



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 INFORMATIONGender: **Male****Other Addresses** (1 record) [hide](#)

Address	Type
FAMILY PLANNING ASSOCIATION OF MAIN 43 GABRIEL DR AUGUSTA, ME 04330-7852	Business

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.

Please Note: Despite our efforts to be accurate, these pages may contain errors. We present this website to you with a good-faith representation that the information it contains is generally reliable. Information on this site should not be relied upon for legal purposes. The information may not show a complete history. If you need further information, we would encourage you to contact us directly (207-287-3601) or seek the advice of a professional.



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Interview _____
Board Review _____
Cert. No. 10495
Date Issued 11/3/81

NOV 10 1980
Medical Ed. ECFMG
Int./Res. Cert. Int. Bd.
Form II Nat. Bd./FLEX/LMCC
Letters of Ref. Int. Let.
Ack. 11/19/80 Appt. Let. _____

State of Maine
BOARD OF REGISTRATION IN MEDICINE
100 College Avenue, Waterville, Maine 04901

APPLICATION FOR LICENSE TO PRACTICE MEDICINE BY ENDORSEMENT

on the basis of #10495
DeJong, R. N.
British Isles credentials _____
 National Board of Medical Examiners Certification # 117110 on _____ 19____
FLEX written in the State of _____ license obtained by written examination. _____ 19____
State/Province of _____ Date of application _____ 19____

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

NAME DeJong Russell N. Male Female
Last First Middle Social Security No. _____
ADDRESS _____
BIRTHPLACE Ann Arbor Mich City State
BIRTHDATE _____ Month Day Year
PROPOSED RESIDENCE Waterville Me.

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

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

(Signed) R.N.D. DeJong
(Signature of applicant)
Subscribed and sworn to before me this 10 day of October, 1980
(Signed) Donore Reddy
Notary Public for the State of Washington



3 MEDICAL LICENSURE
List licenses applied for or held in the U.S. or Canada currently or in the past:
State Cert. No. Date Issued
WA 252-07 001365 02/11/74
RI 50-NB-NS520R

4 MEDICAL EDUCATION
List names and locations of Medical schools attended:
Columbia University
Title of Degree (M.D., M.B., B.S.) M.D. Date Conferred 6.71
American Board Certified: Yes No Citizenship status: USA
4A SPECIALTY OB-GYN
4B NAME OF AMERICAN SPECIALTY BOARD Am Bd of OB-GYN

5

PROFESSIONAL TRAINING AND EXPERIENCE

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

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

Table with columns: From Mo. Yr., To Mo. Yr., Name and Address of Institution, Place of Practice or Other, Degree, Certificate or Nature of Experience, Office Use Only. Rows include: UNIV OF WASHINGTON, COLUMBIA UNIVERSITY, LOS ANGELES COUNTY HOSPITAL, RESIDENT UNIVERSITY OF WASH (OR. 5YR), ACTING INSTRUCTOR UNIV OF WASH, INSTRUCTOR UNIV OF WASH.

6

HOSPITAL AFFILIATIONS

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

Table with columns: From Mo. Yr., To Mo. Yr., Name of Hospital/Institution, Address (Street, City, State, Zip), Office Use Only. Rows include: UNIV OF WASH, HARBORVIEW MEDICAL CENTER, USPHS Hosp, SWEDEN HOSA.

7 CERTIFICATE OF MEDICAL EDUCATION This section must be completed by the Dean, Secretary, or Registrar of Medical School. (FMG's 200 instructions.)

It is hereby certified that the above named applicant has received the degree of Doctor of Medicine.

NAME OF MEDICAL SCHOOL: College of Physicians and Surgeons, Columbia University

DATES OF ATTENDANCE: From Sept. 11, 1967 to June 1, 1971

ADDRESS: 630 West 168th St., New York, N.Y. 10032

Degree conferred M.D. on June 1, 1971

NAME OF SCHOOL OFFICIAL (Print): Idaehla C. Antosik

TITLE: Associate Registrar

SIGNATURE OF SCHOOL OFFICIAL: [Signature]

DATE OF SIGNATURE: 12/9/80

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Seal

8 RECOMMENDATION OF OFFICER OF MEDICAL SOCIETY - By Official of County or State Medical Society

It is hereby certified that the above named applicant is an ethical practitioner of good moral and professional character and is recommended without reservation for licensure to practice medicine in the State of Maine.

NAME OF MEDICAL SOCIETY: KING COUNTY

NAME OF SOCIETY OFFICIAL (Print): MICHAEL REESE

Title: EXECUTIVE DIRECTOR

Is this applicant a member of this Medical Society? Yes No

SIGNATURE OF OFFICIAL: [Signature]

9 RECOMMENDATION OF PHYSICIANS, CLERGYMAN OR PUBLIC OFFICIAL (Two names required)

I certify that I am acquainted with the above named applicant and that to the best of my knowledge and belief, said applicant is a person of good moral and professional character.

NAME (Print): David A. Luthy, MD NO. YRS. ACQUAINTED: 4 ADDRESS: Univ of WASH Dept of Gen, Seattle

SIGNATURE: [Signature]

NAME (Print): [Signature] NO. YRS. ACQUAINTED: 4 ADDRESS: University of Wash Dept of Gen Seattle

SIGNATURE: [Signature]

10 RECIPROcity/ENDORSEMENT CERTIFICATION: See instructions on last page, FORM II enclosed

11 PERSONAL DATA

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

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

(If yes, give details and results.)

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P. H.

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AFFIDAVIT OF APPLICANT

Russell M. De Jong, being first duly sworn, deposes and says that I am the person described and identified in the foregoing application.

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

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

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

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

SIGNATURE OF APPLICANT: Russell M. De Jong Subscribed and sworn to before me this 10th day of October 1980

SEAL: Dobson Reddy Notary Public for the State of Washington
My commission expires August 29, 1982

INSTRUCTIONS FOR COMPLETING THE APPLICATION — PLEASE READ CAREFULLY

1. CERTIFIED check or money order for \$125 must accompany application. Fee is not returnable.
 2. Type or print clearly in ink. Answer all questions.
 3. Procedures for completing application:
 - Section 4A: If Board certified, provide copy of Certificate(s). — enclosed
 - Section 5: Notarized copy of Internship/residency certificate(s) must accompany application. If certificates are not available provide original letters of certification from Directors of Medical Education. — enclosed
 - Section 7: American, Canadian and British Isles Medical School Graduates: Forward this form to your medical school for completion and certification.
Foreign Medical Graduates: Submit notarized photocopies of your medical school diploma with notarized translation.
 - Section 8: If you are not a member of a medical society, nor currently enrolled in a post-graduate training program, please so indicate.
 - Section 10: Forward FORM II, Section 10, AFTER COMPLETING AUTHORIZATION, to:
 - 1) The Medical Board of the State where you were licensed by written examination, OR
 - 2) If licensed by endorsement of National Board, FLEX or LMCC, to the Medical Board of the State or Province where you are currently licensed.
 4. If your initial state or provincial license was obtained on the basis of National Board examination, addresses and fees are as follows:
 - 1) National Board of Medical Examiners, 3930 Chestnut St., Philadelphia, PA 19104. Fee \$15.
 - 2) (FLEX) The Federation of State Medical Boards, 2626-B West Freeway, Suite 200, Fort Worth, TX 76102. Fee \$25 in certified check or postal money order only.
 - 3) The Medical Council of Canada, 1867 Alta Vista Drive, Box 8234, Ottawa, Canada K1G 3H7. (Endorsement of the LMCC limited to graduates of medical schools located in the U.S., Canada and the British Isles.) Fee \$15 in Canadian Funds.
 5. FOREIGN MEDICAL GRADUATES must provide a notarized copy of their Standard ECFMG Certificate. "Fast Pathway" applicants must provide certificate of supervised clinical training and certificate of 12-month postgraduate training in AMA approved institutions. (See Section 5 above.)
 6. Notarized documentation of ANY NAME CHANGE must accompany application.
 7. ALL SUPPORTING DOCUMENTS MUST BE NO LARGER THAN 8 1/2" x 11" and MUST BE NOTARIZED.
 8. Incomplete applications, or those received without the required fee and/or documents will not be accepted.
 9. The Board will acknowledge receipt of your application within two weeks. Please allow 45 days for verification and evaluation of credentials. Phone or written inquiry during this interval will result in additional delay.
- After the application has been processed, applicants may be required to appear for interview at a meeting of the Board. Regular Board meetings are scheduled for the second Tuesday of March, July and November. Special Board meetings are held January, May and September. Information regarding interviews will be sent to you at the appropriate time.

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 OCT 20 1980

NATIONAL BOARD OF MEDICAL EXAMINERS
 OF THE
 UNITED STATES OF AMERICA
 Russell N. DeJong, Jr., M.D.
 having satisfied all the requirements and having successfully passed the examinations is
 hereby declared a Diplomate of the National Board of Medical Examiners.
 Attest: J. D. Myers
 Chairman of the Board
 Philadelphia, Pa.
 07/01/1972
 SEAL
 John P. Hubbard
 President of the Board
 Cert # 117110

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician
 a graduate of Columbia University in
 06/1971 whose birth date is [REDACTED] following successful completion
 of all examinations required for Certification by the National Board of Medical Examiners.

The grades obtained are as follows:

	Standard Score	Scale Score
PART I passed: 06/69		
Anatomy, incl. histology and embryology		82
Physiology		80
Biochemistry		78
Pathology		80
Microbiology, incl. immunology		81
Pharmacology and Materia Medica		80
Behavioral Sciences		80
(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**		80
Part II passed: 04/71		
Internal medicine and the medical specialties		79
Surgery and the surgical specialties		77
Obstetrics and Gynecology		85
Public Health and Preventive Medicine		85
Pediatrics		80
Psychiatry		85
(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE**		82
PART III passed: 03/72		
A General Test of Clinical Competence (Minimum Passing Grade 290/75)	AVERAGE	85
GENERAL AVERAGE (Parts I, II, and III)		82.4 (Scale Score)

Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.
 *Since 1966 National Board criteria for certification are based upon candidate's Total Grade in Part
 Part I, and Part III, and not scores of individual subjects within each Part.

Quinn A. Heccellung
 Secretary for Certification
 10/17/1980
 SEAL
 Date

FORM 11

Forward this form to the Medical Board of the State/Province in which you were licensed by written examination. If license was issued on the basis of National Board of LMCC Certification, send to Medical Board of State/Province in which you are currently practicing.

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OCT 20 1980

RECIPROCITY/ENDORSEMENT CERTIFICATION

TO WASHINGTON State Board

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for medical licensure in the State of Maine, I hereby authorize you to release any information in your files, favorable or otherwise, directly to the Maine Board of Registration in Medicine.

(Signed) RND Nelson NAME: (Print) Russell De Jong
ADDRESS: (Print) 9th E City SEATTLE wa State wa Zip 98112

TO BE COMPLETED BY THE SECRETARY OR OFFICIAL OF THE MEDICAL BOARD

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 Russell Nelson DeJong has satisfactorily complied with and completed the statutory requirements set forth in title 18 revised code of Washington to engage in the practice of Medicine and Surgery and is hereby authorized, empowered and granted the right to engage in that practice in the state of Washington subject to the state laws. Given under the hand and seal of the Director this 11th Day of February 001974 1980

RECEIVED

S
E
A
L
No. 13655

This license is IS is not IS current and in good standing.
If reply is YES to any of the following questions, please give details on reverse side.

- Has the holder of this certificate ever been summoned to appear before your Board? NO
- Has the holder of this certificate ever been placed on probation? NO
- Has this certificate or license ever been suspended or revoked? NO
- Do your files contain any derogatory information about this licentiate? NO

AFFIDAVIT OF EXECUTIVE OFFICER

I hereby certify that the above is a true copy of certificate or license number 13655 issued to Dr. Russell Nelson DeJong on February 11, 1974

on the basis of written examination: Flex Other
on the basis of endorsement of/reciprocity with National Board
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 _____

Subject	Grade
Anatomy	_____
Physiology	_____
Biochemistry	_____
Pathology	_____
Microbiology	_____
Pharmacology	_____
Behavioral Science	_____
BASIC SCIENCE AVERAGE	_____
Medicine	_____
Surgery	_____
Obstetrics	_____
Public Health	_____
Pediatrics	_____
Psychiatry	_____
CLINICAL SCIENCE AVERAGE	_____
CLINICAL COMP. AVERAGE	_____

Name of Medical Board Professional Licensing Division Title Assistant Administrator
Signature of Official Jeanne Redmond

Please return completed form directly to:
Maine Board of Registration in Medicine, 100 College Avenue, Waterville, Maine 04901, U.S.A.

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College of Physicians & Surgeons of Columbia University | New York, N.Y. 10032
630 WEST 168TH STREET

OFFICE OF THE DEAN
of the FACULTY OF MEDICINE

November 3, 1980

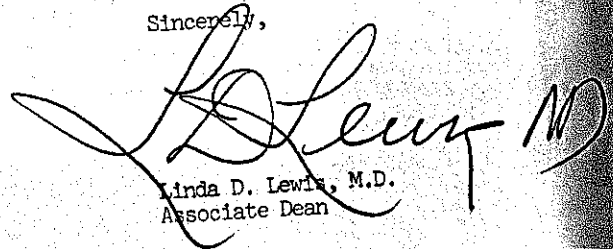
Board of Registration
100 College Avenue
Waterville, Maine 04901

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.

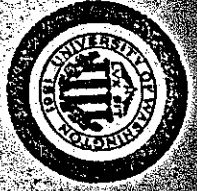
Sincerely,



Linda D. Lewis, M.D.
Associate Dean

LDL/lc

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UNIVERSITY OF WASHINGTON

School of Medicine

Residency Program in
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 signatures

Richard A. ...

DEAN

Frank R. ...

CHIEF OF RESIDENCY PROGRAM

Freeman ...

CHIEF

DEC 19 1980

#10495

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DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

University of Southern California School of Medicine



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 Sullivan:

Russell N. DeJong, 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



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

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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

November 28, 1980

DEC 5 1980

10495

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Refer to:
Russell DeJong, M.D.

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

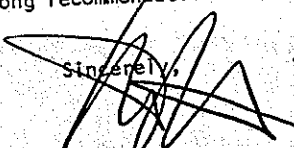
Dear Dr. Sullivan:

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 chief of the gynecology division at Harborview Medical Center, 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.

Sincerely,


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

RMB:es

10495
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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:

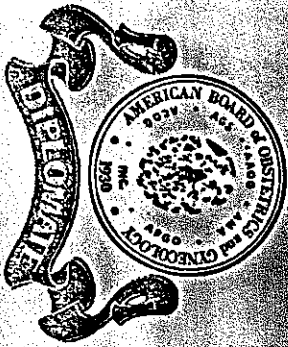
Dr. Russell De Jong did indeed complete a residency in Obstetrics and Gynecology in 1976 at the University of Washington Hospital, and continued on for the next four years as Instructor in Obstetrics and Gynecology. Dr. De Jong is an excellent physician who had good rapport with patients and staff. His 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

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American Board of Obstetrics and Gynecology

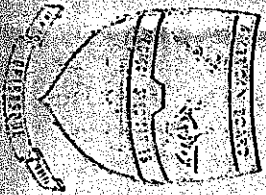


COMPOSED OF MEMBERS NOMINATED BY THE
AMERICAN GYNECOLOGICAL SOCIETY
AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS
SECTION ON OBSTETRICS AND GYNECOLOGY, AMERICAN MEDICAL ASSOCIATION
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
ASSOCIATION OF PROFESSORS OF GYNECOLOGY-OBSTETRICS
CERTIFIES THAT

RUSSELL N. DeJONG, JR.

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 HE IS POSSESSED OF SPECIAL KNOWLEDGE, AND BY THE AWARD OF THIS DIPLOMA HIS PROFICIENCY IN THE SPECIALTY OF OBSTETRICS AND GYNECOLOGY IS RECOGNIZED AND HE IS AN ACKNOWLEDGED DIPLOMAE OF THIS BOARD

NOVEMBER 11, 1977



<i>Pho Moore</i>	<i>Paul H. Jones</i>	<i>John G. Merrill</i>
<small>PRESIDENT OF THE BOARD</small>	<small>VICE PRESIDENT</small>	<small>SECRETARY AND TREASURER</small>
<i>Charles A. Hendricks</i>	<i>Clifford H. Wood</i>	<i>Henry O. Thoms</i>
<i>William J. Dwyer</i>	<i>Henry A. McE</i>	

DEC 1 1980 # 10495 P 13

ALAN M. ELKINS, M.D.
PORTLAND

GEORGE E. SULLIVAN, M.D., 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

JOHN S. MADIGAN, M.D.
HOULTON

STEPHEN E. MONAGHAN, M.D.
PORTLAND

J. PAUL NADEAU, M.D.
LEWISTON

BERT S. PRUNTY JR., CEO
CARE ELIZABETH

November 18, 1980

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

*11/21/80
Dear Dr. Sullivan:
The date of affiliation as listed
below are accurate.
Dr. De Jong is a truly outstanding
obstetrician/gynecologist, of good
moral character, and of
fine professional ethics.
Lawrence E. Kopp, M.D.*

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.

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.

George E. Sullivan, M. D.
Secretary

10495
b.12

10495
DEC 1 1980
PHYSICIAN PROFILE COMMITTEE

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES
NATIONAL DEPARTMENT OF DATA RELEASE SERVICES

NAME: DE JONG, RUSSELL NELSON, M.D. BIRTHDATE: [REDACTED]
 ADDRESS: UNIVERSITY OF WASHINGTON, SEATTLE WA 98195
 BIRTHPLACE: ANN ARBOR, MI 48106
 MEDICAL EDUCATION: COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK NY 10032
 NATIONAL BOARD CERTIFICATION: 1972
 LICENSES: WA 1974-03888 A
 PHYSICIAN'S PROFESSIONAL ACTIVITIES: TEACHING YRS 07, MEDICAL JOURNALISM YRS 02, PRIVATE PRACTICE YRS 02, PUBLIC HEALTH YRS 02, COMMUNITY HEALTH YRS 02, CONSULTING YRS 02, ADMINISTRATION YRS 02, OTHER YRS 02
 PRIMARY SPECIALTY: OBSTETRICS AND GYNECOLOGY
 SECONDARY SPECIALTY: UNSPECIFIED
 TERTIARY SPECIALTY: UNSPECIFIED
 SPECIALTY BOARD CERTIFICATION: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
 MEMBER OF AMA: NOT MEMBER
 NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NONE REPORTED TO DATE
 PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE
 INTERNSHIP: LOS ANGELES CA 90033
 HOSPITAL: LA CO USC MED CENTER
 DATES OF TRAINING: 06/71-06/72
 SPECIALTY: NONE SPECIFIED
 RESIDENCY: SEATTLE WA 98195
 HOSPITAL: UNIV WASH AFFIL HOSPS
 DATES OF TRAINING: 07/72-06/75
 SPECIALTY: OBSTETRICS AND GYNECOLOGY
 SPECIALTY: UNSPECIFIED

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29491 #
 AMA PHYSICIAN PROFILE (CONTINUED)
 088 1330

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AMA PHYSICIAN PROFILE

P17 7863251

IT IS THE POLICY OF THE AMERICAN MEDICAL ASSOCIATION (AMA) THAT THE PHYSICIAN PROFILE BE TREATED AS A CONFIDENTIAL DOCUMENT. IT IS NOT TO BE REPRODUCED, COPIED, OR DISTRIBUTED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE AMERICAN MEDICAL ASSOCIATION. THIS POLICY APPLIES TO ALL FORMS OF THE PROFILE, INCLUDING THE PHYSICIAN PROFILE, THE SPECIALTY BOARD PROFILE, AND THE BOARD PROFILE. ANY VIOLATION OF THIS POLICY MAY BE SUBJECT TO LEGAL ACTION.

1. NAME OF PHYSICIAN
 Russell N. DeJong, MD

2. ARTICLE ADDRESS SENT TO
 Russell N. DeJong, MD
 Mid-Maine Medical Center
 Waverille ME 05011

3. ARTICLE DESCRIPTION
 REGISTERED NO. CERTIFIED MAIL NO. P17 7863251

4. SIGNATURE
 Russell N. DeJong, MD
 DATE OF SIGNATURE
 APR 2 1981

5. ADDRESS
 Russell N. DeJong, MD
 Mid-Maine Medical Center
 Waverille ME 05011

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (SEE RATES AND FEES)

SENT TO: Russell N. DeJong, MD
 ADDRESS: Waverille ME 05011

POSTAGE \$

CERTIFIED FEE \$

SPECIAL DELIVERY \$

RESTRICTED DELIVERY \$

SHOW TO WHOM AND DATE DELIVERED

SHOW TO WHOM AND DATE DELIVERED

SHOW TO WHOM AND DATE DELIVERED

SHOW TO WHOM AND DATE DELIVERED

TOTAL POSTAGE AND FEES \$

POSTMARK OR DATE
 APR 2 1981

NAME OF PHYSICIAN
 ADDRESS
 CITY
 STATE AND ZIP CODE
 POSTAGE
 CERTIFIED FEE
 SPECIAL DELIVERY
 RESTRICTED DELIVERY
 SHOW TO WHOM AND DATE DELIVERED
 SHOW TO WHOM AND DATE DELIVERED
 SHOW TO WHOM AND DATE DELIVERED
 SHOW TO WHOM AND DATE DELIVERED
 TOTAL POSTAGE AND FEES
 POSTMARK OR DATE

PS Form 3800, Apr. 1976

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

2969

Registration No. _____ Renewal Date July 1, 1988 Fee \$100.00

To renew your license, return this form completed with fee. Physicians 70 years old or over on July 1, 1988, must complete and return this card but are not required to remit a fee.
If you do not wish to renew, check here: and return form uncompleted.

For Office Use Only NO. 1915
CME Verified dp Date July 5 1988
Fee Paid \$100 Over 70 _____

Please check appropriate responses:

- Male Female
Date of Birth _____
Mo. _____ Day _____ Yr. _____
- American Specialty Board Certified?
 Yes No
Board Name: OB-GYN
- Social Security # _____
- Practicing Medicine:
 Full Time
 Part Time
 Retired
 Not Practicing
- Practice Specialty:
Primary: OB-GYN
Sub-Spec. 1: _____
Sub-Spec. 2: _____

Please complete reverse, sign, and date. During the period of this reregistration, you are required to notify this Board of any change of name, address, or status.

RUSSELL N DE JONG MD 10495
MIMC
WATERVILLE ME 04901

Corrections to Name or Mail Address: _____
Is this your home? Office? Daytime Phone: () 872-4437

7. Other States in which you hold license to practice:

MA, HI, VT, ND

8. Permanent home mailing address:

[REDACTED]

9. Has any state of the U.S. or province of Canada ever denied your application for license, taken any disciplinary action against you, or informed you of any pending charges, the disposition of which is incomplete? Yes No

10. Have you ever left a medical licensing jurisdiction prior to disposition of pending charges: Yes No

11. Since June 30, 1983, have you surrendered, had suspended, restricted or revoked any hospital clinical privileges in any U.S. or Canadian hospital? Yes No

12201 3201-0233/1373

12. Since Jan. 1, 1986, have you:
A. Been treated for a physical or mental illness of over 30 days duration? Yes No

B. Been convicted of a felony? Yes No

C. Been disciplined by a professional society? Yes No

D. Had an unfavorable professional liability judgement or settled a claim prior to a judgement? Yes No *2K 5/15/88*

Evidence of my having met the CME requirements for 1986-87
 Has been submitted to the Board
 Is enclosed herewith.

ANY "YES" RESPONSE TO QUESTIONS 9 - 13 MUST BE SPECIFICALLY EXPLAINED ON AN ATTACHED SHEET WHICH IS TO BE RETURNED WITH AND WHICH BECOMES A PART OF THIS APPLICATION.

I certify that all information on this application for reregistration of my license to practice medicine in the state of Maine is true and reflects my professional standing and activities accurately.
R.N.D. Young Date 5/17/88
Please sign full name in ink

1220/3201-6181/B-47

1-13-81
OK
WMP

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

~~Handwritten scribbles~~

RUSSELL N DE JONG MD
MMMC
WATERVILLE ME 04901

BATCH No. 13

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

RUSSELL N DE JONG MD
MMMC
-0-
WATERVILLE ME 04901

10495 **Renewal Fee: \$200.00**

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

Type Registration Requested

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

I. Demographic Data

- A. The name in which my license should be recorded is correct as it appears on the above label, or, ___ should be spelled: _____ (please print or type).
- B. My Social Security Number: [REDACTED]; ___ None (not U.S. resident)

C. My date of birth (MM/DD/YY): [REDACTED] Age last birthday: 44

- D. Office Mailing Address ___ as above or: _____

- E. Home Mailing Address ___ as above or: [REDACTED]

F. Office Phone: (207) 872-4437 G. Home Phone: [REDACTED]

- Prefer Board contact me at office. Prefer Board contact me at home.

II. Practice Data (All Applicants Must Complete)

- A. At present I practice medicine (check all that apply):
 - Full Time
 - Part Time
 - Solo
 - In Partnership or Group
 - Hospital-based Practice
 - Do Not See Patients (ie., Administrative, Research, etc.)
 - I Have Retired
- B. Practice Specialty(ies):
(Note: Physicians applying for "active" status in Maine also please complete Section IV, survey data for the 5-year Liability Demonstration Project.)
Primary Specialty: OB-GYN 30
Sub-specialty 1: _____
Sub-specialty 2: _____

I am Specialty Board certified by
(Board Name): OB-GYN 30

Fee:	\$ <u>200</u>
Exempt:	___
Date Posted:	<u>10/31/90</u>
CME:	<input checked="" type="checkbox"/>
Act:	<input checked="" type="checkbox"/>
Inact:	___
-O/S:	___
-Ret:	___
-W/D:	___
Verified:	___
Nm:	___
SS:	___
DOB:	___
Prf. Addr. Posted:	___
Date:	___
FT/PT/RTD:	___
MP:	___
Spec Codes:	___
Prim:	___
Sec 1:	___
Sec 2:	___
Sp. Bd Cert Code:	___

III. Background Data (All Applicants Must Complete)

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

Licensing Jurisdiction
WASHINGTON STATE

Present Status (*)
ACTIVE

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

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

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

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

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

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

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

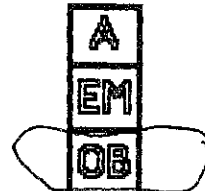
An inference should not be drawn from the information being sought that either certification in any medical specialty or insurance coverage for professional liability are necessary qualifications for or conditions of continuing licensure to practice medicine or surgery in Maine.

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

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

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

Ofc
Use



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

- YES
- NO, I am self-insured.

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

___ Medical Mutual of Maine, Policy # _____
 ___ Saint Paul, Policy # HK 06000256
 ___ Other: Name of Company _____ Policy # _____
 Address: _____
 City: _____ State _____ ZIP _____

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

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

Please identify this group: _____

St Paul
50-58
pay

3. **CEN^c**

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 #
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2	6	1
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EXPLANATION:

[REDACTED]

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: RND. DeJong, M.D., _____

Typed or Printed Name: RUSSELL DEJONG, M.D., _____

CATEGORY 2: CME Programs with Non-accredited sponsorship, Medical Teaching; Papers, Publications, Books and Exhibits; Non-Supervised Individual CME Activities and Other Meritorious Learning Experiences.

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

SPONSOR: INSTITUTION, PUBLICATION, PHYSICIAN, OR SELF	LOCATION OF ACTIVITY CITY, STATE	DESCRIPTION OF LEARNING ACTIVITY (COURSE, PAPER, JOURNAL, NAME, ETC.)	DATES OF ACTIVITY	CREDITS
MAINE OADR/MARKA RESIDENCE SOUMANS	Augusta MAINE	TREATING RESIDENCE	1/88-12/89	500
Total				500
Category 2 =				



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, 1992 - June 30, 1994**

JUN 15 1992

RUSSELL N DE JONG MD
 010495

Renewal Fee: to June 30, 1992: \$200.00 (U.S. Funds), after June 30th: \$300.00
 Please remit with application by check/money order payable to "Maine Board of Registration in Medicine". Renewal fee not required if over
 age 70 on July 1, 1992, if initially licensed in Maine after January 1, 1992 (Lic # greater than 013227), or if withdrawing from license registration.

NAME/ADDRESS OF RECORD LICENSE # SOCIAL SECURITY NO.

RUSSELL N DE JONG MD

010495

DATE OF BIRTH

DAYTIME PHONE NO.

207-872-4437

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

Type of Registration Classification for Which Applying:

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

Personal Data Update:

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

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

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

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

(6.) Home Phone: _____
 Prefer Board contact me at home.

(7.) Office Phone: () 872 4437
 Prefer Board contact me at office.

Practice Data

- (8.) At present I practice medicine. (check all that apply):
 - Full Time
 - Part Time
 - Solo
 - In Partnership or Group
 - Hospital-based Practice
 - Do Not See Patients (i.e., Administrative, Research, Teaching, etc.)
 - I Have Retired
- (9.) Practice Specialty(ies):
 Primary Specialty: OB-GYN 30
- (10.) Sub-specialty 1: _____
- (11.) Sub-specialty 2: _____
- (12.) I am ABMS Specialty Board certified by:
 (Board Name): Am Bd OB-GYN

For Ofc Use

Fee: \$ 200

Exempt: _____

Date: _____

Posted: _____

Reg Status: _____

Act: _____

CME: _____

Inact: _____

-O/S: _____

-Ret: _____

W/D: _____

Address: _____

Chng: _____

BATCH No. 27

For Ofc Use

Spec Code: _____

Prim: _____

Sub 1: _____

Sub 2: _____

Sp Bd Cert Code: _____

Liability Insurance Data

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

ough maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's
ce 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)
931.

) 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
ligence/medical malpractice?

YES NO. I am self-insured

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

___ Medical Mutual of Maine, Policy # _____

Saint Paul, Policy # HK06000471

___ Other: Name of Company _____ Policy # _____

Address: _____

City: _____ State _____ Zip: _____

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

Name of Hospital/Employer: 1/2 PAID BY MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY

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

Please identify this group: _____

For Ofc Use

Ins Code:

Background Data

(All Applicants Must Complete)

) 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
tes or provinces of Canada (exclude temporary, *Locum tenens*, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or
ow):

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

Licensing Jurisdiction

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

WASHINGTON STATE

EXPIRED

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

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

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

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

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

AFFIDAVIT OF APPLICANT FOR RENEWAL OF LICENSE REGISTRATION

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

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

Date: 6/7/92 Signature: Russell N. De Jong M.D.
Typed or Printed Name: RUSSELL N. DE JONG M.D.

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

CONTINUING MEDICAL EDUCATION REPORTING LOG

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

PLEASE RETURN COMPLETED, SIGNED FORM (BY 1/31/92) TO: **REGISTRATION**
 MAINE BOARD OF REGISTRATION IN MEDICINE
 State House Station # 137
 2 Bangor Street
 Augusta, ME 04333 Telephone (207) 289-3601

POSTED
 JAN 30 1992
 REGISTRATION DEPT.

Maine License Number 10495

Name Russell De Souza

Address [REDACTED]

City/Town [REDACTED]

State [REDACTED]

Zip [REDACTED]

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

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

PLEASE TYPE OR PRINT LEGIBLY.

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

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
WINDMILL MED	WITVL	CONFERENCES	1991	18
"	"	"	1990	15
DANBURY HOSPITAL	NYC NY	Advanced coloproctology	10/30 - 11/1 91	22
Alleg. Dist.	Quincy	Regional conf	10/91	20
EMMCC	BANGOR	FETAL MONITOR	10/3 + 1 91	8
KVLWC	AUGUSTA	PERINATAL CONF	1990/91	36

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

TOTAL CATEGORY I CREDITS 119

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

Dated: 1-22-92 Physician Signature: [Signature]

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

CATEGORY II

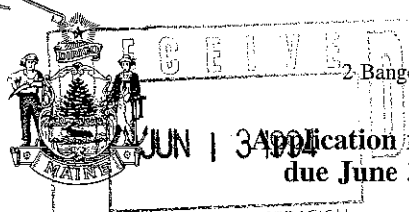
Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. § 13 of the Rules and Regulations of the Maine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

Note: Category I may be substituted for Category II.

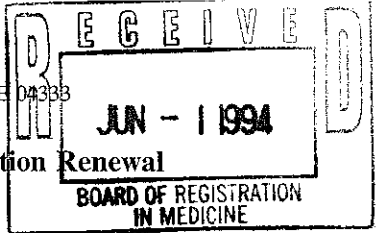
TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
TEACHING RESIDENCY SOURCE: ALS	WUT ULE	MAINE DENTISTRY RESIDENCY	1990-91	100
TOTAL CATEGORY II				200

CHECK LIST BEFORE MAILING

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



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



Application for Maine Medical License Registration Renewal
due June 30, 1994, expiring: 09/30/95

Renewal Fee: to June 30, 1994: \$ \$125.00 (U.S. Funds), after June 30th: \$ \$225.00
Please remit with application by check/money order payable to "Maine Board of Registration in Medicine". Renewal fee not required if over age 70 on July 1, 1994, if initially licensed in Maine after January 1, 1994 (Lic # greater than 013677), or if withdrawing from license registration.

NAME/ADDRESS OF RECORD LICENSE # 010495

RUSSELL N DE JONG MD



Social Security No.:
Date of Birth:
Daytime Phone No.: 207-872-4437

DEJONG
010495
CERTIFICATE MAILED
RUSSELL N
JUN 20 1994
Come back
Renewal 6/28/94

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

Type of Registration Classification for Which Applying:

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

Personal Data Update:

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

The Board requires both your home address and phone and the address and phone of your 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 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:
MAINE - DARTMOUTH FAMILY PRACTICE
WESTERN AVE
FAIRFIELD ME 04937

(.) Home Phone: (207) _____
 Prefer Board contact me at home.
(7.) Office Phone: (207) 453 8018
 Prefer Board contact me at office.

Practice Data

- (.) At present I practice medicine (check all that apply):
 - Full Time
 - Part Time
 - Solo
 - In Partnership or Group
 - Hospital-based Practice
 - Do Not See Patients (i.e., Administrative, Research, Teaching, etc.)
 - I Have Retired
- (9.) Practice Specialty(ies):
Primary Specialty: OB-GYN
- (10.) Sub-specialty 1: _____
- (11.) Sub-specialty 2: _____
- (12.) I am ABMS Specialty Board certified by:
(Board Name): OB-GYN

For Ofc Use	
Fee:	\$ 125-
Exempt:	_____
Late \$	_____
Date Posted:	6/1/94
Reg Status	_____
Act:	_____
-CME:	_____
Inact:	_____
-O/S:	_____
-Ret:	_____
W/D:	_____
Address Chng:	_____

122013113-0214/134

For Ofc Use	
Spec Code:	_____
Prim:	_____
Sub 1:	_____
Sub 2:	_____
Sp Bd Cert Code:	_____

Liability Insurance Data

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

ough 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 insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990)
931.

) 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
ligence/medical malpractice?

YES NO. I am self-insured

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

___ Medical Mutual of Maine, Policy # _____

Saint Paul, Policy # DM 066 156 08 B

___ Other: Name of Company _____ Policy # _____

Address: _____

City: _____ State _____ Zip: _____

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

Name of Hospital/Employer: PARTIAL MAINE DAKINWOOD FAMILY PRACTICE RESIDENCY

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

Please identify this group: DO NOT KNOW

For Ofc Use

Ins Code:

HP

Background Data

(All Applicants Must Complete)

) 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
tes or provinces of Canada (exclude temporary, *Locum tenens*, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or
ow):

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

Licensing Jurisdiction

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

WASHINGTON STATE

EXPIRED

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

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

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

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

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

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

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

-6.) 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

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

-8.) Do you practice medicine in a state or province other than Maine without "active" medical staff privileges at a hospital operating in the jurisdiction where you practice? NO 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 disciplinary action against the license issued
to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without
monitoring)? NO YES

-10.) 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? NO YES

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

ase a full explanation of any YES response on a separate, attached 8 x 11 sheet of paper cross-referencing your explanation to the question number to which it pertains. (See Instructions)
review your application, sign and date the affidavit below. Any missing entry will render this application administratively incomplete and may subject you to a late application charge of \$100. In the same
anner, failure to enclose the appropriate renewal application fee (unless qualified for fee waiver) or failure to have provided evidence of CME qualification if applying for ACTIVE registration classification
I render your application incomplete and may subject you to a late application charge of \$100.

AFFIDAVIT OF APPLICANT FOR RENEWAL OF LICENSE REGISTRATION

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

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

Date: 5/26/94 Signature: RUSSELL DE JONG M.D.
Typed or Printed Name: RUSSELL DE JONG M.D.

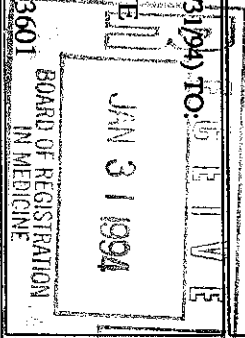
Ofc Use
Staff Rev Date: 6-14-94 Recommendation: OK am
Exec Rev Date: _____ Recommendation: _____
Comm Rev Date: _____ Recommendation: _____
Board Decision Date: _____ Action: _____
Record Update Keyed by: _____ Certificate Batch Run #: _____

CONTINUING MEDICAL EDUCATION REPORTING LOG

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

PLEASE RETURN COMPLETED, SIGNED FORM (BY 1/31/94) TO: **DELI VE**

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



Maine License Number 10095

Name Russell De Souza

Address [REDACTED]

City/Town [REDACTED] State [REDACTED]

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

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

PLEASE TYPE OR PRINT LEGIBLY.

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

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
Univ of Maine	Augusta, ME	ULTRASOUND	4/93	22
ACCQ	Worcester	GYN ENDOSCOPES	10/92	22
Univ of Maine	WARRVILLE	CONFERENCES	1993	19
Univ of Maine	BANGOR	PERMANA	92	18
Univ of Maine	BANGOR	PERMANA	11/93	12

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

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

Dated: 1-18-94 Physician Signature: [Signature]

TOTAL CATEGORY I CREDITS 93
TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH PAGE.

CHANGE OF ADDRESS

Maine License Number 010495

PHYSICIAN NAME Russell De Jong MD
(Type or Print)

Old Address: Maine Department EP

Western Ave Fairfield Me 04937

Change Address to: Old P.O. Box 341

City / Town _____ State _____ Zip 04937-
0341

New Telephone No: _____

Physician Signature per p/c w/ handwriting 6-28-94



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
 Fee: \$ 200
 Exempt: _____
 Late \$ _____
 Date 9/6/95
 Posted: _____

DeJong, Russell N
 License Number: 010495
 Date 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

Russell N Dejong, MD
 Maine-Dartmouth Fp
 PO Box 341
 Fairfield, ME 04937-0341

License No

010495

Social Security I

[REDACTED]

SEP 6 1995

Daytime Phone No.

(207) 453-8018

Date of Birth

[REDACTED]

Type of Registration Classification for Which Applying

- (1.) I am applying for an initial license to practice medicine in Maine.
- (2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.
- (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application 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

[REDACTED]

Home Phone: () -

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

Office Mailing Address

Maine-Dartmouth Fp
 PO Box 341
 Fairfield, ME 04937-0341
 Office Phone: (207) 453-8018

If your office address is incorrect, please correct here

Practice Data:

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

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

Check here if ABMS certified in this specialty

- (9.) Primary Specialty: Obstetrics and Gynecology
- (10.) Sub-specialty 1: _____
- (11.) Sub-specialty 2: _____
- (12.) I am ABMS Specialty Board certified by: _____
 (Board Name): _____

Liability Insurance Data:

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

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

Insurance Company (Name, Address)

ST PAUL
 SEABURK JAMES
 TWO MONUMENT SQ
 PORTLAND ME 04101

● Yes ○ No

Policy #: DM 066 15608

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

Hospital/Employer: I AM PARTIALLY REIMBURSED BY MY 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)

State	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at left:
WASHINGTON		1985?	EXPIRED	
		1990		

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

(15.) Have you ever:

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

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

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

AFFIDAVIT OF APPLICATION

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

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

Date: 8/10/95 Signature: Russell DeAngelo M.D.
 Typed or Printed Name: Russell DeAngelo M.D.

For Ofc Use

Staff Rev Date: 9/6/95 Recommendation: OK MSJ
 Staff Rev Date: 9/11/95 Recommendation: (15-9) OK

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

OK

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
WUMMC	PERINTAL	CASES	1994	17
"	"	"	1995	17
ACOG	ORLANDO	AMASSOR COLPOSCOPYS	3/94	22
AEOG	SAN FRAN	OB CONTROVERSIALS	6/94	16
ACOG	ORLANDO	UROGYNCOLOGY	4/95	16
EMMC	BANGOR	HYSTEROLOGY	5/95	10.5

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

TOTAL CATEGORY I CREDITS 98.5

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.] 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
JOURNALS	WTVL	NEJM, OB-GYN, SURVIV	1994-5	100
READING RESIDENTS	WTVL	PULLING FACULTY	1994-5	100
	AUGUSTA	NE-DARTMOUTH LEARNER		

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

TOTAL CATEGORY II CREDITS 200

Dated: 8/15/95

Physician Signature: RND

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

Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

INACTIVE: Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice or writing prescriptions for friends, family, or self. Physicians who check box 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 licensure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.

Request to WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so. Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

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

Background Data:

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

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

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

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

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

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

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

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

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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

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

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

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

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

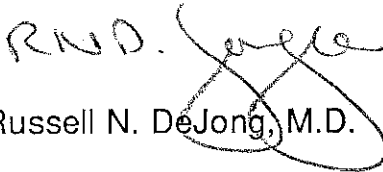
Board of Registration and Medicine
2 Bangor Street
Augusta, Maine 04333

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,


Russell N. DeJong, M.D.

RND/lh



State of Maine
Maine Board of Licensure in Medicine

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

For Ofc U
Fee: \$ 200
Exempt: _____
Late \$ _____
Date _____
Posted: _____

De Jong, Russell N
License Number: 010495
Date Certificate Printed: 9/11/97

Application for Maine Medical License Registration

Fee: \$200. UNLESS AGE 70 YEARS OR OLDER BY LICENSE EXPIRATION DATE OF 9/30/97

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 Dejong, MD DE JONG
Maine-Dartmouth Family Practic
4 Sheridan Rd
Fairfield ME 04937-3314

License No
010495 SEP - 2 1997

Daytime Phone No.
(207) 453-8018
361-5000

Social Security
[Redacted]
Date of Birth
[Redacted]

Type of Registration Classification for Which Applying

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

Personal Data Update:

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

(6.) Prefer Board contact me at home.
Home Mailing Address

[Redacted Home Address]

Home Phone: () -

If your home address is incorrect, please correct here

[Redacted Home Phone]

(7.) Prefer Board contact me at office.
Office Mailing Address

Maine-Dartmouth Family Practic
4 Sheridan Rd
Fairfield ME 04937-3314
Office Phone: (207) 453-8018

If your office address is incorrect, please correct here

861-5000

Practice Data:

Check here if ABMS certified in this specialty

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

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

(9.) Primary Specialty: Obstetrics and Gynecology
(10.) Sub-specialty 1: _____
(11.) Sub-specialty 2: _____
(12.) I am ABMS Specialty Board certified by: _____
(Board Name): _____

Liability Insurance Data:

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

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

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

Insurance Company (Name, Address)

Saint Paul
MAINE MED MUTUAL
Saint Paul

Yes No

Policy #: 8M06515608 PLP-00714-01

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

Hospital/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)

State	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at left:
WASHINGTON		? 1983		

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

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

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?) NO YES
- (15-2) Left a medical licensing jurisdiction while allegations were pending? NO YES
- (15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances? NO YES
- (15-4) Received a sanction from Medicare or from a state Medicaid program? NO YES

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

- (15-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days? NO YES
- (15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)? NO YES
- (15-7) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review? NO YES
- (15-8) Disciplined by a professional society or resigned while accusation was pending? NO YES
- (15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see Instructions) NO YES
- (15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.) NO YES
- (15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital? NO YES
- (15-12) Do you practice medicine in a state or province other than Maine without "Active" medical staff privileges at a hospital operating in the jurisdiction where you practice? NO YES

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

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

AFFIDAVIT OF APPLICATION

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

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

Date: 8-15-97 Signature: [Signature] M.D.
 Typed or Printed Name: Russell D. [Signature] M.D.

For Ofc Use

Staff Rev Date: 9-5-97 Recommendation: [Signature]
 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 Applying (select only one.):

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

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

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

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

Request to WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so. Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

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

Background Data:

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

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

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

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

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

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

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

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

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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

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

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

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

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.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
MAINE DARTMOUTH FAMILY PRACTICE	AUGUSTA	BERGMAN SYMPOSIUM	11-95	3
ALOG	NYC	CODING WORKSHOP	12-95	10
IMM MC	WATERVILLE	CONFERENCES	11, 12/95	5
WAYNE STATE UNIVERSITY	SAN FRANCISCO	WORLD LONGEBESS PERINATAL	10/96	32
IMM MC	WTUL	CONFERENCES	1-12/96	16
AAPP	SEATTLE WA	ALSO INSTRUCTOR COURSE	4/97	8
PPA	FREEPORT	FAMILY PLANNING CONF	5/97	5.5
NYACADAMY	NYC	MEDICAL ABORTION	5/97	7.0

(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 INSTRUCTOR	PORTLAND	TEACH ALSO COURSE	5/96	16
"	"	"	5/97	16
TEACHING RESIDENTS	WTUL	FACULTY MAINE DARTMOUTH	1996	50
"	"	FAMILY PRACTICE RESIDENCY	1997	50
SOJOURNALS	HONG	NEJM, OS-640, JL REVIEW	1996	50
"	"	"	1997	50

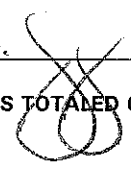
TOTAL CATEGORY II CREDITS 232

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

Dated: 8/15/97

Physician Signature: RND.

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

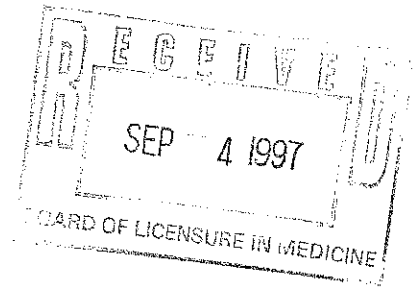


Russell De Jong, M.D.

Obstetrics and Gynecology

8/23/97

BOARD OF REGISTRATION IN MEDICINE



DEAR SIR:-

PLEASE FIND ENCLOSED AN EXPLANATION OF MY MALPRACTICE SUIT. I BELIEVE I OMITTED THIS FROM MY RENEWAL APPLICATION.

Sincerely,

Russell De Jong

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,



Christopher D. Nyhan

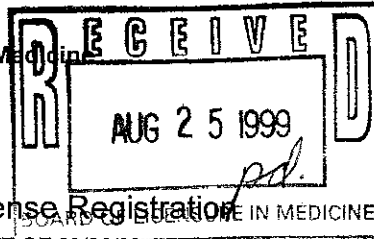
CDN:ccb

cc: Dr. DeJong

n:\white\0310brou.doc



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



For Ofc Use
 Fee: 310.
 Exempt: _____
 Late \$ _____
 Date _____
 Posted: 1/1

Do Jong, Russell N
 License Number: 010495
 Date Certificate Printed: 9/11/99

Application for Maine Medical License Registration

Fee: \$310. UNLESS 70 YEARS OF AGE OR OLDER 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
 [Redacted]

License No

010495

Social Security

[Redacted]

Daytime Phone No.

[Redacted]

Date of Birth

[Redacted]

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Home Mailing Address

If your home address is incorrect, please correct here

[Redacted]

Home Phone: [Redacted]

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

Office Mailing Address

If your office address is incorrect, please correct here

Maine-Dartmouth Family Practic
 4 Sheridan Rd
 Fairfield ME 04937-3314
 Office Phone: (207) 861-5000

Practice Data

Check here if ABMS certified in this specialty

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

- Full Time
- Part Time
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- Hospital-based Practice
- In Partnership or Group
- I Have Retired

- (9.) Primary Specialty: Obstetrics and Gynecology
- (10.) Sub-specialty 1: _____
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 (Board Name): _____

Liability Insurance Data

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

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

Insurance Company (Name, Address)

Medical Mutual of Maine

● Yes ○ No

Policy #: PLP 00714-01

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

Hospital/Employer: ME-DARTMOUTH FAMILY PRACTICE RESIDENCY

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)

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Washington		01/01/1983	Expir	

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Date: 8-22-97 Signature: Russell DeSano M.D.
 Typed or Printed Name: Russell DeSano M.D.

For Ofc Use

Staff Rev Date: 9/11/99 Recommendation: [Signature]
 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 License Number: 010495

Name: De Jong, Russell N

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ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
Family PLW Assn	AUGUSTA	CHLAMYDIA UPDATE	10/97	6.3
MMAF	"	OB-GYN STUDY GROUP	10/97	3
ACOG	NYC	COMPLICATED PREGNANCY	12/97	16
MMMC	WTUL	PERINATAL REVIEW	9/97-9/98	12
AAFP	PTLD	SAYER SYMPOSIUM	1/98	6
AAFP	PTLD	RISK MANAGEMENT	10/98	4
MMAF	AUGUSTA	STUDY GROUP	9/98	3
ACOG	NYC	INTRAPARTUM CARE	12/98	16
MMMC	WTUL	PERINATAL REVIEW	9/98-9/99	12
	SEBASCO ESTATES	REPRODUCTIVE HEALTH	5/99	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
TEACH ALSO COURSE	PORTLAND	TEACH FAMILY PHYSICIANS	5/98	12
"	"	"	5/99	12
JOURNALS	HOME	NEJM OB-GYN WOMEN'S HEALTH, ALTERNATIVE MED	9/97-9/99	100
TEACH RESIDENTS	PALM BEACH	FULL TIME FACULTY W/IE-ORATION ON FAM PR RES	9/97-9/99	100

TOTAL CATEGORY II CREDITS 224

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

Dated: 8/12/99

Physician Signature: RND. [Signature]

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

Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

INACTIVE: 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.

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

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

REQUEST TO WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so. 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) 926-9266.

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

Issue 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. West, Rapid Springs, SD 57104. I am also represented by William B. Eagle, Eagle, Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 66301.

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



1220/3319
0391
B-23

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

RECEIVED
AUG 24 2001

For Office Use
Fee: \$ 400
Exempt: _____
Late \$ _____
Date Posted: 11

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE OF September 30, 2001
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.

De Jong, Russell N
License Number: 010495
Date Certificate Printed: 10/1/01

NAME/ADDRESS OF RECORD

Russell N De Jong, MD

License No

010495

Social Security

[REDACTED]

Daytime Phone No.

[REDACTED]

Date of Birth

[REDACTED]

Type of Registration Classification for Which Applying:

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

Personal Data Update:

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

(6.) Prefer Board contact me at home.
Home Mailing Address

[REDACTED]

If your home address is incorrect, please correct here

(7.) Prefer Board contact me at office.
Office Mailing Address
Maine-Dartmouth Family Practic
4 Sheridan Rd
Fairfield ME 04937-3314
Office Phone: (207) 861-5000

If your office address is incorrect, please correct here

Practice Data:

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

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

Check here if ABMS certified in this specialty

- (9.) Primary Specialty: Obstetrics and Gynecology
- (10.) Sub-specialty 1: _____
- (11.) Sub-specialty 2: _____
- (12.) I am ABMS Specialty Board certified by: _____
(Board Name): _____

Liability Insurance Data:

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

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

Insurance Company (Name, Address)
Medical Mutual of Maine

● Yes ○ No
Policy #: PLP01726-01

Check here if premiums for your professional liability are paid by a Hospital or other employer?
Hospital/Employer: MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY

Background Data

(All Applicants Must Complete)

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

State	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at left:
Washington		01/01/1983	Expire	

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

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

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?) (NO) YES
- (15-2) Left a medical licensing jurisdiction while allegations were pending? (NO) YES
- (15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances? (NO) YES
- (15-4) Received a sanction from Medicare or from a state Medicaid program? (NO) YES

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

- (15-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days? (NO) YES
- (15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)? (NO) YES
- (15-7) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review? (NO) YES
- (15-8) Disciplined by a professional society or resigned while accusation was pending? (NO) YES
- (15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see Instructions) (NO) YES
- (15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.) (NO) YES
- (15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital? (NO) YES
- (15-12) Do you practice medicine in a state or province other than Maine without "Active" medical staff privileges at a hospital operating in the jurisdiction where you practice? (NO) YES

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

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

AFFIDAVIT OF APPLICATION

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

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

Date: 8/21/01 Signature: Russell J. DeSoy, M.D.
 Typed or Printed Name: Russell J. DeSoy, M.D.

For Ofc Use

Staff Rev Date: 10/1/01 Recommendation: [Signature]

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	PORTLAND	MEDICATION ERRORS	11/2000	8
A LOG	NYC	COMPREHENSIVE GYN	12/99	16
A LOG	NYC	ISSUES IN OBSTETRICS	12/00	16
FPO	FREEMONT	REPRODUCTIVE HEALTH	5/00	1
JSE	BOSTON	FAMILY PLANNING	5/00	12
MMMC	WATERVILLE	PERINATAL REVIEW	2000	9
MAINE BOARD	"	"	2001	9

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

TOTAL CATEGORY I CREDITS 71

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.

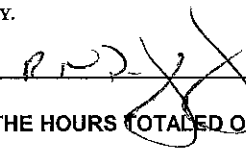
Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
TEACH ALSO COURSE	PORTLAND	TEACH FAMILY PHYSICIANS	5/2000	12
"	"	"	5/2001	12
MAINE BOARD FAMILY PRACTICE	WATERVILLE	FULL TIME RESIDENCY FACULTY	2000	100
		"	2001	100

TOTAL CATEGORY II CREDITS 227

AFFIDAVIT: I 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 TOTALLED ON EACH SECTION

Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

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

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

Request to WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so. Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

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

Background Data:

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

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

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

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

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

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

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

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

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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

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

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

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

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) RUSSELL DE JONG MD

PERSONAL RESIDENCE ADDRESS:
(Old address) [REDACTED]

(New address) _____

City/Town _____ State _____ Zip _____

New Telephone No: _____

PROFESSIONAL ADDRESS:
(Old address) MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY
4 SHERIDAN DRIVE

(New Address) FAIRFIELD ME 04937

City/Town _____ State _____ Zip _____

New Telephone No: 207 861-5334

Licensee Signature: Russell De Jong Date: 9/17/01



1220/3306-0712/B 2

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

RECEIVED
AUG 29 2003

For Ofc Use

Fee: 400
Exempt: _____
Late \$ _____
Date _____
Posted: _____

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION SEPTEMBER 30, 2003
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.

CR # 5728

NAME/ADDRESS OF RECORD

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

License No

010495

Social Security No.

[REDACTED]

Daytime Phone No.

(207) 861-5334

Date of Birth

[REDACTED]

Type of Registration Classification for Which Applying:

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

Personal Data Update:

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

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

Home Mailing Address

[REDACTED]

Home Phone: [REDACTED]

If your home address is incorrect, please correct here

[REDACTED]

- (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

Practice Data:

Check here if ABMS certified in this specialty

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

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

- (9.) Primary Specialty: Obstetrics and Gynecology
- (10.) Sub-specialty 1: _____
- (11.) Sub-specialty 2: _____
- (12.) I am ABMS Specialty Board certified by: _____
(Board Name): _____

Liability Insurance Data:

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

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

Insurance Company (Name, Address)

Medical Mutual of Maine

Yes No

Policy #: PLP01726-01

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

Hospital/Employer: Maine Dartmouth Family

PARTIALLY

De Jong, Russell N
License Number: 010495
Date Certificate Printed: 9/18/2003

Background Data

(All Applicants Must Complete) *088 P S JR*

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

State	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at left:
Washington		01/01/1983	Expire	

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

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

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any license, taken any disciplinary action against the license-issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?) NO YES
- (15-2) Left a medical licensing jurisdiction while allegations were pending? NO YES
- (15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances? NO YES
- (15-4) Received a sanction from Medicare or from a state Medicaid program? NO YES

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

- (15-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days? NO YES
- (15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)? NO YES
- (15-7) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review? NO YES
- (15-8) Disciplined by a professional society or resigned while accusation was pending? NO YES
- (15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see Instructions) NO YES
- (15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.) NO YES
- (15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital? NO YES
- (15-12) Do you practice medicine in a state or province other than Maine without "Active" medical staff privileges at a hospital operating in the jurisdiction where you practice? NO YES

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

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

AFFIDAVIT OF APPLICATION

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

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

Date: 8-15-03 Signature: *Russell D. S. Jr.* M.D.
 Typed or Printed Name: Russell D. S. Jr. M.D.

For Ofc Use

Staff Rev Date: 9/17/03 Recommendation: *[Signature]*
 Staff Rev Date: _____ Recommendation: _____

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	INFERTILITY	12/01	16
FPA	FREEDPORT	REPRODUCTIVE HEALTH	9/01	4
ISSA	PORTSMOUTH	" "	5/02	6
U/MIINN	TELE	TRANSDEANAL B.C	11/01	1
MGMIC	WTVL	PERINATAL REVIEW		12
MCMC	"	NOON EDUCATIONALS		20
MMEC	PORTLAND	LEADERSHIP CONF	5/03	6.5

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

TOTAL CATEGORY I CREDITS 72

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 COURSE	PORTLAND	FACULTY	5/02	12
" "	" "	" "	5/03	12
FACULTY	WATERBURY	TEACH RESIDENTS & STUDENTS	9-01-9-03	100

TOTAL CATEGORY II CREDITS 124

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

Dated: 8/15/03

Physician Signature: 

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

Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

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

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

Request to WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so. Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

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

Background Data:

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

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

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

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

Item 15-5 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness to continue practice. Board will inform you if clinical records or report are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (707) 623-9266.

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

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

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

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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

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

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

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



State of Maine

Maine Board of Licensure in Medicine

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

For Ofc Use

Fee: \$ 400
Exempt:
Late \$
Date
Posted:

Handwritten: 6245, AUG 17 2005

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION SEPTEMBER 30, 2005

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

Social Security No.

[Redacted]

Daytime Phone No.

(207) 861-5334

Date of Birth

[Redacted]

Type of Registration/Classification for Which Applying

- (1) I am applying for an initial license to practice medicine in Maine.
(2) I am applying for ACTIVE registration, based on evidence of CME qualification...
(3) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification...
(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.

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.

(6.) Prefer Board contact me at home.

Home Mailing Address

[Redacted home address]

If your home address is incorrect, please correct here

[Redacted correction area]

(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

[Redacted correction area]

Practice Data

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

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

Check here if ABMS certified in this specialty

- (9.) Primary Specialty: Obstetrics and Gynecology
(10.) Sub-specialty 1:
(11.) Sub-specialty 2:
(12.) I am ABMS Specialty Board certified by: (Board Name):

Liability Insurance Data

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

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

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

Insurance Company (Name, Address)

Medical Mutual of Maine

Yes No

Policy #: PLP01726-01

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

Hospital/Employer: Maine Dartmouth Family

Handwritten: PARTIAL

De Jong, Russell N
License Number: 010495
Date Certificate Printed: 8/29/2005

Background Data

(All Applicants Must Complete)

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

State	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at left:
Washington		01/01/1983	Expire	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AFFIDAVIT OF APPLICATION

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

I affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. I understand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §2282-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.

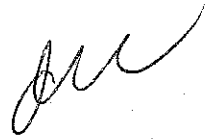
Date: 8/27/05 Signature: [Signature] M.D.
Typed or Printed Name: RND [Name] M.D.

For Ofc Use

Staff Rev Date: 8/27/05 Recommendation: [Signature]
Staff Rev Date: _____ Recommendation: _____

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
MIMC	PORTLAND	ALSO COURSE INSTRUCTOR	5/04	12
MIMC	PORTLAND	" " "	5/05	12
ASCP	ORLANDO	Am Soc Colposcopy & Papan	3/04	27
AACOG	SAN FRANCISCO	AACOG Annual Mtg	5/05	30
MIMC	WTUL	CONVENT ED	9/03-9/05	

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

TOTAL CATEGORY I CREDITS 81

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.

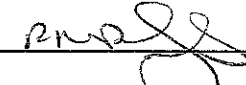
Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
	WTUL	FULL TIME RESIDENCY	PARODY	100

TOTAL CATEGORY II CREDITS 100

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

Dated: 8/15/05

Physician Signature: 

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

Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

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

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

Request to WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so. Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

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

Background Data:

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

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

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

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

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

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

**M.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

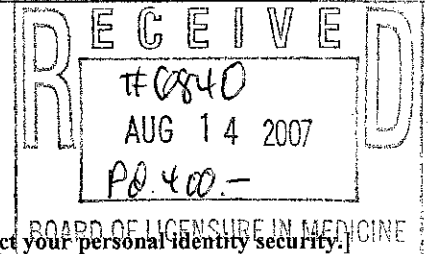
Fee: Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". A renewal fee is not required if you are age 70 or older, or if you are withdrawing from license registration.

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

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

Name: Russell N De Jong
Address: Maine-Dartmouth Family Practice
4 Sheridan Rd
Fairfield ME 04937-3314
United States
Daytime Phone No: (207)861-5334

License No: 010495



Email address:

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

Type of Licensure Status for Which You Are Applying:

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

Personal Data Update:

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

5. I Prefer Board contact me at Home, or at Business. (H/B) B _____
My Home mailing address and phone are:

[Redacted home address and phone number]

United States

My Business mailing address and phone are:

Maine-Dartmouth Family Practice
4 Sheridan Rd
Fairfield ME 04937-3314
United States
(207)861-5334

If your home address is incorrect, please correct here

Telephone: _____

If your business address is incorrect, please correct here

Telephone: _____

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

- 7. At present I practice medicine (check all that apply):
- Full Time Hospital-based Practice Solo Do not see patients (i.e. Administrative, Research, Teaching, etc.)
- Part Time In Partnership or Group Retired

Check box if ABMS certified in each specialty.

8. Primary Specialty: Obstetrics and Gynecology 10. Sub-Specialty 2: _____

9. Sub-Specialty 1: _____

11. I am ABMS Specialty Board certified (Y/N) by: (Board name) APM DP OB-GYN

De Jong, Russell, N
License Number: 010495
Issue Date: August 16, 2007

LIABILITY INSURANCE DATA:

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

12. Please indicate the method you employ to secure professional medical malpractice liability insurance.

If you have no coverage answer "Y" to 'Self Insured':

- Are you Self Insured (Y/N) _____
- Is your insurance Physician Paid (Y/N) Y
- Is your insurance Employer Paid (Y/N) 80%

If you checked off "Employer Paid", please enter the name of the employer who or which paid your premiums here: MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY

Insurance Company (Name/Address):
 Medical Mutual of Maine
 PO Box 15275
 Portland ME 041125275
 Policy #: PLP01726-01

If your Insurance information is incorrect, please correct here: _____ _____ _____ _____
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BACKGROUND DATA:

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

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

#	State	Certificate #	Expiration Date	Present Status
1	WASHINGTON		1974-1980	LAPSED
2				
3				
4				
5				

(Please make corrections to information below)

#	State	Certificate #	Expiration Date	Present Status
1				
2				
3				
4				
5				

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

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 explanation must be referenced by question number, signed, dated, and enclosed with your application.

HAVE YOU EVER:

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

SINCE YOUR LAST APPLICATION:

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

AFFIDAVIT OF APPLICANT:

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

Date: 8/7/07 Signature: [Signature] MD
Typed or Printed Name: Russell N. DeJong MD

For Office Use Only: Staff Rev Date: 8/16/07 Recommendation: [Signature]

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 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 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 I. 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: 8/6/07 Physician Signature: [Handwritten Signature]

Typed or Printed Name: De Jong, MD

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:
Cat1: 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

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

✓
exam ✓

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

**De Jong, Russell
License # 010495**