



RUSSELL N. DE JONG, MD

6/29/2012 8:17:47 AM

DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION BOARD OF LICENSURE IN MEDICINE

MEDICAL DOCTOR

License Number: MD10495 Status: Active

First Licensure: **01/13/1981** Expiration Date: **09/30/2013**

History

Detailed license history prior to November 14, 2011 is unavailable online.

License Type

Start Date

End Date

MEDICAL DOCTOR

09/01/2011

09/30/2013

Supervised PA

No Records.

Specialty (1 record) hide

The Board does not verify current specialties. To determine if a physician has been board certified by the American Board of Medical Specialties please visit www.abms.org.

Description

Origin

Obstetrics and Gynecology

ABMS Board Member certified

License/Disciplinary Action

No Records.

GENERAL INFORMATION

Gender: Male

Other Addresses (1 record) hide

Address

Type

FAMILY PLANNING ASSOCIATION OF Business

MAIN

43 GABRIEL DR

AUGUSTA, ME 04330-7852

Other Phone Numbers (1 record) hide

Phone Number

Type

+1 (207) 861-5334

Work

Education (1 record) hide

Type

Completion Date Provider

MD

06/01/1971

COLLEGE OF PHYSICIANS AND SURGEONS, COLUMBIA UNIVERSITY

Education and Training Note: Information up to the date of initial licensure is verified by the Board. Information provided by the licensee after this date is not verified by the Board.

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OCT 20 1980 Forward this form to the Medical Board of the State/Province in which you were licensed by written examination. If license was issued roward this form to the wedical board of the Shate/Frovince by which you were hearised by written examination. If herise was issued on the basis of National Board of LMCC Cartification, send to Medical Board of State/Province in which you are currently practicing. RECIPROCITY/ENDORSEMENT CERTIFICATION TO WASHINGT ON As an applicant for medical licensure in the State of Maine, I hereby authorize you to release any information in your files, favorable AUTHORIZATION TO RELEASE INFORMATION or otherwise, directly to the Maine Board of Registration in Medicine. NAME: (Print) ADDRESS: (Print) The following is a verbatim copy of Licentiate's Certificate or State License:

The following is a verbatim copy of Licentiate's Certificate or State License:

The State of Washington - Division of Professional Licensing - It is hereby certified that Russelli

The State of Washington - Division of Professional License: (DO NOT DETACH) The State of Washington - Division of Professional Licensing - It is nerepy certified that washington belong has satisfactorily complied with and completed the statutory requirements set forth nerson belong has satisfactority complied with and completed the see in title 18 revised code of Washington to engage in the practice of Medicine and Surgery Medicine and surgery and granted the right to annuage Medicine and Surgery

Medicine and Surgery

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Medicine and Surgery

the right to engage in that pi

Given under the hand and sea

Given under the hand and sea

Director this

Day of February

Day of February

Nirector

Signature Signavore DAY OF current and in good standing. If reply is YES to any of the following questions, please give details on reverse side. No. Has the holder of this certificate ever been summoned to appear before your Board? NО Has the holder of this certificate ever been placed on probation? N0 Has this certificate or license ever been suspended or revoked? NO Do your files contain any derogatory information about this licentiate? Issued to Dr. Russell Nelson I hereby certify that the above is a true copy of certificate or license number. February 11 DeJong on the basis of written examination: on the basis of endorsement of/reciprocity with... and that the information contained herein is true to the best of my knowledge. Licentiate passed a written examination in the following subjects and received a general average of Grade Medicine Grade Surgery Subject Obstetrics Anatomy . Public Health Physiology · · · · Biochemistry . Psychiatry CLINICAL SCIENCE AVERAGE Pathology . . . Microbiology CLINICAL COMP. AVERAGE Pharmacology..... Behavioral Science . . . Title Assistant Administrator BASIC SCIENCE AVERAGE professional Licens Name of Medical Board Signature of Official. Maine Board of Registration in Medicine, 100 College Avenue, Waterville, Maine 04901, U.S.A. Please return completed form directly to:

10495 p:7 College of Physicians & Surgeons of Columbia University | New York, N.Y. 10032 OFFICE OF THE DEAN of the FACULTY OF MEDICINE November 3, 1980 Board of Registration 100 College Avenue Waterville, Maine 04901 To Whom It May Concern: I am writing on behalf of Dr. Russell DeJong, who is applying for the practice of Medicine in Maine. This will verify that Dr. DeJong received his M.D. degree from the College of Physicians and Surgeons on June 1, 1971. I am not personally acquainted with Dr. DeJong. He was in good academic standing at all times during his medical school career. At the time of his applications for postgraduate training, he was recommended as a very good candidate by the Associate Dean. On the basis of his medical school record, I recommend him to you. Should you desire further information, please do not hesitate to contact this office. Sincepe inda D. Lewi sociate Dean LDL/lc



UNIVERSITY OF WASHINGTON

Residency Program in

School of Medicine

The Department of Obstetrics & Gynecology

Certifies that

Russell N. De Jong, Jr., M.D.

served in the capacity of

Resident Chief Resident

July 1, 1972 to June 30, 1974 July 1, 1974 to June 30, 1975

in witness thereof the undersigned affix their signatu

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DEC 19 1980

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY #/0495

University of Southern California School of Medicine P. 9

USC

Women's Hospital 1240 North Mission Road Los Angeles, California 90033

December 8, 1980

George E. Sullivan, M.D. Secretary State of Maine Board of Registration in Medicine 100 College Avenue Waterville, Maine 04901

Dear Doctor Sulliyan:

Russell N. De Jong, M.D. served a straight Obstetrics and Gynecology Internship here at Women's Hospital from June 24, 1971 to June 24, 1972. He satisfactorily completed this internship here.

Sincerely,

Daniel R. Mishell, Jr., M.D. Professor and Chairman

DRM:ejb

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE
BUREAU OF MEDICAL SERVICES
DIVISION OF HOSPITALS AND CLINICS

November 28, 1980

+ 10495 10-10

DEC 5 1980

Russell DeJong, M.D.

U. S. Public Health Service Hospital
P. O. Box 3145
Seattle, Washington, 98114

George E. Sullivan, M. D., Secretary Board of Registration in Medicine State of Maine 100 College Avenue Waterville, Maine

Dear Dr. Sullivan:

This letter is to corroborate my affiliation with Dr. Russell DeJong, who is applying for medical licensure in the State of Maine. Dr. DeJong completed the residency program at the University of Washington, Department of Obstetrics and Gynecology, between 1972 and 1975. Commencing in July of 1975 he became between 1972 and 1975. Commencing in July of 1975 he became chief of the gynecology division at Harborview Medical Center, chief of the affiliated University Hospitals. I've had the one of the affiliated University Hospitals. I've had the pleasure of serving with him personally in the capacity of attending physician on many extended occasions over the past five years.

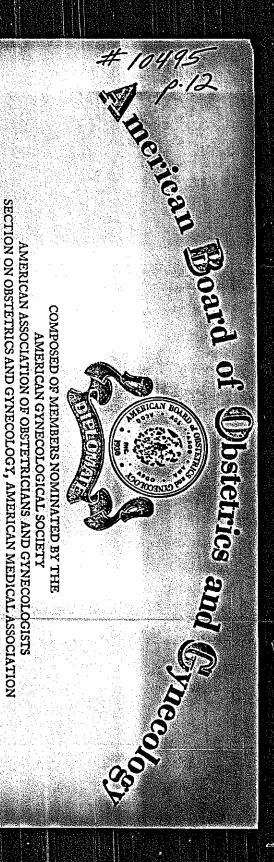
Russ is an intelligent, concerned physician who operated an innovative service largely staffed by mid-level personnel trained specifically in office gynecology and obstetrics. He was well liked by staff and patients and was a definite asset to our department.

To my knowledge, Russ has always demonstrated the highest professional ethics and personal morals and I would judge him highly competent in the field of obstetrics and gynecology. I can therefore give him my strong recommendation for licensure in the State of Maine.

> Richard M. Briggs, M.D. Chief, Dept. of Gynecology

RMB:es

10495 P·11 **EC** 1 1980 UNIVERSITY OF WASHINGTON SEATTLE, WASHINGTON 98195 Department of Obstetrics and Gynecology, RH-20 November 24, 1980 George E. Sullivan, M.D. Secretary State of Maine Board of Registration in Medicine 100 College Avenue Waterville, Maine 04901 Re: Russell De Jong, M.D. Dear Dr. Sullivan: Dr. Russell De Jong did indeed complete a residency in Obstetrics and Gynecology in 1976 at the University of Washington Hospital, and continued on for the next four years as Instructor in Obstetrics and Gynecology. Dr. De Jong is an excellent physician who had good rapport with patients and staff. His medical practices and ethical standards are of the highest. I recommend him to you without any reservation. Sincerely, Morton A. Stenchever, M.D. Professor and Chairman MAS:ja



RUSSELL N. DeJONG, JR.

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS ASSOCIATION OF PROFESSORS OF GYNECOLOGY-OBSTETRICS

CERTIFIES THAT

HAVING PURSUED AN ACCEPTED COURSE OF GRADUATE STUDY AND CLINICAL WORK, HAS MET THE STANDARDS AND QUALIFICATIONS AND PASSED THE EXAMINATIONS REQUIRED BY THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC. HE HAS THEREBY DEMONSTRATED TO THE SATISFACTION OF THIS BOARD THAT IN THE SPECIALTY OF OBSTETRICS AND GYNECOLOGY IS RECOGNIZED AND HE IS AN ACKNOWLEDGED HE IS POSSESSED OF SPECIAL KNOWLEDGE, AND BY THE AWARD OF THIS DIPLOMA HIS PROFICIENCY DIPLOMATE OF THIS BOARD

NOVEMBER 11, 1977





Bruno Chef H

John Vann John Vann C. Hayaaki 1 demy C.

ALAN M. ELKINS, M.D.
PORTLAND

GEORGE F. SULLIVAN, M.O., SECRETARY
WATERVILLE

MARTYN A. VICKERS SR., M.D.

BANGOR



STATE OF MAINE

BOARD OF REGISTRATION IN MEDICINE SECRETARY'S OFFICE

100 COLLEGE AVENUE Waterville, maine 04901

TEL. 873-2184

873-2185

November 18, 1980

Chief, Dept. of Obstetrics & Gynecology Swedish Hospital Broadway U Madison Seattle WA 98104

The following person has applied for medical licensure in the State of Maine:

Russell De Jong MD

He/she states that he/she was affiliated with your institution from 1977 to date, OBS/GYN staff physician.

chan h. w

We would appreciate your verifying this for us.

We would appreciate any comments as to professional ethics, morals and competence regarding this applicant.

Sincerely yours,

George E. Sullivan, M. D.

Secretary

JOHN B. MADIGAN, M.D. HOULTON

STEPHEN E. MONAGHAN, M.S. PORTLÁND

J. PAUL NADEAU, M.D. LEWISTON

BERT B. PRUNTY JR., CBQ.

Leland De Gordination of the state of the st

HIOUSECT 1880 # 18493 P.15 AMA PHYSICIAN PROFILE OHERICAH MEDICAL ASSOCIATION 535 NORTH DEARBORN STREET CHICAGO: ILLINGIS 60410 DIVISION OF SURVEY AND DATA RESOURCES

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W SEATTLE WA 98195 HOSPITAL: UNIV WASH AFFIL HOSPS RESIDENCY: DATES OF TRAINING: 07/72-06/75 SPECIALTY: OBSTETRICS AND GYNECOLOGY COPYRIGHT 1980 AMERICAN MEDICAL ASSOCIATION **AMA FILES CHECKED** SEE REVERSE ANA PHYSICIAN PROFILE (CONTINUED)

10495 p.15

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State of Maine Board of Registration in Medicine Re-registration Application

For Office Use Only NO.

5	Re-registra	Re-registration Application		CME Verified	July 0 5 1988
l	Registration No.	Renewal Date	Fee.	Fee Paid	Over 70
		July 1, 1988	\$100,00	-	
To renew your lit	To renew your license, return this form complet	completed with fee. Physicians 70 years old or over on July 1,	wer on July 1,	Please check appropriate responses:	:Sí
1988, must comp	1988, must complete and return this card but are not required to remit a fee.	e not required to remit a fee.		1. 🚣 Male — Female	American Specialty
If you do not wish	If you do not wish to renew check here: And	and return form uncompleted.		**	Board Certified?
				2. Date of Birth	A Yes No
				Mo. Day Yr.	Board Name:
)	
				3. Social Security #	6. Practicing Medicine:
and the second				· · · · · · · · · · · · · · · · · · ·	Kull Time
					Fart Ime Retired
				4. Practice Specialty:	Not Practicing
RUSSEL	RUSSELL N DE JONG MD	10495		Primary: O'Com	
MIMING				Sub-Spec. 1:	
				Sub-Spec. 2:	
WATERVILLE Corrections to	ILLE ME	04901		Please complete reverse, sign, and date. During the period	date. During the period
Name or Mail				of this reregistration, you are required to notify this Board of	ed to notify this Board of
Address:	Is this your \(\Bar \text{home?} \)	Is this your \Box home? \nearrow Office? \Box Daytime Phone: (8724437	any change of name, address, or status.	atus.

1220/3201-0233/1823. Have you ever been addicted to, or

12. Since Jan. 1, 1986, have you: 7. Other States in which you hold license to practice:

WASHINGTO

A. Been treated for a physical or mental illness of over 30 days duration?

drugs, or other chemical substance?

Evidence of my having met the CME re-

Has been submitted to the Board

quirements for 1986-87

Is enclosed herewith.

G. Been disciplined by a professional society? ☐ Yes ☐ No

ANY "YES" RESPONSE TO QUESTIONS 9 - 13 MUST BE SPECIFICALLY EXPLAINED ON AN ATTACHED SHEET WHICH IS TO BE RETURN-

> liability judgement or settled a claim D. Had an unfavorable professional

ED WITH AND WHICH BECOMES À PART OF THIS APPLICATION.

medicine in the state of Maine is true and reflects my professional standing and activities I certify that all information on this application for reregistration of my license to practice

Please sign full name in ink

been treated for addiction to alcohol,

☐ Yes ⊠No

B. Been convicted of a felony?
 ☐ Yes ☑ No

any disciplinary action against you, or informed

you of any pending charges, the disposition of which is incomplete? \Box Yes $\not \Box$ No

ever denied your application for license, taken

9. Has any state of the U.S. or province of Canada

prior to a judgement?

Date めいしい accurately.

11. Since June 30, 1983, have you surrendered, had

suspended, restricted or revoked any hospital

clinical priviledges in any U.S. or Canadian hospital? \Box Yes $\overleftrightarrow{\Box}$ No

diction prior to disposition of pending charges:

Tyes K. No

10. Have you ever left a medical licensing juris-

1220/3201-6181/13-47

and to ci.

State of Maine Board of Registration in Medicine

2 Bangor Street State House Station *137 Augusta, ME 04333 (207)289-3601



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

THE SECTION IS NOT SECTION ASSESSMENT ASSESS	Danawal Fac. #000 00	_
RUSSELL N DE JONG MD 1049. MMMC -0-	Renewal Fee: \$200.00 Please remit with application to "Maine Board of Registration in Medicine"	Fee: \$ 206
WATERVILLE ME 04901	hamo board of registration in Floricine	Exempt:
Type Regist	ration Requested	Date Posted: 10/5/190/
ACTIVE: My log of CME activity has be	en submitted or is enclosed.	CME:
NACTIVE: I do not provide professional se	ervices to patients in Maine full time or part time.	Act: <u> </u>
	w my Maine license from registration. I acknowledge be effected after five years from date of withdrawal.	-O/S: -Ret: -W/D:
1. Demo	ographic Data	Verified:
	rdedis correct as it appears on the above label, (please print or type).	Nemic:
B. My Social Security Number:	: <u> </u>	SS#:: DOB:
C. My date of birth (MM/DD/YY):	Age last birthday: 44	1616161616161616
D. Office Mailing Address as above or:	E. Home Mailing Address as above or:	
F. Office Phone: (207) 872 - 4437	G. Home Phone:	Pref. Addr. Posted: Date:
Prefer Board contact me at office.	Prefer Board contact me at home.	
II. Practice Data (All	Applicants Must Complete)	
A. At present I practice medicine (check all that apply): XFull Time Part Time Solo	B. Practice Specialty(ies): (Note: Physicians applying for "active" status in Maine also please complete Section IV, survey data for the 5-year Liability Demonstration Project.)	FT/PT/RTD WP Spec Codes
 In Partnership or Group Hospital-based Practice Do Not See Patients (ie., Administrative, Research, etc.) I Have Retired 	Primary Specialty: OB-697 30 Sub-specialty 1: Sub-specialty 2: I am Specialty Board certified by (Board Name): OB-697 30	Prior Sec 1: Sec 2: Sec 2: Sec 2: Sec 3: Sec



III. Background Data (All Applicants Must Complete)

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

inte	rn, resident, or fellow):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Licensing Jurisdiction WASHINGTON STATE	Present Status (*) Ac⊤ive			
	-		•		
thar	(*) Explain in Section V. Additional Explan ation force or "active".	ation/Statement of Facts any s	atus oth	er	
B. i	am currently registered with the U.S. Department on DEA Registration #	of Justice, Drug Enforcement Adminis This registration is in the (ie., your own name or th	name of	:	
busi requ	ness entity). Or ,I am not registered with the Di uiring DEA registration in my medical practice or res	EÀ and I do not prescribe/utilize dru	gs		
appr	SINCE JULY 1, 1988 HAVE YOU HAD ANY OF THE For ropriate response. Note: any "Yes" response must be anation/Statement of Facts.)	OLLOWING OCCURRENCES? (Circle the explained fully in Section V. Addition	e nal		Ofc Use
(1.)	Had a physical or mental illness which necessitated for more than 30 days?	the suspension of your medical prac	tice NO	YES	(C-1)
(2.)	Arrest(s) with or without conviction(s) for any off (ie.,"OUI", "DWI", "DUI") but not including other mir	ense including driving while intoxical nor traffic violation?	Led NO	YES	(C-2)
(3.)	Hospital (or similar health care institution) privileg granted to you were suspended, restricted, withdr surrendered privileges or resigned from staff members.	awn involuntarily; or, you voluntaril	y (NO)	YES	(C-3)
(4.)	Disciplined by a professional society or resigned wh	nile accusation was pending?	NO	YES	(C-4)
	A pending claim or suit alleging malpractice liability negotiation/arbitration, or judgment by a court in a liability in which you are/were named as a defendar including "nuisance" suits and including settlements company/representatives without your express company/representatives.	y, a claim settlement by a claim of medical malpractice nt with any degree of liability made by your insurance	(NO)	YES	(C-5)
(6.)	Been treated for, or been advised to seek treatment and chemical compounds, mind or mood altering drug	t for, abuse of alcohol, other drugs gs?	(NO)	YES	(C-6)
(7.)	Been notified by the licensing board of any state or of allegations of your misconduct filed with or by th not now dismissed by a finding of that board that the (Note: accusations which remain open as of the date response and explanation.)	at board and those allegations are allegations were without merit?	(NO)	YES	(C-7)
(8.)	As of the date of this application, do you practice me privileges to admit patients to any hospital as a men (ie., you have an "office-based" practice only)?	edicine but without holding nber of its medical staff	(NO)	YES	(C-8)
appl to y	Has any state or territory of the U.S. or province/tellication for any type of license, taken any disciplinary tou in that jurisdiction (including but not limited to we position, or pectagging appearance or pectagging and provided practice, appearance or pectagging and provided practice.	y action against the license issued arning, reprimand, fine, suspension,		VEO	
	ocation, or restrictions in permitted practice, probat	•	NO	YES	(D.)
∟. Γ	dave you ever left a medical licensing jurisdiction wh	me anegations were pending?	(NO)	YES	(E.)

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

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

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

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

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

Does your Maine medical practice consist of or include in part the practice of anesthesiology, emergency medicine, or obstetrics and gynecology? If not, skip to the next box. If so, specify which:	Ofc Use
 Anesthesiology Emergency Medicine — Full Time Practice — On call as specialty consultant only — Occasionally as Medical Staff obligation ✓ Obstetrics/Gynecology ✓ Primary Practice — Consulting — Family Practice including OB/GYN 	A EM OB
2. Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice? YES NO, I am self-insured. If yes, identify insurance company and your policy number: Medical Mutual of Maine, Policy *	So Paul 50-5 Pay

3. <u>CEN</u>¢

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

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

PAGE #	SECTION#	QUESTION #	EXPLANATION:
7	6		

AFFIDAVIT OF APPLICANT FOR RENEWAL OF LICENSE REGISTRATION

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

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

Date:	8/5/90 Signature: _	PND. Julue	1.D.,
	Typed or Printed Name:	RUSSELL DESTONG M	1 D

Board of Registration in Medicine Statehouse Station #137, Augusta, ME 04333

Telephone: (207) 289-3601

LOG OF CONTINUING MEDICAL EDUCATION ACTIVITIES FOR THE PERIOD JANUARY 1, 1988 TO DECEMBER 31, 1989

CATEGORY 1: CME Activities with Accredited Sponsorship
At least 40 credits must be earned in this
category. The total 100 credits may be
earned in this category.

Name: Russell De Jawa Address: Maine Cert. #

completed, signed and returned January, 1990 or earlier.) Signature: I CERTIFY THE FOLLOWING TO BE THUE AND CORRECT FOR THE PERIOD JANUARY 1, 1988 TO DECEMBER 31, 1989 (This form must bе

(MUST BE PRINTED OR TYPED)

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401								2-0	ည (၁	15	24	6	2	h	12	CREDITS

CATEGORY 2:

periences. Activities and Other Meritorious Learning Ex-

CME Programs with Non-accredited sponsorship, Medical Traching; Parers, Publications, Books and Exhibits; Non-Supervised Individual CME

There is a limit of 60 credits for this category

(MUST BE PRINTED OR TYPED)

WHEN COMPLETED RETURN TO:

BOARD OF REGISTRATION IN MEDICINE Statehouse Station #137 Augusta, ME 04333

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q									-		50	100	CREDITS	

2 Bangor Street, State House Station #137, Augusta, ME 04333 (207) 289-3601

JUN 75 1992 Application for Maine Medical License Registration Renewal July 1, 1992 - June 30, 1994

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

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

NAME/ADDRESS OF RECORD

LICENSE #

SOCIAL SECURITY NO.

RUSSE

 \geq

ONG

For Ofc Use

Act:

W/D:

Address

RUSSELL N DE JONG MD

010495

DATE OF BIRTH

DAYTIME PHONE NO.

207-872-4487

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

Type of Registration Classification for Which Applying:

(1.) I am applying for ACTIVE registration, based on evidence of CME qualification on file with the Board, to practice medicine in Maine between July 1, 1992 and June 30, 1994. Exempt: Date Posted: (2.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to and approval from the Board, I certify that I will not practice medicine in Maine for the period July 1, 1992 to June 30, 1994. I am either: Reg Status (2a.) not a resident of Maine and do not intend to practice, even part time, in the State of Maine in the immediate future, or] am employed in an administrative capacity, or; **#CME**: (2b.) I am fully retired from the practice of medicine. While registered as "inactive," I certify that I will not provide professional services in Maine in any degree, including the writing of prescriptions for myself, family, or friends. (3.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (Complete, date and sign, and return this application by due date omitting payment of renewal application fee.) Chng: Personal Data Update: . If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly

int the correct information on the adjacent line. Please correct an error in your current mailing address in section B below.

. The Board requires both your home address and phone and the address and phone of your principle place of medical practice. You may signate which of the two you wish to be used for mailings from the Board. Note however that the address designated for that purpose will so be the address published by the Board in listings and publications available to the general public. .) Home Mailing Address - as above or: (5.) Office Mailing Address – as above or:

	5-7-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-
i.) Home Phone:	
Prefer Bo	pard contact me at home.

(7.) Office Phone: (

Prefer Board contact me at office.

Practice Data

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

🗻 Full Time

Part Time

Solo

In Partnership or Group

Hospital-based Practice

Do Not See Patients

(i.e., Administrative, Research, Teaching, etc.)

I Have Retired

(9.)	Practice	Specialty(ies):
	Drimary	Chaoinltre

• •	n P
~	

Λ.	C1-	 1.

(10.) Sub-specialty 1:

(11).	Sub-specialty 2:	

(Board Name):	An	RO	363~	(34A

For	Ofc	Hee

Spec Code:	
Prim:	

Sp Bd Cert

Sub 2: .

Code:

Liability Insurance Data

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

rough maint ree of insura 931.	enance of professional liability insurance is not a requireme unce, if any, to the Superintendent of Insurance to aid in the	nt for Maine licensure, the Board is required to provide data about each licensee's administration of the Maine Rural Health Access Program pursuant to PL (1990)		
) Regardles	s of specialty interest or scope of your medical practice in Nical malpractice?	Maine, do you have in effect a policy insuring you against liability for professional		
1				
YES	L NO. I am self-insured lentify insurance company and your policy number:			
			For Ofc U	íce
Ivieuro	Paul Policy # HKO (5 00047 /		Ins Code:	
		Policy #		
0	Address:			
		State Zip:		
Aré prer				1
Name of	Hospital/Employer: 12 CAio 100 87	ospital or other employer? XYES _ NO	dury.	
 Are you 	a participant in a Risk Retention Group?YESN identify this group:	0	,	
	ſ	Background Data		
	į	(All Applicants Must Complete)		
.) Other than tes or provinow):	in Maine, I currently hold, or I have at one time held, a pe	rmanent license to practice medicine in the following states (or territories) of the United mits/certificates allowing training in the capacity of clinical clerk, intern, resident, or	•	
I have n	ever held a permanent medical practice license exce	pt in Maine.		
ensing Jur	•	Present Status (i.e., in force, expired, etc.)		
				
MANNIN	ctop STATE	EXPIRED.		
				
	····			
ce and explain	tal DEA Registration number is the circumstances which either preclude or make unnecessary you tration of hospital, not prescribe controlled substance in your practi-	. (If you are <u>not</u> registered with the DEA as an individual practitioner enter "None" in this r registration with DEA on a separate, attached 8×11 sheet of paper. For example, do you: use		
		CURRENCES? (Circle the appropriate response. Any "Yes" response must be explained fully on a		
	8 × 11 sheet of paper cross-referenced by question number.)			
	hysical or mental illness which necessitated the suspension of your projected of any offense (including driving while interiored in a ""	medical practice for more than 30 days? OUI'', "DWI', "DUI' but not including other minor traffic violations)?	(40)	YES YES
,		ly been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily	MO.	YES
surrende	ered privileges or resigned from staff membership while under peer	review?	NO	YES
	ned by a professional society or resigned while accusation was pend		NO	YES
you are/	ng claim or suit alleging malpractice liability, a claim settlement by were named as a defendant with any degree of liability <u>including</u> "press consent? (See Instructions)	negotiation/arbitration, or judgment by a court in a claim of medical malpractice liability in which nuisance'' suits and including settlements made by your insurance company/representatives without	(N)	YES
•	ated for, or been advised to seek treatment for, abuse of alcohol, of		(NQ	YES
		the existence of allegations of your misconduct filed with or by that board and those allegations are but merit? (Note: accusations which remain open as of the date of this application require a "Yes"	_	
•	e and explanation.)		NO	YES
-8.) Has any		enied your application for any type of license, taken any disciplinary action against the license issued		
to you i		nd, fine, suspension, revocation, or restrictions in permitted practice, probation with or without	(NA	YES
-9.) Have yo	a ever left a medical licensing jurisdiction while allegations were po	ending?	OD .	YES
		iministration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or		TIDA
	y mas any state or province demed, restricted, modified, suspended, or ever received a sanction from Medicare or from a state Medicaid	or revoked your state permit to prescribe or dispense controlled substances?	NO	YES YES
		paper cross-referencing your explanation to the question number to which it pertains.		125
ase review you	er application, sign and date the affidavit below. Any missing entry w	ill render this application administratively incomplete and may subject you to a late application charge		
	o enclose a renewal application fee of \$200 (unless qualified for fee cation incomplete and may subject you to a late application charge of	waiver) or failure to have provided evidence of CME qualification if applying for ACTIVE registration of \$100.	on classification	on will
4 F E ST WILLIAM		CANT FOR RENEWAL OF LICENSE REGISTRATION	di di cama	an an
affirm under nade in conju- esponsibility t	penalties of perjury that all information entered and responses giver notion with a license application may be found to be a ground fo o notify the Maine Board of Registration in Medicine of any subsequal practices or place of residence.	nactive" registration of license or requesting withdrawal of registration.) I on this application are true and accurate to the best of my knowledge and belief. I understand that as a discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). I lent change in my status from that reported here and, in particular, to notify the Board within 10 days. Signature:	acknowledge	my 1 my
		ped or Printed Name: / Russeu N. D. J. J. Russeu N. D. J. J. Russeu N. D. J. L. Russeu N. D. L. Russeu	economica especial de la filia	55.5 Sec. 1
Ofc Use		The same of the sa		
	Recommendation: Recommendation:			$\overline{}$
lomm Rev Date:	Recommendation:			_
loard Decision I	Pate: Action:			

Certificate Batch Run #:

lecord Update Keyed by: _

State House Station # 137 MAINE BOARD OF REGISTRATION IN MEDICINE 2 Bangor Street PLEASE RETURN COMPLETED, SIGNED FORM (BY 1/11/02) TO: For reporting CME credits earned from January 1, 1990 to December 31, 1991, or 24 Augusta, ME 04333 months ending CONTINUING MEDICAL EDUCATION REPORTING LOG Telephone (207) 289-3601 2661 C 8 NVF POSTED City/Town Name rize the Board to officially change your mailing address. () If this is a change of address, please place a check mark after this statement to autho-Address. Maine License Number RUSS= 11 0 しってた State

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

PLEASE TYPE OR PRINT LEGIBLY.

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

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
provide activities and the second	コハナル	10~5=4@MC5	1261	\c
,	<i>y</i> *) ·	1920	2
OANDOWY HOSPITAL	25 × 34N	Approximate culpus copy from Ex	10/30 -1111 51	22
A606 0551	0 4 50 5 C	REGIONAL CINT	10/91	2,4
E min c	かっている	FETAL MONING	10/3/4 91	₩.
KYLVIC	14.605.4	· PEZINATA L CONF	1990/91	36

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

TOTAL CATEGORY I CREDITS

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

(This form must be completed, signed, and returned by January 31, 1992, or earlier, to qualify for reregistration to practice medicine in Maine from July 1, 1992 to June 30, 1994.)

Physician Signature:

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

Dated:

122-92

CATEGORYII

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

Note: Category I may be substituted for Category II.

•						5000 W NLS	TEACH RESIDENT	TYPE OF ACTIVITY
							W T V L	LOCATION/CITY/STATE
TOTA							MAINE DARTHOUTH RESIDENCY	DESCRIPTION OF LEARNING ACTIVITY
TOTAL CATEGORY II							(4) 1990-91	DATES OF ACTIVITY
300 C						700	100	CREDITS

CHECK LIST BEFORE MAILING

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

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

Sp Bd Cert

In Partnership or Group Hospital-based Practice

(i.e., Administrative, Research, Teaching, etc.)

Do Not See Patients

I Have Retired

Liability Insurance Data

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

nough maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's

rce of 931.	f insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990)		
.) Re	gardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional ce/medical malpractice?		
7			
J YI			
	f yes, identify insurance company and your policy number:	For Ofo II	
	Medical Mutual of Maine, Policy #	For Ofc Us Ins Code:	
	Saint Paul, Policy #	110 COGO.	
_	Other: Name of Company Policy #	$\alpha \Delta$	-
	City: State Zip:	HP	
	Are premiums for your professional liability insurance paid by a Hospital or other employer? YES NO	1,	
N.	Name of Hospital/Employer: PARTIAL MALLE DARTHOUGH FAMILY PRARTICE RES LOTENER		
	Are you a participant in a Risk Retention Group? YES NO		
p	respond a participant in a ratio received of the participant in a ratio received of the participant in a ratio received of the participant in a ratio ratio received of the participant in a ratio rat		
•			
	Background Data		
\ Q.	(All Applicants Must Complete) her than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United		
tes or ow):	r provinces of Canada (exclude temporary, <i>Locum tenens</i> , or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or		
	have never held a permanent medical practice license except in Maine.		
ensi	ng Jurisdiction Present Status (i.e., in force, expired, etc.)		
MAS	HINGTON STATE EXPIRED		
(T) (
ce and itution.) SIN	individual DEA Registration number is		
	Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days?	NO.	YES
	Been arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?) YES
-3)	Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily	(TO	VEC
	surrendered privileges or resigned from staff membership while under peer review? Disciplined by a professional society or resigned while accusation was pending?	(NO NO	YES YES
.5)	A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or indoment by a court in a claim of medical malpractice liability in which	سنت.	120
	you are/were named as a defendant with any degree of liability <u>including</u> "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (See Instructions)	(NO	YES
-6.)	Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed		120
	by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.)	MO	YES
	Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital?	NÖ	YES
	Do you practice medicine in a state or province other than Maine without "active" medical staff privileges at a hospital operating in the jurisdiction where you practice?	ÑØ	YES
-9.)	Has any state or territory of the U.S. or province/territory of Canada ever denied your application for any type of license, taken any disiplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without		
	monitoring?)	NØ	YES
	Have you ever left a medical licensing jurisdiction while allegations were pending?	(NO	YES
-11.)	Have you ever been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances?	(300	YES
	Have you ever received a sanction from Medicare or from a state Medicaid program?	(NO)	S
	all explanation of any YES response on a separate, attached 8 × 11 sheet of paper cross-referencing your explanation to the question number to which it pertains. (See Instructive policy of any other properties of the properties		he some
nner,	failure to enclose the appropriate renewal application fee (unless qualified for fee waiver) or failure to have provided evidence of CME qualification if applying for ACTIVE reg	istration classi	ification
rend	ler your application incomplete and may subject you to a late application charge of \$100.		
A 11	AFFIDAVIT OF APPLICANT FOR RENEWAL OF LICENSE REGISTRATION ophicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.)		
	m under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. I understand that	any false state	ement
nade	in conjunction with a license application may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). sibility to notify the Maine Board of Registration in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 day.	I acknowledge	e my
	of medical practice or place of residence.	To a change .	* 177
Date:	Typed or Printed Name: BUSSEN 73 SOC	provide a provide a figure	1.D.
Of T		, M	I.D.
Ofc U	ev Date: 6:14:94 Recommendation: 0Kasa		
Exec R	ev Date: Recommendation:		—
Board 1	Decision Date: Action:		
	Update Keyed by: Certificate Batch Run #:		

ACCREDITED SPONSOR LOCATION OF ACTIVITY DESCRIPT	Category I includes programs that have received accreditation by the AMA Council on Medical Education, the National Liaison Committee on CME, or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Registration in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.	PLEASE TYPE OR PRINT LEGIBLY	PLEASE LIST CATEGORY I CREDITS BELOW AND CATEGOI	tion #137 Telephone (207) 287-3601 N MEDICINE	MAINE BOARD OF REGISTRATION IN MEDICINE JAN 3 1994	PLEASE RETURN COMPLETED, SIGNED FORM (BY 1/31/94). TO: 10 12 11 11 12 11 11 11 11 11 11 11 11 11	1993, or 24	CONTINUING MEDICAL EDUCATION REPORTING LOG
DESCRIPTION OF ACTIVITY DATES ATTENDED CREDITS EARNED	Education, the National Liaison Committee on CME, or the Committee on CME of the ne Board of Registration in Medicine for specific rules and definitions.] Forty (40) CME	INT LEGIBLY.	AND CATEGORY II ON BACK OF FORM.	If this is a change of address, please place a check mark after this statement to authorize the Board to officially change your mailing address. ()	City/Town State	Address	Name Rumber 10-195 Sove Mil	

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			EMMC	4.	I w m m	DCOC.	oriv or main	ACCREDITED SPONSOR
			BA2608	61	WASSE OF THE	Morcesiac	Arraga Ci	LOCATION OF ACTIVITY
		The state of the s	P 5012784	C. C	Comparances	6 >~ E~0005coes	U = TA 03 0 U U U	DESCRIPTION OF ACTIVITY
			1192	26	1913	10/96	4/93	DATES ATTENDED
			12	2	19	22_	22	DATES ATTENDED CREDITS EARNED

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

	-	

TOTAL CATEGORY I CREDITS

(This form must be completed, signed, and returned by January 31, 1994, or earlier, to qualify for reregistration to practice medicine in Maine from July 1, 1994 to June 30, 1996.) AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY FOR THE PAST 24 MONTHS.

TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH I	Dated: 1 - (8 - 9 4
TTH THE HOURS TOTALE	Physician Signature:
ED ON EACH PAGE.	12, var St

CATEGORY II

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

Note: Category I may be substituted for Category II.

						READING Y COLOR	TE AC, ii, va	TYPE OF ACTIVITY
And the state of t						Augusta	WATER JULE	LOCATION/CITY/STATE
)	Scholule bealing	PACULTY TEACHING	DESCRIPTION OF LEARNING ACTIVITY
TOTAL CATEGORY II 200						12-31-673	1-1-92 ->	DATES OF ACTIVITY CREDITS
200						120	100	CREDITS

CHECK LIST BEFORE MAILING

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

New T Physic	City / Town	Latt. Change	Old Ad	PHYS10	, Maine L
New Telephone No. Physician Signature per ptc Whentey 6-28-94	" (IWO.	Change Address to: Old P. O. Box 341	iress: Th	PHYSICIAN NAME RUSSELL De Jory M. D. (Type or Print)	Maine Eigense Number –
A .		Se to		Res	4 C) C)
p/c m		The state of the s	ik Turk Turk		CHANGE OF ADDRESS
Serveta	Siate	2. Box		De Jos	ADDRES
8	lte	34/		T my	
28-94	Zip OH		1		
	Zip 04937-				



State of Maine

Board of Licensure in Medicine

2 Bangor Street, 137 State House Station, Augusta, ME 04333-0137 (207) 287-3601

Application for Maine Medical License Registration

For Ofc Use

Certificate Printed: 9/14/95 Fee: \$200.00 / Unless 70 years of age or older by 10/1/95 Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration. NAME/ADDRESS OF RECORD License No Social Security | Russell N Dejong, MD 010495 SFP Maine-Dartmouth Fp PO Box 341 Date of Birth Daytime Phone No. Fairfield, ME 04937-0341 OF MORASURE IN MEDICINE (207) 453-8018 Type of Registration Classification for Which Applying (1.) I am applying for an initial license to practice medicine in Maine. (2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application. (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application and approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional services Maine in any degree, including the writing of prescriptions for myself, family, or friends. (4.) I am applying for reinstatement of my Maine license. (5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.) Personal Data Update: A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information on the adjacent line. B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designated for that purpose will also be the address published by the Board in listings and publications available to the general public. (6.) Prefer Board contact me at home. Home Mailing Address If your home address is incorrect, please correct here Home Phone: () -(7.) Prefer Board contact me at office. If your office address is incorrect, please correct here Office Mailing Address Maine-Dartmouth Fp PO Box 341 Fairfield, ME 04937-0341 Office Phone: (207) 453-8018 Practice Data: Check here if ABMS (8.) At present I practice medicine (check all that apply:) certified in this specialty If your practice data is incorrect, please correct (9.) Primary Specialty: Obstetrics and Gynecology in the space provided (10.) Sub-specialty 1: Full Time Hospital-based Practice (11.) Sub-specialty 2: Part Time In Partnership or Group (12.) I am ABMS Specialty Board certified by: I Have Retired Solo

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

Liability Insurance Data:

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

57	CAUL	-	
SET	6 wiek	7	1115-S
TU	o mono	neit	- Sca.
v_c	areno	me	0410

Insurance Company (Name, Address)

Do Not See Patients (i.e.,Administrative, Research, Teaching, etc.)

Policy #:	MO	066	15-6	08

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

(Board Name):

REIMBURSED

Background Data

(All Applicants Must Complete)

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

Sta	ate	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at	left:	
WA:	SHINGTON	198	5-? E	(PINED)			
		190	Of				
		·			man of the		
☐ I b	ave never held a p	permanent medical p	ractice licens	e except in M	aine.		
(15.) H	ave you ever:						
(15-1)	disciplinary action	against the license issu	ed to you in the	at jurisdiction (in	ER deny your application for any license, taken any neluding but not limited to warning, reprimand, fine, th or without monitoring?)	(NÓ)	YES
(15-2)	Left a medical lice	nsing jurisdiction while	allegations we	re pending?		NO.	YES
(15-3)	15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances?					(NO)	YES
(15-4)	Received a sanctio	n from Medicare or from	m a state Medic	aid program?		(NO)	YES
SINCE I	LAST RENEWAL, HA	VE YOU HAD ANY OF T	HE FOLLOWIN	G OCCURRENCE	SS? (Circle the appropriate response.)		
(15-5)	5-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days?					NO	YES
(15-6)	Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?					(NO)	YES
(15-7)	Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review?					NO	YES
(15-8)	Disciplined by a pr	ofessional society or re	signed while ac	cusation was pe	nding?	NO	YES
(15-9) 7	A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/respresentatives without your express consent? (see Instractions)					NO	YES
(15-10)	10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.)				NO	YES	
(15-11)	Do you practice me	edicine within the State	of Maine with	out "active" med	ical staff privileges at a Maine hospital?	NO	YES
(15-12)	Do you practice me in the jurisdiction v	edicine in a state or prov where you practice?	ince other than	Maine without	"Active" medical staff privileges at a hospital operating	NO	YES
	(A	any "Yes" response must	be explained full	y on a separate, a	ttached 8 x 11 sheet of paper cross-referenced by question number.)		
Ĭ	Note: Any m	issing entry will render this	application inco	nplete and may su	bject you to a late application charge of \$100. Also failure to enclose the		

appropriate renewal application fee or provide evidence of CME qualification if applying for ACTIVE status will render your application incomplete.

	AFFIDAVIT OF APPLICATION					
(All applicants must personally sign and date whether applying	ig for "active" or "inactive" registration of	license or requesting withdrawal of registration.)				
I affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief I inderstand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R. S.A. §32.82.A(2) I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence.						
Date: 8 5 15	Signature	ent and and	M.D.			
	Typed or Printed Name	Russellns Auc	MD.			
or Ofc Use			######################################			

Staff Rev Date: 9/6/95 Recommendation: 05 9 6 8

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 9/30/95

Maine License Number:

010495

Name: Russell N Dejong, MD

CATEGORY I

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

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
hmme	PERIAMAL	CASES	1994	17
4	1-	1.	1995	17
ACOG.	ORLANDO	AMASSEE LO LOSCOPCIAS	357	22
Acog	SAN FRAN	08 conserversions	6194	16
Acoc	00000	U coch scorosy	495	16
EMUC	BANGOR	HOSTEROSCOLY	5195	10.5

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

TOTAL CATEGORY I CREDITS

982

CATEGORY II

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

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
JOURNAU)	WTVL	NETM, OB-600, SURVEY	1994.5	100
TEACHINGES	IDENTS WILL	PULL TIME PARULTY	1994-5	100
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	<u> </u>					
AFFIDAVIT: I (CERTIFY THIS LOG TO BE A TRUE AND CO	ORRECT REPORT OF MY CME AC	CTIVITY.			
Dated:	8/15/95	Physician Signature:	RN	D 1 TOTAL CATE	GORY II CREDITS	<u> 200</u>
	TO BE VALID, FORMS MUS	T BE SIGNED, DATED, W	TH THE HOURS	TOTALED ON EACH	SECTION	

12201 367-0964/18-12

Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

INACTIVE; Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice or writing prescriptions for friends, family, or self. Physicians who check box 2, by signing the application affidavit at the end of the form, have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of Registration in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.

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

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

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected.

Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

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

Background Data:

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

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

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

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

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

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

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

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

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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

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

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

* * * *

Maine-Dartmouth Family Practice Residency

15 East Chestnut Street • Augusta, Maine 04330 (207) 626-1894 (1893) (1892) • Fax (207) 626-1902 Mid-Maine Medical Center • North Street • Waterville, Maine 04901 (207) 872-1320

August 14, 1995

Board of Registration and Medicine 2 Bangor Street Augusta, Maine 04333

Dear Members of the Board,

I have a single suit pending against me. This relates to my duties as the Medical Director of the Prenatal Clinic at the Mid Maine Medical Center. A pregnant woman, who was under my care, was delivered by another physician and had severe shoulder dystocia. She is suing the physician who delivered her, as well as the institution and me. Her concern is whether she should have had a prophylactic cesarean section to prevent her shoulder dystocia. It is my impression that her claim is entirely without merit, and that prophylactic cesarean section based on estimation of fetal weight by ultrasound is not the standard of care. The suit is still in the discovery phase and has not yet gone to the panel for its review.

Please contact me if you have questions in regards to this suit.

Sincerely,

RND.

Russell N. DeJong, M.D.

RND/lh

For Ofc U



Saint Paul

State of Maine

Maine Board of Li

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ee: \$200. UNLESS AGE 70 YEARS OR OLDER						е е
Please remit with application by check/mo required if at least age 70, or if withdraw	ney order payable to) "Maine Boar	d of Licensur	e in Medicine". Renev	wal fee not	Pri
roquirod in all roduct ago 70, or in microscove	ing irom noonse regio	stration.		EGBIV	<u> </u>	se Number: Certificate Printed:
NAME/ADDRESS OF RECORD	T	L	icense No		Social Securit	
Russell N Dejong, MD	JONG		010495	SEP - 2 1997	J. Anna Contract	ر ص
Maine-Dartmouth Family Practic			1	C 1001		, <u>, ,</u> ,
4 Sheridan Rd Fairfield ME 04937-3314		Daytir	ne Phone No.	ger,	Date of Bi	010495 9/11/9
Fairfield ME 04957-5514		(207	1.4 53-8018	OF LICENSURE IN LAR	Darwe i Santa)10495 9/11/97
Type of t	Registration Classifica	ation for Which	まらいで Applying	790 maria and and an and an and an an an and an	Process	7
(1.) I am applying for an initial license to pra	The second secon		F. 7. 3			
(2.) I am applying for ACTIVE registration, b			ation filed wit	th this application.		
(3.) I am applying for INACTIVE registration. and approval from the Board, I certify that I Maine in any degree, including the writing o	. I have therefore no will not practice med	ot submitted e edicine in Mair	evidence of C ne. I certify the	ME qualification. Wit	hout prior application professional service	
(4.) I am applying for reinstatement of my N	faine license.					
(5.) I request to WITHDRAW my Maine licer						
(In order to apply for withdrawal you must	complete entire form	<u>ı, date, sign, </u>	and return by	due date omitting pa	yment of	
renewal application fee.)	Personal Data	i Update:				
A. If the spelling of your name, social secur	ity number, or date o	of birth prepri	nted above ar	e not correct, please	circle the error	
and legibly print the correct information.	5P 1 1 1 - 1					
B. The Board requires BOTH your HOME ma PRACTICE. You may designate which of th designated for that purpose will also be the	e two vou wish to be	e used for ma	ailinas from th	ne Board. Note hower	ver that the address	
	,	y cho would ii	, nothings and	publications available	to the goneral public	
(6.) Prefer Board contact me at home.						
Home Mailing Address	lf vour	r home addres	ss is incorrect	, please correct here		
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Home Phone: () -						
(7.) Prefer Board contact me at office.	H vene	ffidd	!- !			
Office Mailing Address Maine-Dartmouth Family Practic	11 your	r office addres	ss is incorrect	t, please correct here		
4 Sheridan Rd					-	
Fairfield ME 04937-3314	***************************************				-	
Office Phone: (207) 453-8018		861-5	000		- 	
		Data:		•	Check here if AB	ems.
(8.) At present I practice medicine (check a If your practice data is incorrect, pleas	• • • •				certified in this s	
in the space provided	e conect		(9.) Primary	/ Specialty: Obstetrics		\square
☐ Hospital-base	d Practice		(10.) Sub-s			一 闩
Part Time In Partnership			(11.) Sub-s			
Solo Have Retired	•			ABMS Specialty Board	certified by:	
Do Not See Patients			(Board	Name):		
(i.e.,Administrative, Research, Teaching, etc.)	Liability Insura	E-SER IN SERVICE	waren)			
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Although maintenance of professional liability each licensee's source of insurance, if any, to	o the Superintendent	t of Insurance	or iviaine licen to aid in the	sure, the Board is req administration of the	Maine Rural Health /	about Access
Program pursuant to PL (1990) Ch. 931.				ing for Registration in		
(13.) Regardless of specialty interest or scop professional negligence/medical malpractice?	e of your medical pra Please make chang	actice in Main jes if appropri	ne, do you hav ate.	ve in effect a policy in	suring you against li	ability for
Insurance Company (Name, Address)	Yes (N	lo				
"Saint-Paul		//06615 608	PLP-	30714-01		
MAINE MED MUPUAL	· · · · · · · · · · · · · · · · · · ·			ssional liability are paid	d by a Hospital or othe	r emplover
	□□ Hospital/Emplo		- •	, pana	,,	-F1-01

^{***} Please Continue with Entries on Reverse of this Page ***

Background Data

(All Applicants Must Complete)

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

St	ate	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed a	t left:	
_ h	ASHIVUTON	·	? 1983	 			
	ave never held a pe	rmanent medical	practice license	except in Mai	ne.		
(15.) H	lave you ever: (Circle	the appropriate resp	onse.)				
(15-1)	disciplinary action ag	gainst the license iss	ued to you in that	jurisdiction (inc	deny your application for any license, taken any cluding but not limited to warning, reprimand, fine, a or without monitoring?)	NO	YES
(15-2)	Left a medical licensi	ing jurisdiction whi	le allegations were	e pending?	•	(NO)	YES
(15-3)	Been denied registrat restricted, suspended, to prescribe or dispen	, or revoked? Has a	ny state or provin	lministration (Date denied, restrict	EA) or has your DEA Registration ever been modified, cted, modified, suspended, or revoked your state permit	<u>(100</u>	YES
(15-4)	Received a sanction f	from Medicare or fro	om a state Medica	id program?		NO	YES
SINCE 1	AST RENEWAL, HAVE	YOU HAD ANY OF	THE FOLLOWING	OCCURRENCES	? (Circle the appropriate response.)		
(15-5)	Suffered from any physician or resu	ysical, psychiatric, o lted in an inability t	or addictive disord o engage in the pr	ler that would in actice of medici	npair or require limitations on your functioning ne for more than 30 days?	NO	YES
(15-6)	Been indicted, arreste or parking violations)	ed or convicted of an	ny criminal offens	e (including mot	tor vehicle offenses but not including minor traffic	(NO)	YES
(15-7)	Hospital (or similar howithdrawn involuntar	ealth care institution ily; or, you voluntar	n) privileges which ily surrendered pr	n had previosly l rivileges or resig	been granted to you were suspended, restricted, gred from staff membership while under peer review?	NO	YES
(15-8)	Disciplined by a profe	essional society or r	esigned while acc	usation was pen	ding?	(NO	YES
(15-9)	claim of medical mal	practice liability in v neluding settlement	which vou are/wer	e named as a de	negotiation/arbitration, or judgement by a court in a fendant with any degree of liability including y/respresentatives without your express	NO	(YES)
(15-10)	Been notified by the l and those allegations which remain open as	are not now dismiss	ed by a finding of	that board that	the existence of allegations, filed with or by that board, the allegations were without merit? (Note: accusations se and explanation.)	NO	YES
(15-11)	Do you practice medi-	cine within the State	e of Maine withou	t "active" medic	al staff privileges at a Maine hospital?	(NO)	YES
(15-12)	Do you practice medi- in the jurisdiction who	cine in a state or pro ere you practice?	ovince other than l	Maine without ".	Active" medical staff privileges at a hospital operating	NO	YES
	(Any	"Yes" response mus	be explained fully	on a separate, att:	ached 8 x 11 sheet of paper cross-referenced by guestion number.)		
	Note: Any missi	ing entry will render th	is application incom	olete and may subj	ect you to a late application charge of \$100. Also failure to enclose the		

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

	AFFIDAVILOF APPLICATION
All applicants must personally sign and date whether a	pplying for "active" or "inactive" registration of license or requesting withdrawal of registration.)
I understand that any false statement may be found to be a chicken when the lacknowledge my responsibility to notify the Maine Bo	ntered and responses given on this application are true and accurate to the best of my knowledge and belief. a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2), ard of Licensure in Medicine of any subsequent change in my status from that reported here and, in e in my place of medical practice or place of residence.
Date 3-1 5-57	Signature RMD Compact MD
	Typed or Printed Name Russia Dry MD

For Oic Use	
Staff Rev Date: 9-5-97 Recommendation X W	
Staff Rev Date: Recommendation:	

Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

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

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

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

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

Liability Insurance Data:

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

Background Data:

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

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

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

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

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

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

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

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

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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

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

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

* * * * *

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 9/30/97

Maine License Number:

010495

Name: Dejong, Russell N



CATEGORY I

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

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ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
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AC06	NYC	CODING MORESHOR	N-95	lo
mme	WAYERVICE	CONFERENCES	11,12195	5
wayne state universia	SAN FRANCISCO	wells loweress perinant	10 196	32
mmme	WTUL	CONFERENCES	1-12/96	16
AACP	SEATLE WA	ALSO INSTRUCTOR COURSE	4/97	8
FPA	FREEPORT	PAMILS PLANNERS CONF	5/97	5.5
N'T ACADAMY	Nye	MERICAL ABORSTON	5797	7.0
			<u> </u>	

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

TOTAL CATEGORY I CREDITS

86.5

CATEGORY II

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

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
ALSO INSTAUCEN	POLTLAND	TEACH ALSO COURSE	5/96	16
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TEACHINGIA	NE WILL	PACULTY MAINE DARTMOUTH	1996	50
f a .	g.4	FAMILY PRACTICE RESIDENCY	1997	50
500 en acs	Hone	NESM, OS-EM, TO REVIEW	1916	50
i qu	* ==		(997	50
			·	

TOTAL CATEGORY II CREDITS 232

	•	TOTAL CATEGORY II CR
AFFIDAVIT: I CE	RTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME AC	TIVITY.
Dated:	8 (15/97 Physician Signature:	X
	TO BE VALID, FORMS MUST BE SIGNED, DATED, WI	TH THE HOURS TOTALED ON EACH SECTION

Russell De Jong, M.D.

Obstetrics and Gynecology

8/28/97

BOARD OF REGISTAPPION IN MEDICINE



DEAR SiRS.

PLEASE FIND ENCLOSED AN EXPLAINATION OF MY
WALPRAGGE SULT. I BELIEVE I OMITTED THIS FROM
MY RENEWAL APPLICATION.

Sincerery,
RND. Conjuns

PRETI, FLAHERTY, BELIVEAU & PACHIOS, LLC

ATTORNEYS AT LAW

443 CONGRESS STREET
P.O. BOX 11410
PORTLAND, MAINE 04104-7410
(207) 791-3000
TELEFAX (207) 791-3111

CHRISTOPHER D. NYHAN

March 10, 1997

Paul Brough, Executive Director Health Net, Inc. One Merchants Plaza, Fifth Floor Bangor, Maine 04401

Re: Dr. Russell DeJong

Dear Mr. Brough:

Regarding your March 5 inquiry on Dr. DeJong, he was named as a Defendant in a case but his involvement was strictly that of a preceptor to the Maine-Dartmouth Family Practice Residency Program through the Mid-Maine Medical Center in Waterville. There was no application of negligence on his part and the case was settled on behalf of the Hospital with absolutely no connection to Dr. DeJong's involvement. The case was recently settled and it is a subject to a non-disclosure agreement. Suffice it to say that the settlement amount was substantial but again it had nothing to do whatsoever with Dr. DeJong. There was no report to the National Practitioner Data Bank or to the Board of Registration in Medicine because he simply was not involved in the case except administratively. Please call if you have any questions.

Very truly yours,

Chris

Christopher D. Nyhan

CDN:ccb cc: Dr. DeJong

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State of Maine

Maine Board of Licensure in Maine Board of Licensure in Maine Bangor Street

2 Bangor Street 137 State House Station Augusta, ME 04333-0137

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Application for Maine Medical License Registration IN MEDICINE

Fee: \$310. UNLESS 70 YEARS OF AGE OR OLDE R BY LICENSE EXPIRATION DATE OF 09/30/99

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

NAME/ADDRESS OF RECORD

Russell N De Jong, MD

License No

010495

Daytime Phone No.

Social Security

/11/99 ып

	Type of Registration Classification for Which Applying:					
]	(1.) I am applying for an initial license to practice medicine in Maine.					
9	(2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.					
]	(3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to ar approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional services in Maine in degree, including the writing of prescriptions for myself, family, or friends.					
1	(4.) I am applying for reinstatement of my Maine license.					
Ī	(5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years.					
	(In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of					
	renewal application fee.) Personal Data Update:					
	A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information.					
	B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designated for that purpose will also be the address published by the Board in listings and publications available to the general public.					
	(6.) 1. Prefer Board contact me at home.					
	Home Mailing Address If your home address is incorrect, please correct here					
	Home Phone:					
	(7.) Prefer Board contact me at office.					
	Office Mailing Address If your office address is incorrect, please correct here					

Home Phon	e:					
(7.) Prefer Board contact me at office. Office Mailing Address Maine-Dartmouth Family Practic		If your office address	office address is incorrect, please correct here			
	Rd = 04937-3314 e: (207) 861-5000					
. ,	actice medicine (check all that apply:) ce data is incorrect, please correct	Practice Data:			Check here if A	
in the space Full Time Part Time Solo	• •		(9.) Primary Specialty: (10.) Sub-specialty 1: (11.) Sub-specialty 2: (12.) I am ABMS Specialty 2:	·		

Do Not See Patients
(i.e.,Administrative,
Research, Teaching, etc.)

Liability Insurance Data

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

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

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

rofessional negligence/medical malpractice?	Please make changes if appropriate.	· · · · · · · · · · · · · · · · · · ·
nsurance Company (Name, Address)	Yes No	•
Medical Mutual of Maine	Policy #: PLP 00714-01	

Check here if pr	emiums for your profession	nal liability are	paid by a Hospi	tal or other employer?
Hospital/Employer:	ME-DARMOUTH	F-Mniss	PROTICE	RESIDENCY

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

Sta		Certificate#	Date	Status	Please add to or correct any of the entries listed	at left:	
Vashi	ngton		01/01/1983	Expir			
		a permanent medical		except in Main	e.	-	
		Circle the appropriate re	• ′	•			
15-1)	disciplinary acti	on against the license i	issued to you in the	t iurisdiction (ir	R deny your application for any license, taken any cluding but not limited to warning, reprimand, fine, h or without monitoring?)	1	YES
		icensing jurisdiction w				(NO)	YES
	restricted, suspe	distration by the U.S. D nded, or revoked? Has dispense controlled sub-	anv state or provi	dministration (l ace denied, rest	DEA) or has your DEA Registration ever been modified, icted, modified, suspended, or revoked your state permit	NO	YES
		tion from Medicare or				(NO)	YES
INCE L	AST RENEWAL,	HAVE YOU HAD ANY (OF THE FOLLOWING	GOCCURRENCE	S? (Circle the appropriate response.)		
15-5)	Suffered from ar as a physician or	ny physical, psychiatric resulted in an inability	c, or addictive disor y to engage in the p	der that would a ractice of medi	mpair or require limitations on your functioning ine for more than 30 days?	(NO)	YES
15-6)	Been indicted, as or parking violat	rrested or convicted of tions)?	any criminal offen	se (including m	otor vehicle offenses but not including minor traffic	©	YES
15-7)	Hospital (or sim withdrawn invol	ilar health care instituti untarily; or, you volun	ion) privileges which tarily surrendered p	ch had previous privileges or res	y been granted to you were suspended, restricted, gned from staff membership while under peer review?	(No	YES
I 5-8)	Disciplined by a	professional society or	r resigned while ac	cusation was pe	iding?	~~	
15-9)	A pending claim	or suit alleging malpra	actice liability, a cl	aim settlement l	y negotiation/arbitration, or judgement by a court in a	ØN9	YES
	"nuisance" suits consent? (see Ins	and including settleme	n which you are/we nts made by your i	re named as a d nsurance compa	efendant with any degree of liability including ny/respresentatives without your express	₩Ò	YES
	and those allegat	the licensing board of tions are not now dismi en as of the date of thi	issed by a finding c	of that board tha	the existence of allegations, filed with or by that board, the allegations were without merit? (Note: accusations are and explanation.)	(NO	YES
15-11)	Do you practice	medicine within the St	ate of Maine witho	ut "active" med	cal staff privileges at a Maine hospital?	(NQ)	YES
15-12)	Do you practice in the jurisdiction	medicine in a state or p n where you practice?	province other than	Maine without	'Active" medical staff privileges at a hospital operating	(Ng	YES
		(Any "Yes" response mu	ist be explained fully	on a separate, at	ached 8 x 11 sheet of paper cross-referenced by question number.)		*

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

- Committee of the Comm		AFFIDAVIT OF APPLICA			
		ATTIDAYLI DE APPLICA	KITON		
(All applicants must person	ially sign and date whether applying fo	π "active" or "mactive" registration	of hounse or requesting withdrawal of	registration.)	
I affirm under penalties of I understand that any false	perjury that all information entered en- statement may be found to be a ground	responses given on this application for discipline of my license to pra	n are true and accurate to the best of m ctice medicine in Maine pursuant to 32	y knowledge and belief. M.R.S.A. 63282-A(2)	
particular to notify the Bo	ionity to notify the Maine Board of Lie and within 10 days of a change in my p	ensure in Medicine of any subsequence of medical proutice or older	ent change in my status from that repo	ned here and, in	
Date:	0.37-63				
		Signature Typed or Printed Name.	7022	Song MD.	
For Ofc Use	4.				
Staff Rev Date: 9/1/69	Recommendation: 1547				
Staff Rev Date:	Recommendation:				

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 9/30/99

Maine	l icenca	Number

010495

Name: De Jong, Russell N

CATEGORY I

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

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
FAMILY PLANASCE	AUGUSTA	CHLANGDIA UPOPIC	10/97	6,3
MMAF	ł K	OB-64N STUDY GROUP	10197	3
Acog	NTC	COMPLICATOS PREGNANTS	12197	16
mmme	WTUL	PERINATAL REVIEW	9197-9/98	12
AAFR	PTLO	SAYER SYMPOSIUM	1118	6
ALFO	PTLN	RISIC MANAGEMENT	10/23	
MMAC	Augusta	Stuoy 6.200p	9/98	3
ACO6	NYC.	INTRAPARMEN LONTA	15/68	16
mnme	WYVL	PERIONEN VETUCEN	9/98-9/19	(2
	SEBASCO ESTATES	REPRODUCTIVE HEALTH	5199	5.5

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

TOTAL CATEGORY I CREDITS 83.8

CATEGORY II

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

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
realit Also coves e	PORTLAND	TEACH FAMILY PHYSULA	5 5/98	12
1%	1 ~	to me me	5199	12
Journaus	HOME	NESM 03-65" women persecutive men	9/97-9/m	(७७
TRACH RESIDEN	y PAIRFIELD	FULL TIME PACULTU PE PE		100
		112		
				···
A CASTON CONTRACTOR				

TOTAL CATEGORY II CREDITS 224

AFFIDAVIT: I CE	RTIFY THIS LOG TO BE A TRUE AND CORRECT	FREPORT OF MY CME ACTIVITY.	(
Dated:	12/99	Physician Signature:	RND.X	
,	TO BE VALID, FORMS MUST BE	SIGNED, DATED, WITH TH	E HOURS TOTALED ON EA	CH SECTION

12201 3202-2012/156

Instructions for Completing Application for Maine Medical License Registration Renewal

- re following definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you are questions, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth.

 eccause of this, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on the regular cycle for fees and CME.
- pe of registration Classification for Which Appying (select only one.):
- I:W APPLICATION: This category applies to physicians who are applying for an initial license to practice medicine in Maine or those who have withdrawn their license or we allowed it to lapse for more than five (5) years.
- CIVE: Intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for active registration, you must file tog of CME activities satisfactory to the Board showing a minimum of 40 AMA Category I and 60 AMA Category II CME credits earned during the previous licensing period.
- ACTIVE: Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A newal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice writing prescriptions for friends, family, or self. Physicians who check box 3, by signing the application affidavit at the end of the form, have affirmed to the Board that they all refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of egistration in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent MII activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.
- INSTATEMENT: This category applies to physicians who have allowed their license to lapse or who have withdrawn from licesure for no more than five (5) years. If quied or withdrawn for more than five (5) years a complete new application is required.
- equest to WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so, when application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by
- More that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void againsted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

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

Background Data:

- 14 asks you to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not training permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.
- cms 15-1 through 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.
- uss 15-5 through 15-12 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications less you feel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose was settled prior to your last renewal. On the other hand, a claim filed in 1986 which was closed by a settlement since your last renewal should be reported. If this is your first newal disclose all data.
- or any "Yes" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it has been is being resolved. For example:
- in 15-5 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical active unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric confirms, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness continue practice. Board will inform you if clinical records or report are required. If you reported an impairing addictive disease on your registration application for a prior distration period, please so indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current cambers of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207).
- in 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not swered completely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a fendant or for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims since professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental planation must include, for each such claim reported, a full description using the format of the following fictitious example:
- tentity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203
- ate/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital
- ause Alleged by Claimant; Delayed diagnosis of ectopic pregnancy.
- numary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was med in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.
- mirent Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000 on February 14, 193. I have been told the plaintiff rejected this and the claim is still pending.
- came and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. ock Springs, SD 79104. I am also represented by William B. Eagle, Eagle Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

* * * * *

For Ofc Use

Late \$ Date Posted:

State of Maine

Maine Board of Licensure in Medicine

2 Bangor Street 137 State House Station Augusta, ME 04333-0137

	required if at least age 70, or if withdrawing from license r	registration.	Ci -		
				Date	License
	NAME/ADDRESS OF RECORD	License No	Social Securit		Ŋ
	Russell N De Jong, MD	010495		Ò	
				Ħ	\leq
		Daytime Phone No.	Date of Bir	Certificate	∄
				O	Number:
	Type of Registration CI	lassification for Which Applying:		Ţ	
3	(1.) I am applying for an initial license to practice medicine in	n Maine.		Printed:	
3	(2.) I am applying for ACTIVE registration, based on evidence			ed	
1	(3.) I am applying for INACTIVE registration. I have therefor approval from the Board, I certify that I will not practice med degree, including the writing of prescriptions for myself, familiar	licine in Maine. I certify that I will not provide professiona	prior application to all services in Maine in	: 10/1/01	010495
3	(4.) I am applying for reinstatement of my Maine license.			1	4.
]	(5.) I request to WITHDRAW my Maine license from registra			2	Š
	(In order to apply for withdrawal you must complete enternewal application fee.)	tire form, date, sign, and return by due date omitting p	payment of		
	Person	nal Data Update			
	 A. If the spelling of your name, social security number, or day and legibly print the correct information. 				
	B. The Board requires BOTH your HOME mailing address a PRACTICE. You may designate which of the two you wish that purpose will also be the address published by the Board	to be used for mailings from the Board. Note however the	nat the address desig		
	(6.) Prefer Board contact me at home.				
	Home Mailing Address	If your home address is incorrect, please correct he	ere		
	(7) Design Board contact was at affine				
	(7.) Prefer Board contact me at office. Office Mailing Address	If your office address is incorrect, please correct he	ire		
	Maine-Dartmouth Family Practic	jour emoc agained to mooned, process contact no			
	4 Sheridan Rd				
	Fairfield ME 04937-3314		<u> </u>		
	Office Phone: (207) 861-5000	115.1399612391611229986-33(3885)6-0, bosel			
	 (8.) At present I practice medicine (check all that apply:) 	ractice Data:	Check here if Al	BMS	
	If your practice data is incorrect, please correct		certified in this	speci	alty
	in the space provided	(9.) Primary Specialty: Obstetric	s and Gynecology	 - ≚	4
	☐ Full Time ☐ Hospital-based Practice	(10.) Sub-specialty 1: (11.) Sub-specialty 2:	•	<u>-</u> -	4
	☐ Part Time ☐ In Partnership or Group☐ Solo ☐ I Have Retired	(12.) I am ABMS Specialty Board	d certified by:	——L	
	☐ Solo ☐ Have Retired☐ Do Not See Patients	(Board Name):		<u></u> L	
	(i.e.,Administrative,	STAL OF SECURE AND A SECURE OF SECURE			
		ly Insurance Data:			
	Although maintenance of professional liability insurance is no licensee's source of insurance, if any, to the Superintendent opursuant to PL (1990) Ch. 931.	ot a requirement for Maine licensure, the Board is require of insurance to aid in the administration of the Maine Rur (Complete Only if Applying for Registration	ral Health Access Prog	it each gram	1
	(13.) Regardless of specialty interest or scope of your medical professional negligence/medical malpractice? Please make	al practice in Maine, do you have in effect a policy insurin		for	
	Insurance Company (Name, Address) Yes	s () No			
	Medical Mutual of Maine Policy #	#: PLP01726-01			

Hospital/Employer MAIN =) that would Family

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

Background Data

(All Applicants Must Complete)

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

St a Washi		Certificate#	Expiration Date 01/01/1983	Present Status Expire	Please add to or correct any of the entries listed a	at left:	
☐ 1 ha	ave never held	d a permanent medical	practice license	except in Mair	e.		
(15.) H	ave you ever: ((Circle the appropriate res	sponse.)				
(15-1)	disciplinary ac	ction against the license is	ssued to you in that	jurisdiction (i	R deny your application for any license, taken any cluding but not limited to warning, reprimand, fine, h or without monitoring?)	6	YES
(15-2)	Left a medical	l licensing jurisdiction wh	rile allegations wer	e pending?		(NO)	YES
(15-3)	restricted, susp	egistration by the U.S. Dr pended, or revoked? Has r dispense controlled subs	any state or provin	dministration (ce denied, rest	DEA) or has your DEA Registration ever been modified, icted, modified, suspended, or revoked your state permit	NO	YES
(15-4)	Received a sar	nction from Medicare or 1	from a state Medica	aid program?		/ ÑÔ	YES
SINCE I	LAST RENEWAI	L, HAVE YOU HAD ANY C	F THE FOLLOWING	OCCURRENC	S? (Circle the appropriate response.)		
(15-5)					mpair or require limitations on your functioning ine for more than 30 days?	NO	YES
(15-6)	Been indicted, or parking vio		any criminal offens	e (including m	otor vehicle offenses but not including minor traffic	NO	YES
(15-7)					y been granted to you were suspended, restricted, gned from staff membership while under peer review?	NO	YES
(15-8)	Disciplined by	y a professional society or	resigned while acc	usation was pe	nding?	(NO	VEO
(15-9)	claim of medic	cal malpractice liability in its and including settleme	which you are/we	re named as a	y negotiation/arbitration, or judgement by a court in a efendant with any degree of liability including ny/respresentatives without your express	™	YES
(15-10)	and those alleg		ssed by a finding o	f that board the	the existence of allegations, filed with or by that board, the allegations were without merit? (Note: accusations use and explanation.)	NO	YES
(15-11)	Do you practic	ce medicine within the St	ate of Maine witho	ut "active" med	cal staff privileges at a Maine hospital?	พอ	YES
		ce medicine in a state or ption where you practice?	province other than	Maine without	"Active" medical staff privileges at a hospital operating	(NO)	YES
		(Any "Yes" response m	ust be explained fully	on a separate, :	ttached 8 x 11 sheet of paper cross-referenced by question number.)		
	Note: A арргорг	Any missing entry will render riate renewal application fee o	this application incom or provide evidence of	plete and may su CME qualification	iect you to a late application charge of \$100. Also failure to enclose the if applying for ACTIVE status will render your application incomplete.		

AFFIDAVIT OF APPLICATION

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

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

	Date: 5121	Parking the selection of the selections	Signature:	トラスペスション	, M.D. T
			Typed or Printed Name: (Zinsell X/De	Ser Min
			Typedical Tallican, Talle		
megan, tau pare un tsurge	7-71-K-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	STATE OF THE PROPERTY OF STREET STATE OF THE PROPERTY OF THE P	Account Security In the standing and a second of the Little of		1000
or Ofc Use					
	20/1/11	16.19			

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

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 9/30/01

Maine License Number:

010495

Name: De Jong, Russell N

CATEGORY I

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

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY		DATES ATTENDED	CREDITS EARNED
MEMUTUAL	porting	medicarion	Earors	11/2000	8
AL06	NYC	Compaener Sing (,GN	12/99	16
Acos.	N4C	KSUES in UBS	remices	12/00	16
FPA	FREEVAT	PEPROPUETUE	MEALTH	5/00	ť
ISE	Boston	FAMILY PLACE	ماش	5/00	12
mmme	PHATERVIUS	PERINATAL	REVIEW	2000	9
MAINE CESTEN	L ex	٤٠	در	2001	9
					'
	,				

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

				1
TOTAL 0	CATEGORY	I CREDITS	7	1

CATEGORY II

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

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY , DATES OF ACTIVITY	Y CREDITS
TEACH ALSO	PORTLAND	TEACH FAMILY PHYSICIAS 5/2000	12
4. 4	١.	57200	1.2
PAMILY PRACT	-WATERVILLE	FULL 7 int RESIDENCY FACULTS 2000	100
		1 2001	100

TOTAL CATEGORY II CREDITS 227

AFFIDAVIT: I C	CERTIFY THIS LOG TO BE A TRUE	AND CORRECT REPORT OF MY CME ACTIVITY.
Dated:	8/21/01	Physician Signature:
	TO BE VALID, FORMS	MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH SECTION

Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

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

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

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

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected.

Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

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

Background Data:

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

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

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

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

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

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

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

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

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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

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

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

01

PERSONAL ADDRESS ALERT

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

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

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

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

You may tell us about the address change in a letter or you may use the form below. Address changes may be faxed to (207) 287-6590.

CHANGE OF ADDRESS

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

Maine License Number:		
LICENSEE NAME: (Type or Print)	De <u>201</u>	06 MO
PERSONAL RESIDENCE ADDRESS: (Old address)		
(New address)		
City/Town_		Zip
New Telephone No:		
PROFESSIONAL ADDRESS: (Old address) MAINE DAR TWOCTH	PAMILY	PRACTICE 11-65 (DENCY
4 SHERIDAN D) 2 (J G	
(New Address) PAIRMELD W	C- 0493	3 >
City/Town	State 2	Zip
New Telephone No: 207 861-533	. 4	
Licensee Signature: RND COMP		Date: 9 1 7 0 1
	-	

Late \$ Date Posted:

Maine Board of Licensure in Medicine

137 State House Station, 2 Bangor Street Augusta ME 04333-0137

(207)287-3601 FAX: (207)287-6590 U

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION SEPTEMBER 30,2003 UNE IN MEDI Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not

Type of Registration Classification for Which Applying:

required if at least age 70, or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

Russell N De Jong, MD Maine-Dartmouth Family Practic 4 Sheridan Rd Fairfield ME 04937-3314

License No

010495

Daytime Phone No. (207) 861-5334

Social Security No.



De Jong, Russell N

	of CME qualification filed with this application. not submitted evidence of CME qualification. Without prior applicatione in Maine. I certify that I will not provide professional services in M		Date Ce	License
(In order to apply for withdrawal you must complete entire renewal application fee.) Personal A. If the spelling of your name, social security number, or date and legibly print the correct information.	n. I acknowledge that reinstatement is not possible after 5 years. Form, date, sign, and return by due date omitting payment of Data Update of birth preprinted above are not correct, please circle the error phone and the address and phone of your PRINCIPAL PLACE OF	MEDI	Certificate Printed:	Number:
PRACTICE. You may designate which of the two you wish to that purpose will also be the address published by the Board in (6.) Prefer Board contact me at home. Home Mailing Address If Home Phone:	be used for mailings from the Board. Note however that the address		9/18/2003	010495
Maine-Dartmouth Family Practic 4 Sheridan Rd Fairfield ME 04937-3314 Office Phone: (207) 881-5834	your office address is incorrect, please correct here tice Data: Check he certified (9.) Primary Specialty: Obstetrics and Gynecol (10.) Sub-specialty 1: (11.) Sub-specialty 2:	in this		ialty ✓]

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

Liability Insurance Data:

Regardless of specialty interest or scope of	fyour medical practice in Mai	ne, do you have in effect a	a policy insuring you a	igainst liability fo
rofessional negligence/medical malpractice? P	lease make changes if appro	priate.		

Insurance Company (Name, Address)	
Medical Mutual of Maine	

In Partnership or Group

I Have Retired

Part Time

Do Not See Patients (i.e.,Administrative, Research, Teaching, etc.)

Solo

Yes (○ No
Policy #: _	PLP01726-01
Check	here if premiums for you

PATIALLY professional liability are paid by a Hospital or other employer? Hospital/Employer: Maine Dartmouth Family

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

(Board Name):

^{***} Please Continue with Entries on Reverse of this Page ***

(All Applicants Must Complete)		13	1	J.K.
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Recommendation:

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

Sta	te	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed	l at left:	
Washir	ngton		01/01/1983	Expire			
-							
☐ I ha	ve never he	ld a permanent medical	practice license	except in Main	э.		
(15.) Ha	ave you ever:	(Circle the appropriate re	esponse.)				
	disciplinary :	action against the license	issued to you in tha	t jurisdiction (i	ER deny your application for any license, taken any acluding but not limited to warning, reprimand, fine, th or without monitoring?)	60	YES
(15-2)	Left a medic	al licensing jurisdiction w	hile allegations we	re pending?		(NO)	YES
(15-3)	restricted, su	registration by the U.S. E spended, or revoked? Ha or dispense controlled sub	s any state or provi	dministration (nce denied, rest	DEA) or has your DEA Registration ever been modified, ricted, modified, suspended, or revoked your state permit	(NO)	YES
(15-4)	Received a s	anction from Medicare or	from a state Medic	aid program?		(NO)	YES
SINCE L	AST RENEWA	AL, HAVE YOU HAD ANY	OF THE FOLLOWIN	G OCCURRENC	SS? (Circle the appropriate response.)		
(15-5)	Suffered from	n any physical, psychiatri	c, or addictive diso	rder that would	impair or require limitations on your functioning cine for more than 30 days?	NO	YES
	Been indicted or parking vi		fany criminal offen	se (including m	otor vehicle offenses but not including minor traffic	NO	YES
(15-7)	Hospital (or s withdrawn in	similar health care institut voluntarily; or, you volur	ion) privileges whi ntarily surrendered p	ch had previous privileges or res	ly been granted to you were suspended, restricted, igned from staff membership while under peer review?	(NO	YES
(15-8)	Disciplined b	y a professional society o	or resigned while ac	cusation was p	nding?	(NO)	YES
	claim of med "nuisance" su	ical malpractice liability i	in which you are/w	ere named as a	by negotiation/arbitration, or judgement by a court in a lefendant with any degree of liability including any/respresentatives without your express	(NO)	YES
	and those alle	I by the licensing board of egations are not now dism nopen as of the date of th	issed by a finding	of that board the	f the existence of allegations, filed with or by that board, at the allegations were without merit? (Note: accusations onse and explanation.)	(NO)	YES
(15-11)	Do you pract	ice medicine within the S	tate of Maine witho	out "active" med	ical staff privileges at a Maine hospital?	NO	YES
		ice medicine in a state or ction where you practice?		Maine withou	"Active" medical staff privileges at a hospital operating	NO	YES
		(Any "Yes" response n	ust be explained full	y on a separate, a	ttached 8 x 11 sheet of paper cross-referenced by question number.)		
		A		-1-1 11	in the section of the Also failure to enclose the		

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

		AFFIDAVIT OF APPLICATION		esona i de cuiri Aguntamentestini	e a diferenta del con Essentia de la conse
applicants must perso	qually sign and date whether applying fo	or "active" or "inactive" registration of li	cense or requesting with	lrawal of registration.)	
derstand that any false knowledge my respon	f perjury that all information entered and e statement may be found to be a ground sibility to notify the Maine Board of Lic partl within 10 days of a change in my pl	d for discipline of my license to practice censure in Medicine of any subsequent c	medicine in Maine pursu hange in my status from	iant to 32 M.R.S.A. §3282	
		Typed or Printed Name:	7=e.* ^s	XXX	MD
		Types of Printed Name.			

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 9/30/2003

Maine License Number:

010495

Name: De Jong, Russell N

CATEGORY I

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

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
mmA	AUGUSTA	HIPAA AWARENESS	11/02	1
ALOG	NYC	INFO ATICIOS	12/01	16
FPA	SPEE Epica ?	REPROPULTING HEARING	9100	٠
75A	Porismone	1.	5/02	6
Ulminn	TELE	TRASOFANAL B.C	11/01	1
meme	" WTUL	PERINATAL REVIEW		12
mome	ê en	MOON EDUCATIONS		26
mme	POLILAND	LEADERSHIP CONF	5/03	6.5

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

	 _	,
TOTAL CATEGORY I CREDITS	•	

CATEGORY II

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

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
ALSO WURSE	PURTLANS	FACULTY	5/02	12
l	ě C	44	5/03	12
FACULTY	WATERWEE	TEACH RESIDENTS & STURE	9-01-9-03	100
		·		
				-

EDITS 127

	1		
	,		TOTAL CATEGORY II CR
AFFIDAVIT: I (CERTIFY THIS LOG TO BE A TRUE AND C	CORRECT REPORT OF MY CME ACTIVITY.	
Dated:	8115/03	Physician Signature:	alio
	TO BE VALID, FORMS MU	ST BE SIGNED, DATED, WITH THE HOU	RS TOTALED ON EACH SECTION

Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

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

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

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

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by

the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

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

Background Data:

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

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

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

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

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

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

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

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

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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

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

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



State of Maine

Maine Board of Licensure in Medicine

137 State House Station, 2 Bangor Street Augusta ME 04333-0137 (207)287-3601 FAX: (207)287-6590

For Ofc Use Exempt: Late \$ Date Posted:

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION SEPTEMBER 30, 2005 IN MEDICINE Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

Russell N De Jong, MD Maine-Dartmouth Family Practic 4 Sheridan Rd Fairfield ME 04937-3314

License No

010495

Daytime Phone No. (207) 861-5334

Social Security No.

Date of Birth

	Type of Registration C	Classification for Which Applying:						
	(1.) I am applying for an initial license to practice medicine	in Maine.	Lic De					
X	(2.) I am applying for ACTIVE registration, based on eviden	nce of CME qualification filed with this application.	ce					
	(3.) I am applying for INACTIVE registration. I have therefor approval from the Board, I certify that I will not practice med degree, including the writing of prescriptions for myself, fan	ore not submitted evidence of CME qualification. Without prior application to dicine in Maine. I certify that I will not provide professional services in Maine nily, or friends.	License Number: Date Certificate F					
	(4.) I am applying for reinstatement of my Maine license.		턄					
	(In order to apply for withdrawal you must complete er renewal application fee.)	ration. I acknowledge that reinstatement is not possible after 5 years. Intire form, date, sign, and return by due date omitting payment of a particular update.	_icense Number: Date Certificate Printed:					
	and legibly print the correct information.	late of birth preprinted above are not correct, please circle the error	ited:					
	PRACTICE. You may designate which of the two you wish	and phone and the address and phone of your PRINCIPAL PLACE OF MEDIC to be used for mailings from the Board. Note however that the address designd in listings and publications available to the general public.	010495 8/29/2005					
	(6.) Prefer Board contact me at home.		100 05					
	Home Mailing Address	If your home address is incorrect, please correct here	05					
	(7.) Prefer Board contact me at office.							
	Office Mailing Address Maine-Dartmouth Family Practic 4 Sheridan Rd Fairfield ME 04937-3314 Office Phone: (207) 861-5334	If your office address is incorrect, please correct here						
	(8.) At present I practice medicine (check all that apply:)	Practice Data Check here if A	ABMS					
	If your practice data is incorrect, please correct	certified in this	specialty					
	in the space provided	(9.) Primary Specialty: Obstetrics and Gynecology	 ≱					
	Full Time	(10.) Sub-specialty 1:	—Ц					
	Part Time In Partnership or Group	(11.) Sub-specialty 2: (12.) I am ABMS Specialty Board certified by:						
	☐ Solo ☐ I Have Retired ☐ Do Not See Patients (i.e.,Administrative,	(Board Name):						
		ity insurance Data:						
	licensee's source of insurance, if any, to the Superintendent pursuant to PL (1990) Ch. 931.	ot a requirement for Maine licensure, the Board is required to provide data about of Insurance to aid in the administration of the Maine Rural Health Access Prog (Complete Only if Applying for Registration in "Active" status.)	gram					
	(13.) Regardless of specialty interest or scope of your medic professional negligence/medical malpractice? Please make	cal practice in Maine, do you have in effect a policy insuring you against liability changes if appropriate.	for					
	Insurance Company (Name, Address) • Ye	s O No						
		#: PLP01726-01 page 4 content of the premiums for your professional liability are paid by a Hospital or other page 5.	ier employer					
	· 	al/Employer: Maine Dartmouth Family	· -					

	(ΑII	Αp	plicants	Must	Com	olete)
--	---	-----	----	----------	------	-----	--------

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

Sta	te	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed	l at left:
Washii	ngton		01/01/1983	Expire		·
		(1) 1100 12 (1) 1100 1100 1100 1100 1100 1100 1100				
Lha	ave never held	a permanent medical	practice license	except in Maine	· ·	•
(15.) H	ave you ever: (Circle the appropriate re	esponse.)			
(15-1)	disciplinary ac	tion against the license	issued to you in the	t jurisdiction (in	R deny your application for any license, taken any cluding but not limited to warning, reprimand, fine, h or without monitoring?)	NO YES
(15-2)	Left a medical	licensing jurisdiction w	hile allegations we	re pending?		NO YES
(15-3)	restricted, susp		s any state or provi		DEA) or has your DEA Registration ever been modified, icted, modified, suspended, or revoked your state permit	NO YES
(15-4)	Received a sar	iction from Medicare or	from a state Medic	aid program?		NO YES
SINCE I	AST RENEWAL	, HAVE YOU HAD ANY	OF THE FOLLOWIN	G OCCURRENCE	S? (Circle the appropriate response.)	
(15-5)					mpair or require limitations on your functioning tine for more than 30 days?	NO YES
(15-6)	Been indicted, or parking viol		f any criminal offen	se (including mo	otor vehicle offenses but not including minor traffic	NO YES
(15-7)					y been granted to you were suspended, restricted, gned from staff membership while under peer review?	(NO) YES
(15-8)	Disciplined by	a professional society o	r resigned while ac	cusation was per	nding?	NO YES
(15-9)	claim of medic	cal malpractice liability its and including settleme	in which you are/w	ere named as a d	by negotiation/arbitration, or judgement by a court in a efendant with any degree of liability including ny/respresentatives without your express	NO YES
(15-10)	and those alleg		nissed by a finding	of that board tha	the existence of allegations, filed with or by that board, the allegations were without merit? (Note: accusations use and explanation.)	NO YES
(15-11)	Do you practic	e medicine within the S	tate of Maine witho	out "active" med	cal staff privileges at a Maine hospital?	(O) YES
(15-12)		e medicine in a state or ion where you practice?		Maine without	"Active" medical staff privileges at a hospital operating	YES
		(Any "Yes" response m	iust <u>be explained full</u>	y on a separate, a	tached 8 x 11 sheet of paper cross-referenced by question number.)	
1	Note: A	ny missing entry will render	this application incom	plete and may subi	ect you to a late application charge of \$100. Also failure to enclose the	

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

All applicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.) affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. Funderstand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). Lacknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence. Date: Signature. N.D. Typed or Printed Name: M.D.		r websitch stelle in the stell	AFFIDAVIT OF APPLICAT	ion.		
affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief, funderstand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). Lacknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence. Date Signature M.D. M.D.						
funderstand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 12 M.R.S.A. §3282-A(2). Lacknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence Date: M.D. M.D.	All applicants must personally sign	and date whether applying for "a	active" or "inactive" registration of	icense of requesting w	ithdrawal of registration.)	
	understand that any false statemer acknowledge my responsibility to particular, to notify the Board with	nt may be found to be a ground fo notify the Maine Board of Licens	or discipline of my license to practic sure in Medicine of any subsequent e of medical practice or place of re Signature	e medicine in Maine po cliange in my status fro	irsuant to 32 M.R.S.A. §32	982-A(2). in, M.D
	f Rev Date: 8 / 27/1 Seco	ommendation:				
f Rev Date: PAMA Recommendation:	f Rev Date: Rec	ommendation:				

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 9/30/2005

Maine License Number:

010495

Name: De Jong, Russell N

CATEGORY I

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

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
mmc	POLILAND	ALSO COURSEINSTAUCH	5/04	12
ninc	PORTLAND	اور در در	5/05	12
ASC.	0 RLAUDO	Am Soc Colposeopy + Porm	3/04	2-7
ALOG	SAFRANCISCO	ACOG Araun mrc	5 105	30
MOME	With the second	(00000000000000000000000000000000000000	9/03-9/03	·
r.				

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

· ·	
TOTAL CATEGORY I CREDITS	_ & ₫

CATEGORY II

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

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
•	WTLL	FULLTIME RESIDENCY	PARULTY	100
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			and the state of t	an Andrew

						and an an experience of
				1	The second secon	TOTAL CATEGORY II CRED
AFFIDAVIT	T: I CERTIFY THIS LO	G TO BE A TRUE AND CO	ORRECT REPORT OF MY	CME ACTIVITY		
Dated:_	4/1	5/05	Physician S	Signature:	pnas	<u> </u>
	TO BE VA	ALID, FORMS MUS	ST BE SIGNED, DAT	ED, WITH T	HE HOURS TOJ	(ALED ON EACH SECTION

Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

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

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

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

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected.

Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

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

Background Data:

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

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

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

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

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

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

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

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

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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

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

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

ী.D. License Renewal Fee: \$400.

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

Fee:
Exempt:
Late:
Exp: 09/30/2007
Lpd:

Application for Maine Medical License Renewal					
Fee: Please remit with application by check/money order payable to "M	Iaine Board of Licensure in Medicine". A renewal fee is from license registration.				
not required if you are age 70 or older, or if you are withdrawing	from license registration.				
Note: Any missing entry will render this application incomplete and may subject you appropriate renewal application fee, or report CME qualification if applying for AC	TIVE status, will render your application incomplete.				
Please correct any of the following information that may be missing or inco	orrect. MEGEIVEM				
Name: Russell N De Jong					
Address: Maine-Dartmouth Family Practice	K #0840				
4 Sheridan Rd Fairfield ME 04937-3314					
United States	the both				
Daytime Phone No: (207)861-5334	License No: 010495 $\int \hat{\mathcal{P}} \hat{\mathcal{Q}} \cdot \mathcal{C} \mathcal{O}$				
Email address	Approximation of the second se				
[Note: your DOB and SSN are already on file with us and have been remo	ved from this form to protect your personal identity security.				
Type of Licensure Status for W	Vhich You Are Applying:				
1. I am applying for renewal of my license in ACTIVE status, based on evic	dence of Civil quantication from with this approach.				
2. I am applying for renewal of my license in INACTIVE status. I have the prior application to and approval from the Board, I will not practice medic	refore not submitted evidence of Civile qualification. Without				
writing of prescriptions for myself, family, friends, or anyone. I must still	nay the renewal fee				
☐ 3. I am applying for reinstatement of my Maine license.	pay the followar los:				
4. I request to WITHDRAW my Maine license from registration. I acknow	ledge that reinstatement is not possible after 5 years. (In				
order to apply for withdrawal you must complete entire form, date, sign, a	and return by the due date, omitting payment of renewal				
application fee.)	n b				
Personal Data					
A. If the spelling of your name, social security number, or date of birth prepr	inted above is not correct, please circle the error and legibly				
correct information.	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
B. The Board requires BOTH your HOME mailing address and phone #, and	the address and phone # of your PKINCIPAL PLACE OF I				
PRACTICE. You may designate which of the two you wish to be used fo designate for that purpose will also be the address circulated by the Board	r mailings from the Board. Note nowever that the address y				
the Internet.	in fishings and publications available to the general public,				
the internet.					
5. I Prefer Board contact me at Home, or at Business. (H/B) B					
My Home mailing address and phone are:	If your home address is incorrect, please correct he				
A transfer of the contract of					
United States					
Telephone:					
My Business mailing address and phone are:	If your business address is incorrect, please correc				
Maine-Dartmouth Family Practice					
4 Sheridan Rd					
Fairfield ME 04937-3314 United States	Tolombourou				
Inited States Telephone:					
PRACTICE DATA: If your practice data is inco	rrect, please correct in the space provided.				
7. At present I practice medicine (check all that apply):	Do not see patients (i.e. Administrative, Research, Teaching, etc.)				
Full Time	Do not see patients (i.e. Administrative, Research, Teaching, etc.)				
Frait Time					
Check box if ABMS certified in each specialty.					
8. Primary Specialty: Obstetrics and Gynecology					
	×				
9. Sub-Specialty 1: 11. I am ABMS Specialty Board certified (Y/N) (Yby: (Board name) 12 to	M BD 08-64N 1				
11.1 am ABMS Specialty Board certified (Y/N) (Yby: (Board name)	M BIT UB-U4N 2				

LIABILITY INSURANCE DATA:

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

	Please indicate the method you empl		edical malpractice liability insurar	nce.	
lfу	ou have no coverage answer "Y" to	'Self Insured':			
	 Are you Self Insured (Y/N) 				
	Is your insurance Physician Pai	d (Y/N) Y			
	 Is your insurance Physician Pai Is your insurance Employer Page the Control of the Co	id (62/N)		en.	
If yo	ou checked off "Employer Paid", please enter t	the name of the employer who or w	hich paid your premiums here:	ing Ottomoral	
	ou checked off "Employer Paid", please enter t		Family Pa	Alper Regiony	
	Insurance Company (Name/Address):				
	dical Mutual of Maine		If your insurance must matter	is mediteet, please correct here.	
	Box 15275				
	tland ME 041125275				
FUI	licy #: PLP01726-01				
	•				
	BACKGROUND D	AGE/AN			
(4)	ll Applicants must complete. Use ad				
	Other than in Maine, I currently hold			andicing in the following states	
	territories) of the United States or pre-				
	the capacity of clinical clerk, intern, re		temporary, Eocum tenens, or pen	mis/certificates anowing training	
111 (the capacity of chinical clerk, intern, is	esident, or renow).			
	State	Certificate #	Expiration Date	Present Status	
1	hasminevor		1974-1980	LADSTO	
2					
3	•	:			
4					
5			_		
-		·			
(Pl	ease make corrections to information	below)			
	State	Certificate #	Expiration Date	Present Status	
1					
2					
3				-	
4		•			
5					
II	have never held a permanent medical	practice license except in M	aine.		

14. Circle each appropriate response. Every "YES" response must be fully explained by written statement on a separate 8½" x 11" sheet of white paper. Each splanation must be referenced by question number, signed, dated, and enclosed with your application. HAVE YOU EVER: YES 14.1 Had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?

Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?

Left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?

14.4 Been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by

YES YES

U. S. Drug Enforcement Administration (DEA)?

Any state/territory of U. S. INCLUDING MAINE? b)

E YOUR LAST APPLICATION:

14.5 Have you received a sanction from Medicare or from any state Medicaid program?

14.6 Have you suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or that resulted in the inability to practice medicine for more than 30 days?

Have you been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?

14.8 Have you applied for hospital, HMO or other health care entity privileges which were denied?

14.9 Have you had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, limited in any way, or withdrawn involuntarily?

14.10 Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?

14.11 Have you been deselected from a managed care organization physician panel?

14.12 Have you been disciplined by a professional society or resigned while accusation was pending?

14.13 Have you had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including "nuisance" suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company /representatives without your express consent?

YES

14.14 Do you have any open malpractice claims?

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

AFFIDAVIT OF APPLICANT:

(All applicants must personally sign and date whether applying for "active" or "inactive" renewal of license or requesting withdrawal of licensure status.) I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application. Thereby agree that such act shall constitute cause for the denial; suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine. I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of my subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or residence. Signature: 12 1

Typed or Printed Name

For Office Use Only:

Staff Rev Date:

Recommendation:

Board of Licensure in Medicine

CONTINUING MEDICAL EDUCATION REPORT

For reporting CME credits earned during the previous 24 months.

100 credit hours are required to renew your license in active status, at least 40 of which must be Category I

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

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

Category I

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

Total Category I Credits Earned 65

CATEGORY II

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

Total Category II Credits Earned 100

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

Date: S/O/O Physician Signature: 2 Physician Signature: 12 Physician Signature: 12 Physician Signature: 15 Physician Signature

Veinott, Tammy L

From:

mike@informe.org

Sent:

Tuesday, September 01, 2009 10:35 PM

To:

mike@informe.org; jgrace@informe.org; kim@informe.org; Fike, Mike J; BOM-Renewal

Subject:

MBLM - New Registrant - de jong-010495

User: russell de jong

License#: 010495

Renewal Status: Active

Renewal Confirmation: 10377823

Renewal Approved: Y

Approved Reason: Applicant did not enter pending status

Reported CME credits: Catl: 46 credits

Cat2: 100 credits

Reported Insurance Information:

Method: self

Employer: self insured

Company Name: Medical Mutual of Maine

Ins#: ME PLP 002523

De Jong, Russell License # 010495

De Jong, Russell License # 010495

Veinott, Tammy L

From:

mike@informe.org

Sent:

Thursday, September 01, 2011 9:10 PM

To:

mike@informe.org; jgrace@informe.org; kim@informe.org; Fike, Mike J; BOM-Renewal;

Veinott, Tammy L

Subject:

MBLM - New Registrant - de jong-010495

etami

User: russell de jong

License#: 010495

Renewal Status: Active

Renewal Confirmation: 23942823

Renewal Approved: Y

Approved Reason: Applicant did not enter pending status

Reported Insurance Information:

Method: physician Employer: self

Company Name: Medical Mutual of Maine

Ins#: ME PLP 002523