 24-25, 2006, and is awarded 12 AMA PRA Category 1 Credits.™

The American College of Obstetricians and Gynecologists (ACOG) has assigned 12 cognate credits to this program. This activity has been reviewed and is acceptable for up to 11.50 Prescribed and 1.25 Elective credits by the American Academy of

Vicki Saporta

Vicki Saporta
President and CEO

Vicki Breitbart

Vicki Breitbart, EdD, MSW
Chair of the Board of Directors



Civil Aerospace Medical Institute

Certificate of Continuing Medical Education

Presented on April 28, 2006 to:

Michael E. Merrick, M.D.

in recognition of satisfactory completion of the

MULTIMEDIA AVIATION MEDICAL EXAMINER REFRESHER

Approved 6 hours CME credit: AMA Category 1 - AOA Category 1-A
The Civil Aerospace Medical Institute is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

A handwritten signature in black ink, appearing to read "F. E. Tilton".

Frederick E. Tilton, M.D.
Federal Air Surgeon

A handwritten signature in black ink, appearing to read "Melchor J. Antuñano, M.D.".

Melchor J. Antuñano, M.D.
Director, Civil Aerospace Medical Institute

A handwritten signature in black ink, appearing to read "Richard F. Jones, M.D.".

Richard F. Jones, M.D.
Manager, Aerospace Medical Education Division



560 Davis Street, 2nd Floor • San Francisco, California 94111
(415) 397-9700 • (800) 652-1051 • Facsimile (415) 248-3301 • www.norcalmutual.com

Risk Management Department

CONTINUING MEDICAL EDUCATION RECORDS

NORCAL Mutual Insurance Company certifies that Dr. Michael E. Merrick has participated in the educational activity titled *(PAIN MGMT) Managing Pain Opioid Analgesics - 2006* on 06/06/2006 and is awarded 2.00 AMA PRA Category 1 Credit(s).TM

James R. McFarland, M.D., CME Chairperson

POSTED



560 Davis Street, 2nd Floor • San Francisco, California 94111
(415) 397-9700 • (800) 652-1051 • Facsimile (415) 246-3301 • www.norcalmutual.com

Risk Management Department

CONTINUING MEDICAL EDUCATION RECORDS

NORCAL Mutual Insurance Company certifies that Dr. Michael E. Merrick
has participated in the educational activity titled
(LC) Failure to Diagnose Lung Cancer - 2006 on 12/01/2006
and is awarded **2.00 AMA PRA Category 1 Credit(s)**.TM

A handwritten signature in black ink, appearing to read "Stephen M. Farber", written over a horizontal line.

Stephen M. Farber
Vice President, Continuing Medical Education

POSTED

CME
6



February 18, 2007

RE: **CPGH Grand Rounds/CME 2006**

Dear Doctor Merrick:

The following is a list of the Grand Rounds that you attended at Central Peninsula General Hospital in 2006. CPGH is accredited to provide continuing medical education for physicians. Unless otherwise indicated, the below listing of continuing medical education activities meet the criteria for 1 (one) hour (unless otherwise indicated) per activity for category I of the physicians recognition award of the American Medical Association. *Each physician should claim only those hours of credit that he/she actually spent in the activity.* Each offering has been awarded 1 hour of CME unless otherwise stated.

<i>June 15, 2006</i>	<i>Practical Lipid Management</i>
<i>Sept 14, 2006</i>	<i>Update in General Internal Medicine</i>
<i>Sept 28, 2006</i>	<i>Hypertension: Urgency and Emergency</i>
<i>Nov 16, 2006</i>	<i>Common Dermatological Conditions</i>
<i>Dec 14, 2006</i>	<i>Tumor Conference</i>
<i>Dec 27, 2006</i>	<i>UTI in Children</i>

If you have any questions please feel free to contact the Medical Staff Office at 714-4782.

Thank you,


Janice A. Krehel, CPCS
Director, Medical Staff Services

POSTED

American Society of Addiction Medicine

Certificate of Completion

Michael Merrick, M.D.

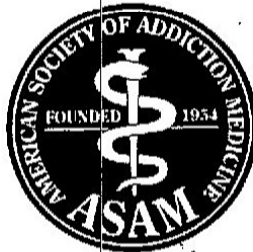
has successfully completed

ASAM's Buprenorphine Training Course

September 11, 2004

Anchorage, Alaska

8 CME Credits – Category 1 – Level 1



R. Jeffrey Goldsmith M.D.

R. Jeffrey Goldsmith, M.D.

Chair, Continuing Medical Education Committee

September 11, 2004

Date

POSTED

Michael Merrick M.D.
416 Ironage RD Ste 400
Kenai AK 99611-7770

COAST



Leslie A. Gallant, Executive Administrator
Alaska State Medical Board
550 West Seventh Avenue - Suite 1500
Anchorage AK 99501



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Division of Corporations, Business and Professional Licensing

Sarah Palin, Governor
Emil Notti, Commissioner
Rick Union, Director

ALASKA STATE MEDICAL BOARD

MED S 1474

9 February 2007

MICHAEL MERRICK
416 FRONTAGE RD, SUITE 400
KENAI AK 99611

NOTIFICATION OF CME AUDIT

Your medical license renewal has been randomly selected for audit of your compliance with continuing medical education (CME) laws that require a minimum of 50 hours of Category I AMA-approved education or Category 1 or 2 of AOA-approved education in each biennial licensing period.

Please submit copies of certificates or other documents awarding credit hours of CME obtained during the licensing period January 1, 2005 to December 31, 2006 to:

Leslie A. Gallant, Executive Administrator
Alaska State Medical Board
550 West Seventh Avenue – Suite 1500
Anchorage AK 99501

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

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

Documents that do not contain the above information will be returned.

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

Please respond to this audit no later than **APRIL 1, 2007**.

Failure to successfully complete this audit may result in disciplinary sanctions. If you have any questions regarding this audit, or if there are extenuating circumstances that will prevent you from meeting the April 1 deadline, please contact Ms. Gallant at 907/269-8163.

Linda Sherwood, Licensing Examiner
Alaska State Medical Board

xc: Leslie A. Gallant, Executive Administrator

H:\MYDOCUMENTS\Word\Feb-07.doc\2007 CMEaudit\tr.doc

Telephone: (907) 269-8163

550 West Seventh Avenue Suite 1500, Anchorage, AK 99501-3567

Fax: (907) 269-8196

Website: www.commerce.state.ak.us/occ/pmed.htm

No. 1474

Effective: 11/09/2006

Expires: 12/31/2008

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC
DEVELOPMENT

Division of Occupational Licensing

STATE MEDICAL BOARD

Certifies that

MICHAEL MERRICK
IS A LICENSED
PHYSICIAN

Commissioner: William C. Noll

Wallet Card

No. 1474

State Of Alaska

Department of Commerce, Community, and Economic Development
Division of Occupational Licensing

MICHAEL MERRICK

IS A LICENSED
PHYSICIAN

Effective	Expiration	Date of Birth
11/09/2006	12/31/2008	04/28/1946

Signature _____

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

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

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

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

Division Website: www.commerce.state.ak.us/occ

MED

MICHAEL MERRICK
416 FRONTAGE RD, SUITE 400
KENAI AK 99611

**ALASKA STATE MEDICAL BOARD**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
Post Office Box 110806 - Juneau AK 99811-0806
(333 Willoughby Street - Ninth Floor)
A - K - (907) 465-2756 - L - Z - (907) 465-2541
E-mail: license@commerce.state.ak.us

RECEIVED

NOV 06 2006

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

Receipt No.

302504

Amount

590.00**Renew
Online!**

MED S 1474

MICHAEL MERRICK
416 FRONTAGE RD, SUITE 400
KENAI AK 99611

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

For the Period of January 1, 2007 through December 31, 2008

INSTRUCTIONS AND GENERAL INFORMATION - Please read carefully.

Your license to practice medicine in Alaska lapses December 31, 2006. There is no grace period. It is illegal for you to practice if your license is lapsed. To renew your license for the coming license period, please return this signed application to the above address with a check or money order payable to the State of Alaska or by credit card using the attached credit card authorization form. **THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE.** If you wish to receive confirmation that the board has received your renewal, mail it certified, return receipt requested. Receipt of the renewal form does not mean processing is complete or that a renewed license has been issued. Please see additional information on pages 4 and 5.

TYPE OF RENEWAL: (Check appropriate box.)☒ **Active License**
\$590☐ **Inactive License**
\$250☐ **Retired License**
\$100**PERSONAL INFORMATION: (Please print legibly or type.)**

Name (Last, First, Middle) MERRICK, Michael Edward		License No. AA 1474	Gender <input type="checkbox"/> F <input checked="" type="checkbox"/> M
Practice Address (Complete address) 416 FRONTAGE Rd, Ste 400, Kenai AK 99611		Use as Address of Record <input checked="" type="checkbox"/>	
Residence Address (Complete address) 30713 Elda Court PO Box 4110 Soldotna AK 99669		Use as Address of Record <input type="checkbox"/>	
Work Telephone (907) 283-5487	Fax (907) 283-6062	Email Address: NONE	
Social Security Number	Date of Birth (MM/DD/YYYY) 4/28/1946	Do you wish to be included on an emergency email notification list to be used only in the event of a public health emergency or disaster? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

REQUIRED INFORMATION:

Practice Specialty Family Practice	Subspecialty
List all other states and/or provinces of Canada or other jurisdictions in which you hold or have ever held a license to practice medicine. (Attach a separate sheet if needed.)	

PROFESSIONAL CONDUCT:

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

CONFIDENTIALITY:

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

PUBLIC INFORMATION:

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

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

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

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

CONTINUING MEDICAL EDUCATION

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

If your license number is:

From 01/01/2005 to 12/31/2006, you must have been awarded:

0001 to 5447 At least 50 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.
(licensed prior to 12/31/2004)

5448 to 5716 At least 25 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.
(licensed during 2005)

Only those CME hours actually awarded between January 1, 2005 and December 31, 2006 may be used to satisfy the requirements for the licensing period of 2005-06.

YOU MAY BE AUDITED!

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

CME STATEMENT OF COMPLIANCE (Check one):

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

☐ NO I have not met the requirements of law for continuing medical education and I am attaching a detailed explanation of the reason for my inability to obtain the required hours of CME. I understand that my license will not be renewed at this time due to this failure to obtain the CME. I will contact a representative of the Division of Occupational Licensing for assistance. Refer to 12 AAC 40.200 on page 5 attached.

☐ NO I am renewing my license as a RETIRED LICENSE.

RECEIVED

NOV 9 2006

DIVISION OF
OCCUPATIONAL LICENSING

STATEMENT

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

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

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



Michael J. Smith
Applicant's Signature

Date

11/1/06

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

Michael Merrick, MD

716 Frontage Road, Ste. 400

Kenai, AK 99611

ANCHORAGE AK 995

02 NOV 2006PM 1 T

United
Way



GET IT FREE ONLINE 39

Division of Corporation

PO BOX 110806

Juneau, AK 99811-0806

99811-0806





State Farm Fire and Casualty Company

PO Box 5000
Dupont, WA 98327-5000

K-15-6094-F466 F M

STATE OF ALASKA
DEPT OF COMMERCE & ECONOMIC
DIVISION OF OCCPTL LICENSING
PO BOX 110806
JUNEAU AK 99811-0806



RECEIVED

JUL 21 2005

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

PLEASE KEEP FOR YOUR RECORDS

NOTICE OF REINSTATEMENT

med - sk

#1474

Workers Compensation Policy

POLICY NUMBER	92-BW-4974-3
REINSTATEMENT DATE	JUN 02 2005
DATE PROCESSED	JUL 15 2005
AMOUNT PAID	\$642.00

We are pleased to acknowledge receipt of the premium due on this policy. This policy will be continued in force subject to its printed terms and conditions upon the payment check clearing through your bank.

Insured:

MERRICK, MICHAEL
DBA MICHAEL MERRICK MD
416 FRONTAGE RD
KENAI AK 99611-7770

Location:

416 FRONTAGE RD
KENAI AK
99611-6803

Agent: KRISTIE LEAF
Telephone: (907) 283-7116

01

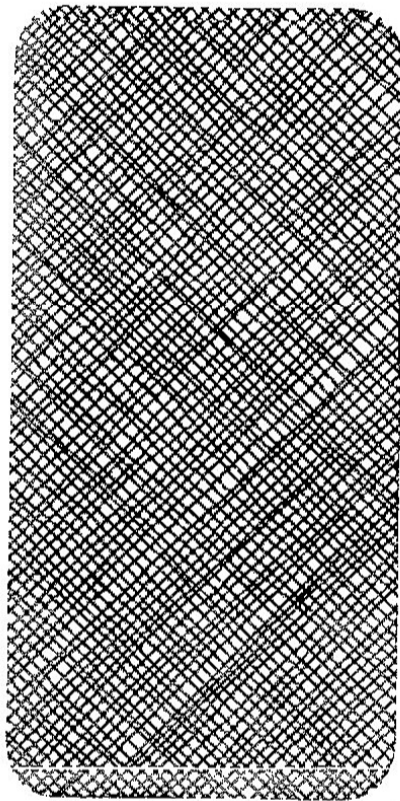
001

1885 M

530-177.13 (01f3072d) Rev. 10-2004



State Farm Insurance Companies



POSTAGE WILL BE PAID BY ADDRESSEE
FIRST CLASS



U.S. POSTAGE

00202

H METER 623543

**Policy and/or Premium Notice:
Please Open Immediately**

EX-100-100

95211



No. 1474

Effective: 11/22/2004

Expires: 12/31/2006

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC
DEVELOPMENT

Division of Occupational Licensing

STATE MEDICAL BOARD

Certifies that

MICHAEL MERRICK

IS A LICENSED

PHYSICIAN

Commissioner: Edgar Blatchford

Wallet Card

No. 1474

State Of Alaska

Department of Commerce, Community, and Economic Development
Division of Occupational Licensing

MICHAEL MERRICK

IS A LICENSED
PHYSICIAN

Effective	Expiration	Date of Birth
11/22/2004	12/31/2006	04/28/1946

Signature _____

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

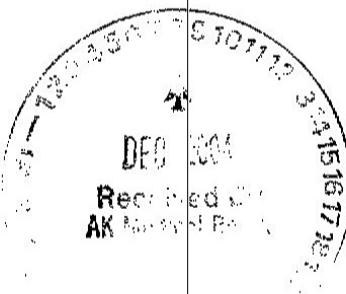
WALL CERTIFICATES SUITABLE FOR FRAMING
ARE AVAILABLE FOR A FEE OF \$20.

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

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

Division Website: www.commerce.state.ak.us/occ

MED



MICHAEL MERRICK
416 FRONTAGE RD, SUITE 400
KENAI AK 99611

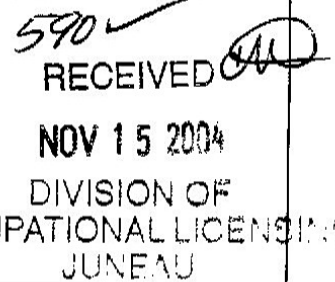


ALASKA STATE MEDICAL BOARD

Department of Commerce, Community, and Economic Development
Division of Occupational Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806
E-mail: license@commerce.state.ak.us

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

MED



MEDICAL LICENSE (MD, DO, DPM) RENEWAL APPLICATION

January 1, 2005 - December 31, 2006

S 1474

MICHAEL MERRICK
416 FRONTAGE RD, SUITE 400
KENAI AK 99611



Renew on-line at our Website: www.commerce.state.ak.us/occ

OR complete this form and mail it with your check or money order, made payable to the State of Alaska, to the address above.

INSTRUCTIONS - Please read carefully.

Your license to practice medicine in Alaska lapses December 31, 2004. There is no grace period. It is illegal for you to practice if your license is lapsed. To renew your license for the coming license period, please return this signed application to the above address with a check or money order payable to the State of Alaska. **This is the only renewal notice you will receive.** Receipt of the renewal form does not mean processing is complete or that a renewed license has been issued.

RENEWAL DUE DATE

The processing time for correct and completed renewal applications is three to four weeks after receipt. Plan accordingly and submit your form by December 1, 2004 to ensure processing by the lapse date of December 31, 2004. Your renewal will be rejected if the form is incomplete or insufficient fees received.

NAME CHANGE

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

SOCIAL SECURITY NUMBERS

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

LAPSED LICENSES

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

INACTIVE LICENSES

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

RETIRED LICENSES

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

PAYMENT OF CHILD SUPPORT OR STUDENT LOANS

If the Alaska Child Support Services Division has determined you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you will be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services Division at (907) 269-6949 or 1-800/478-3300 or Post-Secondary Education at 1-888/441-2961 to resolve payment issues.

PUBLIC INFORMATION

All information on this renewal form will be available to the public unless required to be kept confidential by law. Current licensee information, including mailing address, is available on the Division's website at www.commerce.state.ak.us/occ under "Occupational License Search."

Check appropriate box: ☒ **ACTIVE LICENSE \$590** ☐ **INACTIVE LICENSE \$250** ☐ **RETIRED LICENSE \$100**
(Please read 12 AAC 40.033) (Please read 12 AAC 40.031)

PERSONAL INFORMATION: (PRINT LEGIBLY OR TYPE)

NAME (Last, First, Middle) MERRICK Michael Edward		SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
PRACTICE ADDRESS (Complete address) 416 Frontage Rd Ste 400 Kenai AK 99611		Use as Address of Record: <input checked="" type="checkbox"/>
RESIDENCE ADDRESS (Complete address) Elda Court off Ekotake Rd.		Use as Address of Record: <input type="checkbox"/>
WORK TELEPHONE: 907 283 5487	E-MAIL ADDRESS: _____	
SOCIAL SECURITY NO. [REDACTED]	DATE OF BIRTH (MM/DD/YYYY) 04/28/1946	ALASKA LICENSE NO. AA 1474

cc

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

RECEIVED

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

NOV 15 2004

DIVISION OF
OCCUPATIONAL LICENSING

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

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

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

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

YOU MAY BE AUDITED

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

CME STATEMENT OF COMPLIANCE

Check one:

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

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

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

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



Sign here.

Applicant's Signature



Date

11/10/04

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

BEFORE YOU MAIL THIS RENEWAL APPLICATION--HAVE YOU?

- Attached a check for fees payable to the "State of Alaska"?
- Completed all questions in the form?

- Attached explanations for any 'yes' responses?
- Signed and dated the renewal form?

central
peninsula
general hospital

RECEIVED

NOV 15 2004

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

250 Hospital Place, Soldotna, AK 99669
(907) 714-4404 • www.cpgh.org

Medical Staff

Curt Buchholz, MD Chief of Staff
M. Todd Boling, DO Vice Chief of Staff
Bobbie J. Behrens, MD Secretary
Medical Staff Office Tel: 907-714-4782
Fax: 907-714-4697

August 24, 2004

Michael Merrick, MD
416 Frontage Road, Suite 400
Kenai, AK 99611

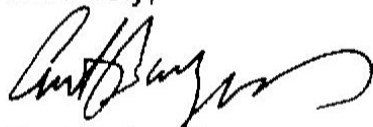
Dear Doctor Merrick:

The Medical Executive Committee of Central Peninsula General Hospital received a copy of a letter of suspension sent to you by our President and CEO, dated 8-12-04. I wanted to assure that the suspension was based solely on an administrative resolution passed by our Board of Directors and had nothing to do with quality of care concerns.

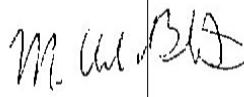
More often than we would wish, outside circumstances dictate that regulation and restrictions be placed on the practice of medicine. These rules get integrated into our daily business and we often don't take the time to remember the enormous personal and professional contributions physicians are called on to make as members of the medical staff.

On behalf of the members of the medical staff of Central Peninsula General Hospital, I would like to acknowledge and thank you for the years of service you have provided to our community and the friendship and support you have imparted to your colleagues at CPGH. I know the medical staff will always remember the many times you assisted us in providing medical care and for answering our call for assistance. Our sincere thanks.

Sincerely,



Curt L. Buchholz, MD
Chief of Staff



M. Todd Boling, DO
Vice Chief of Staff



Bobbie J. Behrens, MD
Secretary

central
peninsula
general hospital

RECEIVED

NOV 15 2004

DIVISION OF
OCCUPATIONAL LICENSING

250 Hospital Place, Soldotna, AK 99669
(907) 262-4404 * www.cpgh.org

August 12, 2004

Dr. Michael Merrick
416 Frontage Road, Suite 400
Kenai, AK 99611

Dear Dr. Merrick,

This is to notify you that, effective immediately, your clinical privileges at Central Peninsula General Hospital are suspended pursuant to Resolution 2004-41 adopted by the Board of Directors of Central Peninsula General Hospital, Inc.

Resolution 2004-41 mandates that all Medical Staff and Allied Health professionals with privileges at Central Peninsula General Hospital must obtain, carry, maintain, and provide evidence of Professional Liability Insurance coverage for all activities and procedures for which the individual provides health care services at CPGH, except for those covered under the Federal Tort Claims Act, with specific limits of \$1,000,000 per claim \$3,000,000 annual aggregate, no later than June 1, 2004. Resolution 2004-41 mandates that any member of the Medical Staff, and any Allied Health Professional, who is not in compliance with the CPGH, Inc. policy and resolution, will be suspended.

Before this suspension of privileges will be terminated, you must comply with Resolution 2004-41. However, this suspension does not impact your ability to continue ordering ancillary tests for your outpatients (e.g., lab, x-ray, physical therapy, etc.), which you may continue to do.

If you have questions, I can be reached at 907-714-4718.

Sincerely,

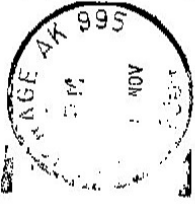


David D. Gilbreath
President/CEO

cc: Medical Staff Development Office
Chief of Medical Staff



Michael Merrick, MD
416 Frontage Road, Ste. 400
Kenai, AK 99611



Alaska State Medical Board

PO Box 110806

Juneau, AK 99811-0806





State Farm Fire and Casualty Company

PO Box 5000
Dupont, WA 98327-5000

92-BU-6073-9 81 I- 6094-F466 F M

STATE OF ALASKA
DEPT OF COMMERCE & ECONOMIC
DIVISION OF OCCPTL LICENSING
P O BOX 110806
JUNEAU AK 99811-0806



Payer - Insured

Important Message(s)

As of the "Date Prepared" shown below, we have not received the premium required to keep this policy in force. Therefore, this policy is canceled effective 12:01 a.m. (or NOON if required by state law) on the "Date Canceled" shown above. If the full premium has been paid and accepted before or on the date of cancellation, you will receive a Notice of Reinstatement, verifying that your coverage continues under this policy. Otherwise, coverage will end. Please contact your State Farm agent with any questions.

Agent KRISTIE LEAF
Telephone (907) 283-7116

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT.

I- 6094-F466 F



INSURED	MERRICK, MICHAEL
POLICY NUMBER	92-BU-6073-9
	WORKERS COMP

NOTICE OF CANCELLATION

POLICY NUMBER	92-BU-6073-9	#1474
WORKERS COMPENSATION POLICY		
DATE CANCELED	JUL 09 2003	
DATE DUE	PLEASE PAY THIS AMOUNT	
JUN 02 2003		\$209.00

Insured:
MERRICK, MICHAEL
DBA MICHAEL MERRICK MD
416 FRONTAGE RD
KENAI AK 99611-6803

Location: 416 FRONTAGE RD
KENAI AK

RECEIVED

JUN 20 2003

DIVISION OF
OCCUPATIONAL LICENSING

JUNEAU

56 4043 7983

Please keep this part for your record.
Prepared: JUN 16 2003

PLEASE RETURN THIS PART WITH YOUR
CHECK MADE PAYABLE TO STATE FARM.

DATE DUE	PLEASE PAY THIS AMOUNT
JUN 02 2003	\$209.00

416 FRONTAGE RD
KENAI AK

1509307096
State Farm Insurance Companies

537-162.17 Rev. 03-2001 (01f3012f)
FOR OFFICE USE ONLY

0081

Prepared: JUN 16 2003
J 03 M

FIRE CANCEL	\$209.00	0709
-------------	----------	------

600319000020900 092612316073902515>

Alaska

Department of Community and Economic Development

Division of Occupational Licensing

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

Telephone: (907) 465-2534 • Fax: (907) 465-2974 • Text Telephone: (907) 465-5437

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

Tony Knowles, Governor

Aug. 23, 2002

RECEIVED

SEP 09 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

8.25 ✓ TWA

608788

Ms. Roberta Young, CMSC
Medical Staff Consultant
Central Peninsula General Hospital
250 Hospital Place
Soldotna, AK 99669

Dear Ms. Young:

Enclosed is the copy of the licensure file for Dr. Michael Merrick. The American Medical Association profile and the National Board of Medical Examiners (NBME) examination scores were not copied. The social security numbers were blackened out.

In accordance with 12 AAC 02.104(4), a photocopy fee of \$0.25 per page, which may be waived by the department if the total fee is less than \$5.00, is assessed. Therefore, the charge for copying is \$8.25.

If you have any questions, please contact this office at the above address or call (907) 465-2541 during office hours of 8:00 a.m. to 4:30 p.m.

Sincerely,



Linda Sherwood
Licensing Examiner
Alaska State Medical Board

9-4-02

Please pay for
record copies.

Charge to 6353

M. Dailey

central
peninsula
general hospital
250 Hospital Place, Soldotna, AK 99669

1010 U.S. POSTAGE P82234104*
6078 \$00.370 SEP 06 02*
6181 FROM ZIP CODE 99669

9521170203



No. 1474

Effective: 11/20/2002

Expires: 12/31/2004

STATE OF ALASKA

DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

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

STATE MEDICAL BOARD

Certifies that

MICHAEL MERRICK

IS A LICENSED

PHYSICIAN

Commissioner: Deborah B. Sedwick

Wallet Card

No. 1474

State Of Alaska

Department of Community and Economic Development
Division of Occupational Licensing

MICHAEL MERRICK

IS A LICENSED
PHYSICIAN

Effective	Expiration	Date of Birth
11/20/2002	12/31/2004	04/28/1946

Signature _____

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

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

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

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

MED

MICHAEL MERRICK
416 FRONTAGE RD, SUITE 400
KENAI AK 99611



ALASKA STATE MEDICAL BOARD

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

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

RECEIVED MED
570.4
NOV 04 2002
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU
612472

MED S 1474
MICHAEL MERRICK
P.O. BOX 4110
SOLDOTNA AK 99689

MEDICAL LICENSE (MD, DO, DPM) RENEWAL APPLICATION

For the period of January 1, 2003 thru December 31, 2004

INSTRUCTIONS - Please read carefully.

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

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

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

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

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

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

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

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

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

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

PERSONAL INFORMATION: (PRINT LEGIBLY OR TYPE)

NAME (Last, First, Middle) MERRICK Michael Edward		SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
P Michael Merrick, MD 416 Frontage Road, Ste. 400 F Kenai, AK 99611 Telephone: (907)283-5487 V		Use as Address of Record: <input type="checkbox"/>
MAIL ADDRESS:		Use as Address of Record: <input type="checkbox"/>
SOCIAL SECURITY NO.: 04 128 1946	DATE OF BIRTH (MM/DD/YYYY) 04 128 1946	ALASKA LICENSE NO. AA 1474

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

MEDICAL SCHOOL (Name of school) <i>University of Oregon Med School</i>		Year of Graduation <i>1972</i>
LOCATION (City, State) <i>Portland, Oregon</i>		Country <i>USA</i>
PRACTICE SPECIALTY <i>Family Practice</i>	SUBSPECIALTY	SUBSPECIALTY

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

Oregon in Past

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

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

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

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

(Questions Continued on Next Page)

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

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

RECEIVED
NOV 04 2002

CONTINUING MEDICAL EDUCATION

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

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

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

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

YOU MAY BE AUDITED

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

CME STATEMENT OF COMPLIANCE

Check one:

- ☒ YES I hereby affirm that I have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200 - 240 for the license period 01/01/2001 through 12/31/2002.
- ☐ NO I have not met the requirements of law for continuing medical education and I am attaching a detailed explanation of the reason for my inability to obtain the required hours of CME. I understand that my license will not be renewed at this time due to this failure to obtain the CME. I will contact a representative of the Division of Occupational Licensing for assistance. Refer to 12 AAC 40.200 on page 4 attached.
- ☐ NO I am renewing my license as a RETIRED LICENSE.

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

✓ Sign here

Applicant's Signature

Date

BEFORE YOU MAIL THIS RENEWAL APPLICATION--HAVE YOU?

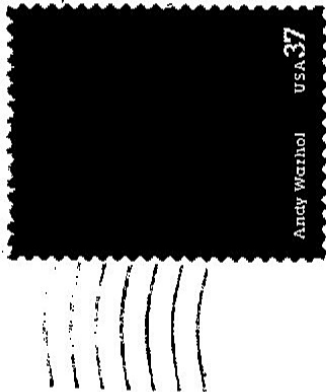
- Attached a check for fees payable to the State of Alaska?
- Completed all questions in the form?
- Attached explanations for any 'yes' responses?
- Signed the renewal form?

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

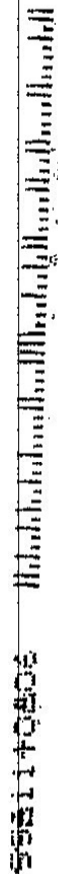
PUBLIC INFORMATION: All information on this renewal form will be available to the public unless required to be kept confidential by law.

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

Michael Merrick, MD
416 Frontage Road, Ste. 400
Kenai, AK 99611



Div of Occup Licensing
PO Box 110806
Juneau AK 99811-0806



No. 1474

Effective: 12/12/2000

Expires: 12/31/2002

STATE OF ALASKA

DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

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

STATE MEDICAL BOARD

Certifies that

MICHAEL MERRICK

IS A LICENSED

PHYSICIAN

Commissioner: Deborah B. Sedwick

Wallet Card

No. 1474		
State Of Alaska		
Department of Community and Economic Development		
Division Of Occupational Licensing		
This Certifies that		
MICHAEL MERRICK		
IS A LICENSED		
PHYSICIAN		
Effective	Expiration	Date of Birth
12/12/2000	12/31/2002	04/28/1946
Signature _____		

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

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

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

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

MED

69966 AK SOLDOTNA
P.O. BOX 4110
MICHAEL MERRICK

Reviewed by Leslie A. Gallant

Initials [Signature] NO ISSUE
Date 12/9/02



ALASKA STATE MEDICAL BOARD

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

MED

✓590 OK 553630

RECEIVED

NOV 27 2000

Division of Occupational Licensing
Juneau

MED S 1474

MICHAEL MERRICK
P.O. BOX 4110
SOLDOTNA AK 99669

MEDICAL LICENSE (MD, DO, DPM) RENEWAL APPLICATION

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

INSTRUCTIONS - Please read carefully.

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

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

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

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

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

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

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

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

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

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

PERSONAL INFORMATION: (PRINT LEGIBLY OR TYPE)

LAST NAME MERRICK	FIRST Michael	MIDDLE E	SEX <input type="checkbox"/> F <input checked="" type="checkbox"/> M
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY) 4-28-46	ALASKA LICENSE NUMBER 1474	
MAILING ADDRESS* PO Box 4110 Soldotna AK		*Is this an address change? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
PRIMARY PRACTICE ADDRESS 416 Frontage Rd Ste 400 Kenai AK		STATE ZIP 99669 99611	
TELEPHONE - DAY 907-283-5487		E-MAIL ADDRESS (Optional):	

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

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

CONTINUING MEDICAL EDUCATION

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

RECEIVED

NOV 27 2000

Division of Occupational Licensing
Juneau

YOU MAY BE AUDITED

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

If your license number is:
0001 to 4177

You must have obtained:

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

4178 to 4393

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

CME STATEMENT OF COMPLIANCE

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

✓ Check one:

☒ YES

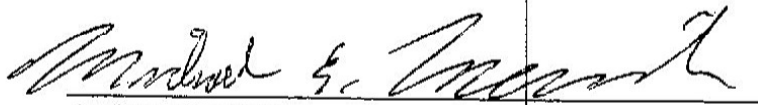
☐ NO*

☐ NO - RETIRED LICENSE

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

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

✓ Sign here:


Applicant's Signature

11-8-00
Date

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

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

NOTIFICATION OF PROPOSED REGULATIONS CHANGES

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



Tony Knowles, Governor

Department of Community and Economic Development

Division of Occupational Licensing

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

Telephone: (907) 465-2534 • Fax: (907) 465-2974 • Text Telephone: (907) 465-5437

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

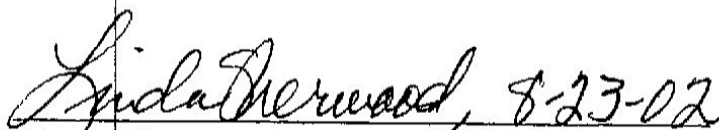
CERTIFICATION

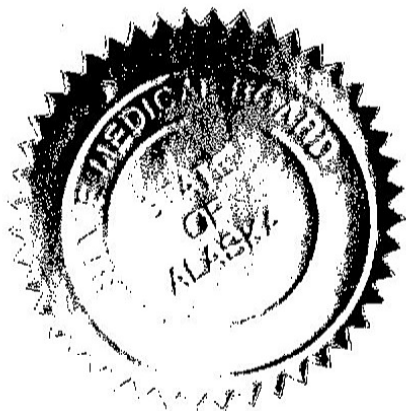
I, Linda Sherwood, Licensing Examiner in the Division of Occupational Licensing, a division of the State of Alaska, Department of Community and Economic Development, do hereby certify that I am the keeper of the records for the State Medical Board and that the attached documents are certified true copies of the licensing file for Dr. Michael Merrick holding Alaska license number 926, with an initial license date of April 12, 1978, and an expiration date of Dec. 31, 2002.

Division policy requires that a licensee's social security number be kept confidential, for this reason they have been obscured.

The following items are considered confidential and are not releasable to the general public. These confidential items have not been provided with this certification.

- American Medical Association Physician Profile
- NBME Exam Scores


Linda Sherwood, Licensing Examiner Date



Alaska

Tony Knowles, Governor

Department of Community and Economic Development

Division of Occupational Licensing

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

Telephone: (907) 465-2534 • Fax: (907) 465-2974 • Text Telephone: (907) 465-5437

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

Aug. 23, 2002

Ms. Roberta Young, CMSC
Medical Staff Consultant
Central Peninsula General Hospital
250 Hospital Place
Soldotna, AK 99669

Dear Ms. Young:

Enclosed is the copy of the licensure file for Dr. Michael Merrick. The American Medical Association profile and the National Board of Medical Examiners (NBME) examination scores were not copied. The social security numbers were blackened out.

In accordance with 12 AAC 02.104(4), a photocopy fee of \$0.25 per page, which may be waived by the department if the total fee is less than \$5.00, is assessed. Therefore, the charge for copying is \$8.25.

If you have any questions, please contact this office at the above address or call (907) 465-2541 during office hours of 8:00 a.m. to 4:30 p.m.

Sincerely,



Linda Sherwood
Licensing Examiner
Alaska State Medical Board

SELECTED PERTINENT REGULATIONS

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

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

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

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

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

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

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

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

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

(b) A physician may apply for an inactive license at the time of license renewal by

- (1) indicating on the form for license renewal that the physician is requesting an inactive license; and
- (2) paying the inactive biennial license fee established in 12 AAC 02.250.

(c) A physician licensed as inactive may not practice as a physician in the state.

(d) A physician licensed as inactive who wishes to resume active practice as a physician in the state must

- (1) meet the requirements of 12 AAC 40.025;
- (2) submit a written request for reactivation;
- (3) request a clearance report from the Federation of State Medical Boards Board Action Data Bank be sent directly to the board; and
- (4) pay the physician biennial license renewal fee established in 12 AAC 02.250, less any inactive license fee previously paid for the same licensing period.

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

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

(b) If a licensee fails to meet continuing medical education requirements due to illness or other extenuating circumstances, the licensee may request an extension of time in order to comply with those requirements. The request for an extension must be made on the licensee's application for license renewal. The board, or its designee, will only consider a request for extension if the licensee also agrees to enter into a memorandum of agreement with the board that specifies the date within the licensing period by which the licensee will meet the continuing education requirements and the licensee's agreement to voluntarily surrender the license to the board if the licensee fails to comply with the memorandum of agreement. The board, or its designee, will evaluate the request and proposed memorandum of agreement on an individual basis. If approved, the board, or its designee, will grant the extension of time and issue the renewed license for the next licensing period, effective from the date of the approval of the agreement.

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

(b) The board will accept the following as the equivalent of the credit hours required under 12 AAC 40.200(a):

- (1) a current physician's recognition award from the American Medical Association, American Podiatry Association, American Osteopathic Association, or a recognized subspecialty board; or
- (2) initial certification or recertification during the concluding licensing period by a specialty board recognized by the American Medical Association.

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

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

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

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