

central  
peninsula  
general hospital

250 Hospital Place, Soldotna, AK 99669  
(907) 262-4404 • www.cpgh.org  
Medical Staff Services x249

August 8, 2002

RECEIVED  
AUG 12 2002  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

Linda Sherwood  
Licensing Examiner  
Division of Occupational Licensing  
PO Box 110806  
Juneau AK 99811

Ms. Sherwood:


This is a formal request for information regarding the following statement on the on-line license verification: *"This license has been the subject of a formal agreement, order or disciplinary action."* for the following physician:

Physician Name: Michael Merrick, M.D.  
License Number: 1474

Any information that can be provided would be greatly appreciated. All information will be kept in the strictest confidence, and will be used only for credentialing and privileging assessments as required by local, state, national and federal governing bodies.

Thank you for your assistance in this matter.

Respectfully,

  
Roberta Young, CMSC, CPHQ, CPCS, LHRM  
Medical Staff Consultant

cc: Credentials file

*Is this a CTC or can I just  
read the comments box to them  
33 pgs x. 25*

**250 Hospital Place, Soldotna, AK 99669**  
**Medical Staff Services**

FROM ZIP CODE

7  
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 14



## FAX TRANSMITTAL

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
AND ECONOMIC DEVELOPMENT

DEBORAH B. SEDWICK  
COMMISSIONER



DIVISION OF OCCUPATIONAL  
LICENSING  
P.O. BOX 110806  
JUNEAU, AK 99811-0806  
TELEPHONE: (907) 465-2534  
FAX: (907) 465-2974

TO: Gary Weres DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

FAX NO.: 2109 8195

FROM: Barb Gabier

NUMBER OF PAGES INCLUDING COVER: 34

HARD COPY TO FOLLOW? YES ☐ NO ☒

RE: \_\_\_\_\_

As Requested.

I used the attached copy  
of this file to provide a CTE  
to Central Peninsula Hospital.  
8-23-02 LS

If fax does not transmit properly, please call  
(907) 465-2534 immediately

This FAX is intended to be reviewed by the individual named above. If you received this FAX in error, please immediately notify the sender by telephone, and return this FAX to the sender at the above address. Thank you.

No. 1474

Effective: 12/08/1998

Expires: 12/31/2000

# STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

Division of Occupational Licensing

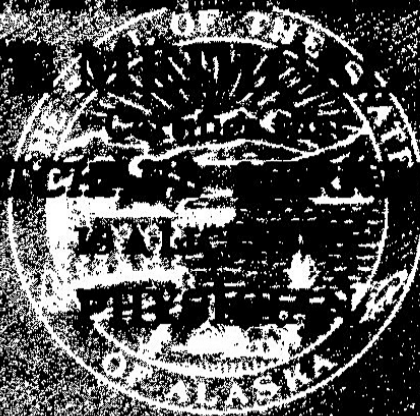
For No. 1474, Michael Merrick

## STATE OF ALASKA

MICHAEL MERRICK

IS A LICENSED

PHYSICIAN



### Wallet Card

No. 1474		
State Of Alaska		
Department of Commerce and Economic Development		
Division Of Occupational Licensing		
This Certifies that		
MICHAEL MERRICK		
IS A LICENSED		
PHYSICIAN		
Effective	Expiration	Date of Birth
12/08/1998	12/31/2000	04/28/1946
Signature _____		

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

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

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

MED

99666 AK SOLDOTNA  
P.O. BOX 4110  
MICHAEL MERRICK





MED S 1474

MICHAEL MERRICK  
P.O. BOX 4110  
SOLDOTNA AK 99669

Other states or countries in which you hold or have held a license: Oregon

**Professional Conduct - AS 08.64.200**

- 200852
- |  | YES                      | NO                                  |
|--|--------------------------|-------------------------------------|
| 1. During 1993 or 1994, were you under investigation by any state, territory, hospital, clinic, or other agency per AS 08.64.200(b) .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. During 1993 or 1994, did you have a license to practice as a MD/DO/DPM disciplined in any manner by any authority including but not limited to revocation, suspension, or limited by any state, territory, hospital, clinic, or any other agency per AS 08.64.326(a)(13)? ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. During 1993 or 1994, were you investigated for or convicted of a violation of a U.S., Canadian, Mexican statute, regulation, or other law excluding minor traffic violations per AS 08.64.326(a)(4)? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. During 1993 or 1994, did you suffer from or were you treated for or diagnosed with emotional or mental illness or substance abuse including but not limited to alcohol, narcotics, or any other substance per AS 08.64.326(a)(8)(B)? .....                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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

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

Michael M. Munch, MD  
Signature  
Date: 12/1/94

**CONTINUING MEDICAL EDUCATION AFFIDAVIT OF COMPLIANCE**

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

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

Signature: Michael M. Munch Date: 12/1/94

**IMPORTANT NOTICE**

**YOU MAY BE AUDITED!**

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

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

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

NOV 30 1998

## CONTINUING MEDICAL EDUCATION

DIVISION OF  
OCCUPATIONAL LICENSING

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

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

## YOU MAY BE AUDITED

If your license number is:

0001 to 3771

You must have:

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

3772 to 3973

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

## CME STATEMENT OF COMPLIANCE

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

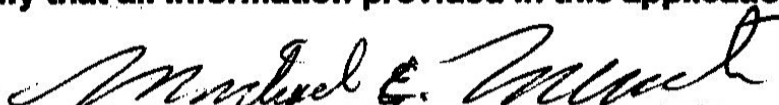
✓ Check here

☒ YES☐ NO\*☐ NO - RETIRED LICENSE

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

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

✓ Sign here

  
Applicant's Signature11/3/98  
Date

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

## NOTIFICATION OF PROPOSED REGULATIONS CHANGES

If you would like to receive notice of all proposed medical regulation changes, please send a written request adding your name to the

"Medical" Interested Parties List to:

REGULATIONS SPECIALIST

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

Post Office Box 110806

Juneau AK 99811-0806





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

Telephone: (907) 465-2541 E-mail: License@commerce.state.ak.us

## BIENNIAL MEDICAL LICENSE RENEWAL

January 1, 1997 — December 31, 1998

MED

RECEIVED

NOV 08 1996

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

606135

MEDS01474  
MERRICK, MICHAEL  
P.O. BOX 4110  
SOLDOTNA AK 99669

### IT IS TIME TO RENEW YOUR MEDICAL LICENSE

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

#### RENEWAL DUE DATE

Submit this renewal application on or before December 6, 1996, for renewal processing prior to December 31, 1996. A \$50.00 penalty will be charged for applications postmarked after March 1, 1997. If you renew after December 31, 1996, CME documentation and a Federation of State Medical Boards Data Bank report will be required.

#### NAME CHANGE

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

#### EXPIRED LICENSES

If you choose not to renew your license before it expires, you may renew the license at a later date only after satisfying the requirements of 12 AAC 40.025. Licenses which have expired more than 5 years cannot be renewed.

#### INACTIVE LICENSES

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

#### RETIRED LICENSES

There is a one-time fee for the remainder of the licensee's career. A physician may not practice medicine on a retired license, nor is there a requirement to meet CME under a retired license. BEFORE YOU RETIRE, please review 12 AAC 40.031 regarding reactivation requirements.

#### PAYMENT OF CHILD SUPPORT AND STUDENT LOANS

If the Alaska Commission on Postsecondary Education has determined you are in loan default, your renewal application will be denied. If the Alaska Child Support Enforcement Division has determined you are in arrears on child support, you will be issued a nonrenewable, temporary license valid for 150 days and your fee will not be refunded. Contact Postsecondary Education at (800) 441-2962 or Child Support Enforcement at (907) 289-6659 to resolve payment issues.

#### PUBLIC INFORMATION

Please be aware that all information on this renewal form will be available to the public, unless required to be kept confidential by state or federal law.

#### BUSINESS LICENSES

Renewal applications for business licenses will be mailed separately. For more information about business licenses, call (907) 465-2550.

#### CHECK APPROPRIATE LICENSE STATUS BOX

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

Name:

MERRICK

Michael

Last

First

Middle

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

Street or P.O. Box

City

State

ZIP Code

Daytime Telephone Number: (907) 283-5487

License Number: AA 1474

Social Security Number: \_\_\_\_\_

Date of Birth: 4-28-46

**TONY KNOWLES, GOVERNOR**

**DEPARTMENT OF COMMERCE AND  
ECONOMIC DEVELOPMENT**

**DIVISION OF OCCUPATIONAL LICENSING**

3801 C STREET, SUITE 722  
ANCHORAGE, ALASKA 99503-5986  
PHONE: (907) 561-2878  
FAX: (907) 562-5781

February 20, 1995

1474

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

FEB 23 1995

DIV. OF OCCUPATIONAL LICENSING

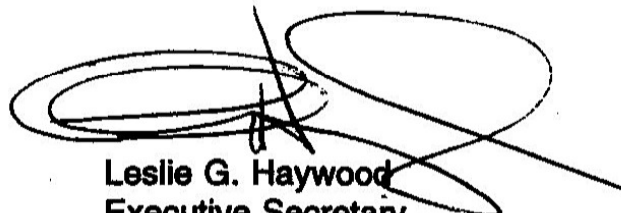
Michael E. Merrick, M.D.  
Post Office Box 4110  
Soldotna AK 99669

Dr. Merrick, the information you provided to the Alaska State Medical Board to document your continuing medical education has been reviewed.

It has been determined that you are in compliance with Alaska Statute 08.64.312 and its associated regulations which require physicians obtain a minimum of 34 credit hours of AMA-, AOA- or APMA-accredited Category I CME during the previous two-year licensing period in order to maintain their licenses as active.

This letter is provided to you as confirmation that your submitted documentation has been accepted and a copy will be placed in your active medical license file as verification of your compliance.

Thank you, doctor, for your prompt response to this audit request. Your cooperation is appreciated.



Leslie G. Haywood  
Executive Secretary  
State Medical Board

LGH:I

vocme.doc



## PROFESSIONAL FITNESS

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

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

YES NO

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

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

## CONTINUING COMPETENCY

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

Licenses #0001 through #3417 must have **34** AMA-approved Category 1 CME credit hours, or the equivalents allowed by 12 AAC 40.210(b).

Licenses #3418 through #3606 must have **17** AMA-approved Category 1 CME credit hours, or the equivalents allowed by 12 AAC 40.210(b).

Licenses #3607 and above do not need CME for this renewal.

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

### AFFIDAVIT OF COMPLIANCE WITH CONTINUING MEDICAL EDUCATION REQUIREMENTS

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

YES ☒

NO ☐

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

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

SIGN HERE →

*Michael M. Munn*  
Applicant's Signature

Date: 11/5/96

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

*Jeanne Munn*  
Notary Public for the State of Alaska  
2/13/96

### NOTIFICATION OF PROPOSED REGULATIONS CHANGES

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

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

# STATE OF ALASKA

## DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

### DIVISION OF OCCUPATIONAL LICENSING

1474  
TONY KNOWLES, GOVERNOR

OCCUPATIONAL LICENSING  
P.O. BOX 11000  
JUNEAU, ALASKA 99901-0000  
PHONE: (907) 465-2500  
TDD: (907) 465-5467  
FEB 2 2 PM 1 30

January 26, 1995

Dr. Michael Merrick  
P.O. Box 4110  
Soldotna, AK 99669

Dear Dr. Merrick:

Your medical license renewal form has been randomly selected for audit. This letter is being sent to request you submit documentation of your completion of the continued medical education requirements (12 AAC 40.200) as indicated on your renewal form. Copies of certificates of attendance or certificates of course completion are required to document completion of continuing education offerings.

Please forward the documentation of at least 34 Category 1 continuing medical education hours earned during 1993 and 1994 within 45 days of receipt of this letter directly to:

State Medical Board  
Division of Occupational Licensing  
3601 C Street, Suite 722  
Anchorage, AK 99503

Failure to respond may result in legal action against your license.

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

Sincerely,

*Nancy Ferguson*  
Nancy Ferguson  
Licensing Examiner  
State Medical Board  
(800) 770-2541

NF/sh168.fer  
012095b

1593  
15  
8  
23

1594  
19.75  
19.75

Accepted  
42.75



MICHAEL E. MERRICK, M.D.

BUSINESS ACCOUNT  
P.O. BOX 4110  
SOLDOTNA, AK 99669  
(907) 283-5487

FIRST NATIONAL BANK OF ANCHORAGE  
SOLDOTNA BRANCH  
SOLDOTNA, AK

89-6/1252

22 Sep '94

4771

PAY  
TO THE  
ORDER OF American Academy of Family Physicians

\*\*\*\*\*415.00

Four Hundred Fifteen and 00/100\*\*\*\*\*

DOLLARS

American Academy of Family Phy  
Registration  
8880 Ward Parkway  
Kansas City, MO 64114

**NON - NEGOTIABLE**

AUTHORIZED SIGNATURE

MEMO Adol. Medicine Conference

#002991# 1252000601 2453 345 7#

MICHAEL E. MERRICK, M.D.

22 Sep '94

2991

American Academy of Family Physicians

Education-CME

415.00

DIVISION OF  
OCCUPATIONAL LICENSING  
RECEIVED  
95 FEB 2 PM 1 30

CHECKING

Adol. Medicine Conference

\*\*\*\*\*415.00

DIVISION OF  
OCCUPATIONAL LICENSING  
RECEIVED

'95 FEB 2 PM 1 30

#### PROGRAM PLANNING COMMITTEE AND CONFIRMED FACULTY

William Shore, M.D., Chair, Program Planning Committee; Associate Clinical Professor, Family and Community Medicine, University of California-San Francisco, San Francisco, California

Robert W. Blum, M.D., Ph.D., Co-Chair, Program Planning Committee; Past President, Society for Adolescent Medicine; Professor and Director, Division of General Pediatrics and Adolescent Health, University of Minnesota, Minneapolis, Minnesota

Beth Alexander, M.D., M.S., Program Planning Committee; Professor and Associate Chair for Clinical Affairs, Department of Family Practice, Michigan State University, East Lansing, Michigan

Nancy Baker, M.D., Program Planning Committee; Faculty Physician, Department of Family and Community Medicine, St. Paul-Ramsey Medical Center; Clinical Associate Professor, University of Minnesota Medical School, Minneapolis, Minnesota

Richard Brown, M.D., Clinical Professor, Department of Pediatrics, Family and Community Medicine, University of California-San Francisco; Director of Child Health Center, San Francisco General Hospital, San Francisco, California

Anthony M. Dabber, D.O., Chairman, Department of Family Practice, University Health Science College of Osteopathic Medicine; Director of Medical Education, Osteopathic Track, Department of Family Practice, Kansas University Medical Center, Kansas City, Kansas

Dan Earl, D.O., Program Planning Committee; Associate Professor, Associate Program Director, Department of Family Medicine, Director of Osteopathic Medical Education and Clinical Instructor, Department of Pediatrics, East Tennessee State University, Johnson City, Tennessee

Christopher Relf, M.D., M.P.H., Medical Director for Health Start, St. Paul, Minnesota

Michael S. Victoroff, M.D., Chair, Department of Family Medicine, Aurora Presbyterian Hospital; Associate Clinical Professor, Department of Family Medicine, University of Colorado, School of Medicine; Medical Director Quantum Medical Group, Denver, Colorado

#### REGISTRATION

Complete the enclosed registration form and return it to the AAFP with your registration fee. A registration confirmation will be forwarded to you.

Registration fee includes: course syllabus, continental breakfasts, lunches, refreshment breaks and the reception.

#### COURSE REFUNDS/CANCELLATION

The registration fee must be paid in full by October 17 to ensure your participation in the course. After that date your space may be released to a paid registrant. Registrants will receive a full refund for cancellations received 15 days prior to the date the conference begins. A \$75 cancellation fee will be applied to cancellations received 14 days or less prior to the date the conference begins. Refunds will only be made upon written request to the AAFP.

The AAFP is not responsible for monies registrants may have spent on penalty or non-refundable airline tickets or hotel deposits in the event this course is sold out or cancelled.

Before purchasing a penalty or a non-refundable airline ticket, please make sure that you have received your registration and hotel confirmations.

#### ACCOMMODATIONS - CUTOFF IS OCTOBER 17

A limited block of rooms is being held for conference participants. To make reservations, complete the enclosed hotel reservation card or call the hotel directly. Please indicate that you will be attending the AAFP meeting to ensure you receive the proper room rate.

The deposit and card must be received at the San Francisco Fairmont hotel by October 17.

Fairmont Hotel Atob Nob Hill  
950 Mason St.  
San Francisco, California 94108  
(415) 772-5000

Reservations must be cancelled 72 hours prior to the scheduled day of arrival in order to receive a refund.

#### FAIRMONT HOTEL ATOP NOB HILL

The hotel is two blocks from Chinatown and four blocks from Union Square. It features a complete spa and fitness facility along with Italian, Chinese, Continental and Californian restaurants.

The Fairmont Hotel is 1/2 hour from the San Francisco International airport. The airport shuttle is \$9 one-way to the Fairmont. The cab fare is approximately \$30 one-way.



American Academy of Family Physicians  
9900 Ward Parkway  
Kansas City, Missouri 64114  
(800) 928-6890

Recycled Paper

# for the Family Physician: Current Controversies

# ADOLESCENT MEDICINE

## For The Family Physician: Current Controversies

November 17-20, 1994  
Fairmont Hotel Atop West  
San Francisco, California

This course, offered in cooperation with the Society for Adolescent Medicine, is designed to provide an overview of adolescent medicine and the role of the family physician. In order to enhance the physician's knowledge base in this area, the course focuses on a wide range of topics such as adolescent development, depression, mental health issues and sexuality.

### EDUCATIONAL OBJECTIVES

This course will:

- 1) Furnish an overview of adolescent growth and development for practicing family physicians.
- 2) Provide an update of current adolescent issues which family physicians need to address in the care of adolescents and their families.
- 3) Teach attendees how to better incorporate adolescent health promotion and health screening into office visits.
- 4) Supply course attendees with practical information to utilize when working with adolescents and their families.

Thursday, November 17, 1994

3:00 p.m. Registration  
6:00 p.m. Welcome Reception (Cash Bar)  
7:00 p.m. Theatrical performance on adolescent issues followed by panel discussion  
9:00 p.m. Recess

Friday, November 18, 1994

7:00 a.m. Continental Breakfast  
7:15 a.m. Welcome and Overview  
7:45 a.m. The Dementia of Adolescents  
8:30 a.m. Normal Adolescent Development (including psycho-social and physical)  
9:00 a.m. Interviewing the Adolescent  
9:30 a.m. Panel Discussion/Questions and Answers  
9:40 a.m. Break

### Controversies in Adolescent Sexuality

10:00 a.m. HIV/AIDS  
10:30 a.m. Sexuality Education  
11:00 a.m. STD's  
11:30 a.m. Panel Discussion/Questions and Answers  
Lunch  
11:50 a.m. Workshop Sessions  
(Participants will be able to select from the topics listed below.)  
A. Strategies for Dealing with Violence  
B. Legal and Ethical Issues  
C. Building Skills in Cross-Cultural Competency  
D. Interviewing the Adolescent  
E. Skills Building in Sexual Education  
F. Substance Abuse  
G. Current Concepts in STD's and Contraception  
H. School Based Clinics  
(Saturday and Sunday only)

2:30 p.m. Break  
2:45 p.m. Workshop Sessions Repeated  
4:15 p.m. Recess  
Saturday, November 19, 1994  
7:00 a.m. Continental Breakfast

### Controversies in Adolescent Special Populations: Who's Not in This Picture

7:30 a.m. Gay/Lesbian Issues  
8:00 a.m. Cross-Cultural Differences  
8:30 a.m. Homeless Youth  
9:00 a.m. Disabled/Chronically Ill  
9:30 a.m. Panel Discussion/Questions and Answers  
9:50 a.m. Break

### Controversies in Adolescent Violence and Trauma

10:05 a.m. Gangs  
10:50 a.m. Interviewing the Gang Member/Panel Discussion (Interviews with actual gang members)  
11:45 a.m. Sexual Assault/Sexual Abuse  
12:15 p.m. Panel Discussion/Questions and Answers  
Lunch  
12:30 p.m. Workshop Sessions Repeated  
1:30 p.m. Recess  
3:00 p.m.

Sunday, November 20, 1994

7:00 a.m. Continental Breakfast  
Controversies in Adolescent Mental Health  
7:30 a.m. Substance Abuse  
8:00 a.m. Eating Disorders  
8:30 a.m. Adolescent Depression and Suicide

9:00 a.m. Attention Deficit Disorder  
9:30 a.m. Panel Discussion/Questions and Answers  
Break  
9:45 a.m. Workshop Sessions Repeated  
10:00 a.m. Adjourn  
11:30 a.m.

### COURSE DISCLAIMER

The material presented at this course is being made available by the American Academy of Family Physicians for educational purposes only. This material is not intended to represent the only, nor necessarily best, methods or procedures appropriate for the medical situations discussed, but rather is intended to present an approach, view, statement or opinion of the faculty which may be helpful to others who face similar situations.

Every effort has been made to assure the accuracy of the data presented at this meeting. Physicians may care to check specific details such as drug doses and contraindications, etc., in standard sources prior to clinical application.

### CME CREDIT

This program has been reviewed and is acceptable for CME credit by the American Academy of Family Physicians.

The AAPF designates this continuing medical education activity for a maximum of 10 hours of Category 1 credit.

The AAPF is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor CME for physicians.

ALL ALASKA MEDICAL CONFERENCE 1993

NAME Michael Merrick ☐ PA ☐ NE ☒ MD ☐ FACS  
 ADDRESS Box 4110 PHONE 283-5487  
Seldotna, Alaska

REGISTRATION FEES:

Conference  
 Postmarked by October 5 \$150.00  
 Postmarked after October 5 \$175.00  
 Daily rate \$ 75.00

Plastic Surgery Workshop \$ 20.00  
 (limit 20 participants each session)  
 Indicate first and second choice:  
☒ AM Session ☒ EVE Session

Orthopedic Splinting/Bracing Workshop (no fee) ☐ Sign me up  
 (limit 20 participants)

Rheumatoid Arthritis Workshop (no fee) ☒ Sign me up  
 (limit 20 participants)


I plan to attend lunch on ☒ Wednesday ☒ Thursday  
 (no cost) ☒ Friday

Buffet dinner Thursday evening (no cost for registered participants)  
☒ I plan to attend.  
 I will bring \_\_\_\_\_ guests at \$25.00 per guest.  
☐ I do not plan to attend.

Please send registration form and fees to:

Alaska Academy of Physician Assistants  
 All Alaska Medical Conference 1993  
 P.O. Box 200805  
 Anchorage, Alaska 99520-0805

Make checks payable to: All Alaska Medical Conference

MICHAEL E. MERRICK, M.D.		2180
BUSINESS ACCOUNT		
P. O. BOX 4110 283-5487		
SOLDOTNA, AK 99669		
9/15/93		99-071002
PAY TO THE ORDER OF	<u>All Alaska Medical Conference</u>	\$ <u>150.00</u>
<u>One hundred fifty &amp; no/100</u>		DOLLARS
 <b>First National Bank</b> of Anchorage SOLDOTNA BRANCH, SOLDOTNA, AK 99669		
MEMO	<u>CME</u>	<u>Michael Merrick</u>
⑆125200060⑆ 2453 345 7# 2180		



RETAIN THIS STUB  
FOR YOUR CME/IRS RECORDS

ACTIVITY TITLE HI Alaska  
Medical Cont  
DATES Oct 20, 21, 22  
CITY/STATE LOCATION Anchorage, AK  
SPONSORING INSTITUTION PA Society  
TOTAL HOURS ATTENDED 150  
REGISTRATION FEE 150 HOTEL Regal  
AIR/TRAIN \_\_\_\_\_ AUTO \_\_\_\_\_  
MEALS \_\_\_\_\_ MISC \_\_\_\_\_ TOTAL \_\_\_\_\_  
CARD SENT TO AAFP: DATE \_\_\_\_\_  
VIA SPONSOR \_\_\_\_\_ VIA SELF \_\_\_\_\_

DIVISION OF  
OCCUPATIONAL LICENSING  
RECEIVED

'95 FEB 2 PM 1 30

AAFP CONTINUING MEDICAL EDUCATION REPORTING FORM - CARD A  
Individual activities categorized on the green Card B should NOT be reported on this form.  
(Please PRINT and complete, all data.)

ACTIVITY TITLE A11 Alaska Medical Conference

DATES Oct 20, 21 & 22 '93 CITY/STATE LOCATION Anchorage, Alaska  
SPONSORING INSTITUTION AK Academy of Physicians & Surgeons TOTAL HOURS ATTENDED 150  
Check type of credit: ☒ Prescribed ☐ Elective

I certify to the best of my knowledge that the above information is correct.

[Signature]  
Signature of Member

DIVISION OF  
OCCUPATIONAL LICENSING  
RECEIVED  
95 FEB 2 PM 1 30

## CONTINUING EDUCATION CERTIFICATE

**Mike Merrick MD**

attended

the

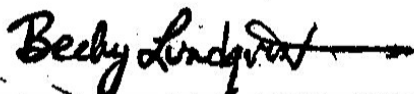
**ACLS - PROVIDER COURSE**

12/2/13

**Southern Region EMS Council, Inc. (SREMSC)** designates this program as meeting the criteria for eight (8) credit hours in Category I of the Physicians Recognition Award of the American Medical Association. SREMSC is accredited by the Alaska State Medical Association to sponsor of CME for physicians.

Alaska Nurses Association (AaNA) approves this program for eight (8) hours of continuing education credits (CEARP) (CEARP # 92-114). The AaNA is accredited by the Western Regional Accrediting Committee of the American Nurses Association as an approval body for continuing education for nursing.

SREMSC also approves this program for eight (8) contact hours of CME for EMT-Paramedic and EMT-III.



**Becky Lundqvist, RN, CEN**  
**Southern Region EMS Council, Inc.**

1474

January 26, 1995

Dr. Michael Merrick  
P.O. Box 4110  
Soldotna, AK 99669

Dear Dr. Merrick:

Your medical license renewal form has been randomly selected for audit. This letter is being sent to request you submit documentation of your completion of the continued medical education requirements (12 AAC 40.200) as indicated on your renewal form. Copies of certificates of attendance or certificates of course completion are required to document completion of continuing education offerings.

Please forward the documentation of at least 34 Category 1 continuing medical education hours earned during 1993 and 1994 within 45 days of receipt of this letter directly to:

State Medical Board  
Division of Occupational Licensing  
3601 C Street, Suite 722  
Anchorage, AK 99503

Failure to respond may result in legal action against your license.

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

Sincerely,

Nancy Ferguson  
Licensing Examiner  
State Medical Board  
(800) 770-2541

NF/sh168.fer  
012095b



MED

## THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE

Return this form with check or money order to:

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

## BIENNIAL MEDICAL LICENSE RENEWAL

January 1, 1995 — December 31, 1996

MED 901474  
MERRICK, MICHAEL  
P.O. BOX 4110  
SOLDOTNA AK 99669

**DATE STAMP**  
440-RC 529007  
RECEIVED  
25-RC 529006  
DEC 05 1994  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

**IMPORTANT**  
Business license application on or before November 30, 1994, for license expiring prior to December 31, 1994.

## LICENSE RENEWAL FEE

- ☒ Active License ..... \$440.00  
☐ Inactive License ..... \$225.00  
☐ Retired License ..... \$50.00

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

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

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

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

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

## BUSINESS LICENSE (Check one, if applicable)

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

- ☐ Current Business License with S.I.C. Code \_\_\_\_\_ expires 12/31/94 ..... \$50.00  
☒ Current Business License with S.I.C. Code 8011 expires 12/31/95 ..... \$25.00  
NOTE: You must indicate business license number, if previously issued.  
Business License Number 047750  
☐ No current business license but enclosing fee and applying for a business license for S.I.C. Code \_\_\_\_\_ ..... \$50.00  
☐ Business license not required ..... \$0  
Licensee does not practice independently in Alaska.

## S.I.C. Codes

- ☒ Physician 8011  
☐ Osteopathic Physician 8031  
☐ Podiatrist 8043

Business Name

Michael Merrick, MD

Business Is:

☒ Sole Proprietorship☐ Partnership☐ Corporation

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

Name Change:

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

1. Name

Last

First

Middle Initial

License Number

2. Daytime Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

3. Mailing Address - Street or P.O. Box (Please make corrections if different than label above.)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

## OFFICE USE ONLY

Date Issued: 12/28/94Initials: MM

CC: Colin 12/27/94

RECEIVED

April 11, 1994

DEC 05 1994

Art Stanford, Underwriting Manager  
Norcal  
4000 Old Seward Hwy. Suite #203  
Anchorage, Alaska 99503-6068

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

RE: Michael E. Merrick, M.D.

Dear Mr. Stanford,

I have been treating Dr. Merrick for a depressive episode which was precipitated by the death of his wife. Dr. Merrick is doing very well in his treatment and will continue to be followed. At this time the patient does not exhibit any signs of depression and is doing very well. He has returned to his practice and I understand that you needed a note regarding this. Specifically the condition for which Dr. Merrick has been seen, does not interfere with his ability to practice medicine. If there are any further questions please let me know.

Sincerely,



David P. Schultz, M.D., Diplomat of the American Board of  
Psychiatry & Neurology

cc: Dr. Merrick

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Other states or countries in which you hold or have held a license: Oregon

**Professional Conduct - AS 08.64.200**

- 200852
- |  | YES                      | NO                                  |
|--|--------------------------|-------------------------------------|
| 1. During 1993 or 1994, were you under investigation by any state, territory, hospital, clinic, or other agency per AS 08.64.200(b) .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. During 1993 or 1994, did you have a license to practice as a MD/DO/DPM disciplined in any manner by any authority including but not limited to revocation, suspension, or limited by any state, territory, hospital, clinic, or any other agency per AS 08.64.326(a)(13)? ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. During 1993 or 1994, were you investigated for or convicted of a violation of a U.S., Canadian, Mexican statute, regulation, or other law excluding minor traffic violations per AS 08.64.326(a)(4)? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. During 1993 or 1994, did you suffer from or were you treated for or diagnosed with emotional or mental illness or substance abuse including but not limited to alcohol, narcotics, or any other substance per AS 08.64.326(a)(8)(B)? .....                                      | <input type="checkbox"/> | <input type="checkbox"/>            |

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

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

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

Michael M. Murch, MD  
Signature  
Date: 12/1/94

**CONTINUING MEDICAL EDUCATION AFFIDAVIT OF COMPLIANCE**

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

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

Signature: Michael M. Murch Date: 12/1/94

**IMPORTANT NOTICE**

**YOU MAY BE AUDITED!**

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

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

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



**GENERAL INFORMATION:**

PRACTICE SPECIALTY: Primary Family Practice Secondary \_\_\_\_\_  
PRACTICE ADDRESS 416 Frontage Rd #400 CITY Kenai STATE Alaska ZIP \_\_\_\_\_

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

Oregon

**PROFESSIONAL CONDUCT:**

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

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

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

## PROFESSIONAL FITNESS

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

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

YES NO

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

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

## CONTINUING COMPETENCY

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

Licenses #0001 through #3417 must have 34 AMA-approved Category 1 CME credit hours, or the equivalents allowed by 12 AAC 40.210(b).

Licenses #3418 through #3606 must have 17 AMA-approved Category 1 CME credit hours, or the equivalents allowed by 12 AAC 40.210(b).

Licenses #3607 and above do not need CME for this renewal.

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

### AFFIDAVIT OF COMPLIANCE WITH CONTINUING MEDICAL EDUCATION REQUIREMENTS

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

YES ☒ NO ☐

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

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

SIGN HERE →

*Michael M. Munn*  
Applicant's Signature

Date: 11/5/96

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

*Janice Munn*  
Notary Public for the State of Alaska  
2/13/96

#### NOTIFICATION OF PROPOSED REGULATIONS CHANGES

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

#### REGULATIONS SPECIALIST

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

Other states or countries in which you hold or have held a license: Oregon

**Professional Conduct - AS 08.64.200**

200852

200852

1. During 1993 or 1994, were you under investigation by any state, territory, hospital, clinic, or other agency per AS 08.64.200(b) .....
2. During 1993 or 1994, did you have a license to practice as a MD/DO/DPM disciplined in any manner by any authority including but not limited to revocation, suspension, or limited by any state, territory, hospital, clinic, or any other agency per AS 08.64.326(a)(13)? .....
3. During 1993 or 1994, were you investigated for or convicted of a violation of a U.S., Canadian, Mexican statute, regulation, or other law excluding minor traffic violations per AS 08.64.326(a)(4)? .....

YES NO

☐ ☒

☐ ☒

☐ ☒

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

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

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

Michael M. Munch, MD  
Signature  
Date: 12/1/94

**CONTINUING MEDICAL EDUCATION AFFIDAVIT OF COMPLIANCE**

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

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

Signature: Michael M. Munch Date: 12/1/94

**IMPORTANT NOTICE**

**YOU MAY BE AUDITED!**

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

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

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