

PERMANENT LICENSE APPLICATION FLOWSHEET

MacDane  
5/14/96

014226

LIC #:   
ISSUED: 6/14/96  
EXPIRES: 9/30/98

NAME: Jennifer Childs-Roshak, MD SS#:   
PLACE/DATE OF BIRTH:   
DATE REC'D: 4/8/96 APP FEE PD: 300 ORAL FEE PD: \$ 50 DATE: 6/14/96  
PRORATED LIC FEE PD: \$ 217.00 DATE: 6/14/96

MEDICAL EDUCATION

SCHOOL: Temple U, Philadelphia, PA DATE GRAD: 1993  
SPECIALTY: FP

NOTARIZED (TC) DOCS:

DIPLOMA ☒ INTERN ☐ Yr. RES 2 Yr. FELLOW ☐ Yr. TOTAL PGY 2  
COMMENTS: OK

LICENSE BASED ON

US/CANADA GRAD: USMLE ☒ NBME ☒ FLEX ☐ STATE EXAM ☐ LMCC ☐  
INTERNATIONAL GRAD: FMGEMS/ECFMG ☐ VQE ☐  
FIFTH PATHWAY ☐ AM BD CERT ☐  
FLEX ☐ USMLE ☐ BRITISH ISLES ☐

ORIGINAL DOCUMENTS ON FILE

USMLE ☒ NBME ☒ FLEX ☐ STATE EX ☐ LMCC ☐ BRITISH ISLES ☐  
ECFMG/FMGEMS # ☐ VQE ☐ AM BD CERT ☐  
5TH PATHWAY ☐  
MALPRACTICE None OTHER PERSONAL DATA None  
MED ED CERT/TRANSCRIPT OK PGY LTRS OK  
STATE VERIFICATIONS ☒ AMA ☒ FSMB ☒ NPDB ☒  
REFERENCE LETTERS ☒ EC-95-16  
EC-94-18  
EC-98-08

STILL NEED: DATA  
COMMENTS:

APPROVAL

RCM DATE: 5/14/96 BT DARLINGTON, MD 739 DATE: 5/30  
L COM ☐ LIST A ☒ LIST B ☐ AGENDA DATE ☐  
COMMENTS: EC-95-15(7/1/95-6/30/96)  
BOARD APPROVED ☒ YES NO APPROVAL DATE: 6/14/96  
ORAL EXAM DATE: 5/14/96 EXAMINER: W. P. MacDane Jr. MD

JENNIFER CHILDS-ROSHAK MD

014226

Fast to  
Carol Poxlin  
Intermed  
8741480





Maine Board of Licensure in Medicine  
Medical Practice License Registration

Expiration Date: September 30, 1998

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 June 14, 1998 through September 30, 1998 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 without having first satisfied the Board of his/her Continuing Medical Education qualification in compliance with Board Rules, Chapter 1, Section 13.

LICENSEE NAME:

Childs-Roshak, Jennifer, MD

MAINE LICENSE CERTIFICATE #:

014226



*Brinton T. Darlington, M.D.*  
Brinton T. Darlington, M.D., Secretary  
Maine Board of Licensure in Medicine

DISPLAY WITH LICENSE

VOID WITHOUT IMPRINTED BOARD SEAL



Maine Board of Licensure in Medicine  
Medical Practice License Registration  
Verification

Licensee Name: Jennifer Childs-Roshak, MD  
Maine License #: 014226  
Expiration Date: 09/30/98

The physician named is licensed for the practice of medicine and surgery in the State of Maine. The registration of this license is valid through expiration date. See reverse side for limitations.



*Brinton T. Darlington, M.D.*  
Brinton T. Darlington, M.D., Secretary  
Maine Board of Licensure in Medicine

We are pleased to provide you with this certificate of renewal of registration of your Maine medical practice license which is to be displayed in your primary place of practice with your Maine license certificate and also to provide 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 if your address changes. If your professional activities alter the basis upon which your Maine license has been renewed and classified in registration, or if you have any question about your Maine license record.

Post-It® Fax Note 7671

To	Carol Poulin	Date	6/18/98	# of pages	1
Co./Dept.		From	Brunice J. Manser		
Phone #		Co.			
Fax #	874-1480	Phone #	(207) 287-3602		
		Fax #	(207) 287-6570		

W.L. MacDonald  
Date  
Interview 5/14/96  
Board Review 6/11/96  
Cert. No. 014226  
Date Issued 6/14/96

State of Maine  
BOARD OF LICENSURE IN MEDICINE  
State House Station #137  
Augusta, ME 04333

Date rec'd 4/18/96  
Application fee 300  
Oral fee 50 - 6/14/96  
Prorated lic fee 217 - 6/14/96  
AMA FED

014226

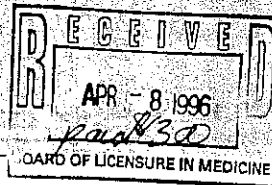
### APPLICATION FOR LICENSE TO PRACTICE MEDICINE

DATE OF APPLICATION: 3/15/96

① 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.

Endorsement of (check one):

- ☐ Certificate of USMLE #  
☒ Certificate of National Board of Medical Examiners #  
☐ FLEX examination for licensing by the state of  
☐ Other written examination for licensure by the state of  
☐ LMCC Certification for licensure in a province of Canada,  
☐ Licensing Credentials valid in the British Isles.



NAME CHILDS-ROSHAK, JENNIFER  
Last First Middle  
ADDRESS  
DAYTIME TELEPHONE  
PROPOSED RESIDENCE SAME

Social Security No.  
BIRTHPLACE  
City State  
BIRTHDATE  
Month Day Year

### ② AFFIDAVIT OF APPLICANT

I, Jennifer Childs-Roshak, MD, being first 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 I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the State of Maine, 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 or foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of my professional and ethical qualifications for licensure in the State of Maine.

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

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

Subscribed and sworn to before me this

20<sup>th</sup> day of March, 1996.

Notary Signature Michelle Turcotte

Notary Public for the State of Maine

My Commission Expires

MECHELLE TURCOTTE  
NOTARY PUBLIC, MAINE  
MY COMMISSION EXPIRES 1999



(signature of applicant)



### ③ MEDICAL LICENSURE

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

State	Cert. No.	Date Issued	State	Cert. No.	Date Issued
None					

014226

### ④ MEDICAL EDUCATION

List names and locations of medical schools attended:

OK TEMPLE UNIVERSITY SCHOOL OF MEDICINE

Title or Degree  
(M.D., M.B., B.S.)

M.D.

Date  
Conferred

6/93

American Board Certified: ☒ Yes  
☐ No

ECFMG No.

4A SPECIALTY FAMILY PRACTICE

4B NAME OF AMERICAN SPECIALTY BOARD

Date

### ⑤ EXAMINATIONS TAKEN

	Most Recent Date Taken	Pass/Fail	Identification Number
1. ECFMG	19		ECFMG
2. VQE	19		VQE
3. FMGEMS	19		FMGEMS
4. FLEX	19		FIN
5. <input checked="" type="checkbox"/> NBME	March 19 94	P	NBME
6. LMCC	19		REG. #
7. OTHER	19		
(Specify)			
8. <input checked="" type="checkbox"/> USMLE Part 1	June 19 91		ID #
9. <input checked="" type="checkbox"/> USMLE Part 2	Sept 19 92		ID #
10. USMLE Part 3	19		ID #

### ⑥ PERSONAL DATA

Circle appropriate response. Any "yes" response must be fully explained by written statement on a separate 8 1/2" x 11" sheet of white paper, signed and dated, and enclosed with your application.

Have you ever:

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





STATE OF MAINE

014226

BOARD OF LICENSURE IN MEDICINE



APR - 1 1996

BOARD OF LICENSURE IN MEDICINE

PLEASE FORWARD TO ALL MEDICAL SCHOOLS ATTENDED

RECEIVED  
MAR 25 1996Office of Faculty & Student Records  
TEMPLE UNIVERSITY  
SCHOOL OF MEDICINE

## CERTIFICATE OF MEDICAL EDUCATION

THIS CERTIFIES THAT THE APPLICANT: Jennifer Childs-Rushak, MDENROLLED IN Temple University School of Medicine  
Name of Medical SchoolLocation Philadelphia, PA ON THE 5th DAY OF September 19 89  
Month Year

AND WAS GRANTED THE FOLLOWING CREDITS ON ENROLLMENT:

PREMEDICAL EDUCATION, TWO YEARS OF PREPROFESSIONAL POSTSECONDARY  
EDUCATION, INCLUDING THE SUBJECTS OF PHYSICS, CHEMISTRY, AND BIOLOGY.Harvard University + Bryn Mawr College  
Educational Institution82-86; 87-88  
Dates

ADVANCED CREDITS, CREDITS PREVIOUSLY OBTAINED AT AN APPROVED MEDICAL SCHOOL.\*

Medical School

Total Credits

Dates

TRANSCRIPTS OF ADVANCED CREDITS AND  
MEDICAL SCHOOL CREDITS MUST BE SUPPLIED WITH THIS CERTIFICATETHE UNDERSIGNED FURTHER CERTIFIES THAT THE RECORDS OF THIS INSTITUTION SHOW THAT THE  
APPLICANT ATTENDED THIS INSTITUTION FOR RESIDENT INSTRUCTION AND WAS GRANTED THE DEGREE

DOCTOR OF MEDICINE

Title of Degree

May 19 93

BY THE ABOVE-MENTIONED MEDICAL SCHOOL ON THE 20th DAY OFSIGNED AND THE COLLEGE SEAL AFFIXED THIS 27th DAY OF March 19 96

BY

M. Judith Russo

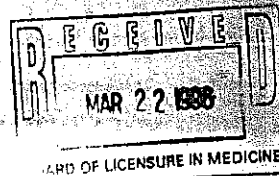
President, Secretary, Dean

RETURN THIS FORM DIRECTLY TO:  
M. Judith Russo  
SPECIAL SERVICES OF MEDICAL  
AND STUDENT RECORDSBOARD OF LICENSURE IN MEDICINE  
State House Station 137  
Augusta, Maine 04333



Maine Medical Center  
Family Practice Residency Program  
22 Bramhall Street  
Portland, Maine 04102

Telephone (207) 871-2875



March 14, 1996

State of Maine  
Board of Registration in Medicine  
State House Station #137  
Augusta, Maine 04333

Re: Jennifer Childs-Roshak, MD

Dear Sir or Madam:

Jennifer has been a resident in the Maine Medical Center Family Practice Residency Program in Portland, Maine from June 1993 and is expected to successfully graduate in July 1996.

She established good rapport with patients and staff and has performed in a highly ethical and moral fashion. I have no reservations in recommending her for licensure in the State of Maine.

Sincerely,

Ann K. Skelton, MD  
Director, Family Practice Residency

AKS:mlt



# TEMPLE UNIVERSITY

OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

BY AUTHORITY OF THE BOARD OF TRUSTEES AND UPON RECOMMENDATION  
OF THE FACULTY HEREBY CONFERS UPON

*Jennifer Orlin-Anhalt*

THE DEGREE OF

Bachelor of Medicine

TOGETHER WITH ALL THE RIGHTS, PRIVILEGES AND HONORS APPERTAINING  
THERE TO IN RECOGNITION OF THE SATISFACTORY COMPLETION  
OF THE COURSE PRESCRIBED BY THE FACULTY OF THE UNIVERSITY

IN TESTIMONY WHEREOF THE UNDERSIGNED HAVE SUBSCRIBED  
THEIR NAMES AND AFFIXED THE SEAL OF THE UNIVERSITY

GIVEN AT PHILADELPHIA, PENNSYLVANIA, ON THIS TWENTIETH DAY  
OF MAY, NINETEEN HUNDRED AND NINETY-THREE

*William C. Smith*  
CHAIRMAN OF THE BOARD OF TRUSTEES

*John B. Smith*  
PRESIDENT OF THE UNIVERSITY



*John B. Smith*  
PRESIDENT OF THE UNIVERSITY

*John B. Smith*  
PRESIDENT OF THE UNIVERSITY

014226

*\*Michelle Turcotte*

\*This is a True  
Copy of the  
Original

MICHELLE TURCOTTE  
NOTARY PUBLIC, MAINE  
EXPIRES 1994

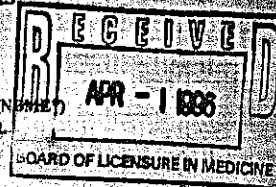




# NATIONAL BOARD OF MEDICAL EXAMINERS

## ENDORSEMENT OF CERTIFICATION

Note: The embossed seal of the National Board of Medical Examiners (NBME) in the lower left corner certifies the authenticity of this document.



014226

Diplomate Name: Jennifer Childs-Roshak, MD

Date of Birth: [REDACTED]

Certification Date: 07/01/1994

Certificate #: [REDACTED]

It is certified that the physician named above has successfully completed the examination, education, and training requirements for certification by the NBME as of the certification date shown above.

Exam	Test Date	Total Test	Min. Pass	Pass/Fail	Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
NBME PART I	Jun 1991	202	176	75	PASS						

### Comments

USMLE Step 2	Sep 1992	193	167	80	75	PASS					
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NBME PART III	Mar 1994	480	315	81	75	PASS					
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DATE: 03/26/1996

SEE OTHER SIDE FOR SCORE INFORMATION

PAGE: 1 of 1

ME1060



This Endorsement of Certification may include scores for Step 1, Step 2, or Step 3 of the United States Medical Licensing Examination™ (USMLE™). The USMLE, established by the Federation of State Medical Boards (FSMB) and the NBME, is a single, uniform medical licensure examination system comprised of three Step examinations. USMLE replaced both the Federation Licensing Examination (FLEX) and the NBME Parts I, II and III. The NBME accepts passing scores on Part I or Step 1, plus Part II or Step 2, plus Part III or Step 3 as meeting the examination requirements for its certification program. Physicians who have passed at least one NBME Part in combination with one or two USMLE Steps will be certified and endorsed to medical licensing authorities by the NBME. Scores for physicians who pass Steps 1 and 2 will be reported by the FSMB.

## INTERPRETATION OF SCORES

### NBME Part I and Part II Examinations Prior to June 1991

*The most recent total test and subject scores are reported.* The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a three-digit scale with a mean of 500 and a standard deviation of 100, in increments of 5.

### NBME Part I and Part II Examinations June 1991 and Thereafter

*The most recent total test score is reported.* This score is on a three-digit scale with a mean of 200 and a standard deviation of 20, in increments of 1.

### USMLE Step 1, Step 2, and Step 3

*The complete USMLE examination history is given.* A total test score is reported on a three-digit scale with a mean of 200 and a standard deviation of 20, in increments of 1.

### All NBME Part III Examinations

*The most recent total test score is reported.* This score is on a three-digit scale with a mean of 500 and a standard deviation of 100, in increments of 5.

### Two-Digit Scores

For all examinations, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

## EXPLANATION OF COMMENTS

For USMLE Steps, this document is annotated to reflect special circumstances regarding the score report.

If you wish to obtain further information about individual examinees who have notations under "Comments," please write the NBME Department of Licensing Examination Services, Examinee Records Unit.

**Indeterminate** - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, inconsistency of performance within the examination or between administrations within the same Step. **No score is reported.**

**Incomplete** - The examinee sat for some but not all of the scheduled test books. **No score is reported.**

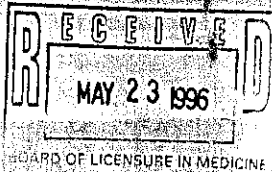
**Irregular Behavior** - The USMLE Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. To determine the exact nature of the irregular behavior, the examinee's full record of the deliberations and determination of the Committee on Irregular Behavior can be requested by contacting the USMLE Secretariat at (215) 590-9600.

**Score Not Available** - Score not available pending further review and/or analysis.

**Testing Accommodations** - Following review and approval of a request from the examinee, testing accommodations were provided in the administration of the examination.

National Practitioner Data Bank  
P.O. Box 10832  
Chantilly, VA 22021

Voice: (800) 767-6732  
FAX: (703) 802-4109  
TDD: (703) 802-9395



DCN# 5500000002501588  
Process Date: 05/10/96 12:56  
Page: 1 of 1

014226

## RESPONSE TO INFORMATION DISCLOSURE REQUEST

### A. REQUESTOR IDENTIFICATION

Requestor Name: CHILDS-ROSHAK, JENNIFER

Address: [REDACTED]

### B. PRACTITIONER ON WHOM DISCLOSURE IS REQUESTED

Practitioner Name: CHILDS-ROSHAK, JENNIFER ...

Other Name Used:

Gender:

Organization Name: INTERMED-YARMOUTH

Work Address: 14 BAYVIEW ST.

YARMOUTH, ME 04096-

Home Address: [REDACTED]

Social Security #: [REDACTED]

Date of Birth: [REDACTED]

Deceased:

Professional School(s) & Grad. Year: TEMPLE UNIVERSITY SCHOOL OF MEDICINE (1993)

License #, State, Field Code: NO LICENSE

Drug Enforcement # (DEA #): PENDING

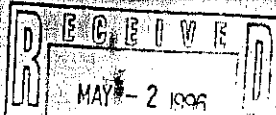
### C. NPDB SEARCH RESULT

Based on the practitioner identification information provided by you in Section B above, a search of the NPDB has located no matching reports.

Copies of these reports are enclosed for restricted/limited use as prescribed by Public Law 99-660 The Health Care Quality Improvement Act of 1986, as amended. Recipients should verify that the practitioner identified in Section B of the report(s) is, in fact, the practitioner of interest. Reports from the NPDB are confidential; disclosure or use for any purpose other than that for which it was disclosed is subject to a civil money penalty of \$10,000 for each violation.



014226



**DISCIPLINARY INQUIRIES**

**FEDERATION OF STATE MEDICAL BOARDS**  
400 FULLER WISER ROAD  
EULESS, TX 76039-3855

The Board of Licensure in Medicine requires a disciplinary search concerning the following individual:

JENNIFER CHILDS-ROSHAK MD

Name

[REDACTED]

Street

[REDACTED]

City, State, Zip

[REDACTED]

Date of Birth

[REDACTED]

Social Security Number

TEMPLE U, PHILADELPHIA, PA

Medical School of Graduation & Branch Location

1993

Date of Graduation

Please mail the response to the following address:

**ATTN: BERNICE J MANSIR - CLERK TYPIST III**  
**BOARD OF LICENSURE IN MEDICINE**  
**137 STATE HOUSE STATION**  
**AUGUSTA, ME 04333-0137**

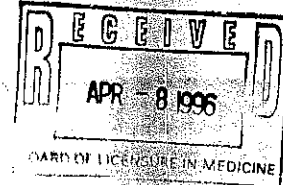
WE HAVE NO UNFAVORABLE INFORMATION  
REGARDING THE ABOVE NAMED PHYSICIAN

APR 25 1996

*James R. Winn, M.D.*  
JAMES R. WINN, M.D.  
EXECUTIVE VICE-PRESIDENT

INTERMED

April 5, 1996



Attached is the original license application of Jennifer Childs-Roshak, M.D. By error the check for \$300.00 for the application fee was mailed with the photocopy of her application. I spoke to Bunny Mansir about this on Friday afternoon and she advised me to mail the original application along with this note.

If there are any problems please call me at 828-0366.

Thanks,

*Carol*

Carol Poulin  
Administrative Assistant



014226

Ms. Colleen Farrell  
Intermed  
55 Foden Road  
S. Portland, ME 04106

20 March 1996

Dear Ms. Farrell:

Enclosed is my completed application for licensing. The fee, as I'm sure you know, is \$300. Please send all the documentation and the check to:

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

Thank you very much for your assistance. I look forward to talking to you soon in reference to the credentialing process. Please free to call ( ) with any questions or other issues.

Sincerely,

  
Jennifer Childs-Roshak, M.D.



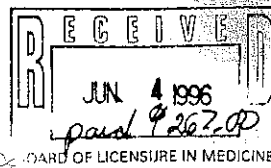
STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE

LOCATION: TWO BANGOR STREET  
MAILING ADDRESS: 137 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0137

014226

ANGUS S. KING, JR.  
GOVERNOR

RANDAL C. MANNING  
EXECUTIVE DIRECTOR



May 8, 1996

TO: JENNIFER CHILDS-ROSHAK MD

FROM: Bernice J. Mansir  
Clerk Typist III

Please complete the enclose License Registration form and return ASAP with the designated fee(s) in the enclosed envelope.

It is necessary to have this form and fee(s) returned before a license may be issued.

LICENSURE MONTH TO NEXT LICENSING BIRTHDATE: 7/1/96 - 9/30/98  
NUMBER OF MONTHS TO NEXT LICENSING BIRTHDATE: 26  
PERCENTAGE OF \$200 BIENNIAL FEE: \$ 217.00

Oral Interview fee: \$ 50.00  
Prorated Licensing Fee: 217.00  
to next birthdate:

\$ 267.00 Total

Enclosure

*Pd 6/4/96*

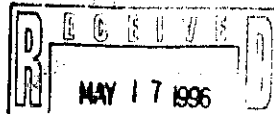


PRINTED ON RECYCLED PAPER

PHONE: (207) 287-3601

FAX: (207) 287-6590





014226

## BOARD OF LICENSURE IN MEDICINE - ORAL EXAMINATION

BOARD OF LICENSURE IN MEDICINE

APPLICANT: JENNIFER CHILDS-ROSHAK DATE: 5/14/96  
EXAMINER(S): W. L. MACVANE JR. LOCATION: PORTLAND  
SCORE: 12

*In Compliance with Section 3271 of the Medical Practice Act, an oral examination was administered to the above cited applicant.*

The applicant P the examination. Medical licensure 15 recommended.  
P/F is/is not

Signed: W. L. MacVane Jr. M.D.  
Examiner

## EXAMINATION GRADING FORM

IDENTIFICATION: OK.

## FACTOR I. PROBLEM SOLVING ABILITY, CLINICAL JUDGMENT.

The candidate's ability to use information to make appropriate decisions in patient diagnosis and treatment from the data he obtains, the diagnostic and therapeutic conclusions he come to, and his defense of his decisions.

UNABLE TO

EVALUATE	FAILURE	QUESTION	LOW PASS	PASS	HIGH PASS
(0)	(-3)	(-2) (-1)	(+1) (+2)	(+3) (+4)	(+5) (+6)

## FACTOR II. INTERPERSONAL RELATIONSHIPS AND APPROPRIATE PROFESSIONAL CHARACTERISTICS.

The candidate's ability both in statement and manner to communicate effectly and convey genuine concern for patients and an understanding of the ethical responsibilities of a physician in his relationships and patients and colleagues.

UNABLE TO

EVALUATE	FAILURE	QUESTION	LOW PASS	PASS	HIGH PASS
(0)	(-3)	(-2) (-1)	(+1) (+2)	(+3) (+4)	(+5) (+6)

## FACTOR III. RECALL OF APPROPRIATE FACTUAL INFORMATION.

The candidate's knowledge of:

UNABLE TO

EVALUATE	FAILURE	QUESTION	LOW PASS	PASS	HIGH PASS
(0)	(-3)	(-2) (-1)	(+1) (+2)	(+3) (+4)	(+5) (+6)



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

For Ofc Use

Fee: \$310.4  
Exempt: \_\_\_\_\_  
Late \$ \_\_\_\_\_  
Date \_\_\_\_\_  
Posted: \_\_\_\_\_

Childs-Roshak, Jennifer  
License Number: 014226  
Date Certificate Printed: 9/22/98

# Application for Maine Medical License Registration

Fee: \$310 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE OF 9/30/98

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

## NAME/ADDRESS OF RECORD

Jennifer Childs-Roshak, MD  
[REDACTED]  
[REDACTED]

SEP 17 1998

License No

014226

Social Security I

[REDACTED]

Date of Birth

[REDACTED]

Daytime Phone No.

[REDACTED]

## Type of Registration Classification for Which Applying:

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

## Personal Data Update

A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information.

B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designated for that purpose will also be the address published by the Board in listings and publications available to the general public.

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

Home Mailing Address

If your home address is incorrect, please correct here

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

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

Office Mailing Address

If your office address is incorrect, please correct here

Intermed Yarmouth  
14 Bayview Street  
Yarmouth ME 04096  
Office Phone: ( ) -

259 MAIN ST  
(207) 846-8586

## Practice Data

Check here if ABMS  
certified in this specialty

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

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

- (9.) Primary Specialty: Family Practice ☒  
(10.) Sub-specialty 1: ☐  
(11.) Sub-specialty 2: ☐  
(12.) I am ABMS Specialty Board certified by:  
(Board Name): ☐

## Liability Insurance Data

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

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

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

Insurance Company (Name, Address)

Medical Mutual of Maine

☒ Yes ☐ No

Policy #: [REDACTED]

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

Hospital/Employer: ME Medical Center

Intermed

2477/3101-0371/18-1



### Background Data

**(All Applicants Must Complete)**

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

State	Certificate#	Date	Status
-------	--------------	------	--------

Please add to or correct any of the entries listed at left:


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

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

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

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

- (15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances?

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

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

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

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

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

- (15-8) Disciplined by a professional society or resigned while accusation was pending? 0

- (15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see Instructions)

- (15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.)

- (15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital?

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

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

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

# AFFIDAVIT OF APPLICATION

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

I affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief.

I understand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2).

I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in

particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence.

Date: 7/1/98 Signature: [Signature] M.D.  
Typed or Printed Name: Jennifer Childs-Roshak M.D.

Typed or Printed Name: Jennifer Childs-Roshek, M.D.

For Ofc Use

Staff Rev Date: 9/17/18 Recommendation: OK on C  
Staff Rev Date: \_\_\_\_\_ Recommendation: \_\_\_\_\_

Staff Rev Date: Recommendation:

# CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 9/30/98

Maine License Number: 014226

Name: Childs-Roshak, Jennifer

## CATEGORY I

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

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
Graduate Hosp	Santa Fe, NM	Comprehensive Laparoscopy Course	3/27-3/31/96	21.5
MMC	Portland ME	Cyriax Orthopedic Course	4/22-4/26/96	30
UMass Med. School	Boston, MA	Current concepts Upper Resp Ds.	4/15/97	2.0
Harvard U.	Boston MA	Primer conference	4/14-11/11/97	? (20-20)
CME Consultants	" "	Dyspepsia	11/15/97	1.5
CME Associates	Orlando, FLA	Office Gyn + Women's Health	4/27-3/2/97	23
MAFP	Portland ME	Annual meeting	5/8-5/9/97	13
Penn Med Soc	Portland ME	"For The Record" Risk mgmt	1/98	6.
CMEA	Orlando FL	Peds update	3/1-3/4/98	20

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

TOTAL CATEGORY I CREDITS 7117

(i.e. with mt confer in question)

## CATEGORY II

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

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
Lecture Meniscus	Ed. Institute Boston MA	Decision making for HLT	4/14/97	2.5

TOTAL CATEGORY II CREDITS 2.5

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

Dated: 9/1/98

Physician Signature:

*[Signature]*

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



## Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

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

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

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

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

### Liability Insurance Data:

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

### Background Data:

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

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

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

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

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

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

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

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

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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

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

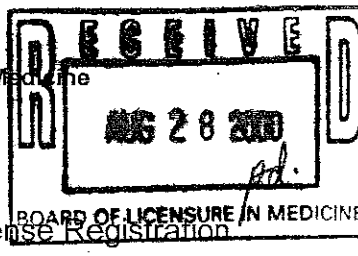
Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 579104. I am also represented by William B. Eagle, Eagle Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 66601.

\*\*\*\*\*

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



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



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

Childs-Roshak, Jennifer  
License Number: 014226  
Date Certificate Printed: 9/11/00

### Application for Maine Medical License Registration

Fee: \$310. UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE OF September 9, 2000

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

#### NAME/ADDRESS OF RECORD

Jennifer Childs-Roshak, MD  
MMC-Family Practice Center  
272 Congress Street  
Portland ME 04101

#### License No

014226

#### Social Security I

[REDACTED]

#### Daytime Phone No.

(207) 874-2466

#### Date of Birth

[REDACTED]

#### Type of Registration Classification for Which Applying:

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

#### Personal Data Update:

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

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

#### Home Mailing Address

[REDACTED]  
[REDACTED]  
[REDACTED]

If your home address is incorrect, please correct here

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

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

#### Office Mailing Address

MMC-Family Practice Center  
272 Congress Street  
Portland ME 04101  
Office Phone: (207) 874-2466

If your office address is incorrect, please correct here

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

#### Practice Data:

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

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

Check here if ABMS certified in this specialty

- (9.) Primary Specialty: Family Practice ☒  
(10.) Sub-specialty 1: \_\_\_\_\_ ☐  
(11.) Sub-specialty 2: \_\_\_\_\_ ☐  
(12.) I am ABMS Specialty Board certified by: \_\_\_\_\_ ☐  
(Board Name): \_\_\_\_\_

#### Liability Insurance Data:

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

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

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

Insurance Company (Name, Address)

Medical Mutual of Maine

☒ Yes ☐ No

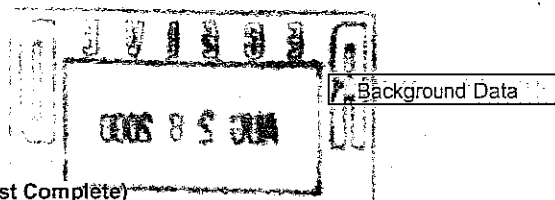
Policy #:

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

Hospital/Employer: InterMed MAINE MEDICAL CENTER

24777/3107-0974/R-16





(All Applicants Must Complete)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### AFFIDAVIT OF APPLICATION

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

I affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief.

I understand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2).

I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence.

Date:

8/8/00

Signature:

*Jennifer Childs-Roshek*

M.D.

Typed or Printed Name:

Jennifer Childs-Roshek, M.D.

For Office Use

Staff Rev Date:

9/9/00

Recommendation:

*[Signature]*

Staff Rev Date:

Recommendation:

## CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 9/30/00

Maine License Number: 014226

Name: Childs-Roshak, Jennifer

*J Childs-Roshak*

### CATEGORY I

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

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED

*L* *Pls. see attached list #7*

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

TOTAL CATEGORY I CREDITS \_\_\_\_\_

### CATEGORY II

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

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS

*L* *Pls see attached list #7*

TOTAL CATEGORY II CREDITS \_\_\_\_\_

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

Dated: 8/11/00

Physician Signature: *J Childs-Roshak*

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



## Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

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

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

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

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

### Liability Insurance Data:

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

### Background Data:

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

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

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

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

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

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

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

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

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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

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

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 579104. I am also represented by William B. Eagle, Eagle Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 66601.

\*\*\*\*\*

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



# **AAFP CME Credit Report for Jennifer Childs-Roshak, MD**

Current as of August 14, 2000

## 1996

Date	Title	CME Credit
01/9/1996	Maine Med Ctr Jan Fp Gr Rds	4.00 Prescribed
02/6/1996	Maine Med Ctr Feb Fp Gr Rds	4.00 Prescribed
03/5/1996	Maine Med Ctr Mar Fp Gr Rds	4.00 Prescribed
03/27/1996	Comprehensive Colposcopy	21.50 Prescribed
04/2/1996	Maine Med Ctr Apr Fp Gr Rds	5.00 Prescribed
04/22/1996	Orthopedic Medicine Course	30.00 Prescribed

Total Prescribed credits for 1996: 68.5

Total Elective credits for 1996: 0

Total Group credits for 1996: 68.5

Total credits for 1996: 68.5

## 1997

Date	Title	CME Credit
02/27/1997	Formal Group Activity- Category 1	23.00 Elective
05/8/1997	5th Me AFP Family Practice Update	13.00 Prescribed
11/14/1997	Formal Group Activity - Category 1	2.50 Elective
11/15/1997	Formal Group Activity - Category 1	3.50 Elective

Total Prescribed credits for 1997: 13

Total Elective credits for 1997: 29

Total Group credits for 1997: 42

Total credits for 1997: 42

## 1998

Date	Title	CME Credit
01/1/1998	Formal Group Activity - Category 1	6.00 Elective
01/6/1998	Me Med Ctr Jan-dec Fam Prac Gr Rds	10.00 Prescribed
03/1/1998	Formal Group Activity - Category 1	20.00 Elective
11/19/1998	Productive Teaching	1.00 Prescribed

Total Prescribed credits for 1998: 11

Total Elective credits for 1998: 26

Total Group credits for 1998: 37

Total credits for 1998: 37

## 1999

Date	Title	CME Credit
01/5/1999	Me Mc Jan-Dec Fp Gr Rds	11.00 Prescribed



09/28/1999	Environmental Health in the New Millenium	3.25 Prescribed
11/16/1999	Connecting with Challenging Teens	5.50 Prescribed
11/18/1999	Teaching Techniques in the Office Setting	1.00 Prescribed
12/7/1999	Information Mastery-An Evidence Based Approach	4.00 Prescribed
12/10/1999	Current Clinical Issues in Primary Care	16.00 Prescribed

**Total Prescribed credits for 1999: 40.75**

**Total Elective credits for 1999: 0**

**Total Group credits for 1999: 40.75**

**Total credits for 1999: 40.75**

## 2000

Date	Title	CME Credit
05/21/2000	Evidence-Based Alternative Medicine	19.00 Prescribed

**Total Prescribed credits for 2000: 19**

**Total Elective credits for 2000: 0**

**Total Group credits for 2000: 19**

**Total credits for 2000: 19**

<b>CME Credits for 1996 - 2000</b>	<b>Total Prescribed Credits: 152.25</b>
	<b>Total Elective Credits: 55</b>
	<b>Total Group Credits: 207.25</b>
	<b>Total Credits: 207.25</b>

Provided to AAFP members on a complimentary basis as a membership service.



**American Academy of Family Physicians**  
The doctors who specialize in you ®

*Robert Graham*

Robert Graham, M.D.  
Executive Vice President  
American Academy of Family Physicians

→ Also has Jan-May Grand Rounds  
→ Also has teaching credits

29.0 credits  
20.0 credits

These have been reported but have not made the print-out to date.



STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE  
137 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0137

JOHN ELIAS BALDACCI  
GOVERNOR

EDWARD DAVID, M.D.J.D.  
CHAIRMAN

RANDAL C. MANNING  
EXECUTIVE DIRECTOR

February 7, 2003

Jeffinifer Childs-Roshak, M.D.  
MMC-Family Practice Center  
272 Congress Street  
Portland, ME 04101

Re: **Maine medical license**  
**License number: 014226**

Dear Doctor:

I am writing in regard to your license to practice medicine and surgery in Maine. Your License was due for renewal on 9/30/2002. On 7/24/2002 an application form to renew your License was mailed to your last known address. A second notice was sent 10/7/2002. On 11/15/2002 a suspend notice was mailed certified mail, return receipt requested, informing you that your license would lapse by operation of law if a completed renewal application form was not received by this office within 30 days.

Please be informed that because we have not received a completed renewal application form from you, your license to practice medicine and surgery in Maine lapsed by operation of law on 12/26/2002, and by confirming action of the Board on 1/14/2003.

You may not practice medicine nor prescribe in the state of Maine.

Sincerely,

  
Randal C. Manning  
Executive Director

RCM/bae

Childs-Roshak, Jennifer  
License No: 014226  
Lapse Date: 12/26/02  
2477  
338-0486  
B/30

OFFICE LOCATION: TWO BANGOR STREET, AUGUSTA, ME

PHONE: (207) 287-3601

FAX: (207) 287-6590

entry  
10/3/03  
m



STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE  
137 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0137

EDWARD DAVID, M.D.J.D.  
CHAIRMAN

ANGUS S. KING, JR.  
GOVERNOR

RANDAL C. MANNING  
EXECUTIVE DIRECTOR

November 15, 2002

Jennifer Childs-Roshak, MD  
MMC-Family Practice Center  
272 Congress Street  
Portland ME 04101

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

Re: Notice of Suspension of Maine medical license  
License number: 014226

7099 3400 0016 6026 993 6

Dear Doctor:

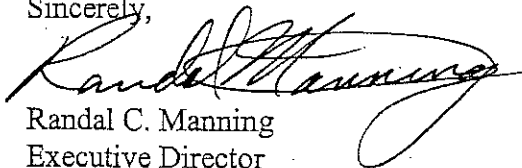
The Board of Licensure in Medicine is required to notify you that, pursuant to the Maine Revised Statutes Annotated (M.R.S.A.), Title 32, § 3280-A, your license to practice medicine and surgery in Maine is administratively suspended for thirty (30) calendar days, effective this date.

**YOU CANNOT LEGALLY PRACTICE MEDICINE IN MAINE UNTIL A COMPLETE REREGISTRATION APPLICATION IS FILED WITH THE BOARD.** If your complete reregistration application, including the \$100 late fee, is not submitted **WITHIN THIRTY (30) DAYS**, your license will immediately and automatically lapse by operation of law without further notice.

The basis for this action is your failure to apply, in a timely fashion, for renewal of your Maine medical license. Renewal is required upon notice of expiration mailed by the Board to your last known address. A **first notice of expiration of registration** was mailed to you on 7/24/2002. A **notice of past due registration** was mailed to you on 10/7/2002.

Please respond to retain your license.

Sincerely,

  
Randal C. Manning  
Executive Director

RCM/bae

OFFICE LOCATION: TWO BANGOR STREET, AUGUSTA, ME

PHONE: (207) 287-3601

FAX: (207) 287-6590





*The Teaching Faculty at Maine Medical Center*

02 ✓

*lapsed 12/26/02*

October 7, 1999

*014226*

To Whom It May Concern:

MMC Family Practice Center  
272 Congress Street  
Portland, ME 04101  
(207) 874-2466  
fax: (207) 774-4625

Please note that the address change below:

**Old Address:**

Jennifer Childs-Roshak, MD  
Intermed Yarmouth  
259 Main Street  
Yarmouth, ME 04096

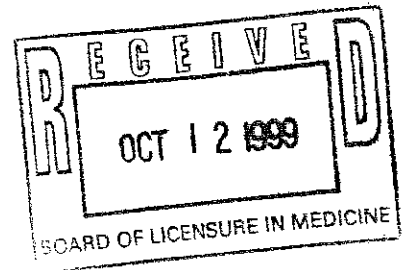
**New Address:**

Jennifer Childs-Roshak, MD  
MMC-Family Practice Center  
272 Congress Street  
Portland, ME 04101

*Charles M. Belisle, M.D.  
Mark P. Bouchard, M.D.  
Jacquelyn B. Carwley, D.O.  
Jennifer Childs-Roshak, M.D.  
Peggy R. Cyr, M.D.  
William W. Dexter, M.D.  
George K. Dreher, M.D.  
Ann K. Skelton, M.D.  
Deborah Tetreault, N.P.*

Falmouth Family Practice  
5 Bucknam Road, Suite 2C  
Falmouth, ME 04105  
(207) 781-1500  
fax: (207) 781-1507

*Michael P. Madan, M.D.  
Kathleen McGarr, M.D.*

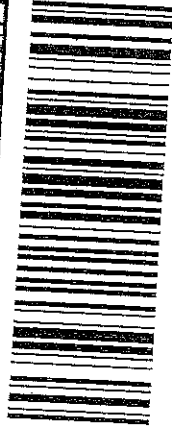


If you have any questions or concerns, please call the MMC-Family Practice Center at (207)874-2466.

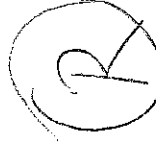
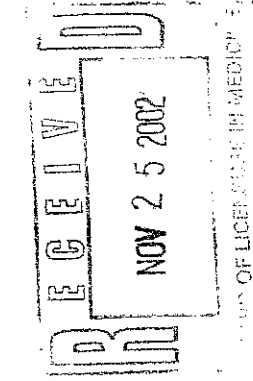
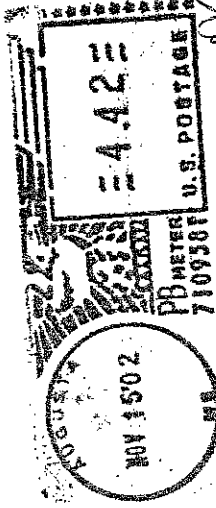
Thank you in advance for your attention to this matter.

STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE  
137 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0137  
CHANGE SERVICE REQUEST

**CERTIFIED MAIL**



7099 3400 0016 6026 9936



Jennifer Childs-Roshak, MD  
MMC-Family Practice Center  
NIXIE 2000 1

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

12 11/21/02

04333-0137

04333-0137