



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
RAE RAMSDELL
DIRECTOR

STEVEN H. HILFINGER
DIRECTOR

[REDACTED]

[REDACTED]

**RE: FOIA Request – Willie James Parker, M.D.
License No. – 43-01-087686, Expired 1/31/2010**

Dear Ms. Spacey:

Enclosed please find copies of documents maintained in the licensing file of the above-referenced individual.

Information concerning licensure examination results, academic transcripts, social security numbers, and date of birth, are not provided. Said material is considered exempt from disclosure pursuant to the Michigan Freedom of Information Act 1976, PA 442, as amended; MCLA 15.231, et seq; MSA 4.1801(1), et seq.

Please be advised, a search of the disciplinary records maintained by this Division, reveals that there are no pending investigations, formal complaints, nor have any disciplinary actions been taken against the licensee.

Sincerely,

Kathy Farley
Freedom of Information Section
Bureau of Health Professions

kdf

Enclosures

Michigan Department of Community Health
 Board of Medicine
 P.O. Box 30192
 Lansing, MI 48909
 (517) 335-0918

DCH/LMD-040 (03/04)

Page 1

APPLICATION FOR MEDICAL DOCTOR LICENSURE

Authority: Public Act 366 of 1978, as amended.
 If this form is not completed, a license will not be issued.

Tran Info: 430101 11622585-1
 Chk#: 1246 Amt: \$150.00
 ID: [REDACTED]

04/03/06

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539).

Type or Print Only

I AM APPLYING FOR THE FOLLOWING (Check One Only):

- License by Examination Fee: \$160.00 71-4301-01
- License by Endorsement Fee: \$150.00 71-4301-09
 (Must currently be licensed in another state)

License Number	087686
Date of License	5/8/00

Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name WILLIE	Middle Name JAMES	Last Name PARKER
U.S. Social Security Number [REDACTED]	Date of Birth [REDACTED]	Michigan Permanent I.D. Number and Expiration Date [REDACTED]
Street Address 1520 WARD AVENUE, #1403		
City HONOLULU	State HAWAII	ZIP Code 96822
Daytime Phone Number (808) 585-5494	All Previous Names and/or Birth Name Used (if applicable)	

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7. Have you ever had a federal or state health professional or controlled substance license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. Have you ever been denied the privilege of taking an examination by any state medical board?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name
WILLIE JAMES Parker

9. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privilege involuntarily modified? Yes No
10. Do you hold or have you ever held a permanent medical license in any state? Yes No
 If yes, list the state(s) in which you hold or have held a medicine license, the license or registration number, the date issued, and how the license was obtained. DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office. (Attach additional sheets, if necessary)

State	License Number	Date of Issue	How obtained (Endorsement or examination)
HAWAII	11733	OCTOBER 2001	Endorsement
CALIFORNIA	A053102	May 1994	Endorsement

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and Address of Institution	Dates of Attendance		Degree
	From	To	
Berea College, Beren KY	8/81	5/84	BA, Biology
Univ. of Iowa, Iowa City IA	6/86	5/90	Doctor of Medicine
Harvard School Public Health, Cambridge MA	7/97	6/98	Masters of Public Health

Provide a description of your professional medical experience. Attach additional sheets if necessary.

Name and Address of Employer	Dates of Practice		Duties
	From	To	
Golden Valley Health Ctr 797 W. Childs Ave Golden Va - Merced CA 95340	7/94	6/97	Staff Physician
CA Dept Health Services 714 P street Sacto CA	5/2001	12/2002	Public Health Administrator
Queens Medical Center 1301 Punch bowl street Hon	1/2002	4/28/2006	Staff Physician

4196813 CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of their pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant: **Parker, MD, MPIT** Date: **2/28/2006**

Michigan Department of Community Health
 Board of Pharmacy
 P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

DCH/LPH-090 (01/05)

CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

Tran Info: 430101 11622351-1
 Chk#: 1244 Amt: \$150.00
 ID: [REDACTED]

04/03/06

A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended.

A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license.

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Detroit, Michigan 48226 (telephone: 800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.

Date of Licensure: 5/8/06
 License Number: 026366

Type or Print Only

INSTRUCTIONS

- CONTROLLED SUBSTANCE FEE:** Initial (first time) professional license or relicensure of your professional license - \$85.00.
 If you already hold a professional license and your professional license expires in:
 0-12 months the fee is \$85.00 (13757) 13-24 months the fee is \$160.00 (23757) 25-36 months the fee is \$235.00 (33757)
- M.D./D.O. Applicants:** This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.
- Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S financial institution and made payable to the STATE OF MICHIGAN must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name WILLIE	Middle Name JAMES	Last Name PARKER
Street 1520 WARD AVENUE, #1403		Telephone Number (808) 271-0260
City Honolulu	State HI	ZIP Code 96822

TYPE OF PROFESSIONAL LICENSE (Please Check One): <input type="checkbox"/> 29 - 01 D.D.S. 71-5315 <input type="checkbox"/> 59 - 01 D.P.M. 71-5315 <input type="checkbox"/> 69 - 01 D.V.M. 71-5315 <input checked="" type="checkbox"/> 43 - 01 M.D. 71-5315 <input type="checkbox"/> 51 - 01 D.O. 71-5315 <input type="checkbox"/> 49 - 01 O.D. 71-5330 <input type="checkbox"/> 53 - 01 Pharmacy Store 71-5301 <input type="checkbox"/> 53 - 02 R.Ph. 71-5302 <input type="checkbox"/> 53 - 06 Manuf./Wholesaler 71-5306	Regulate: Educational Limited <input type="checkbox"/> or <input type="checkbox"/> <input type="checkbox"/> or <input type="checkbox"/> <input type="checkbox"/> or <input type="checkbox"/> <input checked="" type="checkbox"/>	STATUS: 1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain on separate sheet. 2. Is your current professional license limited as a result of Board disciplinary action? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Michigan Permanent I.D. Number (as shown on your pocket card) Expiration Date of License Social Security Number

I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.

Signature: **Parker, M.D., MPH** Date: **3/1/06**

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

**Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909**

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE
Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Counseling	<input type="checkbox"/> Nursing Home Adm.	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Optometry	<input type="checkbox"/> Podiatry
<input checked="" type="checkbox"/> Medicine	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Psychology
<input type="checkbox"/> Sanitarists	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary
First Name WILLIE	Middle Name JAMES	Last Name PARKER
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board CALIFORNIA	License Number A-53102	Date of Issue 5/25/1994

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Basis for Issuance of License:		Type of License:
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.)	<input type="checkbox"/> Endorsement - Please indicate name of state	
License Status:	Original Issue Date	Expiration Date
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive		
Has the applicant incurred any formal or informal actions in your State?		
<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.		
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
CERTIFICATION		
I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.		
Signature	Date	
Type or Print Name	(SEAL)	
Title		
Full Name of Licensing Board		

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MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM
1426 HOWE AVE, SUITE 54
SACRAMENTO CA 95825-3236
TELEPHONE: (916) 263-2382
FAX: (916) 263-2944



www.caldocinfo.ca.gov

April 5, 2006

RECEIVED

APR 10 2006

DEPT. OF CIS-OMS

MICHIGAN BOARD OF MEDICINE
611 WEST OTTAWA ST 1ST FLOOR
LANSING MI 48933

To Whom It May Concern:

In response to your inquiry a standard search of available records in this office has been performed. The following indicates the results of that search:

Physician:	WILLIE JAMES PARKER
License No.:	A 53102
Issued:	May 25, 1994
Exam Type:	A written examination
Expiration Date:	October 31, 2007
Status:	Renewed/current

If a discipline status is listed, you may obtain information concerning this action by contacting the Board's Enforcement Program, Central File Room, 1426 Howe Avenue, Sacramento, CA 95825-3236 or by faxing your request to the Central File Room at (916) 263-2420.

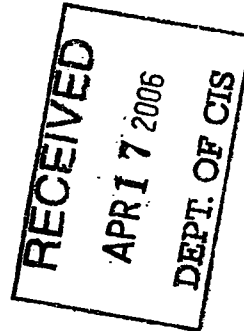
Kimberly Kirchmeyer
Deputy Director

SEAL

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
P.O. BOX 3469
HONOLULU, HAWAII 96801

04/05/06

MI DEPT. OF COMMUNITY HEALTH
BOARD OF MEDICINE
P O BOX 30192
LANSING MI 48909



RE: VERIFICATION OF LICENSE/EXAM SCORES DATED 03/29/06 FOR
WILLIE PARKER

BOARD/COMMISSION: BOARD OF MEDICAL EXAMINERS
LICENSE TYPE: PHYSICIAN
LICENSE IDENTIFICATION: MD 11733
METHOD OF LICENSURE: [REDACTED]
DATE LICENSED: 10/11/01
LICENSE STATUS: CURRENT, VALID & IN GOOD STANDING
LICENSE EXPIRATION DATE: 01/31/08
DISCIPLINARY ACTION: NONE

ACCORDING TO OUR COMPLAINT RECORDS WHICH DATE BACK TO 1985:

NO DEROGATORY INFORMATION IS ON FILE.

THE ATTACHED INFORMATION IS ON FILE CONCERNING THIS
LICENSEE.

CERTIFIED BY:

Constance Cabral

CONSTANCE CABRAL
EXECUTIVE OFFICER