

RECEIVED

DEC 05 1994

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

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

## ALASKA BUSINESS LICENSE

This is to certify that the licensee named below holds an Alaska Business License covering the period January 1 through December 31 of the license year(s), or fraction thereof.

BL 047750	SIC 3011
MERRICK, MICHAEL E., M.D.	
MERRICK, MICHAEL E., M.D.	
PO BOX 4110	
SOLDOTNA AK 99659	12/31/95

### LICENSE YEAR(S)

1994 THRU 1995  
This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State of Alaska or of the United States.

This license must be posted in a conspicuous place at the location.  
It is not transferable or assignable.

COMMISSIONER OF COMMERCE AND  
ECONOMIC DEVELOPMENT

### CERTIFICATION

I, Nancy Ferguson, Licensing Examiner in the Division of Occupational Licensing, a division of the State of Alaska, Department of Commerce 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 Michael Merrick, MD, holding license #AA 1474 as a physician with an initial issue date of April 12, 1978, and an expiration date of December 31, 1994.

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

SUBSCRIBED AND SWORN to before me this 31 day of August, 1994.

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

My Commission Expires \_\_\_\_\_

Intended For:

This Item is In Progress

Author: Nancy Ferguson

Subject: Merrick file

-----  
To: Nancy Ferguson

From: Robert Harrington

Subject: Merrick file

Date Sent: 08/30/94

The Anchorage Police Dept. and the District Attorney's Office. It is our Investigation Unit's policy to give law enforcement agencies and the District Attorney's Office everything we get. Bob.

----- Original Memo -----

To: Robert Harrington

From: Nancy Ferguson

Subject: Merrick file

Date Sent: 08/30/94

I'm in the process of certifying 271 pages. Who are the two copies going to be for? Not all documents are public information. However, I can give you everything. Just need to now. Should be in today's pouch if my phone lets me certify it.

----- Reply -----

No problem. I will send you everything. Thanks

CONFIDENTIAL

To: Nancy Ferguson  
From: Robert Harrington  
Subject: Dr. File

JUNEAU  
Security: General  
Date Received: 08/08/94

-----  
Hi Nancy: I was out of the office from 08/01-05/94. Two copies would be great  
Thanks, Bob.

----- Reply -----  
To: Robert Harrington From: Nancy Ferguson  
Subject: Dr. File Date Sent: 08/03/94

Hi. I was out of the office from 7/11 - 8/2. Will try and get this file  
Certified for you within the week. Do you need 2 copies?

----- Original Memo -----  
To: Nancy Ferguson From: Robert Harrington  
Subject: Dr. File Date Sent: 07/14/94

Hi Nancy: I need a certified copy of the following doctor's licensure file:

Michael Merrick, M.D., Lic. No. S 1474

Thanks, Bob.

*4 pages*



**MEMORANDUM** (Brief Communications) **State of Alaska**

TO:	Name <i>Brent</i>	Dept./Div./Sect.	Mail Stop
FROM:	Name <i>Nancy</i>	Dept./Div./Sect.	Phone Mail Stop
SUBJ:	Date <i>8/15/94</i>		

*2 Copies please of the license file  
of Michael Merrick, MD #1474*

*Thanks*

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

NAME/ADDRESS CHANGE

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

THIS CERTIFIES THAT  
**MERRICK, MICHAEL**  
 IS A LICENSED **PHYSICIAN**

License Number	AA 1474	Effective	12/01/92	Expiration	12/31/94
Social Security Number	Date of Birth		04/28/46		
Height	67	Weight	145	Sex	M
		Eyes	BR	Hair	BR

Control No: 021667

# STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

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

STATE MEDICAL BOARD

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

License No.	AA 1474	Effective Date	12/01/92	Expiration Date	12/31/94
-------------	---------	----------------	----------	-----------------	----------

MERRICK, MICHAEL  
 P.O. BOX 4110

SOLDOTNA, AK 99669

Social Security No.	
Original Issue Date	04/12/78
Issued By	MW

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

Control No: 021667

Signature

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

Return this form with check or money order to:

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

**BIENNIAL MEDICAL LICENSE RENEWAL**

January 1, 1993 — December 31, 1994



MEDS01474  
MERRICK, MICHAEL  
P.O. BOX 4110  
SOLDOTNA AK

99669

DATE RECEIVED		
DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT		
425514		
NOV 2 1992		
DIVISION OF OCCUPATIONAL LICENSING		
Receipt No.	Amount	Initials
	400.00	BL

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

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

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

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

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

Name: (Last, First, Middle Initial)

M E R R I C K M I C H A E L E

Social Security Number:

Sex:

Date of Birth:

Telephone Number:

M

04

28

46

Month

Day

Year

907

283

5487

Residence Address:

Box 4110

City:

State:

Zip Code + Four:

SOLDOTNA

AK

99669

Practice Address:

416 FRONTAGE Rd, STE. 400

City:

State:

Zip Code + Four:

KENAI

AK

99611

Preferred mailing address is: ☒ Residence ☐ Practice

☐ Check here if you have made address corrections.

☐ Check here if you have made address corrections.

**GENERAL INFORMATION**

Specialty: General Practice

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

Oregon

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

MICHAEL MERRICK, M.D.  
GENERAL PRACTICE / GENERAL SURGERY  
P.O. BOX 4110  
SOLDOTNA, ALASKA 99669  
TELEPHONE (907) 283-5487



STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

DEC 31 1991

DIVISION OF  
OCCUPATIONAL LICENSING

December 24, 1991

AA 1474

Ms. Pem Ventgen  
Division of Occupational Licensing  
3601 C Street, Suite 722  
Anchorage, AK 99503

Dear Ms. Ventgen:

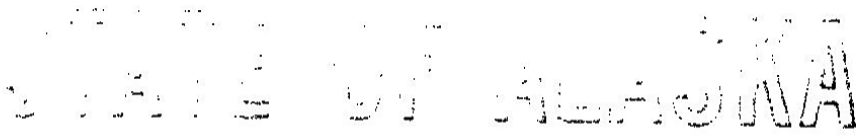
I'm writing to inform you that I am now practicing medicine on a part-time basis at Camai Medical Center in Naknek. The address is P.O. Box 211, Naknek, AK 99633. I still practice in Kenai in addition to my work in Naknek.

Sincerely,

A handwritten signature in cursive script that reads "Michael Merrick".

Michael Merrick, M.D.

cc: DEA



**DEPARTMENT OF COMMERCE &  
ECONOMIC DEVELOPMENT**

**DIVISION OF OCCUPATIONAL LICENSING**

WALTER J. HICKEL, GOVERNOR

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

*Associated  
Emergency Physician*  
CERTIFICATION

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

Name: *Michael Merrick MD*

License Type: *Physician*

License Number: *AA 1474*

Date Originally Issued: *4/12/78*

Expiration Date: *12/31/92*

DEROGATORY INFORMATION: *Disciplined 10/84 with conditions. Conditions removed 3/21/89. License is clear*

DATED this 31<sup>st</sup> day of December, 19 91, at Juneau Alaska.

*Nancy Ferguson*  
Nancy Ferguson  
Licensing Examiner

(SEAL)



Associated Emergency Physicians, Inc.  
Medical Group of Northern California

Robert Violante, M.D., F.A.C.E.P.  
James B. Lane, M.D., F.A.C.E.P.  
B. Thomas Hafkenschief, M.D., F.A.C.E.P.  
W. Richard Hencke, Jr., M.D., F.A.C.E.P.  
John A. Uhl, M.D., F.A.C.E.P.

M. Douglas Monsen, P.A.-C, P.A. Coordinator

Stan A. Sayles, Administrator

November 22, 1991

Nancy Ferguson  
State Medical Board  
P.O. Box 110806  
Juneau, Alaska 99811-0806

Dear Ms. Ferguson:

I am writing to request confirmation of current licensure on the following physicians:

Lorren Weaver, M.D. 2289

Michael Merrick, M.D. 1474

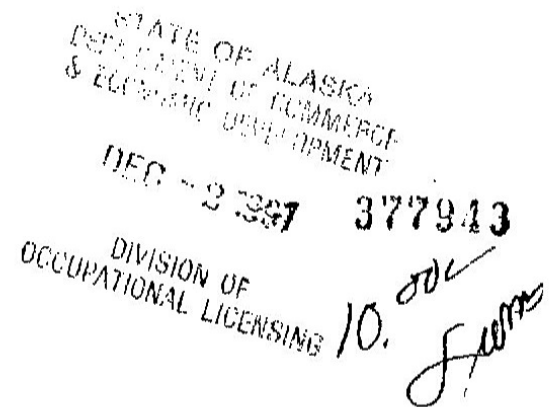
Please include in your verification copies of any disciplinary orders and reinstatement documentation. A check in the amount of \$10.00 is enclosed for the processing fee.

Thank you for your assistance.

Sincerely,

Nanette Peter  
Recruiter

NLP/me  
Enclosure



# STATE OF ALASKA

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

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

### STATE MEDICAL BOARD

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

License No.	Effective Date	Expiration Date
AA 1474	11/21/90	12/31/92

MERRICK, MICHAEL  
P.O. BOX 4110

SOLDOTNA, AK 99669

Social Security No.	Original Issue Date	Issued By
	04/12/78	NE

Jane Angvik

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

Control No: 016397

Board: \_\_\_\_\_

License No.: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

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

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

THIS CERTIFIES THAT  
MERRICK, MICHAEL  
IS A LICENSED PHYSICIAN

License Number	Effective	Expiration
AA 1474	11/21/90	12/31/92
Social Security Number	Date of Birth	
	04/28/46	
Height	Weight	Sex
67	145	M
Eyes	Hair	
BR	BR	

Signature

Control No: 016397

Return this form with check or money order to:

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

MERRICK, MICHAEL  
P.O. BOX 4110  
SOLDOTNA, AK 99611

S AA 01474 MED

Date Received	
STATE OF ALASKA DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT	
NOV - 2 1990	
0328717	
DIVISION OF OCCUPATIONAL LICENSING	
Rec. No.	Amount
	\$400.00

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

Renewal Fee: ☒ \$400.00 Active  
☐ \$200.00 Inactive

In accordance with AS 08.01.100, a \$20.00 penalty fee is required for renewals received after March 1, 1991.

Name: (Last, First, Middle Initial)

Merrick, Michael E.

License Number:

AA 1474

Social Security Number:

Sex

M

Date of Birth

04 28 46  
month day year

Telephone Number:

907 283 5487

Residence Address:

Box 4110

City:

Soldotna

State:

AK

Zip Code:

99669

☐ Check here if you have made address corrections.

Practice Address:

416 Frontage Rd

City:

Klenak

State:

AK

Zip Code:

99611

☐ Check here if you have made address corrections.

General Information

Specialty: General Practice

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

Professional Issues: During the preceding two years:

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

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

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

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

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

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

08-077 (Rev. 9/90)

Signature: Michael E. Merrick  
Date: 10/25/90

YOU MUST COMPLETE THE AFFADAVIT ON  
THE REVERSE SIDE



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

Phone No.: \_\_\_\_\_  
Additional documentation and a fee may be required,  
in accordance with applicable statutes & regulations.

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

THIS CERTIFIES THAT  
**MERRICK**  
IS A LICENSED

**PHYSICIAN**  
**MICHAEL**

License Number	AA 1474	Effective	11/ 2/88	Expiration	12/31/90
Social Security Number				Date of Birth	4/28/46
Height	67	Weight	145	Sex	M
				Eyes	BR
				Hair	BR

Signature

Control No:

01707

# STATE OF ALASKA

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

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

### STATE MEDICAL BOARD

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

License No.	AA 1474	Effective Date	11/ 2/88	Expiration Date	12/31/90
-------------	---------	----------------	----------	-----------------	----------

**MERRICK**  
**P.O. BOX 4110**  
**MICHAEL**

**SOLDOTNA** , **AK** **99669**

000000

Social Security No.	
Original Issue Date	4/12/78
Issued By	KY

**DUPLICATE**  
**LARRY MERULIEFF (ACTING)**

Signature of Licensee

Commissioner  
Department of Commerce & Economic Development

08-2407 (Rev. 10/88)

Control No:

01707

ALASKA STATE MEDICAL BOARD

CONTINUING MEDICAL EDUCATION AFFIDAVIT OF COMPLIANCE

0818  
Your Continuing Medical Education (CME) affidavit is due and **must** accompany your renewal fee. Your license will not be processed until the proper fee and CME affidavit have been received.

Name Michael Merrick License No. AA 1474  
(Please Print or Type)

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

Date 10/18/88 Michael Merrick  
Signature of Physician

IMPORTANT NOTICE

**You may be audited!**

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

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

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

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

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

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

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

MERRICK  
P.O. BOX 4110  
SOLDOTNA AK 99669  
S AA 01474 MED  
MICHAEL

Name: (Last, First, Middle Initial)

Merrick Michael E.

Social Security Number:

Sex Date of Birth

M 04 28 46  
month day year

Address: (Please make corrections if necessary)

P.O. Box 4110

City:

Soldotna

State:

AK

Zip Code:

99669

**General Information:**

Specialty: Family Practice

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

**Professional Issues:**

During the last registration period, have you

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

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

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

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

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

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

Date Received  
STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

OCT 28 1988

DIVISION OF  
OCCUPATIONAL LICENSING

Rec. No.	Amt.	Initial
9130	400.00	mf

Renewal Fee: ☒ \$400.00 Active  
☐ \$200.00 Inactive

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

License Number:

AA 1474

Telephone Number:

907 283 7851

☐ Check here if you have made address corrections.

Michael E. Merrick  
Signature

Date:

10/18/88

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



**DEPARTMENT OF COMMERCE &  
ECONOMIC DEVELOPMENT**

**DIVISION OF OCCUPATIONAL LICENSING**

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

**CERTIFICATION**

I, Kym Walker, Licensing Examiner in the Division of Occupational Licensing, a division of the State of Alaska, Department of Commerce and Economic Development, do hereby certify that I am the keeper of the records of the licensing of Physicians and that attached hereto is a complete and accurate copy of the State Medical Board file of Michael Edward Merrick, Lic. #AA-1474

NO EXCEPTIONS

Dated this 23 day of May, 19 90,  
at Juneau, Alaska.

Kym Walker  
Licensing Examiner

Subscribed and sworn to before me this 23 day of May,  
19 90.

Barbara (Gibbs)  
Notary Public, State of Alaska

NOTARY SEAL

My Commission Expires: 7/18/93

To Dolly Hansen  
5/23/90 per her request.  
Kym Walker



# UNITED STATES AIR MAIL SERVICE

POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



POSTAGE WILL BE PAID BY ADDRESSEE

## DOMESTIC RETURN RECEIPT

PS Form 3811, Feb. 1986

<p>Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery.</p>		<p>3. Article Addressed to:</p> <p><i>Michael Merrick, M.D.</i> <i>P.O. Box 4110</i> <i>50150th Ave</i> <i>99669</i></p>	
<p>4. Article Number</p> <p><i>PA18143477</i></p>		<p>5. Signature - Addressee</p> <p><i>[Signature]</i></p>	
<p>6. Signature - Agent</p> <p><i>[Signature]</i></p>		<p>7. Date of Delivery</p>	
<p>8. Addressee's address (only if requested and fee paid)</p> <p><i>[Circular Postmark: SOLDOTNA, AT 99669, SEP 17 1967]</i></p>		<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p> <p> <input type="checkbox"/> Registered  <input type="checkbox"/> Certified  <input type="checkbox"/> Express Mail  <input type="checkbox"/> Insured  <input type="checkbox"/> COD         </p>	

RECEIVED

MAR 23 1989

Division of Occupational Licensing



SISTERS OF  
PROVIDENCE

SERVING IN THE WEST SINCE 1856

PROVIDENCE HOSPITAL  
3200 PROVIDENCE DRIVE  
P.O. BOX 196604  
ANCHORAGE, ALASKA 99519-6604  
PHONE: (907) 562-2211

March 15, 1989

Thomas L. Conley, M.D.  
Chair  
State Medical Board  
3601 "C" Street  
Anchorage, AK 99503

Dear Dr. Conley:

During the past two weeks Michael Merrick, M.D. has worked in the Providence Emergency Room a total of 80 hours. During that period of time he was supervised by myself and other physician members of the Providence Emergency Medicine Department. His function in the Emergency Room was comparable to a resident in a residency training program.

Each patient that Dr. Merrick evaluated in the Emergency Department was presented to a physician member of the department. After consultation and treatment of the patient was carried out by Dr. Merrick. Dr. Merrick's attitude toward this arrangement was quite favorable. His evaluation and care was felt to be quite appropriate. I feel comfortable in recommending to the Alaska State Medical Board that he has satisfactorily completed his 80 hours of service in a full service Emergency Department..

We are pleased that we have been able to provide this service for Dr. Merrick and the Alaska State Medical Board.

If I can be of further assistance, please contact me.

Sincerely,

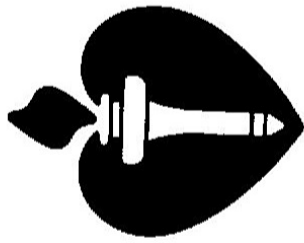
John Hall, M.D.  
Chair  
Department of Emergency Medicine

xc:File  
:bk1976a/89

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAR 23 1989

DIVISION OF  
OCCUPATIONAL LICENSING



**American Heart Association**  
**Alaska Affiliate**

**Advanced Cardiac Life Support**

This certifies that

MICHAEL MERRICK, M.D.

has successfully completed the national cognitive and performance examinations in accordance with the Standards of the American Heart Association for:  
**Advanced Cardiac Life Support Provider**

DECEMBER 2, 1986

Date of Issue

DECEMBER 2, 1988

Date of Expiration





# THE OREGON HEALTH SCIENCES UNIVERSITY

3181 S.W. Sam Jackson Park Road, L462  
Portland, Oregon 97201 (503) 225-8750

*School of Medicine  
Division of Cardiology*

February 17, 1987

Department of Medical Records  
Central Peninsula Hospital  
Hospital Circle  
Soldotna, Alaska 99669

RE: DR. MICHAEL E. MERRICK

Dear Sirs/Madame:

Dr. Michael Merrick spent the time between July 9-14th, 1984 at the Oregon Health Sciences University for a mini-sabbatical. One of his requests during this stay was to read and review ECG's. Dr. Merrick read about 20 ECG's per day during his stay here and Dr. Greenberg and I reviewed these tracings with him. He also participated in the review of ECG's of other people with one of the staff cardiologists.

Please do not hesitate to write or call if you have any questions about Dr. Merrick's activities with reviewing ECG's while at the Oregon Health Sciences University.

Sincerely,

George A. Pantely, M.D.  
Associate Professor of Medicine  
Division of Cardiology

GAP/klcb

cc: Dr. Michael E. Merrick  
P.O. Box 4110  
Soldotna, Alaska 99669

*Schools:  
Schools of Dentistry, Medicine, Nursing*

*Clinical Facilities:  
University Hospital  
Doernbecher Memorial Hospital for Children  
Crippled Children's Division  
Outpatient Clinics*

*Special Research Division:  
Institute for Advanced Biomedical Research*

# THE OREGON HEALTH SCIENCES UNIVERSITY

School of Medicine  
Continuing Medical Education

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 (503) 225-8700

June 11, 1984

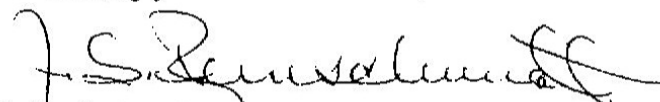
Michael E. Merrick, M.D.  
Wildwood Medical Associates  
P.O. Box 3333  
Kenai, Alaska 99611

Dear Dr. Merrick:

Pursuant to our telephone discussions we are able to arrange for a mini-sabbatical which will primarily be directed toward medical and cardiac intensive care units as well as participation in the interpretation of the electrocardiograms. The medical intensive care units are directed by Dr. Alan Barker and Dr. Barry Greenberg. I have discussed this with each of them and they are agreeable to having you participate. However each cautions that the time that you have indicated is when the new residents and fellows are coming onto the service and this may present some problems with procedures. Dr. George Pantely is in charge of the ECG interpretation, and there are some new systems which are now in use in the department which may be of great interest to you.

I have made some inquiries regarding housing but as yet have come out with nothing that is definite. I would appreciate having confirmation in writing from you as to your specific background experience and the dates that you will be here.

Sincerely,



J.S. Reinschmidt, M.D., Director  
Division of Continuing Medical Education

JSR/k1

Betty - Secretary

1-(503)-225-8700

225-8440 Dr. Pantely  
225-8311

**Clinoril**

(Sulindac MSD)

225-8750



Schools of Dentistry, Medicine and Nursing  
University Hospital, Doernbecher Memorial Hospital for Children, Crippled Children's Division, Dental Clinics

Southern Region  
**EMERGENCY**  
Medical Services Council, Inc.

**CERTIFICATE**

This is to certify that Michael Merrick, MD, attended the Advanced Trauma Life Support Refresher Course in Anchorage, Alaska, February 6, 1987.

As organizations accredited for continuing medical education, the American College of Surgeons and the American College of Emergency Physicians designate this educational activity as meeting criteria for eight (8) Category I Credit hours.



Casie Williams, RN, MED, CEN  
EMS Education Specialist  
Regional ATLS Coordinator

STATE OF ALASKA  
BEFORE THE STATE MEDICAL BOARD

In the Matter of: )  
MICHAEL E. MERRICK, M.D. )  
\_\_\_\_\_ )

No. ME 84-01  
AG File Nos. 221-83-0777  
and 221-87-0152

ORDER MODIFYING REQUIREMENTS FOR  
REINSTATEMENT OF UNRESTRICTED MEDICAL LICENSE

On the petition of respondent Michael E. Merrick, M.D., IT IS HEREBY ORDERED that the board's order of October 1, 1984, is modified; Dr. Merrick's medical license will be reinstated, without a restriction regarding the practice of emergency medicine, upon Dr. Merrick's satisfaction of the following conditions:

1. Dr. Merrick shall provide verification that he attended a program on "cardiology for noncardiologists" at Providence Hospital in October 1984.

2. Dr. Merrick shall provide a letter from Dr. Rheinschmidt of the cardiology service at the University of Oregon confirming that Dr. Merrick spent approximately four days in July 1984 at the university interpreting electrocardiograms (EKGs), that his interpretation of those EKGs was reviewed by qualified individuals at the hospital, and that his interpretation was satisfactory.

3. Dr. Merrick shall obtain ASLS and ATLS certification.

4. Dr. Merrick shall obtain at least 80 hours of supervised practice with a physician or group that is board certified in emergency medicine. The practice must involve actual treatment of patients, and may not involved mere observation by Dr. Merrick. The supervised practice must be at an emergency room having an activity level similar to that of the emergency room at Providence Hospital in Anchorage, Alaska.

MERRICK ORDER  
KEMG-5  
Page 1

DEPARTMENT OF LAW  
OFFICE OF THE ATTORNEY GENERAL  
ANCHORAGE BRANCH  
1031 W. FOURTH AVE., SUITE 200  
ANCHORAGE, ALASKA 99501  
PHONE: (907) 276-3550

DEPARTMENT OF LAW  
OFFICE OF THE ATTORNEY GENERAL  
ANCHORAGE BRANCH  
1001 W. COURT AVENUE, SUITE 200  
ANCHORAGE, ALASKA 99501  
PHONE: (907) 278-3350

1 The supervising physician or a member of the supervising group  
2 must provide a written or oral report to the board regarding Dr.  
3 Merrick's performance, and the board must be satisfied that Dr.  
4 Merrick's performance was satisfactory and that he is qualified  
5 to safely practice emergency room medicine.

6 5. All of the foregoing must be accomplished not  
7 later than September 30, 1989.

8 IT IS HEREBY FURTHER ORDERED that the current  
9 restriction on Dr. Merrick's medical license restricting him  
10 from practicing in an emergency room is hereby modified to  
11 expressly permit him to practice for up to 100 hours in an  
12 emergency room under the supervision of a board certified  
13 physician or group in order to comply with paragraph 4 above.

14 DATED this 2<sup>nd</sup> day of DECEMBER, 1986, at  
15 KETCHIKAN  
Anchorage, Alaska.

16 ALASKA STATE MEDICAL BOARD

17  
18 By:

  
19 Dr. T. L. Conley  
20 Chairman

21 This is to certify that a copy  
22 of the foregoing is being  
23 mailed or caused to be mailed  
24 to the following attorneys or  
25 parties of record:

26 Dr. Michael Merrick

27 Irene H. Rhodes 11-26-86  
28 Irene H. Rhodes Date

reissued 10/86



PROVIDENCE HOSPITAL  
1000 W. 10TH AVE., ANCHORAGE, ALASKA 99501  
SERVING ALASKA SINCE 1902

## CENTER FOR EDUCATIONAL DEVELOPMENT

### CONTINUING MEDICAL EDUCATION PROGRAM Verification of Attendance

Name of Physician: Michael E. Merrick, M.D.

Program Title: CARDIOLOGY FOR NON-CARDIOLOGISTS Date: Oct. 7-8, 1983

*This program is acceptable for 10 hours Category 1  
and applies to the Physicians' Recognition Awards Program  
of the American Medical Association*

  
Mark E.N. Agnew, M.A., M.B., M.R.C.G.P.  
Director of Medical Staff Education

*This record should be used for your documentation of  
Continuing Medical Education hours.*

ATTACHED TO PETITION FOR REINSTATEMENT  
From Michael Merrick, dated 10/10/84

as possible in the group. People attending the meetings don't have to mention their name, they can attend as many meetings as they like, and they don't have to talk if they don't want to.

Aside from the support group, which meets Wednesdays at 7 p.m. in the hospital's conference room, two other cancer-related services are being offered in the community.

## Soldotna doctor censured for emergency room action

SOLDOTNA (AP) — A Kenai Peninsula physician has been barred from practicing in emergency rooms after failing to properly diagnose a heart attack that eventually killed a man.

In taking the action Sept 14, the Alaska Medical Board also censured Dr. Michael Merrick.

According to the findings of a special hearing officer, Merrick failed to properly read the results of an electrocardiogram administered to Pat Daniels after he was brought to the emergency room at Central Peninsula General Hospital. Merrick also failed to adequately seek a medical history

and symptoms from Daniels, his wife or a paramedic who took him to the hospital about a year and a half ago.

"The degree of incompetence exhibited by (Merrick) proved fatal to the patient," hearing officer Joan Katz concluded after an Aug. 13 hearing at Kenai.

Merrick called it an "isolated incident," adding "I regret that it happened."

Merrick may regain the right to work in an emergency room if he gets extra training and demonstrates his competence to the board, said Dr. Tom Conley of Ketchikan, a member of the medical board.

## Stolen car recovered after chase

Alaska State Troopers and Kenai and Soldotna Police recovered a stolen vehicle Thursday night after a chase down Kalifornsky Beach Road.

Troopers said a Soldotna man, Jay D. Price, 18, was arrested on suspicion of the theft. The vehicle was reported stolen by its owner,

Donald N. Woods of Soldotna from his Wendy Lane home at about 9:30 p.m.

Troopers said Soldotna police observed the car on Kalifornsky Beach Road and chased it to Mile 5, before they lost sight of Woods' 1975 Pontiac sedan.

Troopers later located the

vehicle at Mile 2.5 of Kalifornsky Beach Road and Kenai police tracked down Price about two miles down the road with the help of their police dog.

Price was charged with suspicion of criminal mischief and fourth-degree theft.

## The Weather

Strong and gusty east winds continued to buffet the arctic slope Sunday, with winds gusting to 65 mph in the east portion and to 40 mph in the west.

Blowing dust in the Prudhoe Bay area reduced visibility to as low as 2 miles. A high-wind warning remained in effect for the coastal area east of Lonely Point.

A large low pressure system and its accompanying weather front spread areas of rain

and wind to the southern Alaska coast. Six-hour rain amounts for the period ending 10 a.m. Sunday include more than one-half inch at Yakutat, more than one-third of an inch at Seward and about a third of an inch at Kodiak and Cordova.

It also was windy along the coast and at some southern interior locations. Kodiak reported gusts to 40 mph and Homer reported gusts to more than 35 mph.

Clarion Newspaper  
Oct. 15, 1984

DIVISION OF  
OCCUPATIONAL LICENSING

OCT 11 1984

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT



# STATE OF ALASKA

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

### DIVISION OF OCCUPATIONAL LICENSING

AA-1474  
STEVE COWPER, GOVERNOR

7TH FLOOR FRONTIER BLDG.  
3601 C STREET, SUITE 722  
ANCHORAGE, ALASKA 99503  
PHONE: (907) 561-2878

May 5, 1988

William C. Compton, M.D.  
Chairperson, Credentials Committee  
Providence Hospital Medical Staff Office  
Pouch 6604  
Anchorage, AK 99502-9984

Re: Your request of March 14, 1988 regarding Michael Merrick, M.D.

Dear Dr. Compton:

The following are in response to the questions in your letter of March 14, 1988. Responses are listed in the order asked in your letter:

- No. 1 No record of habitual use of controlled drugs or alcohol.
- No. 2, 3 and 4 Dr. Merrick has been called before the State Medical Board and his license is currently restricted. Copies of applicable order(s) are enclosed.
- No. 5 No record of felony criminal matter.
- No. 6 No record of mental or physical health problem.
- No. 7 The State Medical Board's license files do not necessarily contain information regarding malpractice suits. Limited records in Dr. Merrick's files however do indicate a malpractice action. I suggest you contact MICA for additional information.
- No. 8 and 9 See response to questions Nos. 2, 3 and 4.

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAY 09 1988

DIVISION OF  
OCCUPATIONAL LICENSING

Re; Michael Merrick, M.D..  
May 5, 1988  
.Page 2

I hope these answers and the documents enclosed provide all the information you require. If you need anything additional, please feel free to contact me.

Sincerely,

Pam Ventgen, CMA  
Executive Secretary  
State Medical Board

Enclosures:

Accusation  
State's Prehearing Memorandum  
Proposed Decision  
Order of the State Medical Board  
Petition for Reconsideration  
Decision on Request for Reconsideration  
Assignment and Covenant Not to Execute  
Opposition to Request to Approve CME and to Waive Supervised  
Practice Requirement  
Order Modifying Requirements for Reinstatement of Unrestricted  
Medical License

cc: License file

0158M

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAY 09 1988

DIVISION OF  
OCCUPATIONAL LICENSING

AA-1474

PROVIDENCE HOSPITAL  
3200 PROVIDENCE DRIVE  
P.O. BOX 196604  
ANCHORAGE, ALASKA 99519-6604  
PHONE: (907) 562-2211

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT



SISTERS OF  
PROVIDENCE  
SERVING IN THE WEST SINCE 1856

MAR 21 1988

DIVISION OF  
OCCUPATIONAL LICENSING

March 14, 1988

Department of Commerce  
& Economic Development  
Division of Occupational  
Licensing  
State Medical Board  
Pouch D  
Juneau, AK 99811-0800

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

RE: MICHAEL MERRICK, M.D.

MAY 09 1988

Dear Sir or Madam:

Michael Merrick, M.D. has recently applied for medical staff privileges at Providence Hospital in the Department of Emergency Medicine. Dr. Merrick has listed your state as one of those in which he currently is or has been licensed to practice. His Alaska license number is AA 1474

DIVISION OF  
OCCUPATIONAL LICENSING

The Credentials Committee of Providence hospital would appreciate your taking time to answer the following questions in regard to Dr. Merrick. A self-addressed stamped envelope is enclosed for your convenience.

- (1) Has Dr. Merrick ever been a habitual user of controlled drugs or alcohol?
- (2) Do you know of any restrictions on his privileges?
- (3) Has he ever had his privileges suspended or revoked?
- (4) Has he ever been a subject of disciplinary action by a licensing authority, board of trustees or medical staff?
- (5) Has Dr. Merrick ever been a defendant in a felony criminal matter?
- (6) Are you aware of any mental or physical health problems?
- (7) Has Dr. Merrick ever been a defendant in a medical malpractice action?

/Page 2....

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAR 21 1988

PAGE 2

STATE MEDICAL BOARD INQUIRY  
MARCH 14, 1988

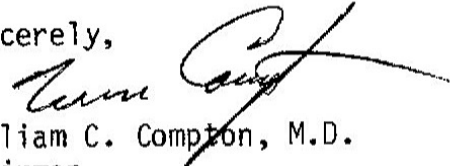
DIVISION OF  
OCCUPATIONAL LICENSING

(8) Has there ever been a complaint filed against Dr. Merrick? If so, was the outcome of that complaint?

(9) Are you aware of any breach of professional ethics

Your assistance in this evaluation will be very helpful.

Sincerely,



William C. Compton, M.D.  
Chairman  
Credentials Committee

WC/sr  
Enclosure  
1236c

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAY 09 1988

DIVISION OF  
OCCUPATIONAL LICENSING



PROVIDENCE HOSPITAL

3200 PROVIDENCE DRIVE - ANCHORAGE, ALASKA 99502 - PHONE (907)562-2211

SERVING ALASKA SINCE 1902

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAR 21 1988

DIVISION OF  
OCCUPATIONAL LICENSING

**RELEASE AND WAIVER OF APPLICANT  
FOR APPOINTMENT  
TO THE MEDICAL STAFF**

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAY 09 1988

DIVISION OF  
OCCUPATIONAL LICENSING

By signing with application, I, Michael Merrick, M.D. hereby agree to cooperate fully with this institution, its medical staff, administrator, owner, operator and their agents, employees, attorneys, and such other persons or entities as may be necessary or appropriate in the sole and exclusive discretion and judgement of the institution during its investigation and processing of this application. I further signify my willingness to appear for all interviews, submit documents, written or oral evidence or such other information as may be requested of me with regard to my application, and I hereby expressly authorize PROVIDENCE HOSPITAL, ANCHORAGE ALASKA, its medical staff, administrator, owner, operator and their agents, employees and attorneys to consult with and obtain oral or written information from such other persons or entities as they may deem appropriate who may have information or evidence bearing on my competence, background, education, experience, character, physical and mental condition and ethical qualifications and competence to perform the clinical privileges I have or may request, as well as my moral and ethical qualifications. I hereby release, acquit and forever discharge the above named institution, its medical staff, administrator, owner, operator and their agents, employees, attorneys and any and all other entities and persons who may furnish or submit documents, written or oral evidence or information in connection with the investigation and processing of this application form and of any liability, claim, cause of action or demand for or by reason of any matter, cause or thing in connection with the investigation and processing of this application including, but not limited to, liability, causes of action or claims for invasion of privacy, libel, slander, and negligence which may or could arise from the submission, giving, transmission, furnishing, or discussion of documents, written or oral evidence or information touching on or related to my competence, education, background, character, experience, physical and mental condition and ethical qualifications.

Date 2/15/88

Michael E. Merrick

Applicant Signature

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

NOTICE OF SURCHARGE AND SURCHARGE PAYMENT FORM

MERRICK  
P.O. BOX 4110  
SOLDOTNA AK 99669

S AA 01474 MED  
MICHAEL

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

NOV 27 1987

DIVISION OF  
OCCUPATIONAL LICENSING

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

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

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

Your prompt payment would be appreciated. Thank you!

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

Name: (First, Middle, Last)

M I C H A E L E M E R R I C K

License Number:

AA 1474

Social Security Number:

Telephone Number:

907 283 7351

Address:

Box 4110 ~~SOLDOTNA~~

City:

Soldotna

State:

AK

Zip Code:

99669

Please check here if this is a new address: ☐

For Office Use Only

Date	Receipt #	Amount	Initial
11/27/87	324	120.00	SW KW

FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, INC.  
2630 West Freeway, Suite 138, Fort Worth, Texas 76102-7199  
(817) 335-1141

**DISCIPLINARY ACTION REPORT FORM**

The following is a report of formal disciplinary action taken by the undersigned state medical board (or the appropriate disciplinary entity) which is a matter of public record.

\*\*\*\*\*

**A. PHYSICIAN AFFECTED:**

1. Full Name: Michael E. Merrick  
Other Names Used/Meidem Name: \_\_\_\_\_
2. Most Recent Address: P.O. Box 3333  
Keari, AK 99511
3. Date of Birth (month/day/year): 4/28/46 Social Sec. No.: 542-58-1511
4. Medical License No.: 1474 ECFMG No. (if any): \_\_\_\_\_
5. Medical Degree Held: MD Year Degree Awarded: 1972
6. Medical School Awarding Degree: Univ. of Oregon Medical School
7. Please list the other state(s) in which this physician is licensed:  
OR

**B. ACTION:**

1. Using the disciplinary codes on the back of this form, enter below the most appropriate action code number and description. (Example: Code No.: 412.1 Description: Licensure denied-fraudulent credentials.)

Code No.: 26C Description: \_\_\_\_\_

2. Date Disciplinary Action Taken (month/day/year): 12/1/86
3. Please enclose the applicable board order and any written findings of fact which were made. Check here if enclosed: ☒

If no findings of fact are enclosed, please briefly state the facts of the case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please enclose any other related information from the public record you believe is appropriate. Check here if enclosed: \_\_\_\_\_

\*\*\*\*\*

The undersigned certifies the information above is correct.

AK State Medical Bd  
Name of Board (or appropriate entity)

Kurt Dewert  
Submitted by (name)

Date Submitted: 3/8/87

Licensing Examiner  
Title



# STATE OF ALASKA

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

STEVE COWPER, GOVERNOR

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

March 3, 1987

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Michael Merrick, M.D.  
Wildwood Medical Association  
P.O. Box 3333  
Kenai, Alaska 99611

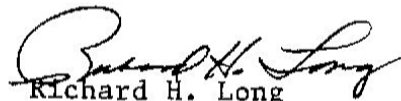
Dear Dr. Merrick:

Enclosed is a copy of the Order Modifying Requirements for Reinstatement of Unrestricted Medical License, by the State Medical Board, for your record.

I was reviewing your file to close from my records but I found nothing to indicate you were sent a copy of the enclosed order. If you already have a copy, which I am under the impression you do, this will merely serve to provide me with verification.

Thank you for your cooperation.

Sincerely,

  
Richard H. Long  
Chief Investigator

Enclosure:as

cc: File, M. Merrick, M.D., AA 1474. (orig order)



STATE OF ALASKA  
BEFORE THE STATE MEDICAL BOARD

In the Matter of:  
Michael E. Merrick,  
Respondent.

No. ME 84-01

ORDER OF THE STATE MEDICAL BOARD

The State Medical Board convened on September 14, 1984 to consider the proposed decision of the hearing officer in the above-referenced case. Joan M. Katz, the hearing officer, Dr. Michael Merrick, the respondent, and Kay Gouwens, Assistant Attorney General, were present during the deliberations. Each had the opportunity to address the board. Having reviewed the proposed decision and deliberated thereon, it is the board's order that:

1. The proposed decision of the hearing officer is adopted in its entirety.

2. As a means of implementing that portion of the decision on page 12 which contemplates that the board may at some future date lift the condition on Dr. Merrick's license prohibiting emergency room practice, the following procedures are prescribed:

a. The prohibition against emergency room practice shall continue in effect, except for the practicum described in paragraph b(ii) below, at least from September 14, 1984 to September 14, 1985.

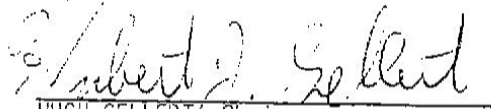
b. At any time after September 14, 1985, and prior to September 14, 1989, Dr. Merrick may apply to the board to lift the condition prohibiting emergency room practice from his license. In order for such condition to be lifted, Dr. Merrick will have to establish that subsequent to September 14, 1984, he satisfactorily completed (i) at least 50 hours of board-approved continuing medical education in the fields of cardiology and emergency room medicine; and (ii) at least 30 hours of emergency room practice under the direct supervision of a board certified emergency room physician. The 30 hours may be accomplished in one period of no more than

fourteen days or two periods of no more than seven days each. The entire 80 hours must be accomplished within one year of the date that respondent applies to the board for relief from the condition proscribing emergency room practice. Finally, the supervising physician must be approved by the board before Dr. Merrick undertakes the practicum, and such physician must certify to the board after completion of the practicum that respondent has exhibited a level of professional competence in the emergency room such as to warrant lifting the restriction on his license against such practice.

3. Notice of censure shall be placed in local newspaper(s). The notice shall state that the board has censured Dr. Merrick as a result of professional incompetence demonstrated by him in responding to and diagnosing a patient's complaint on April 21, 1983. The patient's name shall not be included in the notice. The language of the notice shall reflect the board's intent to censure Dr. Merrick as a result of his conduct relating to this single incident only.

DATED at Anchorage, Alaska this 12<sup>th</sup> day of October, 1984.

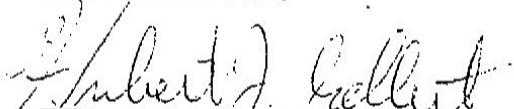
STATE MEDICAL BOARD

  
HUGH GELLERT, Chairman

CERTIFICATION

I hereby certify that 6 members of this board out of a total of 7 members were present for consideration of the above order and that the vote in favor of the above order was 6 AYES and 0 NAYES with 1 absent.

STATE MEDICAL BOARD

  
HUGH GELLERT, Chairman

RL/inc1147M  
92784A

STATE OF ALASKA  
BEFORE THE STATE MEDICAL BOARD

In the Matter of: )  
MICHAEL E. MERRICK, )  
Respondent. )

No. ME 84-01

PROPOSED DECISION

Introduction

Harry Treager, Director of the Division of Occupational Licensing, filed an accusation against Dr. Michael E. Merrick on August 4, 1983, seeking suspension or revocation, and/or other appropriate disposition, of Dr. Merrick's license, pursuant to AS 08.64.330(b). On September 22, 1983, the undersigned hearing officer was appointed by the Governor to preside over this case. After attempts at informal resolution proved unsuccessful, this matter came to hearing on August 13, 1984 in Kenai, Alaska. The testimony of six witnesses was admitted by affidavit, in accordance with AS 44.62.470 and a further, explicit waiver on the record by respondent. Dr. Merrick was called as a witness by the State and testified additionally in his own behalf.

The State also submitted documentary evidence and introduced the testimony of expert witness Dr. Frank Hollingshead. At the close of the proceedings, Assistant Attorney General Kay E. Maasen Gouwens requested that the Board impose sanctions on Dr. Merrick consisting of a six-month suspension of his license and a perpetual limitation thereon precluding him from practicing emergency room medicine.

As a result of the evidence and argument presented in this case, and the independent research conducted by the hearing officer, it is recommended that the Board find that Dr. Merrick has demonstrated professional incompetence. It is further recommended that the Board sanction Dr. Merrick by censuring him