

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

Please write to the Board at 137 State House Station, Augusta, ME 04333-0137 if your address changes, if your professional activities alter the basis upon which your Maine license has been registered, or if you have any question about your Maine license record.



**Maine Board of Licensure in Medicine
Medical Doctor License**

Licensee Name:
Rebecca K Jones, MD
Maine License #: 018312
Expiration Date: November 30, 2011

**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 November 25, 2009 through November 30, 2011 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: Jones, Rebecca K, MD
MAINE LICENSE No. 018312

Issue Date: November 25, 2009

Expiration Date: November 30, 2011


Gary R. Hatfield, M.D. Secretary
Maine Board of Licensure in Medicine

Permanent MD License Application

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

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BOARD OF LICENSURE IN MEDICINE

APPLICATION DATE: _____

I hereby apply for licensure to practice medicine and/or surgery in the State of Maine and in support of this, submit the following information. Note: Locums Company addresses will not be accepted.

NAME: Jones Rebecca Keene
Last First Middle

Home Address: _____ Work Address: _____
[] Use this as my contact address Number and Street [] Use this as my contact address Number and Street

City State Zip/Postal Code City State Zip/Postal Code

Home Telephone: _____ Cell Work Telephone: _____

Place of Birth: Pittsburgh, PA, USA Date Of Birth: _____
Month Day Year

Social Security Number: _____ Email Address: PINEYTOP@msn.com

Please list any specialties or subspecialties, and if you are ABMS board certified in any specialty, check the box.

Primary Specialty: OB/GYN Specialty2: _____

Specialty3: _____ Specialty4: _____

Medical School: University of Pennsylvania 5/21/1991
NAME GRADUATION DATE
Philadelphia, PA USA
CITY, STATE, COUNTRY

Will you practice in Maine within the next year? Yes No If yes, in what community? York

2. AFFIDAVIT OF APPLICANT

I, Rebecca K Jones, being duly sworn, depose and say that I am the person described and identified in this application. I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine.

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

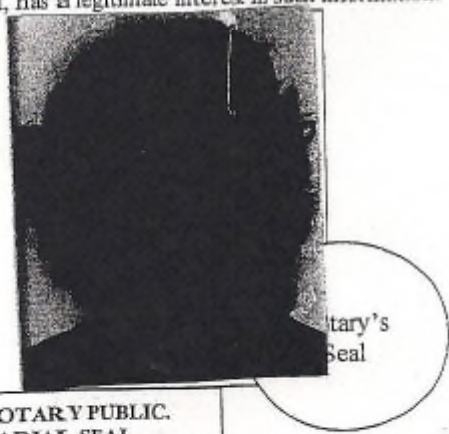
I hereby authorize the Board of Licensure in Medicine to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, hospital, or individual, who, in the judgement of the Board, has a legitimate interest in such information.

[Signature]
Signature of Applicant

8/29/09
Date

[Signature]
Signature of Notary

COMMONWEALTH OF PENNSYLVANIA
Notary Commission Expires: _____
Iberca Polanco, Notary Public
Shillington Boro, Berks County
My Commission Expires Nov. 16, 2009



Member, Pennsylvania Association of Notaries
1) APPLICANT MUST SIGN THEIR FULL NAME IN THE PRESENCE OF A NOTARY PUBLIC.
2) NOTARY PUBLIC MUST COMPLETE THE AFFIDAVIT AND AFFIX A NOTARIAL SEAL OVERLAPPING A PORTION OF THE PHOTOGRAPH BUT NOT COVERING ABOVE THE NECK.

3. MEDICAL LICENSURE

List all states, provinces, or countries where you have held, now hold, or have applied for a medical license.

| State or Country | Cert. # | Status | Date Expires |
|------------------|------------|--------|--------------|
| PA | MD 051312L | perm | 12/31/10 |
| MD | 2005-0829 | perm | 7/1/12 |
| MA | 227062 | perm | 11/17/10 |
| WV | 22200 | perm | 6/30/10 |

| State or Country | Cert. # | Status | Date Expires |
|------------------|-------------|--------|--------------|
| MA | 00045964 | perm | 6/30/10 |
| VT | 042-0011506 | perm | 11/30/10 |

4. LIABILITY INSURANCE DATA

Information you supply here is required for the Maine Rural Health Access Program {24-A MRSA, Ch. 75, §6304, (3)}. The information will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force. Please select 'Self Insured' if you have no professional liability insurance, or if you only pay a portion of the premium.

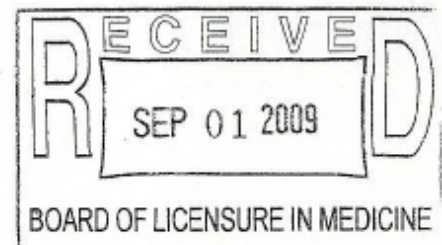
Please check the appropriate box to indicate the method you employ to secure professional medical malpractice liability insurance.

Self Insured Physician Paid Employer Paid

If you checked off "Employer Paid", please enter the name of the employer who or which paid your premiums here: _____

Insurance Company (Name/Address):

Policy #: _____

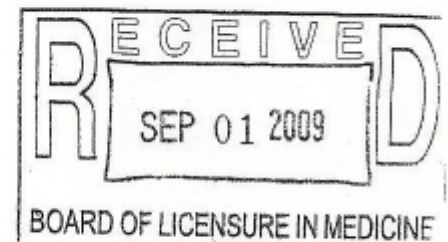


5. PERSONAL DATA

Check off (X) each appropriate response. Every 'YES' response must be fully explained by written statement on a separate 8.5" x 11" sheet of white paper. Each such explanation must be cross-referenced with the question number, and must be signed, dated, and enclosed with your application.

YES 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?
- 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?
- 3 Have you EVER left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
4 Have you EVER been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by
 - a) U. S. Drug Enforcement Administration (DEA)?
 - b) Any state/territory of U. S. INCLUDING MAINE?
- 5 Have you EVER received a sanction from Medicare or from any state Medicaid program?
- 6 Have you EVER suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician, or that resulted in the inability to practice medicine for more than 30 days?
- 7 Have you EVER been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
- 8 Have you EVER applied for hospital, HMO or other health care entity privileges which were denied?
- 9 Have you EVER had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, limited in any way, or withdrawn involuntarily?
- 10 Have you EVER voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- 11 Have you EVER been deselected from a managed care organization physician panel?
- 12 Have you EVER been disciplined by a professional society or resigned while accusation was pending?
- 13 Have you EVER had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including nuisance suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company /representatives without your express consent?
- 14 Do you have any open malpractice claims?
- 15 Do you intend to practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?



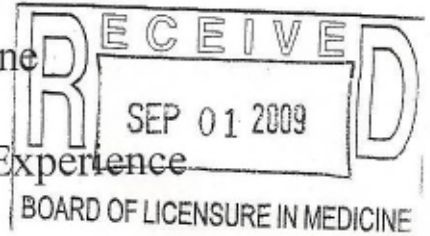
6. PROFESSIONAL EXPERIENCE/HOSPITAL AFFILIATIONS/ WORK HISTORY

List in **chronological order** all professional experience including full work history of practice, and all healthcare entities where you have held or now hold privileges. Include all periods of time (Month and Year) from the date of completion of residency to the present, whether or not engaged in activities related to medicine. Be certain to report **COMPLETE ADDRESSES**. Failure to do so will delay the application process. You may photocopy this page, if necessary.

| From Mo./Yr. | To Mo./Yr. | Name of Hospital, Institution, or Practice | Complete Address (Street, City, State, Zip) | Nature of Experience | Office Use Only |
|--------------|------------|--|--|----------------------|------------------------------------|
| 7/95 | 9/05 | Reading gen / GYN, PC | 3701 Parkmen Ave Reading, PA 19606 610-779-6550 | Staff MD | 9/8 ^S 9/18 ^R |
| 10/05 | 10/05 | Brandywine Hospital | 201 Beechville Rd Coatesville, PA 19320 610-383-8006 | Locum tenens | 9/8 9/16 |
| 11/05 | 01/06 | Planned Parenthood of NE PA | PO Box 813 Trexlerstown, PA 18087 610-481-0481 | Temporary GYN | 9/8 9/21 |
| 02/06 | 04/06 | Caritas Norwood Hospital | 800 Washington St Norwood, MA 02062 781-769-2950 | Locum tenens | 9/8 10/2 |
| 05/06 | 06/06 | Weyton Medical Ctr | 601 Calliers Way Weyton, WV 26062 304-797-6000 | Locum tenens | 9/8 9/21 |
| 09/06 | 01/07 | Yakima Valley Farm Workers Clinic | 2205 W. Lincoln Ave Yakima, WA 98902 509-575-1990 | Locum tenens | 9/8 10/7 * |
| 02/07 | 05/07 | Reading Hospital | Sixth and Spruce Reading, PA 19611 610-988-8000 | Locum tenens | 9/8 9/21 |
| 07/07 | 12/07 | Yakima Valley Farm Workers Clinic | 2205 W. Lincoln Ave Yakima, WA 98902 509-575-1990 | Locum tenens | 9/8 10/7 * |
| 01/08 | 02/08 | Gifford Medical Ctr | 44 S. Main St Randolph, VT 05060 802-728-7000 | Locum tenens | 9/8 9/14 |
| 09/08 | 05/09 | Holyoke Medical Ctr | 575 Beech St Holyoke, MA 01040 413-534-2500 | Locum tenens | 9/8 9/15 |
| 06/09 | 04/09 | Jordan Hospital | 575 Sandwich St Plymouth, MA 02360 508-830-2000 | Locum tenens | 9/8 9/14 |
| | | | | | |
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 BOARD OF LICENSURE IN MEDICINE

Maine Board of Licensure in Medicine



Professional (Malpractice) Liability Claims Experience

Duplicate For Multiple Claims.
See Instructions on Pages 5 and 6.

My Name: Rebecca K. Jones

Identity of Case: Malpractice claim of [redacted] v. Rebecca K Jones

Date and Place of Original Occurrence: 5/29/2001 Reading Hospital, Reading, PA

Malpractice Alleged By Claimant: Negligence in trocar insertion during laparoscopy resulting in vascular injury and hemorrhage

Summary of My Defense:

1. Trocar malfunction - safety shield on bladed trocar failed to engage (pt settled lawsuit with trocar manufacturer)

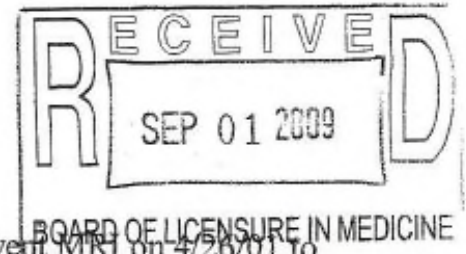
2. Bleeding is a recognized complication of laparoscopy that occurs in the absence of negligence

Current Status of Case (Include payment amounts) Jury trial with defense verdict on 4/28/05

Name and Address of Insurance Company and/or Attorney Defending the Case:

| | |
|--------------------------------|---------------------------------|
| <u>Pro National Ins. Co.</u> | <u>George Young</u> |
| <u>2600 Professional Drive</u> | <u>1617 JFK Blvd Suite 1710</u> |
| <u>Okemos, MI 48805</u> | <u>Phila, PA 19103</u> |

Question 13



Summary of [REDACTED] V. Rebecca K. Jones

[REDACTED] was a 24 yr. old nulligravida who underwent MRI on 4/26/01 to evaluate chronic pain that had arisen following a car accident in 2000. MRI findings were negative with the exception of a pelvic mass consistent with an ovarian dermoid tumor. On 5/11/2001, an ultrasound confirmed these findings, revealing a 7 cm left ovarian dermoid cyst. [REDACTED] had been under my care for 5 years and had previously had a functional cyst of the opposite ovary that resolved. I advised surgical removal of the dermoid.

[REDACTED] and I discussed the plans by phone and again at an in-office preoperative meeting on 5/21/2001. We discussed the options of laparoscopy v. laparotomy, and oophorectomy v. cystectomy. [REDACTED] was adamant in her desire to preserve her left ovary. We discussed risks including bleeding, organ injury, and the high probability that she would require laparotomy (due to the size of the tumor and her request for ovarian preservation). The plans were discussed a third time on the day prior to the surgery by phone. The patient is well-educated (master's degree) and was thoroughly counseled.

On 5/29/2001 the patient presented for surgery, which was scheduled as laparoscopic cystectomy, possible laparotomy. She was 4 ft 11 inches and weighed 95 lbs. A pneumoperitoneum was established without difficulty. Trocar insertion was complicated by a vascular injury when the safety shield on the trocar failed to deploy. The injury was immediately identified and the procedure was converted to laparotomy (via a "bikini" incision). A vascular surgeon promptly repaired an injury to the common iliac vein at its bifurcation. Ovarian cystectomy was performed without difficulty. The patient received 2 units of PRPC intraoperatively and went on to have an uncomplicated postoperative course. There is no reason to expect any future medical complications and in fact the patient has since carried two spontaneous, normal pregnancies to term.

The plaintiff alleged many errors and damages, principle among them: surgical error with improper trocar placement, insufficient pneumoperitoneum, disfigurement, emotional injuries, and fatigue, especially at her wedding and honeymoon that followed surgery by about 5 weeks. My defense was trocar malfunction and the occurrence of a recognized complication. The trocar manufacturer was also named and settled out of court for an undisclosed sum.

After a four-day jury trial in Philadelphia, PA, on 4/28/2005 I was found not negligent (defense verdict). I was represented by George Young (215) 569-1001 and insured by ProNational (representative Mary Lindholm (517) 347-6268).

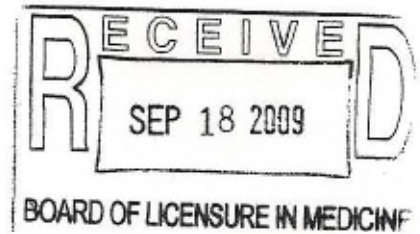
Defense Verdict

A handwritten signature in black ink, appearing to be "G. Young".

8/29/09

ROG READING
OB/GYN
Women's Birth Center

September 11, 2009



Vickie Plummer
Initial Licensure Specialist
Board of Licensure and Medicine State of Maine
137 Statue House Station
Augusta, Maine 04333

RE: Rebecca K. Jones, MD

Dear Ms. Plummer:

I am replying to your inquiry concerning Dr. Rebecca Jones. I have had the pleasure of knowing Dr. Jones for at least 15 years. She was a resident in training at our hospital, The Reading Hospital Medical Center in which I was on the attending faculty. She then was my associate in the private practice of OB/GYN for 10 years. I can tell you without hesitation that Dr. Jones has always been a dedicated physician with impeccable ethics and a strong sense of responsibility to her patients. It was always a pleasure working with her and we were all sorry to see her leave our community.

If there are any further questions concerning Dr. Jones, please do not hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Cammarano, III".

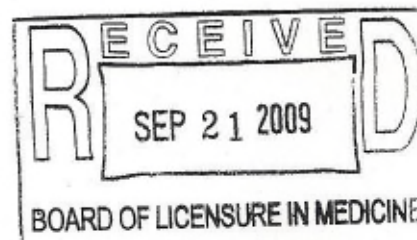
Dominic J. Cammarano, III, D.O.

DJC/jld

 **Planned Parenthood**[®]
of Northeast and Mid-Penn

CAPITAL AREA 1514 North 2nd Street, Harrisburg, PA 17102 • 717.234.2479
GREATER READING 48 South 4th Street, Reading, PA 19602 • 610.376.8061, ext. 24
LEHIGH VALLEY PO Box 813, Trexlertown, PA 18087 • 610.481.0481

September 15, 2009

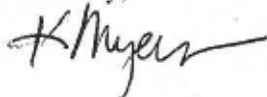


RE: Rebecca K Jones, MD

To Whom It May Concern:

Rebecca K Jones, MD was a contracted physician for Planned Parenthood of Northeast and Mid-Penn from 11/01/2005 to 01/30/2006.

Sincerely,



Kathleen Myers

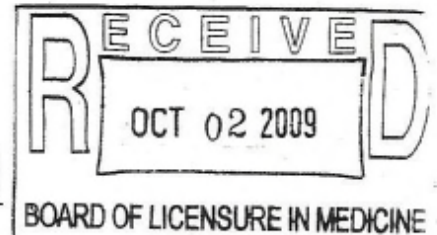
Vice President of Human Resources
Planned Parenthood of Northeast and Mid-Penn



Norwood Hospital

A CARITAS FAMILY HOSPITAL

Medical Staff Office



September 21, 2009

REASONABLE INQUIRY RESPONSE

REQUESTING ENTITY: State of Maine

In response to your request for verification of hospital privileges, the physician named below is/was a member, in good standing, of the Norwood Hospital Medical Staff. The information provided below satisfies the Massachusetts Board of Registration in Medicine requirements for reasonable inquiries, and is to the best of my knowledge.

NAME: Rebecca K. Jones M.D.

DEPARTMENT: Obstetrics/Gynecology

SPECIALTY: Obstetrics & Gynecology

STAFF STATUS: Resigned

AFFILIATION DATES: 03/23/2006 Through 06/21/2007

CLINICAL PERFORMANCE: The physician noted above meets (met) or exceeds all clinical performance requirements for membership (on/while on) the Medical Staff of Norwood Hospital.

DISCIPLINARY ACTION: The credentials file of the physician contains no evidence of pending or final disciplinary action.

LIABILITY CLAIMS: Please contact insurer for details.

All physicians have been fully credentialed in accordance with Massachusetts Law 243 CMR 3.05 and in accordance with JCAHO requirements.

***Please Note:** Members of the Affiliated Staff Status have an agreement with a member(s) of the Caritas Norwood Hospital medical staff with clinical privileges (Hospitalists) for the admitting and treatment of their patient's. Affiliated Staff members will refer patients to other members of the Active, Associate and Consulting staff for admission, evaluation and/or care and treatment. Affiliated Medical Staff may follow the continuity of care of their patients and are permitted to use the hospital's electronic computerized systems through remote access to follow their patient's care. Members of the Affiliated Medical Staff are permitted to use the hospital's diagnostic facilities.

Medical Staff Office
Norwood Hospital

Jean M. Schuur

Date

9/21/09

Phone: 781-278-6260 Fax: 781-762-1459



WEIRTON MEDICAL CENTER

601 COLLIERS WAY WEIRTON, WV 26062-5091

CONFIDENTIAL
WEST VIRGINIA CODE 30-3C

September 21, 2009

State of Maine
Board of Licensure in Medicine
VIA FACSIMILE 207-287-6590

To Whom It May Concern:

We are in receipt of your request for information on the physician indicated below. Due to the volume of inquiries, a standardized form was developed and will serve as verification of locum tenens staff privileges. The following information is provided from the Medical Staff Office.

The physician noted below served in a locum tenens capacity only at Weirton Medical Center during the time period noted below. Physician was not appointed to the medical staff, but granted locum tenens privileges only.

| | |
|--------------------------------|--|
| Physician Verification: | REBECCA JONES, M. D. |
| Locum Tenens Privileges Dates: | 5/1 TO 5/15, 2006 AND 5/25 TO 5/30, 2006 |
| Department: | OB/GYN |
| Specialty: | OB/GYN |

Sincerely,

Stephanie M. Wendell, CPMSM

Stephanie M. Wendell, CPMSM
Medical Staff Coordinator



Yakima Valley Farm Workers Clinic

October 7, 2009

Vickie Plummer
State of Maine
Augusta, Maine 04333-0137

Fax: (207) 287- 6590

To: Vickie

In response to your request for information on the practitioner below we submit the following:

Practitioner Name: **Rebecca K. Jones, MD**
Specialty: **OB/GYN (Locum)**
Affiliation Dates: **9/2006 to 1/2007**

1. The status and privileges of the above named practitioner were/are in good standing at Yakima Valley Farm Workers Clinic unless noted otherwise under the comments below.
2. This Practitioner's membership status and/or clinical privileges have not been denied, terminated, restricted, or voluntarily relinquished in lieu of action, unless noted under the comments below.
3. No questions have been raised about the practitioner's competence, character, mental, or physical health that may impede the reasonably safe and skillful practice of medicine unless noted under comments below.
4. The Practitioner has been continually reappointed by the Board, based on recommendations from the credentials committee unless noted under comments below.
5. We are unaware of any judgments or settlements of a medical malpractice action or any findings of professional misconduct by a licensing or disciplinary board, other than what is found on the NPDB.
6. We are not aware of any pending professional medical misconduct proceedings or may ending medical malpractice action unless noted under comments below.

Comments:

No other information available; information was received from HR file.

If you have any questions please feel free to contact me at 509-865-6175 X 2543 or email at normab@yvfwc.org

Regards,

Norma L. Baugh
Credentialing Specialist

Central Administration
P.O. Box 190 | Toppenish, WA 98948
Phone 509-865-5898 | Fax 509-865-4337 | www.yvfwc.com

A culture of caring | Nuestros Valores. su bienestar

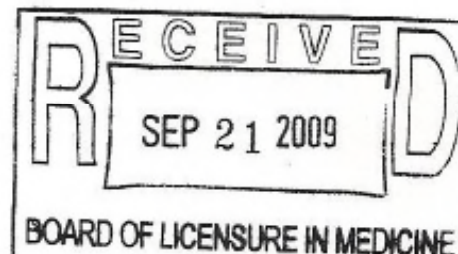
The Reading Hospital and Medical Center



Gerald P. Malick, MD
Vice President & Chief Medical Officer
Telephone: 610-988-8248

September 18, 2009

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



Dear Ms. Plummer:

This is to certify that Rebecca K. Jones, MD was a member in good standing as a **Locum Tenens** from **January 2007 to March 2007** and on the **Active Staff** at the Reading Hospital and Medical Center from **1995 to 2006** in the **Department of Obstetrics and Gynecology**.

While a member of the Medical Staff, all physicians have ongoing review of clinical performance and behavior at this institution by peers through the mechanism established by the Medical Staff and approved by the Board of Directors. Clinical privileges were maintained on the basis of training, experience and expertise. These privileges included the performance of any interventional techniques that are a natural extension of that specialty.

Membership was contingent upon compliance with the bylaws, policies, and duties as required by the Hospital and the Medical Staff.

Sincerely,

Gerald P. Malick, M.D.
Vice-President/Medical Director

/ko

**HOLYOKE MEDICAL CENTER
DEPARTMENT OF MEDICAL ADMINISTRATION
575 BEECH STREET
HOLYOKE MA 01040**

September 11, 2009

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

To Whom It May Concern:

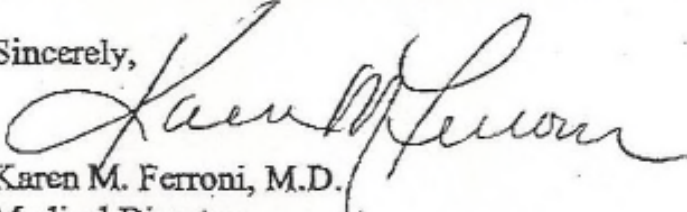
The physician/allied professional identified below is/or was a member of the Holyoke Medical Center (HMC) Medical Staff or Allied Professional Staff and has been credentialed in accordance with Joint Commission regulations and relevant law requirements, including The Massachusetts Board of Registration in Medicine regulation CMR 243, 3.05.

This provider is/was currently a member in good standing at HMC. We have identified no problems with his/her quality of clinical practice and there have been no disciplinary actions.

Name: Rebecca Jones, MD
Department: Locum Tenens/OB/Gyn
Date Appointment: 11/2008-5/2009
Current Category: Resigned/Retired

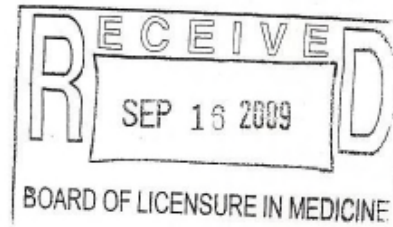
Should you have any questions regarding the information provided, please contact the Department of Medical Administration at 413 534-2578

Sincerely,


Karen M. Ferroni, M.D.
Medical Director



**BRANDYWINE
HOSPITAL**



September 11, 2009

State of Main Board of Licensure & Medicine
137 State House Station
Augusta, MA 04333-0137

RE: Jones, Rebecca K.; MD

This letter is in response to your recent inquiry for verification of Staff privileges for the above named practitioner.

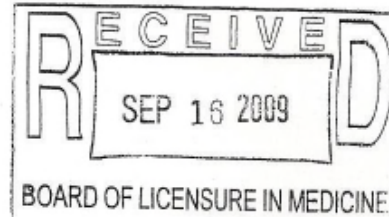
Please be advised that it is our policy* to provide this information only for the physician's most recent appointment period, since any other issues were addressed at the prior reappointment.

The following information will serve as verification of your request:

| | |
|---------------------------------------|-------------------------|
| Name: | Jones, Rebecca K.; MD |
| Original Appointment Date: | 10/04/2005 |
| Staff Status: | Locum Tenens |
| Department: | Surgery |
| Last Reappointment Date: | |
| Inactive Date: | 11/02/2005 |
| Specialty Area(s) of Practice: | Obstetrics & Gynecology |



**BRANDYWINE
HOSPITAL**



Page 2

RE: Rebecca Jones, MD.
Disciplinary Actions *

None

Other Actions **

None

Raída Rabah, MD – Chief of Staff OR
- Department Chair OR
Kenneth Doroski, DO – Credentials Chairman

**Brandywine Hospital
Medical Staff Services
Phone: 610-383-8006
Fax: 610-383-8233**

* It is our policy to provide information as to formal peer review actions or peer review investigations that resulted in any action, ranging from a probationary or proctoring requirement to termination of privileges. This response does not include administrative suspensions related to medical records, liability insurance coverage and other such matters. It is our policy to only provide information regarding formal disciplinary action. We do not provide information regarding gossip, innuendo, nonfactual information or investigations in which the practitioner was cleared of any wrongdoing. Questions regarding performance, judgment, technical skills and competence require subjective analysis and opinion outside the scope of a privileges status request. Thus, we cannot provide verification of or confirm the presence or absence of any such subjective information.

** This category includes any resignation during pending investigation, termination of the physician's relationship with the Hospital via contract for reasons related to competence or professional conduct, active participation in an impaired practitioner program due to a directive of the MEC, peer review committee or impaired practitioner committee (where disclosure is permitted by law), and formal reprimands.



Gifford Medical Center

44 South Main Street, P.O. Box 2000 • Randolph, Vermont 05060
802-728-7000 • fax 802-728-4245

September 14, 2009

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

Re: **Affiliation Verification – Rebecca K. Jones, M.D.**
Fax #: (207) 287-6950 No. of Pages Including this Sheet: 2

6590

Ms. Plummer:

Rebecca K. Jones, M.D. has worked as a locum tenens at Gifford Medical Center on and off since January 2008, and then again in July of 2009. She is a competent professional and a good fit within the medical staff community and with the OB/GYN patients. Dr. Jones is in good standing at Gifford Medical Center.

All appointed members of the Medical Staff are credentialed according to CAH standards. This office cannot respond to questions regarding clinical competence/performance or to disciplinary issues or malpractice issues; this information can be obtained through the National Practitioner Data Bank.

Sincerely,

Marijane L Barber

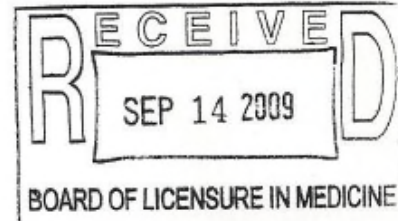
Marijane L. Barber, B.A.
Medical Staff & Provider Enrollment Coordinator
Gifford Medical Center
(802) 728-2372 phone (802) 728-2613 fax

/mlb

**This facsimile contains 2 pages. If you do not receive all the pages, or if you have received this in error, please contact Marijane L. Barber at (802) 728-2372 **

www.giffordmed.org

Bethel Health Center • Chelsea Health Center • Gifford Health Center at Berlin • Kingwood Health Center
Levesque Medical Offices • Rochester Health Center • Sharon Health Center • Twin River Health Center



September 11, 2009

To Whom It May Concern:

The following information is provided to you in response to your recent inquiry for staff verification. Due to the high volume of inquiries received for verification of privileges at our Hospital, we are unable to complete individual forms. This verification does not attest to clinical competence.

Name: Rebecca Jones, M.D.
Department: Obstetrics & Gynecology
Admitting: Y
Specialty: Obstetrics/Gynecology
Staff Status: Courtesy Staff
Affiliation Dates: June 12, 2009 to Present
Reappointment Date:

Dr. Jones has been fully credentialed by Jordan Hospital in accordance with Joint Commission standards and Massachusetts Law 243 CMR 3.05.

Dr. Jones's privileges have never been voluntarily nor have they been involuntarily restricted, limited, reduced, nor have they been revoked during the term of his/her appointment to the Medical-Dental Staff of Jordan Hospital. Dr. Jones has never been disciplined by our hospital and is a member in good standing.

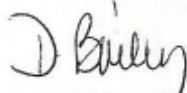
To the best of my knowledge:

- Dr. Jones has not been disciplined by any state or federal licensing board.
- Dr. Jones does not have any health problems that would affect his/her practice.
- Dr. Jones has not been engaged in a monitoring/treatment program for drug or alcohol abuse.

Please check with liability insurance carrier for claim history.

If you have any questions or need additional information, you may contact Jordan Hospital Medical Staff Services office at (508) 830-2373.

Very truly yours,

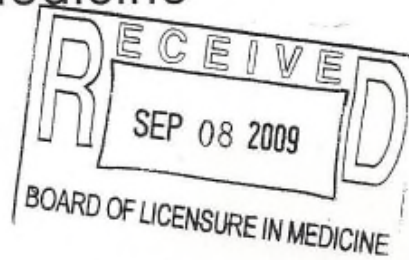

Debbie Bailey
Medical Staff Services
Jordan Hospital



✓ Commonwealth of Massachusetts
Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383



9/3/2009

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

To Whom It May Concern:

This certifies that Rebecca K Jones M.D., a 1991 graduate of University of Pennsylvania School of Medicine, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 227062 was issued to Dr. Jones on 01/04/2006. This license is Current. The expiration date is 11/17/2010.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

Closed Complaint Information

Our files contain 0 closed complaint(s) on this physician.

Final Board Disciplinary Action

Our files contain 0 Board Discipline(s) to this physician.

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website: www.massmedboard.org.

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

SEAL


Staff Member, Board of Registration in Medicine
Michael Cox





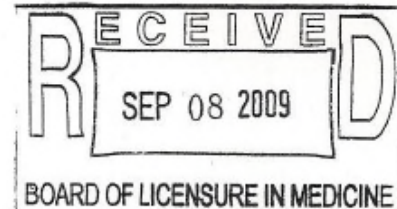
STATE OF WASHINGTON
DEPARTMENT OF HEALTH

MEDICAL QUALITY ASSURANCE COMMISSION

September 03, 2009 P.O. Box 47866, Olympia, Washington 98504-7866

State of Maine
137 State House Station
Augusta ME 04333

Subject: Credential Verification



To Whom It May Concern:

This will verify the status of the Physician And Surgeon License for Dr. REBECCA JONES.

Sections may be blank because the information is not in our database or is not applicable for this credential type.

Year of Birth: 11/17/1955
Credential Number: MD.MD.00045964
Credential Type: Physician And Surgeon License
Current Credential Status: ACTIVE ACTIVE
First Credential Date: 01/05/2006
Expiration Date: 11/17/2010
Last Renewal Date:
Examination:
Exam Level:
Score:

Our records above show that the licensee has not been disciplined, the licensee is considered in good standing

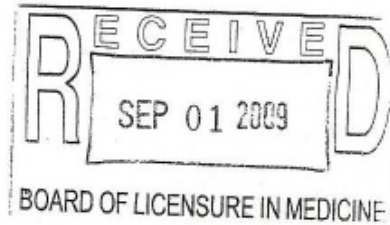
Please call me at (360) 236-2766 if you have questions or visit our Online Provider Credential Search at www.doh.wa.gov.

Betty Elliott

Betty Elliott, Customer Service Specialist 2



State of Vermont
Board of Medical Practice
108 Cherry Street, PO Box 70
Burlington VT 05402-0070
(802) 657-4220
HealthVermont.gov



VERIFICATION OF LICENSURE

This is to verify that according to the records of the Board of Medical Practice on 28 August 2009 regarding:

Rebecca Keene Jones MD
[REDACTED]

The Board of Medical Practice granted this License as a Physician numbered 042-0011506 on 02 January 2008. Current Specialty registered in: Obstetrics and Gynecology

Current Status: ACTIVE
Date of Expiration: 30 November 2010

Our records also indicate the following information:

Date of Birth: [REDACTED]
School/College Education: University of Pennsylvania
Date of Graduation: 05/21/1991
Degree earned: MD

Basis of Licensure: Natl Board ID#:

Examination Information:

This licensee met all requirements at the time of licensure in accordance with the appropriate regulations of this state.

Board Action information:

No charges have been preferred against this licensee.

I hereby certify, as a staff assistant to the Board of Medical Practice, to the best of my knowledge, the information above is true and accurate.

Tracy Hayes 8/28/09
Signature of Staff Assistant Date



New Mexico Medical Board
 2055 S. Pacheco Street, Bldg. 400
 Santa Fe, New Mexico 87505
 505-476-7220

LICENSE VERIFICATION

August 27, 2009

This is to certify that the records of the New Mexico Medical Board indicate the following information regarding the below mentioned physician.

Name: Rebecca Keene Jones, M.D.

Date of Birth: [REDACTED]

School Name
 Univ of Pennsylvania SOM

Graduation Date
 05/21/1991

Specialties
 Obstetrics and Gynecology - BC

| License # | Issue Date | Expiration Date | Status | License Type |
|-------------|------------|-----------------|--------|----------------|
| MD2005-0829 | 12/08/2005 | 07/01/2012 | Active | Medical Doctor |

Our records indicate there is No Derogatory Information and the license is in good standing.

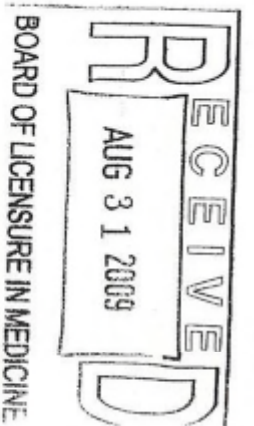
This license information was last updated on: 08/27/2009

Lynn S. Hart
 Lynn S. Hart, Executive Director

Date: August 27, 2009



State of West Virginia
Board of Medicine



JOHN A. WADE, JR., MD
PRESIDENT

CATHERINE SLEMP, MD, MPH
SECRETARY

101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084
www.wvborn.wv.gov

J. DAVID LYNCH, JR., MD
VICE PRESIDENT

ROBERT C. KNITTLE
EXECUTIVE DIRECTOR

VERIFICATION OF LICENSURE

Date: August 28, 2009

This is to verify that

REBECCA KEENE JONES

was issued license number 222200 on January 9, 2006 to practice as a Physician and Surgeon in the State of West Virginia.

She was licensed by National Boards.

Dr. JONES graduated from University of Pennsylvania School of Medicine on May 21, 1991.

The current licensure status is ACTIVE and expires on June 30, 2010.

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


Wendy L. Greene, Verification Coordinator



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Rebecca Keene Jones

Education

MD

Location

Mohnton, PA (United States)

Reading, PA (United States)

Certification (For a definition of a specialty or subspecialty click here)

American Board of Obstetrics & Gynecology

Obstetrics & Gynecology - General (General indicates Primary Certificate)

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Physician Certification

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Rebecca Keene Jones

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MD

Location

Mohnton, PA (United States)

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Certification ([For a definition of a specialty or subspecialty click here](#))

American Board of Obstetrics & Gynecology

Obstetrics & Gynecology - General (General indicates Primary Certificate)

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