

PERMANENT

LIC #: **MD19833**

ISSUED:

DATE APP REC'D: 07/16/2013 APP FEE PD: \$700 REC'D: 07/16/2013

EXPIRES:

NAME: BURKETT, DONNA L SS#: 

PLACE OF BIRTH: HATTIESBURG, MS DOB: 

MEDICAL SCHOOL: UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL S.O.M.

LOCATION: CHAPEL HILL, NC YEAR GRAD: 1995

SPECIALTY: FAMILY MEDICINE

AM BD CERT  Y  N

EXPECTED MAINE LOCATION

PORTLAND

LICENSE EXAM:      BASED ON      ON FILE      NUMBER/PLACE

USMLE      1, 2, 3            4-018-412-9

WRITTEN EXAM      8128/13            97 %

MALPRACTICE #13 OTHER PERSONAL DATA N/R  NPDB 7131113

FCVS 7/19/13  LICENSES XX, SC  REFERENCES

POST GRADUATE TRAINING:      ACGME      ON FILE      TIME

OREGON HEALTH SCIENCES UNIVERSITY  3 YEARS

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

*R. Manning*  
~~D. SPRAGUE~~ *Ru*      APPROVAL DATE: 9/6/13

DAVID J. JONES, M.D. E-MAIL DATE: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_

LIST A \_\_\_\_\_ LIST B \_\_\_\_\_ LIC COM \_\_\_\_\_

COMMENTS: \_\_\_\_\_

BOARD APPROVED - YES  NO  APPROVAL DATE \_\_\_\_\_

We are pleased to provide you with this current Maine medical doctor license, which is to be displayed in your primary place of practice with our Maine license certificate. We are also providing you with a wallet card evidencing the continuing validity of your Maine medical doctor license.

Please write to the Board at 137 State House Station, Augusta, ME 04333-0137 if your home or business address changes, if your professional activities alter the basis upon which your Maine license has been registered, or if you have any questions about your Maine license. [www.maine.gov/md](http://www.maine.gov/md)



Maine Board of Licensure in Medicine  
Medical Doctor License

Licensee Name:  
DONNA LYNN BURKETT, MD  
Maine License #: MD19833  
Expiration Date: January 31, 2014

## Maine Board of Licensure in Medicine Medical Doctor License

This is to certify that the physician named below is licensed for the practice of medicine and surgery in the State of Maine and that the license is validly registered for the period September 16, 2013 through January 31, 2014 pursuant to Title 32, Maine Revised Statutes of 1964, Chapter 48, as amended. If this registration certificate is marked "Inactive", the licensee may not lawfully provide professional services within the borders of the State of Maine.

**LICENSEE NAME: DONNA LYNN BURKETT, MD**  
**MAINE LICENSE No. MD19833**

Issue Date: September 16, 2013

Expiration Date: January 31, 2014

A handwritten signature in cursive script that reads "David D. Jones M.D.".

David D. Jones, M.D. Secretary  
Maine Board of Licensure in Medicine

RECEIVED JUL 16 2013 \$ 700.00  
 BOARD OF LICENSURE IN MEDICINE

UA

UNIFORM APPLICATION FOR PHYSICIAN STATE LICENSURE

**Affidavit and Authorization for Release of Information**

This form should be sent to the state board you are applying to, NOT to FSMB.

**Applicant:**

Securely tape or glue a recent (less than 6 month old) front-view 2" x 2" passport-type color photo of yourself in the square below.

Sign this form with attached photo in the presence of a notary public.

Send the notarized form to the board you are applying to for licensure.

DO NOT SEND THIS FORM TO FSMB.

Doing so will cause a delay with your state board application.

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.



*Donna L. Burkett*

Applicant's signature (must be signed in the presence of a notary)

Burkett

Applicant's printed last name

Donna L.

Applicant's printed first name, middle initial, and suffix (e.g., Jr.)

7/13/2013

Date of signature (must correspond to date of notarization)



Notary

NC

County of

Burcombe

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

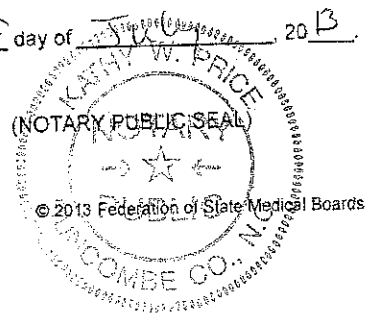
The statements on this document are subscribed and sworn to before me by the applicant on this 13<sup>th</sup> day of July, 2013.

Notary Public Signature:

*Kathy W. Price*

My Notary Commission Expires:

20 March 2015



Uniform Application for Physician Licensure

UA Username: dburkett

Date Submitted: 07/05/2013

FCVS Status: Applicant has an FCVS Packet

**1. Full Name (use no initials)**

Last Name Burkett  
 First Name Donna  
 Middle Name Lynn  
 Suffix  
 Maiden Name  
 M.D. Yes D.O. No

**2. Address/Phone**

Business  
 Public Access Street 603 BILTMORE AVE  
 Mailing  
 City ASHEVILLE State/Province NC Zip Code 28801-4603  
 Country USA  
 Telephone (828) 252-7928  
 Email donna.burkett@pchs.org

Home  
 [Redacted] Zip Code [Redacted]  
 Telephone [Redacted]  
 Email [Redacted]

**3. Identification**

[Redacted] Hattiesburg Mississippi USA  
 Date of Birth Birth City Birth State/Province Birth Country  
 (mm/dd/yyyy)  
 F [Redacted] 1760445506  
 Gender Social Security Number NPI Are you a U.S. Citizen?

**4. Medical School**

School Name University of North Carolina at Chapel Hill School of Medicine  
 Address Office of Student Affairs/Guy Winstead  
 Campus Box #7000  
 City Chapel Hill  
 State/Province NC  
 ZIP Code 27599-7000  
 Country USA

Attendance Dates From 08/1991 To 05/1995  
 (mm/yyyy) (mm/yyyy)

Graduation Date 05/14/1995

Degree MD

**6. Postgraduate Training**

Hospital Name Oregon Health Sciences University  
 Hospital Address 3181 SW Sam Jackson Park Road  
 City Portland  
 State/Province Oregon  
 ZIP Code 97201-3098  
 Country USA

PGY: (e.g., 1, 2, 3, etc.) Residency  
 Department/Specialty Family Practice

From	Month	Year	To:	Month	Year	Completed	In Progress
	07	1995		06	1998	Completed	N
	Month	Year		Month	Year	Successfully Completed?	In Progress

**7. Examination History**

Examination	State	Most Recent Date taken(Month/Year)	Passed (P) or Failed (F)	Number of attempts
USMLE Step 1		06/1997	U	1
USMLE Step 2			U	1
USMLE Step 3			U	1

**9. State Licensure**

State/Province	Practitioner Type (MD,DO, etc.)	Type of License (Full, Temporary, etc.)
NC ✓	MD	Full License
License Number	200100124	Status Active Issue Date 02/01/2001
VA ✓	MD	Full License
License Number	0101241288	Status Active Issue Date 02/01/2007
SC ✓	MD	Full License
License Number	29999	Status Active Issue Date 09/01/2007
WV ✓	MD	Full License
License Number	22710	Status Active Issue Date 05/01/2007
OR ✓	MD	Full License
License Number	MD20096	Status Expired Issue Date 10/18/1996

10. Chronology of Activities

Dates: From/To		Practice/Employment	
<b>From:</b>		<b>Practice/Employment Name</b>	Oregon Health Sciences University (or list non-working time as indicated above)
<b>Month:</b>	07	<b>Practice/Employment Address</b>	3181 SW Sam Jackson Park Rd
<b>Year:</b>	1995	<b>City</b>	Portland
<b>To:</b>		<b>State/Province</b>	Oregon
<b>Month:</b>	06	<b>Zip Code</b>	97239
<b>Year:</b>	1998	<b>Country</b>	USA
<b>In Progress:</b>	N	<b>Position and Department</b>	Resident - Family Medicine
		<b>% Clinical</b>	99
		<b>% Administrative</b>	

Dates: From/To		Practice/Employment	
<b>From:</b>		<b>Practice/Employment Name</b>	travel between jobs (or list non-working time as indicated above)
<b>Month:</b>	07	<b>Practice/Employment Address</b>	3522 SE Brooklyn
<b>Year:</b>	1998	<b>City</b>	Portland
<b>To:</b>		<b>State/Province</b>	Oregon
<b>Month:</b>	08	<b>Zip Code</b>	97202
<b>Year:</b>	1998	<b>Country</b>	USA
<b>In Progress:</b>	N	<b>Position and Department</b>	
		<b>% Clinical</b>	
		<b>% Administrative</b>	

Dates: From/To		Practice/Employment	
<b>From:</b>		<b>Practice/Employment Name</b>	Providence Health Systems, North Portland (or list non-working time as indicated above)
<b>Month:</b>	08	<b>Practice/Employment Address</b>	North Portland Family Medicine Clinic
<b>Year:</b>	1998	<b>City</b>	Portland
<b>To:</b>		<b>State/Province</b>	Oregon
<b>Month:</b>	12	<b>Zip Code</b>	97217
<b>Year:</b>	1999	<b>Country</b>	USA
<b>In Progress:</b>	N	<b>Position and Department</b>	Physician - Family Medicine
		<b>% Clinical</b>	95
		<b>% Administrative</b>	

Dates: From/To		Practice/Employment	
<b>From:</b>		<b>Practice/Employment Name</b>	Family Leave/pregnancy and childbirth/seeking (or list non-working time as indicated employment/moving above)
<b>Month:</b>	01	<b>Practice/Employment Address</b>	105 Sunset Dr.
<b>Year:</b>	2000	<b>City</b>	Asheville
<b>To:</b>			
<b>Month:</b>	04		

<b>Year:</b> 2001	<b>State/Province</b> North Carolina
<b>In Progress:</b> N	<b>Zip Code</b> 28804 <b>Country</b> USA
	<b>Position and Department</b>
	<b>% Clinical</b> <b>% Administrative</b>

Dates: From/To	Practice/Employment
<b>From:</b>	<b>Practice/Employment Name</b> WNC OB-Gyn and Family Practice (or list non-working time as indicated above)
<b>Month:</b> 04	<b>Practice/Employment Address</b> 17 McDowell St. <span style="float: right;">7/18</span>
<b>Year:</b> 2001	<b>City</b> Asheville <span style="float: right;">7/30</span>
<b>To:</b>	<b>State/Province</b> North Carolina
<b>Month:</b> 02	<b>Zip Code</b> 28801 <b>Country</b> USA
<b>Year:</b> 2005	<b>Position and Department</b> Physician - n/a
<b>In Progress:</b> N	<b>% Clinical</b> 95 <b>% Administrative</b>

Dates: From/To	Practice/Employment
<b>From:</b>	<b>Practice/Employment Name</b> looking for parttime work and being stay-at-home parent (or list non-working time as indicated above)
<b>Month:</b> 02	<b>Practice/Employment Address</b> [REDACTED]
<b>Year:</b> 2005	<b>City</b> [REDACTED]
<b>To:</b>	<b>State/Province</b> [REDACTED]
<b>Month:</b> 06	<b>Zip Code</b> [REDACTED] <b>Country</b> USA
<b>Year:</b> 2005	<b>Position and Department</b>
<b>In Progress:</b> N	<b>% Clinical</b> <b>% Administrative</b>

Dates: From/To	Practice/Employment
<b>From:</b>	<b>Practice/Employment Name</b> MAHEC (or list non-working time as indicated above)
<b>Month:</b> 07	<b>Practice/Employment Address</b> 118 WT Weaver Blvd <span style="float: right;">7/18</span>
<b>Year:</b> 2005	<b>City</b> Asheville <span style="float: right;">8/5</span>
<b>To:</b>	<b>State/Province</b> North Carolina
<b>Month:</b> 05	<b>Zip Code</b> 28804 <b>Country</b> USA
<b>Year:</b> 2013	<b>Position and Department</b> Faculty Physician - Family Medicine
<b>In Progress:</b> N	<b>% Clinical</b> 100 <b>% Administrative</b>

Dates: From/To	Practice/Employment

<b>From:</b>	<b>Practice/Employment Name</b>	Planned Parenthood Health Systems, Inc
<b>Month:</b> 07	(or list non-working time as indicated above)	
<b>Year:</b> 2006	<b>Practice/Employment Address</b>	603 Biltmore Avenue
<b>To:</b>	<b>City</b>	Asheville
<b>Month:</b>	<b>State/Province</b>	North Carolina
<b>Year:</b>	<b>Zip Code</b>	28801
<b>In Progress:</b> Y	<b>Country</b>	USA
	<b>Position and Department</b>	Affiliate Medical Director - Medical Services
	<b>% Clinical</b>	5
	<b>% Administrative</b>	

7/25

7/18

**11. Malpractice Liability Claims Information**

Name of Patient involved: [REDACTED]

In which state did the action take place? NC Case number (if applicable)

Which court? I was dismissed before this was brought to court or settled  
(If private compromise or settled before initiation of civil action, state here)

Current status of claim: Dismissed (no money paid out)

Amount of judgement or settlement \$ 0 Amount paid on your behalf \$ 0

Month and year of event precipitating claim: 04 / 2006

Month and year of lawsuit: 04 / 2008

Insurance carrier at time: Mag Mutual

What is/or was your status? OTHER

Please provide specifics in reference to the adverse event including the allegations and your role in the event:  
A delay in diagnosis of cancer was alleged. I was overseeing a resident in the outpatient setting.

**STATE ADDENDUM INFORMATION**

**Specialty**  
Please list any specialties or subspecialties, and if you are ABMS Member Board certified in any specialty.

Specialty: Family Medicine , Family Medicine ABMS Member Board certified: Yes

**International License**  
Please enter international license information if you have held, now hold, or have applied for a medical license in the British Isles (United Kingdom or Ireland).

Country	Cert. #	Status	Expiration Date
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**Additional Information**

Will you practice in Maine within the next year? If yes, in what community?

Yes , multiple, on a very limited basis: Portland, Biddeford, Sanford and Topsham.

**Personal Data****YES / NO**

- No 1. Have you EVER 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?
- No 2. Have you EVER 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?
- No 3. Have you EVER left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
- No 4a. Have you EVER been denied registration, or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by, or surrendered to: The U.S. Drug Enforcement Administration (US DEA)?
- No 4b. Have you EVER been denied registration, or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by, or surrendered to: Any state/territory of the U.S., INCLUDING MAINE?
- No 5. Have you EVER received a sanction from Medicare or from any state Medicaid program?
- No 6. The purpose of the following questions is to determine the current fitness of the applicant to practice medicine. The following inquiries concern medical, mental health, and addiction issues. This information is treated confidentially by the Board. The mere fact of treatment for medical, mental health or addiction(s) is not, in itself, a basis on which an applicant is ordinarily denied licensure when he/she has demonstrated personal responsibility and maturity in dealing with these issues. The Board encourages applicants who may benefit from such treatment to seek it. The Board may deny a license to applicants whose ability to function in the practice of medicine or whose behavior, judgment, and understanding is impaired by a medical, mental health or addictive condition. 6a. Since becoming a medical student, have you been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice medicine or to function as a physician?
- No 6b. Within the last five (5) years have you been diagnosed with or treated for any medical, mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?
- No 6c. Are you now, or have you during the past five (5) years been dependent upon alcohol or habituating drugs or undergone treatment for such?
- N/A 6d. If any of your answers to questions 6(a-c) is "Yes," are the limitations or impairments caused by your medical, mental health, or addictive condition reduced or improved because you receive ongoing professional treatment (with or without medication) or because you participate in a professional monitoring program?
- No 6e. Within the last five (5) years have you ever raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?
- No 6f. Are you currently engaged in the illegal use of drugs or misuse of any drugs?
- No 6g. Have you ever been diagnosed with or treated for any type of sexual behavior disorder?
- No 7. Have you EVER been charged, summonsed, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged, or issued a stay of execution? Please include motor vehicle offenses but not minor traffic or parking violations.

No	8. Have you EVER applied for hospital, HMO or other health care entity privileges which were denied?
No	9. Have you EVER had your staff privileges or employment at any hospital, nursing home, HMO, or other health care entity terminated, revoked, reduced, restricted in any way, suspended, made subject to probation, limited in any way, or withdrawn involuntarily?
No	10. Have you EVER voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
No	11. Have you EVER been deselected from a managed care organization physician panel?
No	12. Have you EVER been disciplined by a professional society or resigned while accusation was pending?
Yes	13. Have you EVER been named as a party or a defendant, or as an employee of a party or a defendant, in a medical malpractice liability claim or lawsuit, 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? If your answer to this question is "Yes," please provide a complete written explanation below. <b>named in a suit, but then the charges against me were dismissed prior to any negotiation, hearings or court proceedings. It was a case in which I was overseeing a resident in an outpatient case. I have documentation of the dismissal, if needed.</b>
No	14. Do you have any open malpractice claims?
No	15. Do you intend to practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?



Women's Gynecological Health  
Preventative medicine to optimize your active lifestyle.

7/30/2013

Dear Tracy,

I received your letter requesting information regarding Dr. Donna Burkett. WNC Obstetrics and Gynecology has disbanded but I was the president of the corporation and worked with Dr. Burkett during her entire tenure there. I also attended 4 years of medical school at the UNC Chapel Hill School of Medicine with Dr. Burkett.

I can wholeheartedly attest that Dr. Burkett exemplifies the highest level of professional ethics, character, and clinical competence. Dr. Burkett is a highly motivated and intelligent physician who is passionate about her medical career and career with Planned Parenthood as medical director. I would welcome having Dr. Burkett as a colleague once again and am saddened that Asheville and Planned parenthood of N.C. is losing such a highly qualified and dedicated member of the medical community. Please let me know if I can further assist you in this matter.

Sincerely,

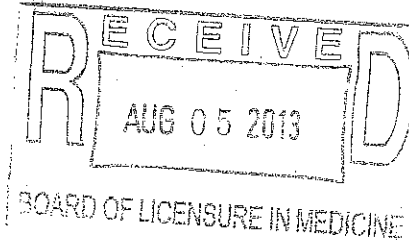
Grace Evins MD, FACOG



Division of Family Medicine

July 23, 2013

Tracy A. Morrison  
State of Maine  
Board of Licensure in Medicine  
137 State House Station  
Augusta, ME 04333-0137



RE: Donna Lynn Burkett, MD

This letter confirms the affiliation of Dr. Donna Burkett with the MAHEC Family Medicine Residency Program in Asheville, North Carolina between July 1, 2005 and May 31, 2013. Dr. Burkett is a board-certified family physician who served as a part-time faculty member of our residency program, precepting residents in ambulatory care in our Family Health Center and supervising residents performing deliveries in Memorial Mission Hospital. Dr. Burkett supervised residents performing procedures, including vasectomies, in the Family Health Center. She had a special area of interest and skill in women's health and reproductive medicine.

Dr. Burkett was a valued member of our faculty. She demonstrated the highest degree of professionalism, clinical competence, and compassion for the underserved.

In summary, I am pleased to verify that Dr. Donna Lynn Burkett was a faculty member of our Family Medicine Residency Program and recommend her enthusiastically for medical licensure in the state of Maine. Please contact me if you require further information.

Sincerely,

Stephen D. Hulkower, MD  
Director  
Division of Family Medicine  
Mountain Area Health Education Center  
Asheville, North Carolina  
Associate Professor of Family Medicine  
Department of Family Medicine  
University of North Carolina School of Medicine  
Chapel Hill, North Carolina

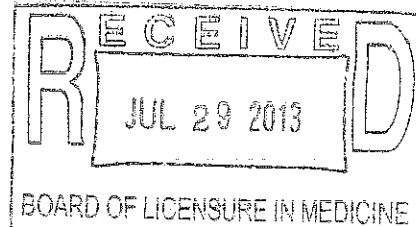
SDH/fed

cc: File

# COMMONWEALTH of VIRGINIA



## VERIFICATION



Re: Donna Lynn Burkett  
From: Virginia Board of Medicine  
Subj: Licensure Verification  
Date: July 23, 2013

This is to certify that the above named individual was issued a license to practice by the Virginia Board of Medicine:

Licensed in/as a:	Medicine & Surgery
License:	0101241288
Issued on:	02/23/2007
Expires:	01/31/2014 *

This license has not been the subject of an administrative proceeding. If you have any questions, please call 804-367-4451.

*The information above is the only verification provided by this board. If other information is needed, please do not hesitate to contact this office. To expedite the verification process, the above format is the standard format prepared for all professions regulated by this board.*

Verifications may also be obtained from our website at [www.dhp.virginia.gov](http://www.dhp.virginia.gov) or our interactive phone system at 804-270-6836 with fax back option.

\* The expiration date of 1956 indicates that there is no recorded date of expiration for this license, and that it expired sometime prior to 1980.

Sincerely,

**Alan Heaberlin**

Deputy Director-Licensure  
Virginia Board of Medicine

NOTE: The Board of Medicine no longer provides a raised seal on this document.



South Carolina  
Department of Labor, Licensing and Regulation



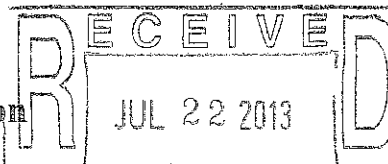
Nikki R. Haley  
Governor

Board of Medical Examiners

110 Centerview Drive  
Post Office Box 11289  
Columbia, SC 29211-1329  
(803) 896-4500  
FAX: (803) 896-4515  
www.llronline.com/pol/podiatriy

Holly G. Pisarik  
Director

License Verification



BOARD OF LICENSURE IN MEDICINE

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

Name: Donna L Burkett      Profession: M.D.      Office Phone: (828) 252-7928 X6237  
Birth Date: [REDACTED]      Specialty: FP\*      N  
License No: MD 29999      Date Issued: 09/21/2007      Expiration: 06/30/2015  
Basis: US 1996      School: NC      Graduated: 05/14/1995

Primary Source Verification of Graduation Certified

Hospital Affiliation (s):

Status: ACTIVE

\*\*\*Please Note: Due to a new computer system, all limited and temporary license numbers have been changed. Although there is a unique license number listed above, the information is verifying license number.

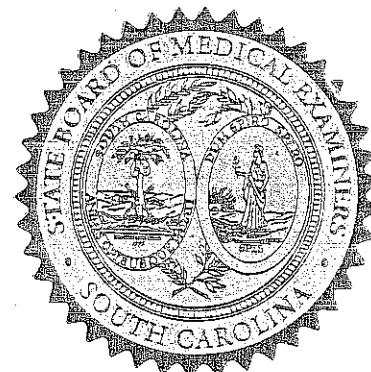
No disciplinary action taken by this Board. This certifies that the above licensee is in good standing.

License History:

Temporary License Number: 29999  
Temporary License Issue Date: 06/15/2007  
Limited License Number:  
Limited License Issue Date:

Verified on 7/16/2013 by:

Cameron Moore, Administrative Assistant



Unresolved disciplinary actions currently pending before the boards will not be included in the information presented. Reported discipline of licensees indicates the final disposition of contested cases, but may not reflect the current status of a license. Licensees are fully authorized to practice their professions unless their licenses have been restricted, suspended, revoked, deactivated or voluntarily surrendered. Licensees on probation may have been placed under certain professional restrictions which may limit the scope of their practice. Also, board actions reported here may not reflect any subsequent judicial actions to stay or modify the board's decision.

**Morrison, Tracy A**

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**From:** verifications@ncmedboard.org  
**Sent:** Friday, July 05, 2013 5:35 PM  
**To:** Morrison, Tracy A  
**Subject:** North Carolina License Verification for Dr. Donna Lynn Burkett



## North Carolina Medical Board

07/05/2013

Name	Donna Lynn Burkett, MD
Renewal Date	01/10/2014
Public Action	No
Pending Investigation(s)	No

License Number	License Type	Issue Date	Current Status	Expire Date
200100124	MD	02/12/2001	Active	

Public Actions can be found on our website. Go to [www.ncmedboard.org](http://www.ncmedboard.org) and then select 'Look up a Licensee' under Quick Links.

To receive certified copies of Public Actions, please email [legal@ncmedboard.org](mailto:legal@ncmedboard.org).

If you have questions regarding Pending Investigation, email [don.pittman@ncmedboard.org](mailto:don.pittman@ncmedboard.org).

For general Verification questions, email [verifications@ncmedboard.org](mailto:verifications@ncmedboard.org).

Sincerely,



R. David Henderson  
Executive Director



REV. O. RICHARD BOWYER  
PRESIDENT

MARIAN SWINKER, M.D., M.P.H.  
SECRETARY

## State of West Virginia *Board of Medicine*

101 Dee Drive, Suite 103  
Charleston, WV 25311  
Telephone 304.558.2084  
www.wvbom.wv.gov

MICHAEL L. FERREBEE, M.D.  
VICE PRESIDENT

ROBERT C. KNITTLE  
EXECUTIVE DIRECTOR

### VERIFICATION OF LICENSURE

July 05, 2013

This is to verify that

**DONNA L. BURKETT**

was issued license number PMD22710 on May 14, 2007 to practice as a Physician and Surgeon in the state of West Virginia.

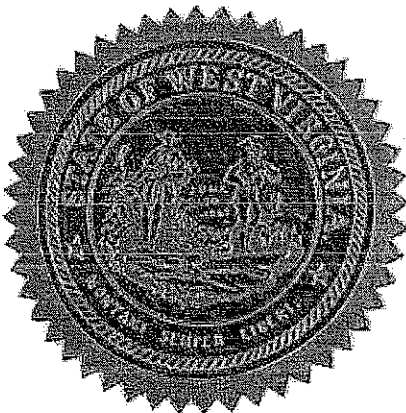
She was licensed by USMLE.

Dr. BURKETT graduated from University of North Carolina at Chapel Hill School of Medicine on May 14, 1995.

The current licensure status is ACTIVE and expires on June 30, 2014.

According to our records, this license HAS NOT been encumbered in this state.

This license information was last updated on: 07/04/2013



A handwritten signature in black ink, reading "Robert C. Knittle", written over a horizontal line.

Robert C. Knittle, Executive Director





# Oregon

John A. Kitzhaber, MD, Governor

## Medical Board

1500 S.W. 1st Ave., Suite 620  
Portland, OR 97201  
Voice (971) 673-2700  
FAX (971) 673-2670  
Web: [www.oregon.gov/OMB](http://www.oregon.gov/OMB)

### Verification of Licensure

July 14, 2013

This is to certify that the records of the Oregon Medical Board indicate the following information regarding:

Licensee: Burkett, Donna Lynn, Dr.  
Birth Year: 1968  
Gender: Female  
Mailing Address: Wnc Obgyn And Family Practice  
16 McDowell St  
Asheville, NC 28801

Basis of Licensure: USMLE  
School: U/NC SCH/MED  
School Location: CHAPEL HILL, NC, United States  
Graduation Date: 05/14/1995

\*Disciplinary Standing: Unrestricted *\* Please read explanation below*

License Number: MD20096  
Status: Surrendered  
Status Limitations:  
Date Issued: 10/18/1996  
License Type: MD License  
Expedited Endorsement: No  
Specialty: Family Practice  
Dispensing Physician: No  
License Type: MD Postgraduate License  
Expedited Endorsement: No  
Specialty: Family Practice  
Dispensing Physician: No  
Other Licenses: From: To:  
LL06837 07/01/1996 06/30/1997

#### \* IMPORTANT - PLEASE READ

- \* "Disciplinary Standing" refers to whether or not the Oregon Medical Board has ever taken a formal action against a Licensee. Such actions are taken via a document called a Public Order. If the "Disciplinary Standing" field above says "Public Order on File," "Prior Action," or "Revoked," it means that the Board has taken formal action against this Licensee and your Board is entitled to receive free copies of all related Public Orders. These orders will be sent to you directly by the Oregon Medical Board via US mail within 2-4 working days from the date of this verification.
- \* If the "Disciplinary Standing" field says "Unrestricted," that means that the Board has never taken any formal action against the Licensee in question and, as a result, there are no Public Orders on file.



# Certification Matters™

Dear Valued Customer: ABMS will be performing the regularly scheduled monthly maintenance the morning of Saturday, July 13th, between the hours of 8:00 AM and 12:00 PM CST. The network will be down and

unavailable during this time so please plan accordingly. Thank you.

## Search Now

You are logged in as: [tracy.a.morrison@maine.gov](#) [Change Profile](#) [Sign out](#)

Enter the doctor's information below or you can search by location and specialty. If you are unsure of any of the fields, leave it blank.

Last Name	<input type="text" value="BURKETT"/>	First Name	<input type="text"/>
City	<input type="text"/>	State/Province	<input type="text" value="[Select]"/>
Zip Code	<input type="text"/>	Specialty	<input type="text" value="[Select]"/>

[Back To Results](#)

### Physician Certification

**Name**  
Donna Lynn Burkett

**Education**  
MD

**Location ( First city and state listed is the last known location )**  
Asheville, NC (United States)  
Asheville, NC (United States)

**Certification ( For a definition of a specialty or subspecialty click here )**  
American Board of Family Medicine  
**Family Medicine - General (General indicates Primary Certificate)**

**Meeting Maintenance of Certification (MOC) Requirements**  
American Board of Family Medicine ( [Learn more about Meeting Board's MOC Requirements](#) )  
**Family Medicine Yes**

*Important notice: Reports provided by this service are not accepted by The Joint Commission, NCQA or URAC to verify physician credentials because no dates are supplied.*

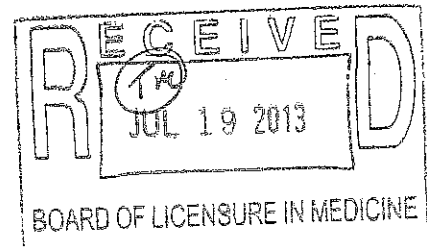
For professional credentialing use, please complete [this form](#) and an ABMS Official Display Agent will be in touch to discuss your needs.

The physician certification information in the ABMS database is updated periodically with data provided by its [Member Boards](#). Due to the possibility of reporting and processing delays, the accuracy and completeness of records cannot be guaranteed. ABMS shall not be liable to you or others for any decision made or action taken by you in reliance on the information obtained from this service. It is the user's responsibility to determine that the physician record obtained is that of the physician whose information is sought.

The ABMS physician specialty certification data provided by ABMS Medical Specialists Online is

# FCVS

FEDERATION  
CREDENTIALS  
VERIFICATION  
SERVICE



## Medical Professional Information Profile

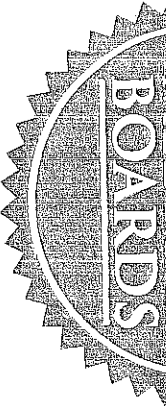
*This report provides credentialing information for*  
Name: Donna Lynn Burkett

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

FID#: [REDACTED]

Recipient: **ME - Maine Board of Licensure in  
Medicine**



### ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS medical professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.

Federation of  
**STATE  
MEDICAL  
BOARDS**

**Note:** Your board may wish to review the unresolved items below marked by an "X"  
Please review the Credentials Analysis report for further details on the unresolved items

Medical Professional Name: Donna Lynn Burkett  
Date of Birth: [REDACTED]  
Social Security Number: [REDACTED]  
FID: [REDACTED]

## I. FCVS Reports

## II. FSMB and Other Reports

## III. Identity

## A. Certified Birth Certificate

## IV. Medical Education

## A. Pre-medical Schools

## B. Medical Schools

University of North Carolina at Chapel Hill School of Medicine

- X 1. Medical Education Form
- 2. Medical Education Dean's Letter
- 3. Medical Education Transcript
- 4. Medical Education Diploma

## C. Fifth Pathway Program

## D. ECFMG Certification

## V. Graduate Medical Education

Oregon Health Sciences University

- 1. GME Form
- 2. GME Completion Certificate

## VI. Licensure Examination History

## A. FSMB Exams

End of report for: Donna Lynn Burkett.



FEDERATION CREDENTIALS  
VERIFICATION SERVICE

## Medical Professional Information Profile



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### Table of Contents

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#### I. FCVS Reports

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- A. Physician Information Report
  - B. Credentials Analysis Report
  - C. Chronology of Activities
- 

#### II. FSMB and Other Reports

---

- A. Board Action Data Bank Report
  - B. American Board of Medical Specialty Verification
- 

#### III. Identity

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- A. Affidavit
  - B. Certified Birth Certificate or Original Passport
  - C. Documentation to Support Name Variation
- 

#### IV. Medical Education

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- A. Verification of Medical Education
  - B. Clinical Clerkships (if applicable)
  - C. Verification of Fifth Pathway (if applicable)
  - D. ECFMG Certification (if applicable)
- 

#### V. Graduate Medical Education

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- A. Verification of Graduate Medical Education
- 

#### VI. Licensure Examination History (State Licensing Authorities Only)

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- A. LMCC Transcript
  - B. State Medical Board Transcript
  - C. NCCPA Transcript
  - D. NBME Transcript
  - E. NBOME Transcript
  - F. FSMB Transcript
-

**FCVS**

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

**Medical Professional  
Information Profile**

Federation of  
**STATE  
MEDICAL  
BOARDS**

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## Section I

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FCVS Reports

---

**Identity**

---

Medical Professional Name: **Donna Lynn Burkett**

Documentation: Certified Birth Certificate

Gender: Female

Date of Birth: [REDACTED]

Place of Birth: Hattiesburg, MS, UNITED STATES

Social Security Number: [REDACTED]

FID: [REDACTED]

Physical Description: Height: 5 ft. 9 in.

Weight: 145 lbs.

Eye Color: Brown

Hair Color: Brown

---

**Contact Information**

---

Mailing Address: 603 BILTMORE AVE  
ASHEVILLE, NC 28801-4603  
UNITED STATESPermanent Address: 603 BILTMORE AVE  
ASHEVILLE, NC 28801-4603  
UNITED STATESTelephone Numbers: Primary: (828) 252-7928 210  
Secondary: N/A  
Fax: (828) 255-8187  
Other: N/A

---

**Premedical Education**

---

*(Provided by Applicant. Not verified with the primary source.)*

**Institution:** Mars Hill College

**Address:** Mars Hill, NC 28754

UNITED STATES

**Dates of Attendance:** 08/--/1986 To 05/--/1990

**Degree Conferred/Issued:** Master of Science

---

**ECFMG**

---

There are none identified or not applicable.

---

**Medical Education**

---

**Medical School:** University of North Carolina at Chapel Hill School of Medicine

**Address:** 1001 Bondurant Hall, CB# 9535

Chapel Hill, NC 27599-9535

UNITED STATES

**Dates of Attendance:** 08/21/1991 to 02/24/1995

**Date Certificate Issued:** 05/14/1995

**Degree Conferred/Issued:** Doctor of Medicine

**Unusual Circumstances**

**Leave of Absence/Extension:** No

**Probation:** No

**Disciplined:** No

**Negative Reports:** No

**Limitations:** No

---

**Fifth Pathway**

---

There are none identified or not applicable.



---

**Graduate Medical Education**

---

**Institution:** Oregon Health Sciences University

Address: 3181 SW Sam Jackson Park Road

Portland, OR 97201-3098

UNITED STATES

Training Level: 1

Program Type: Internship

Specialty: Family Medicine

Dates of Attendance: 07/01/1995 To 06/30/1996

Completed Successfully: Yes

Accreditation: ACGME

Training Level: 2

Program Type: Residency

Specialty: Family Medicine

Dates of Attendance: 07/01/1996 To 06/30/1997

Completed Successfully: Yes

Accreditation: ACGME

Training Level: 3

Program Type: Residency

Specialty: Family Medicine

Dates of Attendance: 07/01/1997 To 06/30/1998

Completed Successfully: Yes

Accreditation: ACGME

**Unusual Circumstances**

Leave of Absence/Extension: No

Probation: No

Disciplined: No

Negative Reports: No

Limitations: No

---

**Licensure Examinations**

---

FSMB Transcript USMLE Step 1	Date: 06/1993	Passed the Exam
FSMB Transcript USMLE Step 2 CK	Date: 03/1995	Passed the Exam
FSMB Transcript USMLE Step 3	Date: 05/1996	Passed the Exam

---

**ABMS Verification**

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A report of the result from a search of the data provided by the American Board of Medical Specialties is enclosed.

---

**Board Action**

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A report of the results from a search of the Board Action Data Bank is enclosed.

---

End of report for Donna Lynn Burkett FID: 212747208



---

The Credentials Analysis Report is a comparative report of a medical professional's credentials as reported to FCVS by the applicant and the primary source (Medical School, PGT program, etc.). It will also list particular missing documentation, if any, as outlined in the FCVS Policies and Procedures.

---

**Medical Professional Identification**

---

Medical Professional Name: **Donna Lynn Burkett**Date of Birth: Social Security Number: FID: 

---

**Omissions**

---

There are no omissions identified.

---

**Discrepancies**

---

**Discrepancy 1:**Section of Profile: **Medical Education**Discrepancy: **The applicant reports attendance at University of North Carolina at Chapel Hill School of Medicine from 08/--/1991 to 05/--/1995. The institution reports attendance from 08/21/1991 to 02/24/1995.**Action Taken: **FCVS has contacted the applicant in an attempt to resolve the attendance date discrepancy. The applicant has verified the date information reported is accurate according to their records.**

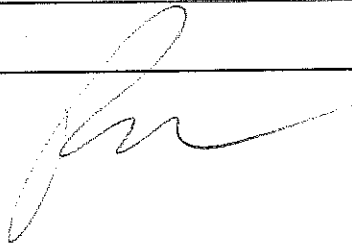
---

**Miscellaneous Information**

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There is no miscellaneous information identified.

End of report for: Donna Lynn Burkett





FEDERATION CREDENTIALS  
VERIFICATION SERVICE

# Chronology of Activities



The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS by the medical-professional applicant.

Medical Professional Name: Donna Lynn Burkett  
 Date of Birth: [REDACTED]  
 Social Security Number: [REDACTED]  
 FID#: [REDACTED]

Start Date	End Date	Activity	Location	Overlap Explanation	Program Length Explanation
8/1991	05/1995	Medical Education Record	University of North Carolina at Chapel Hill School of Medicine, 1001 Bondurant Hall, CB# 9535 Chapel Hill, NC 27599-9535 UNITED STATES		
7/1995	06/1998	GME Record	Oregon Health Sciences University, 3181 SW Sam Jackson Park Road Portland, OR 97201-3098 UNITED STATES		

End of report for Donna Lynn Burkett

**FCVS**

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

**Medical Professional  
Information Profile**

Federation of  
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## Section II

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FSMB and Other Reports



July 15, 2013

Attn: Tracy Bevers  
FCVS  
400 Fuller Wiser Rd., #209  
Euless, TX 76039

Re: Board Action Query Dated: July 15, 2013  
FSMB Batch Number: BQ2293709

The following is a report of the search results from the Board Action Data Bank as of July 15, 2013 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Provider cleared with No Actions as of July 15, 2013

Name	DOB	School	Yr/Grad	Provider ID
Donna Lynn Burkett	01/10/1968	034040	1995	73923

**License History**

- Licensing Entity
- NORTH CAROLINA
- OREGON
- SOUTH CAROLINA
- VIRGINIA
- WEST VIRGINIA

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 TEL (817) 868-5000 FAX (817) 868-5099

As of: **07/15/2013**  
Medical Professional Name: **Donna Lynn Burkett**  
Date of Birth: **[REDACTED]**  
Year of Graduation: **1995 (Doctor of Medicine)**  
ABMSUID#: **590758**

---

**Certification**

---

**Certification:**

Board: Family Practice  
Specialty: Family Practice  
Status: ACT  
Initial Certification: 07/10/1998



---

End of report for Donna Lynn Burkett

All certification information on the ABMS report is based on a search of data shared with the FSMB by the American Board of Medical Specialties. For some physicians the biographic data in the ABMS database is incomplete and is not included in the shared data. FCVS is unable to verify specialty certification on these physicians. FCVS does not follow up with the applicant or ABMS on any missing or discrepant information.



**FCVS**

FEDERATION CREDENTIALS  
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## Section III

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Identity



**FCVS**

FEDERATION CREDENTIALS  
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**Medical Professional  
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Federation of  
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## Section IV

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Medical Education

FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)  
**VERIFICATION OF MEDICAL EDUCATION**

(This form must be completed by the medical school)

**INSTRUCTIONS TO THE DEAN**

The individual identified on the attached Authorization For Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution. Please complete this form and forward it to FCVS in the enclosed postage-paid, self-addressed envelope.

**Please note:** If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover. If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

**VERIFICATION OF MEDICAL EDUCATION**

Name of Institution: University of North Carolina at Chapel Hill School of Medicine

Complete Address: Registrar

Street Address: 1001 Bondurant Hall, CB# 9535

City: Chapel Hill State: NC ZIP Code (Postal Code): 27599-9535

If name of institution was different when this individual attended, please note this name below:

**Premedical Education:**

Years of education required for admission to your medical school: 4 undergraduate

Credential/degree presented by the applicant for admission to your medical school: BH Mars Hill College

Enrollment and Participation: Our records indicate that Donna Lynn Burkett  
(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 147 weeks of medical education on the following dates (mm/dd/yy):

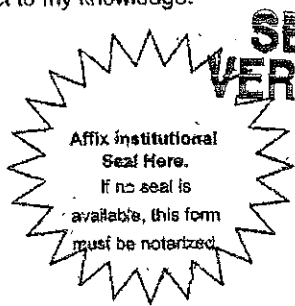
From Aug / 21 / 1991 To Feb / 24 / 1995  
Month Date Year Month Date Year

This individual (check one):

Was awarded the degree of Doctor of Medicine on May / 14 / 1995  
Month Date Year

Was NOT awarded a degree because: \_\_\_\_\_  
(please explain - attach additional pages if necessary)

Certification: By my signature, I, Forrest H. Page, certify that the above  
(type/print name)  
information is an accurate account of the above named individual's official records maintained in this and is true and correct to my knowledge.



Signature: [Handwritten Signature]  
Title: Registrar

Date of Signature: April 18, 2007

Phone: (919) 962-8335 Fax: (919) 966-9930

Email: \_\_\_\_\_

FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)

(continued)

**VERIFICATION OF MEDICAL EDUCATION**

**Unusual Circumstances:** The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please check the appropriate response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation (attach additional pages as necessary).

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?  
 Response YES  NO

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>	<u>Approved</u>	<u>Unapproved</u>
Personal/Family			<input type="checkbox"/>	<input type="checkbox"/>
Academic remediation			<input type="checkbox"/>	<input type="checkbox"/>
Health			<input type="checkbox"/>	<input type="checkbox"/>
Financial			<input type="checkbox"/>	<input type="checkbox"/>
Participation in joint degree Program (e.g., MD/PhD)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-research special study (e.g., fellowship, international experience)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-degree research			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

Please Specify: \_\_\_\_\_

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?  
 Response YES  NO

If YES, please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>
Academic Probation		
Probation for unprofessional conduct/behavioral		
Probation for other reason		

Please specify reason: \_\_\_\_\_

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?  
 Response YES  NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

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

4. Do this individual's official records reflect that he/she was ever the subject of negative reports or an investigation by the medical school or parent university?  
 Response YES  NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

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

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?  
 Response YES  NO

If YES, please provide detailed documentation/information about the nature of the limitations or special requirements.

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

---

**Medical School**

---

**Medical Professional Name:** Donna Lynn Burkett  
University of North Carolina at Chapel Hill School of Medicine

---

**Unusual Circumstances**

---

Did you have any interruption(s) or extension(s) in your medical education?	Yes	<u>No</u>
Were you ever placed on probation?	Yes	<u>No</u>
Were you ever disciplined or placed under investigation?	Yes	<u>    </u>
Were any negative reports for behavioral reasons ever filed by instructors?	Yes	<u>No</u>
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	Yes	<u>No</u>

---

End of report for Donna Lynn Burkett

PROVIDED BY  
APPLICANT



THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL

DEAN'S LETTER  
OF EVALUATION

Office of the Dean  
The School of Medicine

CB# 7000, MacNider Bldg.  
The University of North Carolina at Chapel Hill  
Chapel Hill, N.C. 27599-7000

November 3, 1994

I am proud to recommend Donna Lynn Burkett, University of North Carolina School of Medicine, class of 1995, as a candidate for your residency program in This  
Dean's Letter of Evaluation will summarize her performance in medical school and act as a  
supplement to her application, curriculum vitae, personal statement, transcript and faculty  
recommendation letters.

Education and experience prior to entering medical school: Ms. Burkett graduated from Mars Hill College in Mars Hill, North Carolina with a Bachelor of Arts degree in French and Chemistry, magna cum laude. For her academic accomplishments, Ms. Burkett was inducted into the Alpha Chi Honor Society as a junior and received the American Chemistry Society Award for Outstanding Achievement in Chemistry as a senior.

Ms. Burkett spent the spring semester of her junior year in Paris and Avignon, France, studying French art, language and drama. While in Avignon, she was taught English conversation for the language organization, "France-Etats Unis".

There is a strong service component to Ms. Burkett's undergraduate career as well. As a sophomore, she taught grammar and writing skills to a small group of students in freshman English. As a member of the Mars Hill College Christian Student Movement, she worked for two years with youth in rural churches, teaching Sunday school, supervising retreats for youth groups, and training new youth leaders. As a senior, she worked as a counselor in a rape crisis center.

Ms. Burkett's strong interest in the arts led to a series of acting experiences as a junior and senior, an activity she continued during the year following her graduation, in plays ranging from Oedipus Rex to The Doll's House and Crimes of the Heart. Because of her interest in clinical medicine and academic research, she took a job as a technician in an endocrinology laboratory in the summer following her junior year. During her senior year, she was one of the early participants in the Community Oriented Primary Care (COPC) Project in Madison County,

NC, a model project funded by the Kellogg Company. To assist with the development of this project, she synthesized data from focus groups to design a map of the country, dividing it into functional communities.

During the year prior to her matriculation in medical school, Ms. Burkett worked as a technician in a neurophysiology laboratory at our medical center. She continued acting, playing roles in several productions for Theatre in the Park in Raleigh, North Carolina, and was stage manager for a production of *Richard III*. She was a member of her church's AIDS care team, and during the summer prior to her matriculation into medical school, Ms. Burkett spent two weeks in our Small Community Medical Education Program (SCMEP), observing the work of a rural family practitioner as an introduction to primary care medicine.

Preclinical record: Ms. Burkett earned overall year end grades of Pass for each of her first two years in medical school. She received individual course grades of Honors in Introduction to Medicine, Genetics, Medical Problems, and in her Humanities and Social Sciences Selective, Medicine and Theatre. In that seminar she was "a strong voice for both creative approaches and responsible awareness of the issues discussed. Her particular combination of creative and intellectual acumen was an indispensable asset to the work of the class. All of her work--independent research and presentation, small group writing and editing, issues identification evaluation, as well as her performance in our final presentation--was first rate. Her role in leading the discussion following a public performance of our staged reading was exemplary."

Clinical clerkship and elective record: Ms. Burkett earned High Pass in two of the four third year clinical clerkships completed thus far: Family Medicine and Pediatrics. Her overall performance on one rotation of the Surgery clerkship was considered to be at the Honors level. She was allowed to schedule her clinical training in our alternate curriculum. She postponed her clerkships in Psychiatry and Obstetrics/Gynecology to do an Ambulatory Care Selective in the Family Medicine Clinic of Cook County Hospital in Chicago, Illinois. She spent an additional month working on a Community Health Project with the Health Works Theater in Chicago, a theater troop which performs instructional programs for children on such topics as AIDS, mental health, and prenatal care. She then did an elective in Family Therapy, emphasizing issues of adolescence, through Cook County Hospital. Throughout her clinical rotations, her work was distinguished by her "commitment to reading about her patients and bringing back information to teaching rounds," and her "ability to relate to all the patients she worked with." In Pediatrics she was "immensely likeable with her easy-going, positive, up-beat style and her genuine love and concern for the children. She worked with enthusiasm, diligence, and reliability. She was very engaging, dedicated, and made a substantial contribution." In Family Medicine "her knowledge base, particularly in the psychosocial aspects of primary care and the effects of illness on the patient, was excellent and improved considerably over the rotation due to her assiduous reading."

Ms. Burkett "undertook an ambitious and innovative combination of required and elective courses to create an alternate curriculum during her third year. She combined an elective



Community Health Project, the fourth year Ambulatory Care Selective, and a Family Medicine clerkship all in the same community. Her experience was exceptional and she appears to have reaped the sizeable rewards from what took a great deal of work to set up. As a consequence she significantly increased her clinical skills, her ability to work in the community, and her knowledge of health promotion techniques." She earned Honors for the Ambulatory Care Selective and Community Health Project. Her CHP community preceptor commented, "Donna's work here has been so beneficial. It will make a difference in the content and style of our educational programs and ultimately will have a lasting effect on the community we serve." Her most important, "though only one of many, contributions involved organizing and interpreting a number of focus groups critiquing one of the Theatre's productions on AIDS." (For detailed comments about each third year clerkship and fourth year elective performance, please refer to the attached summary sheet.)

Extracurricular activities: Ms. Burkett's commitment to service to her institution and community have continued during medical school. During her first two years, she taught middle school students about the prevention of AIDS, through our Students Teaching Early Prevention (STEP) Program. For two years, she was a member of the Aid to Impaired Medical Students (AIMS) Committee, a student-faculty committee that provides compassionate and confidential assistance and education to medical students who have developed problems with substance abuse or chemical dependence. Ms. Burkett is one of 13 students selected to help her peers through the newly developed Class Advocate's Program. For this role she received special training about making referrals to the school's resources for personal and academic problems and for professional development. Advocates also act as liaisons between classmates and the office of Student Affairs.

Ms. Burkett has been an active member of the American Medical Women's Association (AMWA) - student chapter since her first year. She co-chaired the group in her second year. She organized a series of luncheon talks on rape and attended AMWA's 1992 annual meeting. As one of three students who organized and ran the events surrounding this school's annual Women in Medicine lectureship, she arranged a panel discussion on women's issues in medicine, a luncheon for the speaker and students, a reception, and hosting the speaker. The Assistant Dean for Student Affairs, who is the administrative liaison for this program, commended Ms. Burkett, "she was highly organized, utterly reliable, and totally delightful to work with. She has a wonderful sense of humor and an easy and relaxed manner that is an open invitation to friendly communication."

Ms. Burkett's involvement in the theatre has also continued through her membership in the UNC Staged Reading Company, a School of Medicine program that presents reading and discussion of stories about the role of medicine in society. The Company travels all over the state, presenting readings to a variety of public audiences. The director of this group wrote "Donna's talents and insights as a performer and her interest in family practice have added a great deal to the program."

Donna Lynn Burkett  
Dean's Letter of Evaluation

4

Summary: Ms. Donna Lynn Burkett is an excellent candidate for success in residency in Ambulatory Care Family Medicine. She developed an ambitious and innovative combination of rotations in Ambulatory Care Family Medicine. Evaluators were impressed with her outstanding creativity and clinical performance. Clinical supervisors found her dedicated and immensely likeable. She was especially knowledgeable about the psychosocial aspects of primary care and the effects of illness on her patients.

Sincerely,

  
Cheryl F. McCartney  
Associate Dean for Student Affairs

CFM/clh

Addendum: Performance rating categories at the University of North Carolina School of Medicine are Outstanding, Excellent, Very Good, Good, and Adequate.

Addendum: In accordance with the Family Educational Rights and Privacy Act of 1974, it is the expressed condition of this institution that information contained in this letter of evaluation not be transferred to any other individual, agency or organization without the written consent of the student.

# The University of North Carolina at Chapel Hill

To all to whom these presents shall come

## Greeting

Be it known that

Bonny Lynn Burkett

having completed the studies and fulfilled the requirements of the Faculty for  
the degree of

## Doctor of Medicine

has accordingly been admitted to that degree, with all the rights, honors,  
and privileges thereunto appertaining.

In witness whereof, the Seal of the University and the signatures  
of duly authorized officers are affixed to this diploma.

Given at Chapel Hill, in the State of North Carolina, this fourteenth day of May  
in the year nineteen hundred and ninety-five  
and of this University the two hundred and sixth.

*W. J. W. Parker*  
Chairman of the Board of Governors  
The University of North Carolina

*OS. H. ...*  
President  
The University of North Carolina

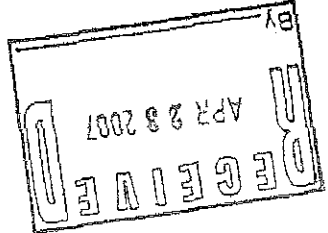


*David J. ...*  
Chairman of the Board of Trustees  
The University of North Carolina at Chapel Hill

*Paul Hardin*  
Chancellor  
The University of North Carolina at Chapel Hill

*Michael A. ...*  
Dean

SEAL  
VERIFIED



To Whom It May Concern:

Certified to be a true copy of a valid **DIPLOMA** from  
The University of North Carolina at Chapel Hill.  
Chapel Hill, North Carolina, U.S.A.



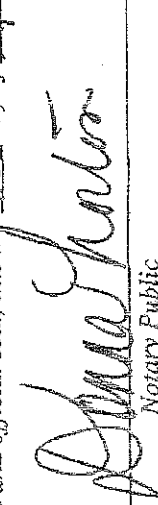
Forrest H. Page, Registrar  
School of Medicine  
University of North Carolina at Chapel Hill

North Carolina  
Orange County

I, Dona Norton a Notary Public, do

hereby certify that Forrest Page  
personally appeared before me this day and acknowledged the  
due execution of the foregoing instrument.

Witness my hand and official seal, this the 18 day of April  
2007

  
(Official Seal) \_\_\_\_\_  
Notary Public

My commission expires 10/10 2011

**SEAL**  
**VERIFIED**

**FCVS**

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

**Medical Professional  
Information Profile**

Federation of  
**STATE  
MEDICAL  
BOARDS**

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## **Section V**

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Graduate Medical Education

**Verification of Postgraduate Medical Education**

Institution: Oregon Health Sciences University

Attention: Program Director

Address: Department of Family Medicine

Affiliated University: \_\_\_\_\_

Portland, OR 97239

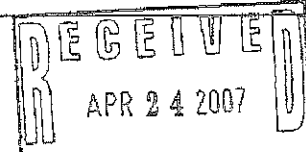
Verification For:

Name: Burkett, Donna

SSN: [REDACTED]

DOB: [REDACTED]

Individual's Name on Record (if different from above): \_\_\_\_\_



**Program Participation:**

**Important:**

Report incomplete postgraduate years (PGY) separate from those that were successfully completed.

If the postgraduate year is currently in progress report the expected completion date in the "To" field.

Report Internships, Residencies and Fellowships separately.

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotation.



PGY: 1 Specialty/Subspecialty: Family Medicine

- Internship
- Residency
- Chief Residency
- Fellowship
- Research

From: 7/1/95 To: 6/30/96

Successfully Completed?:  Yes  No  In Progress

Accredited by:  ACGME  AOA  LCGME  RSC  
 CFPC  RCPC  APPAP  None of these

PGY: 2 Specialty/Subspecialty: Family Medicine

- Internship
- Residency
- Chief Residency
- Fellowship
- Research

From: 7/1/96 To: 6/30/97

Successfully Completed?:  Yes  No  In Progress

Accredited by:  ACGME  AOA  LCGME  RSC  
 CFPC  RCPC  APPAP  None of these

PGY: 3 Specialty/Subspecialty: fam med

- Internship
- Residency
- Chief Residency
- Fellowship
- Research

From: 7/1/97 To: 6/30/98

Successfully Completed?:  Yes  No  In Progress

Accredited by:  ACGME  AOA  LCGME  RSC  
 CFPC  RCPC  APPAP  None of these

**Unusual Circumstances:**

Check the correct response. Omitted responses require written explanation.

If necessary, you may continue your explanation on a separate sheet of paper.

1. Did this individual ever take a leave of absence or break from his/her training?.....  Yes  No
2. Was this individual ever placed on probation?.....  Yes  No
3. Was this individual ever disciplined or placed under investigation?.....  Yes  No
4. Were any negative reports ever filed by instructors?.....  Yes  No
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason?.....  Yes  No

Please explain any "Yes" response from above:

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

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only).

Name: Patrice Eiff, MD

Signature: [Signature]

Title: Residency Director

Date of Signature: 4/26/07

Tel: 503 494-6610 Fax: 503 494-7659

E-Mail: Eiff@ohsu.edu



CMS

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**Graduate Medical Education**

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**Medical Professional Name:** Donna Lynn Burkett  
**Oregon Health Sciences University**  
**Family Practice**

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**Unusual Circumstances**

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Did you have any interruption(s) or extension(s) in your medical education?	Yes	<u>No</u>
Were you ever placed on probation?	Yes	<u>No</u>
Were you ever disciplined or placed under investigation?	Yes	<u>No</u>
Were any negative reports for behavioral reasons ever filed by instructors?	Yes	<u>No</u>
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	Yes	<u>No</u>

---

End of report for Donna Lynn Burkett

**PROVIDED BY  
APPLICANT**

OREGON  
HEALTH SCIENCES UNIVERSITY



To all to whom this writing may come, Greeting:

Be it known that

**Donna L. Burkett, M.D.**

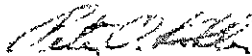
having acceptably fulfilled the duties of

*Resident in Family Practice*

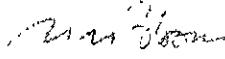
in the University Hospital and Clinics and affiliated Hospitals for a period of  
three years beginning July 1, 1995 and ending June 30, 1998

is hereby granted this Certificate in acknowledgment of services  
loyally performed with all rights and privileges due thereunto, appertaining

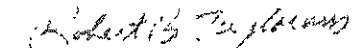
Dated at Portland, Oregon, June 30, 1998.




President



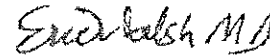
Dean School of Medicine



Chairman of Department, School of Medicine



Director, Health Care System



Program Director



**FCVS**

FEDERATION CREDENTIALS  
VERIFICATION SERVICE

## Medical Professional Information Profile

Federation of  
STATE  
MEDICAL  
BOARDS

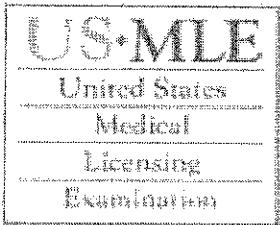
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### Section VI

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#### Licensure Examination History

(State Licensing Authorities Only)



# United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by the  
Federation of State Medical Boards of the United States, Inc.  
Federation Place, 400 Fuller Wisser Road, Suite 300, Euless, TX 76039-3856 -- Telephone (817) 868-4000



Date: 07/09/2013

**Recipient:**

Federation Credentials Verification Service  
ATTN: FCVS

Packet ID: 73923

Examinee: Burkett, Donna Lynn  
Alt Name(s):

Examinee ID#:   
Date of Birth: 

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

### USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
06/08/1993	Pass	191	(176)	

### USMLE STEP 2

#### Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
03/01/1995	Pass	197	(167)	

### USMLE STEP 3

	Test Date	Pass/Fail	Total	MP	Comments
OREGON	05/14/1996	Pass	206	(176)	

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

**Veinott, Tammy L**

---

**From:** exam@maine.gov  
**Sent:** Wednesday, August 28, 2013 9:46 PM  
**To:** Sprague, Dan; Veinott, Tammy L  
**Subject:** Exam\_results\_for\_license#

License number,Last name,First name,DateOfBirth, test results ,BURKETT,DONNA,01/10/1968, Question #12: Incorrect.  
The correct answer was TRUE. Answer submitted was FALSE.

The question was:

The Board reports all disciplines and practice restrictions to the National Practitioner Data Bank and the Federation of State Medical Boards discipline databank.<BR>

Total correct:30

Total incorrect:1

Percentage Correct:97%

**Online Licensing Request**

**Date:** 01/22/2014  
**Regulator:** BOARD OF LICENSURE IN MEDICINE  
**TXN Title:** Renew as an Active Medical Doctor  
**License:** MD  
**Prefix:**  
**License:** A  
**Status:**  
**License:** DONNA LYNN BURKETT, MD (MD19833)

**Application Information:**

**Foreign Lic:**

**Add** Type: MD  
 Number: 042.0012729  
 Jurisdiction: VT  
 Issue Date: 08/07/2013  
 Expiration Date: 11/30/2014

**Add** Type: MD  
 Number: 16261  
 Jurisdiction: NH  
 Issue Date: 08/07/2013  
 Expiration Date: 06/30/2015

**Phone:**



**Questions:**

Have you taken the Maine State Board of Medicine Written Exam within the four years previous to your current license expiration date and passed it? Yes

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, or probation with or without monitoring? No

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? No

1. Have you left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending? No

2. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or

- voluntarily suspended by the U.S. Drug Enforcement Administration (DEA)? No
- 
3. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by any state/territory of U.S. INCLUDING MAINE? No
- 
4. Have you received a sanction from Medicare or from any state Medicaid program? No
- 
5. Have you been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice medicine or to function as a health care provider? No
- 
6. Have you been diagnosed with or treated for any medical, mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities? No
- 
7. Are you now, or have you been dependent upon alcohol or habituating drugs or undergone treatment for such? No
- 
8. If any of your answers to questions 5-7 is *Yes*, are the limitations or impairments caused by your medical, mental health, or addictive condition reduced or improved because you receive ongoing professional treatment (with or without medication) or because you participate in a professional monitoring program? No
- 
9. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)? No
- 
10. Are you currently engaged in the illegal use of drugs or misuse of any drugs? No
- 
11. Have you been diagnosed with or treated for any type of sexual behavior disorder? No
- 
12. Have you been charged, summoned, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses but not minor traffic or parking violations. No
- 
13. Have you applied for hospital, HMO or other health care entity privileges which were denied? No
- 
14. Have you had your staff privileges or employment at any hospital, nursing home, HMO, or other health care entity terminated, revoked, reduced, restricted in any way, suspended, made subject to probation,

limited in any way, or withdrawn involuntarily? No

15. Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation? No

16. Have you been deselected from a managed care organization health care provider panel? No

17. Have you been disciplined by a professional society or resigned while an accusation was pending? No

18. Have you been named as a party or a defendant, or as an employee of a party or a defendant, in a medical malpractice liability claim or lawsuit, including a nuisance suit, which has been settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent? No

19. Do you have any open malpractice claims? No

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

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. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.

Have you earned the 10 CME Category I credits required? Yes

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. Note: Category I credits may be substituted in Category II.

Have you earned the total of 25 CME Category I and Category II credits required? Yes

**Attachments:**

**Attachment ID:**

PRNOPRIV

I live in Vermont and oversee care of patients at a multi-site group. We have a local provider with hospital privileges, and close relationships with staff who take care of our patients on the rare occasion it is needed.

**Payments:**

Amount: \$500.00

Method: MC - \*\*\*\* \* [REDACTED]

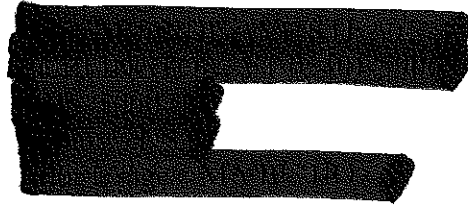
Expiration: 08/2015

**Online Change of Contact Request**

**Date:** 01/22/2014  
**License:** MD19833

**Changes:**

**Address:**



**Phone:**

+1 (828) 252-7928  
Phone Usages: CA WO  
Cancel Date: 01/22/2014

**Phone:**

+1 (828) 255-8187  
Phone Usages: FAX  
Cancel Date: 01/22/2014

**Phone:**

+1 (802) 448-9717  
Phone Usages: CA WO

**Email Address:**

