



Frank H. Murkowski, Governor

Department of Community and Economic Development

Division of Occupational Licensing

P.O. Box 110806, Juneau, AK 99811-0806

Telephone: (907) 465-2534 • Fax: (907) 465-2974 • Text Telephone: (907) 465-5437

Email: License@dcad.state.ak.us • Website: www.dcad.state.ak.us/occ/

June 6, 2003

Mr. Colin Matthews,
Senior Investigator
Division of Occupational Licensing
550 West 7th Avenue, Suite 1500
Anchorage, AK 99501-3567

Dear Mr. Matthews:

Enclosed is the copy of the licensure file for Dr. Donald C. Willis, license number 4825.
No portions of the file have been omitted or obscured.

If you have any questions, please contact this office at the above address or call (907) 465-2541 during office hours of 8:00 a.m. to 4:30 p.m.

Sincerely,

Linda Sherwood
Licensing Examiner
Alaska State Medical Board





Frank H. Murkowski, Governor

**Department of Community
and Economic Development**

Division of Occupational Licensing

P.O. Box 110806, Juneau, AK 99811-0806

Telephone: (907) 465-2534 • Fax: (907) 465-2974 • Text Telephone: (907) 465-5437

Email: License@dc.ed.state.ak.us • Website: www.dced.state.ak.us/occ/

CERTIFICATION

I, Linda Sherwood, Licensing Examiner in the Division of Occupational Licensing, a division of the State of Alaska, Department of Community and Economic Development, do hereby certify that I am the keeper of the records for the State Medical Board and that the attached documents are certified true copies of the licensing file for Donald Clyde Willis, holding Alaska license number 4825, with an initial license date of April 9, 2002, and an expiration date of December 31, 2004. Since this is an investigative request for the file, social security numbers have not been obscured.

Linda Sherwood 6-6-03
Linda Sherwood, Licensing Examiner Date



No. 4825

State Of Alaska

Department of Community and Economic Development
Division of Occupational Licensing

DONALD CLYDE WILLIS

**IS A LICENSED
PHYSICIAN**

Effective
12/30/2002

Expiration
12/31/2004

Date of Birth
08/28/1943

Signature

Donald C. Willis

Donald C. Willis, M.D.
2701 Turner St., Apt. 1-B
Fairbanks, AK 99701-6993

RECEIVED
MAR 18 2003
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

March 12, 2003

State of Alaska
Dept. of Community & Economic Development
Division of Occupational Licensing
P.O. Box 110806
Juneau, AK 99811-0806

Dear Sir or Madame:

Re: Alaska Medical License # 4825

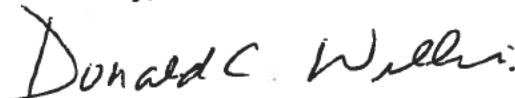
Although I have resided in Alaska for one year, I have not worked in Alaska and have no plans to do so. My plan is to relocate to another state.

It is therefore my wish to cancel and surrender my Alaska Medical License # 4825. Enclosed is my original wallet card.

Please advise as to additional steps, if any, which I must take in order to cancel my license.

Thank you very much.

Sincerely,



Donald C. Willis, M.D.

Don Willis, M.D.
2701 Turner St., Apt. 1-B
Fairbanks, AK 99701-6993



State of Alaska
Dept of Community & Economic Development
Division of Occupational Licensing
PO Box 110806

Juneau, AK

99811-0806

FAX TRANSMITTAL

STATE OF ALASKA
DEPARTMENT OF COMMUNITY
AND ECONOMIC DEVELOPMENT

DEBORAH B. SEDWICK
COMMISSIONER



DIVISION OF OCCUPATIONAL
LICENSING
P.O. BOX 110806
JUNEAU, AK 99811-0806
TELEPHONE: (907) 465-2534
FAX: (907) 465-2974

TO: Jana Walters DATE: 3-10-03

COMPANY: _____

FAX NO. 907-458-5324

FROM: Linda Sherwood
Licensing Examiner
Telephone: (907) 465-2541
E-mail: linda_sherwood@dced.state.ak.us

NUMBER OF PAGES INCLUDING COVER: _____

HARD COPY TO FOLLOW? YES NO

RE: _____

If FAX does not transmit properly, please call
(907) 465-2541 immediately.

This FAX is intended to be reviewed by the individual named above. If you received this FAX in error, please immediately notify the sender by telephone, and return the FAX to the sender at the above address. Thank you.

No. 4825

Effective: 12/30/2002

Expires: 12/31/2004

STATE OF ALASKA

DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

P.O. Box 110806, Juneau, Alaska 99811-0806

STATE MEDICAL BOARD

Certifies that

DONALD CLYDE WILLIS

IS A LICENSED

PHYSICIAN

Acting Commissioner: Thomas W. Lawson

Wallet Card

No. 4825

State Of Alaska

Department of Community and Economic Development
Division of Occupational Licensing

DONALD CLYDE WILLIS

IS A LICENSED
PHYSICIAN

Effective	Expiration	Date of Birth
12/30/2002	12/31/2004	06/26/1943

Signature _____

IT IS YOUR RESPONSIBILITY TO BE AWARE OF
THE CONTINUING EDUCATION REQUIREMENTS
FOR RENEWAL.

WALL CERTIFICATES SUITABLE FOR FRAMING
ARE AVAILABLE FOR A FEE OF \$20.

THE FEE FOR VERIFICATIONS OF LICENSURE OR
LETTERS OF GOOD STANDING IS \$20.

PER 12 AAC 02.900 YOU MUST NOTIFY US IN
WRITING IF YOU CHANGE YOUR MAILING
ADDRESS. YOU MAY FAX YOUR ADDRESS
CHANGE TO (907) 465-2974.

MED

DONALD CLYDE WILLIS
2701 TURNER ST, APT 1-B
FAIRBANKS AK 99701-6993



ALASKA STATE MEDICAL BOARD

Department of Community & Economic Development
Division of Occupational Licensing
Juneau AK 99811-0806
P. O. Box 140806
E-mail: license@dced.state.ak.us

A-K (907) 485-2758
L-Z (907) 485-2541

RECEIVED MED

DEC 26 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

621528

295 ✓

MED S 4825
DONALD CLYDE WILLIS
2701 TURNER ST, APT 1-B
FAIRBANKS AK 99701

PRORATED MEDICAL LICENSE RENEWAL APPLICATION LICENSE NUMBER 4754 AND ABOVE

For the Period of January 1, 2003 thru December 31, 2004

INSTRUCTIONS - Please read carefully.

Your license to practice medicine in Alaska lapses December 31, 2002. There is no grace period. It is illegal for you to practice if your license is lapsed. To renew your license for the coming license period, please return this signed application to the above address with a check or money order payable to the State of Alaska. This is the only renewal notice you will receive. If you wish to receive confirmation that the board has received your renewal, mail it certified, return receipt requested. Receipt of the renewal form does not mean processing is complete or that a renewed license has been issued.

RENEWAL DUE DATE

For renewal prior to December 31, 2002, your completed renewal form and fees must be received in our office no later than December 1, 2002. Processing of a complete renewal takes three to four weeks from the date of receipt in our office - plan accordingly. Your renewal will be rejected if the form is incomplete or insufficient fees are received.

NAME CHANGE

If you have had a legal name change since your last license was issued, enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.

SOCIAL SECURITY NUMBERS

In accordance with AS 08.01.100(e), the department is not authorized to renew a license unless the licensee's social security number has been provided to the department.

LAPSED LICENSES

If you choose not to renew your license before it lapses, you may renew the license at a later date only after meeting the requirements of regulation 12 AAC 40.025 (see page 4). Licenses that are expired for more than five years may not be renewed.

INACTIVE LICENSES

You may not practice medicine or write prescriptions in Alaska with an inactive license. BEFORE YOU RENEW YOUR LICENSE AS INACTIVE, please carefully review 12 AAC 40.033, page 4, regarding reactivation requirements.

RETIRED LICENSES

There is a one-time fee for the remainder of the licensee's lifetime. A physician may not practice medicine on a retired license, nor is there a requirement to meet CME under a retired license. BEFORE YOU RETIRE YOUR LICENSE, please carefully review 12 AAC 40.031 regarding reactivation requirements that are included in this renewal (page 4).

PAYMENT OF CHILD SUPPORT OR STUDENT LOANS

If the Alaska Child Support Enforcement Division has determined you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you will be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Enforcement at (907) 269-6686, (907) 269-6688, or 1-800-478-3360 or Post-Secondary Education at 888/441-2981 to resolve payment issues.

PUBLIC INFORMATION

All information on this renewal form will be available to the public unless required to be kept confidential by law. Current licensee information, including mailing address, is available on the division's of Occupational Licensing's website at www.dced.state.ak.us/occ under "Occupational License Search."

Check appropriate box:



PRORATED ACTIVE
LICENSE - \$295



PRORATED INACTIVE
LICENSE - \$125



RETIRED LICENSE \$100

PERSONAL INFORMATION: (PRINT LEGIBLY OR TYPE)

NAME (Last, First, Middle) WILLIS DONALD CLYDE		SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
PRACTICE ADDRESS (Complete address) None		Use as Address of Record: <input type="checkbox"/>
RESIDENCE ADDRESS (Complete address) 2701 TURNER ST, APT 1-B, FAIRBANKS, AK 99701-6993		Use as Address of Record: <input checked="" type="checkbox"/>
WORK TELEPHONE None	E-MAIL ADDRESS: donwillis@aol.com	
SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH (MM/DD/YYYY) 06 26 1943	ALASKA LICENSE NO. 177 4825

10. ☒ NO ☐ YES

Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid, or are to be paid, by you, or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?

11. ☒ NO ☐ YES

Have you been investigated by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason?

RECEIVED

DEC 26 2002

CONTINUING MEDICAL EDUCATION

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

If your license number is 4754 and above, you are not required to document CME for this renewal only. However, you must comply with appropriate regulations for future renewals. Please refer to the regulations on page 4.

I hereby certify and affirm that the information provided in this application document is true and correct.

✓ Sign here

Donald C. Willis
Applicant's Signature

Date

12 26 02

BEFORE YOU MAIL THIS RENEWAL APPLICATION: HAVE YOU?

- Completed all questions in the form?
- Signed the renewal form?
- Attached your check for fees payable to the State of Alaska?
- Attached explanations for any 'yes' responses?

PUBLIC INFORMATION

All information on this renewal form will be available to the public unless required to be confidential by law.

All regulations referenced in this application for renewal may be found on page 4.

WARNING: The medical board may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230)

NOTIFICATION OF PROPOSED REGULATIONS CHANGES

If you would like to receive notice of all proposed medical regulation changes, please send a written request adding your name to the "Medical" Interested Parties List to:

REGULATIONS SPECIALIST

Dept. of Community and Economic Development - Division of Occupational Licensing
Post Office Box 110806
Juneau AK 99811-0806

Don Willis, M.D.
2701 Turner St., Apt. 1-B
Fairbanks, AK 99701-6993



Div of Occupational Licensing

P.O. Box 110806

Juneau, AK

99811-0806

LT
RECEIVED
MAR 18 2002
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

2701 TURNER St., Apt 1-B
Fairbanks, AK 99701
3-15-02

Ms. Sher Zinn, Licensing Examiner
Alaska State Medical Board
State of Alaska
Dept of Community & Economic Development
Div of Occupational Licensing
P.O. Box 110806
Juneau, AK 99811-0806



Dear Ms. Zinn:

This letter is to inform you of my change of address and home phone. My new permanent residential address is on Turner St in Fairbanks as noted above in the letter head. My new residential telephone number is: (907) 452-4114. *done 3/29*

The second purpose of this letter is to ask that you release all information regarding my current application for conversion of my Locum Permit to a permanent license to my intended new employer as follows:

Mr. James C. Kohler, CHE
Health Center Director
Chief Andrew Isaac Health Center
1408 19th Avenue
Fairbanks, AK 99701

RECEIVED
APR 19 2002
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

Office telephone: (907) 451-6682 Ext3607

Thank you very much.

Sincerely,

Donald C. Willis
Donald C. Willis, M.D.

copy: James C. Kohler, CHE

→ Sher

No. 4825
Effective: 04/09/2002
Expires: 12/31/2002

STATE OF ALASKA
DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
Division of Occupational Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806
STATE MEDICAL BOARD

Certifies that
DONALD CLYDE WILLIS
IS A LICENSED
PHYSICIAN

Commissioner: Deborah B. Sedwick

Wallet Card

No. 4825
State Of Alaska
Department of Community and Economic Development
Division of Occupational Licensing
DONALD CLYDE WILLIS
IS A LICENSED
PHYSICIAN

Effective	Expiration	Date of Birth
04/09/2002	12/31/2002	06/28/1943

Signature _____

IT IS YOUR RESPONSIBILITY TO BE AWARE OF
THE CONTINUING EDUCATION REQUIREMENTS
FOR RENEWAL.

WALL CERTIFICATES SUITABLE FOR FRAMING
ARE AVAILABLE FOR A FEE OF \$20.

THE FEE FOR VERIFICATIONS OF LICENSURE OR
LETTERS OF GOOD STANDING IS \$20.

PER 12 AAC 02.900 YOU MUST NOTIFY US IN
WRITING IF YOU CHANGE YOUR MAILING
ADDRESS. YOU MAY FAX YOUR ADDRESS
CHANGE TO (907) 465-2974.

MED

DONALD CLYDE WILLIS
2701 TURNER ST, APT 1-B
FAIRBANKS AK 99701



ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development
Division of Occupational Licensing
(333 Willoughby Avenue - Ninth Floor)
Post Office Box 110806, Juneau Alaska 99811-0806
(907) 465-2756 A - K or (907) 465-2541 L - Z
E-Mail: license@dced.state.ak.us

FINAL BOARD ACTION

William Donald Chyle
PHYSICIAN APPLICANT'S NAME (Last, First, Middle)

☒ MD ☐ DO ☐ DPM

APPROVAL TO GRANT A PERMANENT, UNRESTRICTED LICENSE

At a regularly scheduled meeting of the Alaska State Medical Board, the board examined the credentials and verifications submitted by and provided on behalf of the physician applicant named above. Following careful consideration, the board determined that the applicant has met the qualifications for a medical license in this state; and therefore, the board voted to grant to this physician a permanent and unrestricted license to practice medicine.

PENDING: ☐ Fees

☐ NPDB Report

☐ Other

Signature, Board Member

[Signature]

Date 4 April 2002

APPROVAL TO GRANT A LICENSE WITH CONDITIONS

At a regularly scheduled meeting of the Alaska State Medical Board, the board examined the credentials and verifications submitted by and provided on behalf of the physician applicant named above. Following careful consideration, the board determined that the applicant has met the qualifications for a medical license in this state; and therefore, the board voted to grant a permanent license to practice medicine to the above named physician with the following conditions:

Conditions of Licensure:

Signature, Board Member

Date _____

LICENSE APPLICATION DENIED

At a regularly scheduled meeting of the Alaska State Medical Board, the board examined the credentials and verifications submitted by and provided on behalf of the physician applicant named above. Following careful consideration, the board voted to deny a permanent license to practice medicine to the applicant physician for the following reason(s):

Basis for Denial:

Signature, Board Member

Date _____

For Staff Use Only: License Issued Date 4/9/02

License No. 4825

By [Signature]

Application Referred to _____ for MOA or _____

Notice of board action to: _____ Paralegal _____ FSMB Report Submitted _____ NPDB Report _____ Other _____

ALASKA STATE MEDICAL BOARD

Checklist - Temporary Permit

Applicant

Name

Willis

Donald

Clyde

☒ MD☐ DO☐ DPM

Specialty

OB/GYN

App by: ☒ Credentials

CA

☐ Exam

Subspecialty

Subspecialty

Date Received

Start Date (If Known)

1/30/02

Fees:

☒ App Fee

\$ 250

Receipt # 592667

☒ License Fee

\$ 145

Receipt # 592667

\$

Receipt #

Exy

1/30/02

Application, with photo and notary

2/13/02

Authorization for Release of Records

2/19/02

Exam Scores - Type of Exam:

☐ USMLE☐ FLEX☒ NBME☐ State

1/12/01

Medical School Diploma/Transcript

Accredited: ☒ Yes ☐ No

2/19/02

Verification from Medical School

1/12/01

Internship/Residency Certificates

Accredited: ☒ Yes ☐ No☒ Graduated BEFORE 01/01/1995 - 1 yr PG Required

not gear 1 - Canada

☐ Graduated AFTER 01/01/1995 - 2 yrs PG Required☐ International Medical Graduate - 3 yrs PG Required

ECFMG Certificate No.

3/1/02

Verifications from Postgraduate Training Programs - Rec'd: 1) ☒2) ☒3) ☒4) ☒5) ☒

12/7/01

Verifications of Licensure:

OR, CA, AK LT permit

3/13/02

Hospital Privileges List

see list

2/1/02

DEA Clearance Report

1/15/01

Federation of State Medical Boards Clearance Report

2/7/02

AMA/AOA Physician Profile

Discrepancies:

NPDB Report

☐ Requested☐ Received☐ NO☒ YES

Irregularities, "Yes" Responses, Other Adverse Information Noted in Application - Specify:

#23, 32a, 36a, 45, reviewed at Jan. board meeting

2/16/02

Application Status Letter Sent: 1) 2/16/02

2)

3)

3/14/02

Application Complete - File to Exec Administrator

BOARD MEMBER/DESIGNEE REVIEW APPROVAL FOR TEMPORARY PERMIT

Interview Required: ☐ NO ☐ YES Reason for Interview

Interview @ locums done

☒ APPROVED for permit☐ DENIED - to be considered by full board

Comments:

Signature

Martha V. Cotten

Board Member/Designee

Date Reviewed

Temporary Permit No.

112717

Date Issued

183

Permanent Address Change Effective 3-11-02



OLD ADDRESS

1101 CORDOVA ST, Apt 129
Anchorage, AK 99501

NEW ADDRESS

2701 TURNER ST., APT 1-B
FAIRBANKS, AK 99701

TEL: (907) 452-4114

Donald C. Willis.
Donald C. Willis, M.D.

P. 01

MAR-10-2003 MON 03:11 PM

[illegible]

TX TIME	PAGES	TYPE
0000	1	TX
0001	1	TX
0002	1	TX
0003	1	TX
0004	1	TX
0005	1	TX
0006	1	TX
0007	1	TX
0008	1	TX
0009	1	TX
0010	1	TX
0011	1	TX
0012	1	TX
0013	1	TX
0014	1	TX
0015	1	TX
0016	1	TX
0017	1	TX
0018	1	TX
0019	1	TX
0020	1	TX
0021	1	TX
0022	1	TX
0023	1	TX
0024	1	TX
0025	1	TX
0026	1	TX
0027	1	TX
0028	1	TX
0029	1	TX
0030	1	TX
0031	1	TX
0032	1	TX
0033	1	TX
0034	1	TX
0035	1	TX
0036	1	TX
0037	1	TX
0038	1	TX
0039	1	TX
0040	1	TX
0041	1	TX
0042	1	TX
0043	1	TX
0044	1	TX
0045	1	TX
0046	1	TX
0047	1	TX
0048	1	TX
0049	1	TX
0050	1	TX
0051	1	TX
0052	1	TX
0053	1	TX
0054	1	TX
0055	1	TX
0056	1	TX
0057	1	TX
0058	1	TX
0059	1	TX
0060	1	TX
0061	1	TX
0062	1	TX
0063	1	TX
0064	1	TX
0065	1	TX
0066	1	TX
0067	1	TX
0068	1	TX
0069	1	TX
0070	1	TX
0071	1	TX
0072	1	TX
0073	1	TX
0074	1	TX
0075	1	TX
0076	1	TX
0077	1	TX
0078	1	TX
0079	1	TX
0080	1	TX
0081	1	TX
0082	1	TX
0083	1	TX
0084	1	TX
0085	1	TX
0086	1	TX
0087	1	TX
0088	1	TX
0089	1	TX
0090	1	TX
0091	1	TX
0092	1	TX
0093	1	TX
0094	1	TX
0095	1	TX
0096	1	TX
0097	1	TX
0098	1	TX
0099	1	TX

NOTE

M# DP

MAR-10 03:08 PM 919703922110242

2' 56"

10 SEND

OK

886

TOTAL : 2M 56S PAGES: 10

HARD COPY TO FBI IN W? VCC NO



ALASKA STATE MEDICAL BOARD

MED

Department of Community and Economic Development
Division of Occupational Licensing
(333 Willoughby Street - Ninth Floor)
Post Office Box 110806 Juneau AK 99811-0806
A - K: 907/465-2756 L - Z: 907/465-2541
E-mail: license@dced.state.ak.us

For Office Use Only

RECEIVED

395.4p
JAN 30 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

Receipt No.

Amount

592667

APPLICATION FOR PHYSICIAN LICENSURE IN ALASKA

PART I PERSONAL INFORMATION (Type or Print Legibly)

1	Full Legal Name (Last, First, Middle)	WILLIS, DONALD CLYDE		<input type="checkbox"/> Jr.
2	Other Names Used (Incl. Maiden Name)	None		
3	Legal Name Changes (Provide copies)	None		
4	Social Security Number	[REDACTED]	Date of Birth	6-26-43
5	Place of Birth (City, State, Country)	Berkeley, CALIF, USA		
6	Full Practice Address	ALASKA NATIVE MEDICAL CENTER 4320 Diplomacy Drive, Anchorage, AK 99508		
7	Full Residence Address	1101 CORDOVA ST, Apt 129 Anchorage, AK 99501-6510		
8	Telephones	Work (907) 729-3271	Home (907) 277-4846	
9	E-Mail Address (Optional)			
10	Preferred Address of Record	<input type="checkbox"/> Use Practice Address	<input checked="" type="checkbox"/> Use Residence Address How long at this address? 1 month	
11	Professional Designation	<input checked="" type="checkbox"/> Allopathic Physician (MD) <input type="checkbox"/> Osteopathic Physician (DO)	<input checked="" type="checkbox"/> Application by Credentials <input type="checkbox"/> Application by Examination (Alaska is first state of licensure)	
12	Previous License/Permit In ALASKA?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	If YES, what type and when: Type: LDCM Year: January, 2002	

13. Military Service

Have you ever been in the armed forces?

☐ Yes

☒ No

RECEIVED

JAN 30 2002

If YES, branch of service: _____

Date of commission: _____

Date and Type of Discharge: _____

Locations where you served: _____

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

PART II EDUCATION

14. Medical School Education List the medical school(s) you attended and from which you graduated.

Yr	SCHOOL	MAILING ADDRESS	(MM/YYYY)	Completed Yes/No
1	INDIANA UNIV School of Medicine	425 University BLVD. Indianapolis IN 46202-5144	From 08-1972 To 02-1976	YES
2			From To	
3			From To	
4			From To	
5			From To	

15. Postgraduate Training List internship, residency, or fellowship training programs chronologically.

Yr	HOSPITAL	MAILING ADDRESS	(MM/YYYY)	Completed Yes/No
1	ROYAL JUBILEE HOSPITAL	1900 FORT ST (Rotating internship) VICTORIA, BC, CANADA V8R1J8	From 06/1976 To 06/1977	YES
2	STANFORD UNIV MEDICAL CTR	MEDICAL CENTER (ORIGIN Residency) STANFORD, CA 94305	From 07/1977 To 07/1980	YES
3			From To	
4			From To	
5			From To	
6			From To	

16. **Examination History** Please specify National Boards, FLEX, LMCC, USMLE, or a state written examination.

Exam Series	Location	Date Taken (MM-YYYY)	Result
National Boards	INDIANAPOLIS, IN	06/1975	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

17. **ECFMG Certification - International Graduates Only**

If you are an international medical graduate, have you taken the ECFMG exam? ☐ Yes ☐ No

If Yes, ECFMG Certificate No.

Date Issued (MM/YYYY)

Attach a certified true copy of the certificate to this application.

18. **Specialty** Attach certified true copies of board certificates.

Specialty/Subspecialty	Board Certified? Yes/No/Year	What Board?	Recert. Date -Year
OB/GYN	YES ¹⁹⁸²	American Board of OBSTETRICS & GYN ECOLOGY	Not required

RECEIVED

JAN 10 2002

PART III PROFESSIONAL ACTIVITIES

19. **Professional Licensure** Please list all states, territories, provinces, or foreign countries in which you have ever held medical licenses. Include instructional or training permits. Failure to disclose all licenses may result in disciplinary sanctions.

	Location (State, territory, etc.)	License Number	Date Issued	Current Status
1	OREGON	10994	1-13-78	expired
2	CALIFORNIA	G35712	10-17-77	Active
3	ALASKA	?	1-18-02	Active License FEMENS Permit
4				
5				
6				
7				
8				
9				
10				
11				
12				

If necessary, continue to list on a separate sheet of paper labeled with your name and signed by you.

1/21/17

188

20. Medical Societies and Professional Organizations

Name of Organization	Address	Date From/To - YYYY
American College of Obstetricians & Gynecologists	PO Box 96920 Washington, D.C. 20090-6920	3-31-84 to present
American Association of Gynecologic Laparoscopists	13071 E. FLORENCE AVE. SANTA FE SPRINGS, CA 90670-4505	6-81 to present

RECEIVED

JAN 30 2002

21. Hospital Affiliations

Have you ever held hospital privileges?

☒ Yes

☐ No

DIVISION OF
OCCUPATIONAL LICENSING
NEAU

If Yes, please list all hospitals in which you have been credentialed within the immediate past five years.

HOSPITAL		MAILING ADDRESS		WHEN PRIVILEGED (MM/YYYY)	
1	GOOD SAMARITAN HOSPITAL	SAN JOSE, CA 95124	From	02/1995	
			To	07/1997	
2	COMMUNITY HOSPITAL OF LOS GATOS	LOS GATOS, CA 95030	From	02/1995	
			To	07/1997	
3	ST. MARY MEDICAL CENTER	Apple Valley, CA 92303	From	07/1997	
			To	01/2002	Present (Leave of Absence)
4	VICTOR VALLEY Comm. Hospital	Victorville, CA 92352	From	07/1997	
			To	01/2002	Present (Leave of Absence)
5	BARSTOW COMM. HOSPITAL	BARSTOW, CA 92311	From	05/2001	
			To	Present	(Leave of Absence)
6			From		
			To		
7			From		
			To		
8			From		
			To		

If necessary, continue to list of a separate sheet of paper labeled with your name and signed by you.

22. Medical Work History

Please provide a chronological listing of all medical and non-medical activities beginning with your graduation from medical school to the present date with no more than a 60-day gap in time. You may attach a detailed curriculum vitae as long as all information is included. Please explain any gap in time from practice of more than sixty (60) days' duration.

Date (MM/YYYY)	Location (City, State, or Other Country)	Activity
From		PLEASE SEE ENCLOSED CV
To		

From		
To		

From		
To		

RECEIVED

JAN 31 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

From		
To		

From		
To		

From		
To		

From		
To		

From		
To		

From		
To		

From		
To		

From		
To		

If necessary, continue to list on a separate sheet of paper labeled with your name and signed by you.

Have you ever had any claims of malpractice filed against you?

☐ No

☒ Yes

If Yes, please list all claims of malpractice filed against you below. Include all settlements, judgments, awards, and claims for which no money was paid. Provide a brief description of each claim listed on a separate sheet of paper labeled with your name and signed by you.

Date of Occurrence (MM/YYYY)	Nature of Alleged Malpractice	Amount Paid
3-13-00	Wrongful Death of unborn child	0.00
10-25-99	Perforation of small bowel	\$ 29,999 ⁰⁰
4-1-98	Post-op vesicovaginal fistula	12,000
		RECEIVED
		JAN 31 2002
		DIVISION OF
		OCCUPATIONAL LICENSING
		JUNEAU

SPECIAL INSTRUCTIONS FOR PARTS IV AND V

In responding to the questions in Parts IV and V below, please check the appropriate box next to each question. A "Yes" response to a question does not automatically result in a denial of license application. **For each "Yes" response to any question, you must provide a separate, signed statement giving full details including dates, locations, type of action, organizations or parties involved, and specific circumstances.** When in doubt about your response, disclose and provide the explanation requested. Please answer parts A and B of each question.

CONFIDENTIALITY

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

PART IV DISCIPLINARY HISTORY

IMPORTANT! PLEASE READ BEFORE ANSWERING THE DISCIPLINARY HISTORY QUESTIONS.

For the purposes of this application, the word "discipline" is used. There are many forms of disciplinary actions that may be imposed by organizations, schools, programs, licensing authorities, and other agencies. Such disciplinary actions may include but not be limited to: Suspension, Surrender, Revocation, Probation, Reprimand, Censure, Restricted License, Limited License, Conditioned License, or Letters of Counseling, Concern, Warning, Caution, Admonishment, Reprimand, etc. If you are unsure about your response, please contact our office.

- 24a. ☒ No ☒ Yes ☒ No Have you ever been convicted of a crime (felony or misdemeanor) in any jurisdiction of the United States, including military, or any international jurisdiction?
- 24b. ☒ No ☒ Yes ☒ No DW Is any such action pending?

Continued on next page

- 25a. ☒ No ☐ Yes Have you ever been charged with a crime (felony or misdemeanor) in any jurisdiction of the United States, including military, or any international jurisdiction that did not result in acquittal or dismissal?
- 25b. ☒ No ☐ Yes Is any such action pending?
- 26a. ☒ No ☐ Yes Relating to the practice of medicine, has there ever been a finding of, or have you ever been found guilty of, professional misconduct, unprofessional conduct, incompetence, or negligence, by any jurisdiction of the United States, including military, or any international jurisdiction?
- 26b. ☒ No ☐ Yes Is any such action pending?
- 27a. ☒ No ☐ Yes Relating to the practice of medicine, have you ever had charges filed against you alleging professional misconduct, unprofessional conduct, incompetence, or negligence, in any jurisdiction of the United States, including military, or any international jurisdiction?
- 27b. ☒ No ☐ Yes Is any such action pending?
- 28a. ☒ No ☒ Yes *NO DW* Has any hospital or other health care facility disciplined, restricted, or terminated your professional training, employment, or privileges (except for late medical records)?
- 28b. ☒ No ☐ Yes Is any such action pending? *SEE "NPDR ENTRY IN MY NAME" ON FILE WITH ALASKA STATE MEDICAL BOARD IN LUCAS TONER'S ABANDONED FILE.*
- 29a. ☒ No ☐ Yes Have you ever voluntarily or involuntarily resigned or withdrawn from professional training, from employment, or your privileges from any hospital or other health care facility to avoid the imposition of disciplinary sanction, restriction, or termination?
- 29b. ☒ No ☐ Yes Is any such action pending?
- 30a. ☒ No ☐ Yes Have you ever been disciplined by a medical school or post-graduate training program?
- 30b. ☒ No ☐ Yes Is any such action pending?
- 31a. ☒ No ☐ Yes Have you ever had a license to practice medicine disciplined by any authority including a state medical board or a military authority (except for late medical records)?
- 31b. ☒ No ☐ Yes Is any such action pending? *"NPDR ENTRY IN MY NAME" WAS NON ASSOCIATORY*
- 32a. ☐ No ☒ Yes Have you ever been under investigation by any medical licensing jurisdiction or authority?
- 32b. ☒ No ☐ Yes Is any such action pending? *"NPDR ENTRY IN MY NAME"*

Continued on next page

33a. ☒ No ☐ Yes

Have you ever had a medical license application denied by any medical licensing jurisdiction or authority?

33b. ☒ No ☐ Yes

Is any such action pending?

34a. ☒ No ☐ Yes

Have you ever voluntarily or involuntarily withdrawn an application for a license to practice medicine in any United States jurisdiction or any international jurisdiction?

34b. ☒ No ☐ Yes

Is any such action pending?

35a. ☒ No ☐ Yes

Have you ever voluntarily or involuntarily surrendered or suspended your license to practice medicine in any United States jurisdiction or any international jurisdiction?

35b. ☒ No ☐ Yes

Is any such action pending?

36a. ☐ No ☒ YesHave you ever voluntarily or involuntarily agreed to any limitations, restrictions, or conditions to your license to practice medicine? *NO PENDING ENTRY IN MY NAME*36b. ☒ No ☐ Yes

Is any such action pending?

PART V PERSONAL HISTORY**Please refer to Special Instructions on page 5. For the purposes of the questions in this section, the following phrases or words are defined:**

"Ability to Practice Medicine" includes, but is not limited to, the cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; the ability to communicate those judgments and medical information to patients and other health care providers with or without the use of aids or devices, such as voice amplifiers; and the physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental, or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Chemical Substance(s)" any natural or synthetic chemical substance, alcohol, drugs, or medications, including those chemical substances taken pursuant to a valid prescription for legitimate medical purpose and in accordance with the direction(s) of the prescribing physician, as well as those used illegally.

"Controlled Substances" means any substance as defined in either Alaska Statute 11.71.900 or the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C.A. Section 801 et seq. (Public Law 91-513) and any subsequent amendment(s).

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application; rather, "currently" means recently enough so that the event, condition, behavior, impairment, limitation, etc., may have an ongoing impact on the applicant's ability to practice medicine in a competent manner.

"Illegal Drug Use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the directions of the licensed physician who prescribed the controlled substance or dangerous drug.

Continued on next page



Continued on next page

JAN 30 2002

PART VI SWORN STATEMENTDIVISION OF
OCCUPATIONAL LICENSING

I hereby certify that the information contained in this application, pages 1 through 10 and all its attachments, is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct and that the photograph that appears below is a true likeness of myself taken within the past 60 days. I understand that any false information or falsification or credentials may result in the denial of a license or permit to practice medicine in the state of Alaska.

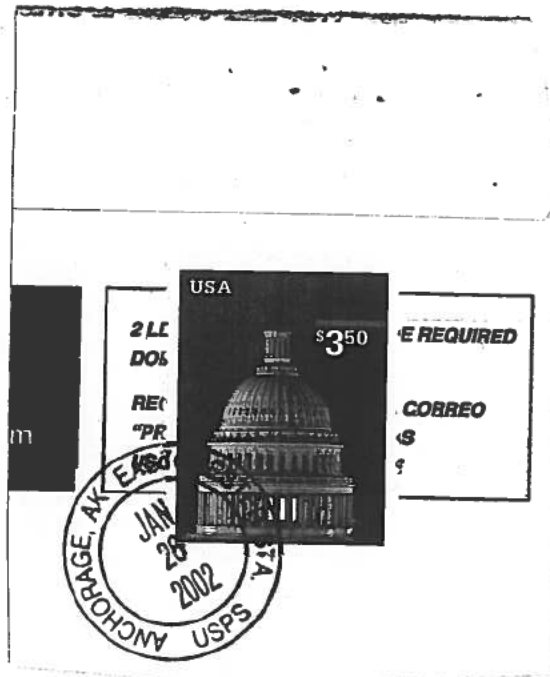
Applicant Signature Donald C. WilsonDate 24 JAN 02

SUBSCRIBED AND SWORN TO before me, a Notary

Public, in and for the State of ALASKAthis 24th day of JANUARY, 2002Notary Signature [Signature]My commission expires: 04/26/2002

NOTE: Notary Seal Must Overlie A
Portion of the Photograph.

WARNING: Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application is subject to imprisonment for not more than one year, a fine of not more than \$5,000, or both.



RECEIVED

JAN 30 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

CURRICULUM VITAE

Name: Donald C. Willis, M.D. Ph.D. FACOG Birthdate: June 26, 1943
Home Address: 20009 Shoshonee Road Home Phone: (760) 946-6039
Apple Valley, CA 92307
Marital Status: Divorced Home FAX: (760) 946-0149 (24-hr)
Daughter: Megan (DOB 3-12-87)
Education: Undergraduate Northwest Nazarene University, Nampa, Idaho
B.A. 1965 Cum Laude
Graduate University of Portland, Portland, OR
Ph.D. 1970 Clinical Psychology
Medical School Indiana University, Indianapolis
M.D. 1976
Internship Royal Jubilee Hospital, Victoria, B.C., Canada
(Rotating) 1976-77
Residency Stanford University, Palo Alto, CA
(OB/GYN) 1977-80
Certification: American Board of Obstetrics and Gynecology
1982
Positions Held:
1. Faculty, Indiana State University, Terre Haute, IN
Psychology Dept. 1971-72
(Medical School & Residency, 1972 to 1980)
2. Group practice, OB/GYN, Kaiser Permanente,
Portland, OR 7-80 to 7-94. Medical Staff--OB/GYN
(Directed Level III perinatal center, 1981 to 1984)
3. Moved to California, recovered from divorce,
secured new position 7-94 to 2-95
4. Private Practice OB/GYN 2-95 to 7-97
Office: 15899 Los Gatos-Almaden Rd, #1
Los Gatos, CA 95032
Tel: (408) 356-2111
Hospital Privileges
Good Samaritan Hospital, San Jose, CA 95124
Community Hospital, Los Gatos, CA 95030
5. Private Practice, OB/GYN 7-97 to the present
Office: 18182 Highway 18, Suite 101
Apple Valley, CA 92307
Tel: (760) 242-3539
Hospital Privileges
St. Mary Medical Cntr, Apple Valley, CA 92307
Victor Valley Comm Hosp, Victorville, CA 92392
Apple Valley Surgical Cntr, Apple Valley, CA 92307
Licensure: California License # G35712

Professional Organizations: Fellow, American College of Obstetricians and
Gynecologists
American Association of Gynecologic Laparoscopists
American Society for Reproductive Medicine

Donald C. Willis, M.D., continued
Offices and Committees:

Chairman, Perinatal Committee and Director, Level III
Perinatal Center, Bess Kaiser Hospital
Portland, OR 1981-1984. Member to 1994.

Member, Quality Review Committee, St. Mary Regional
Medical Center, Apple Valley, CA. March, 1999,
to 12-00.

Member, Maternal-Child Quality Review Comm., Victor
Valley Comm. Hosp. Victorville, CA, June, 1999,
to 12-00.

Publications:

Willis, Donald C., "The effect of self-hypnosis on reading
rate and comprehension;" American Journal of
Clinical Hypnosis, 1972, 14(4), 249-255.

Berde, C., Willis, D.C., Sandberg, E.C., "Pregnancy in
Women with Pseudoxanthoma Elasticum;"
Obstetrical and Gynecological Survey, 38(6), 339-
344, 1983.

Nurse Midwife Program

Extensive Experience working with and supervising Nurse Midwives

Clinical Co-Director, Nurse Midwife Program, Under contract with St. Mary Medical Center
From 7-98 to 5-00.

Experience with operative laparoscopy includes:

Laparoscopic salpingectomy for ectopic pregnancy

Laparoscopic salpingo-oophorectomy

Laparoscopically-assisted vaginal hysterectomy (LAVH)

Laparoscopic neosalpingostomy

Laparoscopic LASER ablation of endometriosis (CO2 and KTP LASERS)

Laparoscopic non-LASER resection of endometriosis.

Experience with operative hysteroscopy includes:

Hysteroscopic endometrial ablation with roller-ball electrocautery.

Hysteroscopic resection of submucous leiomyomata

Hysteroscopic recanalization of proximal fallopian tube (Novy technique)

Experience with infertility patients and their husbands is extensive, including reconstructive
surgery via laparotomy and laparoscopy.

Experience with high risk obstetrics is extensive. Bess Kaiser Hospital, Portland, OR, where I
spent 14 years, is a Level III perinatal center. St. Mary Regional Medical Center and Victor
Valley Community Hospital, where I presently practice, are both Level II perinatal centers and
have full-time neonatologists.

Experience with cancer patients is extensive both in the office & in the O.R. At Bess Kaiser
Hospital, Portland, OR, we brought the Gyn oncologist in to our facility and scrubbed on the
surgery together rather than sending the patient out to him at Univ of Oregon Medical School.
Extensive experience evaluating patients and performing CA surgery throughout career.

RECEIVED

JAN 30 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

RECEIVED

NOV 07 2001

DIVISION OF
OCCUPATIONAL LICENSING
(JUNEAU)

Donald C. Willis, M.D.
[REDACTED] Entry in My Name

In September 1993 my marriage crumbled after my wife had multiple extramarital affairs. [REDACTED]

[REDACTED] After my return home from Menninger, the Oregon Medical Board evaluated me and placed a "Voluntary Limitation" on my medical license. The word "voluntary" refers to my acceptance of the following limitations without contest:

1. Re-entry to practice must be supervised
2. Neuropsychological examination must be repeated every 2 years and be reported to the Board
3. Chief of Staff of the supervised setting must send written reports to Board every quarter
4. Psychiatrist must send written reports to Board every quarter

The Oregon Medical Board reported the Voluntary Limitation to the NPDB even though the Limitation was not a license restriction, not disciplinary, and not probation.

I re-located to California shortly after the Board's decision to use a Voluntary Limitation. The Medical Board of California evaluated me in a hearing and decided that the Oregon action had no bearing on my California license.

The Medical Board of California then made a formal decision to leave my California Medical License unrestricted in any way. Therefore, my California License has never been restricted, nor have I been disciplined or placed on probation by the California Medical Board at any time.

Although the California Board did not require that I adhere to the 4 limitations identified above, I chose to do so voluntarily for my own safety and that of my patients. My Chief of Staff and psychiatrist gave me valuable feedback more often than quarterly, but neither sent written reports to the California Board since reports were not required,

My California License remains unrestricted, not limited, and not subjected to disciplinary action or probation.

DW
Donald C. Willis, M.D.

Donald C. Willis

11-1-01 199

RECEIVED
NOV 07 2001
DIVISION OF
OCCUPATIONAL LICENSING
BUREAU
9-23-01

DONALD C. WILLIS, M.D.

MALPRACTICE CLAIM

Plaintiff: [REDACTED] parents of unborn child

Date of occurrence: 3-13-00 Allegation: Wrongful death of unborn child

Location of incident: Barstow Community Hospital, Barstow, CA

Additional Defendants: Dr. Viruch Vachirakorntong
Barstow Community Hospital

This event occurred when I was on call for Dr. Viruch Vachirakorntong for his patients in Victorville-Apple Valley, where I live, and back-up call 30 miles away in Barstow.

During the evening of 3-13-00, I was attending patients at Victor Valley Community Hospital in Victorville. I received a page from the RN in Labor & Delivery at Barstow Community Hospital and was told that the fetal heart rate of [REDACTED] a patient of Dr. Vachirakorntong, indicated fetal distress. I gave instructions to prepare for an immediate cesarean birth and proceeded immediately by private car the 30 miles to Barstow. The nurses offered no explanation as to why they called me, the M.D. on back-up call, rather than calling the M.D. on first call for Dr. Vachirakorntong's Barstow patients.

When I arrived at Barstow Community Hospital, fetal heart sounds were not detected. I performed a stat cesarean birth and delivered a stillborn baby.

Status of Case as of 9-23-01 (Outcome unknown)
Defense attorney is in early stages of exploration but has stated her expectation that my exposure is low due to my status as back-up physician rather than primary physician.

Donald C. Willis.
Donald C. Willis, M.D.

Donald C. Willis.
11-1-01

DONALD C. WILLIS, M.D.

MALPRACTICE CLAIM

Plaintiff: Survivors of [REDACTED]

Date of Occurrence: 10-25-99

Allegation: Perforation of small bowel resulting in Wrongful Death

Location of Incident: Victor Valley Community Hospital, Victorville, CA
Additional Defendants: Victor Valley Community Hospital and
Dr. Vincent Ajanwachuku, general surgeon

TAH, BSO on a patient of 300 pounds, 5' 6", performed by me, Dr. Willis, on 10-25-99. Small bowel obstruction developed post-op due to wound dehiscence secondary to her obesity. General surgeon consulted on case and took patient back to OR to correct bowel obstruction. Patient arrested and died in PAR after surgery by general surgeon.

Allegation against me, Dr. Willis--Wrongful Death since I had performed her original surgery.

Allegation against Dr. Ajanwachuku--Wrongful Death due to delay in performing surgery to correct small bowel obstruction.

Outcome: I settled on 9-11-01 for \$29,999.99 (under the minimum reportable to the Medical Board of Calif.). Plaintiff accepted my offer of settlement since Expert Witnesses had determined in deposition that I had not perforated the small bowel or performed below the standard of care even though it was my surgery that resulted in the dehiscence that created the small bowel obstruction. General surgeon settled for \$80,000 and hospital settled for \$20,000.

Donald C. Willis

Donald C. Willis, M.D.

9-13-01

Donald C. Willis

11-1-01

Donald C. Willis, M.D., F.A.C.O.G.

Obstetrics, Gynecology, and Infertility

Diplomate, American Board of Obstetrics & Gynecology

RECEIVED

NOV 07 2001

DIVISION OF

OCCUPATIONAL LICENSING
JUNEAU

Patient name: [REDACTED]

Date of surgery: 4-1-98

Carrier: PHICO

Background condition: Pelvic pain and pain with intercourse caused by symptomatic uterine myomas unresponsive to medical therapy

Surgical treatment which I rendered: Total abdominal hysterectomy

Complication: post-op vesico-vaginal fistula

The occurrence was unrecognized during surgery since no operative complications were noted.

The patient came to my office during her post-op recovery and stated that she was observing slight flow of fluid from her vagina. I considered vesico-vaginal fistula but dismissed it as not probable. On exam in the office, I could see scant fluid and could not see where it was coming from. Thinking that it may be coming from the peritoneal cavity and then flowing into the vagina through the open vaginal cuff, I decided to laparoscope her. On laparoscopy, findings were negative though on vaginal exam under the same anesthesia I saw two tiny slits in the healed portion of the vaginal cuff which I oversewed. Thereafter she continued to leak and saw another OB/GYN physician who diagnosed the fistula.

Review of this case with my attorney indicated that I had been slow to make the diagnosis. We settled the case for \$12,000 in April, 2000.

Donald C. Willis
Donald C. Willis, M.D.

Donald C. Willis

11-1-01



ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development
Division of Occupational Licensing
(333 Willoughby Avenue - Ninth Floor)
Post Office Box 110806 Juneau AK 99811-0806
(907) 465-2541
E-mail: license@dcad.state.ak.us

Office Use Only

RECEIVED

FEB 13 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

AUTHORIZATION FOR RELEASE OF RECORDS

TO WHOM IT MAY CONCERN:

I, DONALD CLYDE WILLIS, residing at
1101 CORRIDOR ST, Apt. 124, ANCHORAGE, AK 99501-6510
(Please print full name)
(Please print full address) hereby authorize the Alaska

Division of Occupational Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my medical practice, and any records pertaining to litigation, judgments, suits, and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Occupational Licensing and its investigators. This release also applies to all records that pertain to credentialing records at facilities at which I have applied for or held privileges to practice medicine.

I authorize the Division to discuss my records with persons or organizations that are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization expires one (1) year from the date of my signature below.

Donald C. Willis
Signature of Applicant

2-10-02
Date

907 277-4846
Home Phone Number

Work Phone Number

6-26-43
Date of Birth

Social Security Number



NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)
Endorsement of Certification

RECEIVED

FEB 19 2002

**DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU**

This document was prepared by
National Board of Medical Examiners® (NBME®)
3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-8592

Recipient: Alaska State Medical Board
PO Box 110806
Juneau, AK 99811-0806

Date: 02/11/2002

Examinee: Donald Clyde Willis

Examinee ID: 3-171-287-0
Date of Birth: 06/26/1943

NBME Certification Date: 06/15/1977

Certificate#: 171287

It is certified that the physician named above successfully completed the examination, education and training requirements for certification by the NBME as of the certification date shown above. This record shows only passing scores for each NBME Part examination reported on this document. If applicable, results for all USMLE Steps taken by this examinee (and for which scores have been reported to date) are also shown.

NBME PART I

Test Date	Pass/Fail	Score Scale
06/11/1974	Pass	Three-Digit Two-Digit

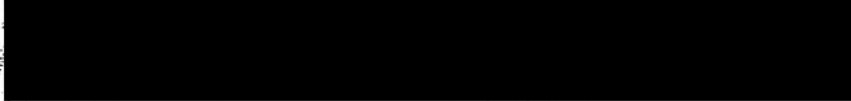
Total Score	(Min. Pass)	Individual Subject Scores						
		Anat	Phys	Bioc	Path	Micr	Phar	Rel Sci



NBME PART II

Test Date	Pass/Fail	Score Scale
09/23/1975	Pass	Three-Digit Two-Digit

Total Score	(Min. Pass)	Individual Subject Scores				
		Med	Surg	Ob/Gyn	Path	Phar



NBME PART III

Test Date	Pass/Fail	Score Scale
03/09/1977	Pass	Three-Digit Two-Digit

Total Score	(Min. Pass)
-------------	-------------



INDIANA UNIVERSITY

School of Medicine

Go all to whom these Presents may come, Greeting.

By vote of the Faculty and with the consent of the Board of Trustees, Indiana University hereby confers upon

Ronald Clyde Willis

who has complied with all the requirements of the University and has successfully completed the studies prescribed for graduation in the School of Medicine the degree of

Doctor of Medicine

with all the rights and privileges thereunto appertaining.

In Testimony Whereof, this Diploma is issued sealed with the Seal of the University, signed by the President of the University, Vice President and by the Dean of the School of Medicine and attested by the Secretary of the Trustees.
Deans at Indiana University - Purdue University at Indianapolis, Indiana
this twenty-ninth day of February 1976.



Steven C. Quinlan

C. E. Hestell

I certify this to be a true copy of the original document.

Glenn W. Meyer

RECEIVED
NOV 07 2001
DIVISION OF
OCCUPATIONAL LICENSING
(BUREAU)

GLORIA D. MEYER
Commission # 1220463
Notary Public - California
San Bernardino County
My Comm. Expires May 21, 2004



ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development
Division of Occupational Licensing
(333 Willoughby Avenue - Ninth Floor)
Post Office Box 110806 Juneau AK 99811-0806
A - K: 907/465-2756 L - Z: 907/465-2541
E-mail: license@dc.ed.state.ak.us

MD/DO

Office Use Only
RECEIVED
FEB 19 2002
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

VERIFICATION OF MEDICAL/OSTEOPATHIC SCHOOL EDUCATION

INSTRUCTIONS TO THE APPLICANT:

Type or print legibly. Complete the identification portion of this form below and send to the medical school from which you received your diploma.

Full Name (Last, First, Middle)	Maiden or Other Names Used:	Date of Birth (MM/DD/YYYY)
WILLIS, DONALD CLYDE		06/26/1973
Mailing Address (Street)		Place of Birth
1101 CORDOVA ST, Apt. 129		BERKELEY, CALIF USA
City/State/Zip		Social Security Number
ANCHORAGE, AK 99501-6510		[REDACTED]
Signature of Applicant		Date Signed
Donald C. Willis		1-20-01

Applicant: Do not detach - do not write below this line.

MEDICAL SCHOOL

Please complete the information below and return this document directly to the Alaska board at the letterhead address.

Full Medical School Name INDIANA UNIV. School of Medicine

Location 635 Barnhill Drive, Indianapolis, Indiana 46202

Exact Date on School Diploma 29 FEBRUARY 1976

During this physician's medical school education, was he/she ever investigated by the school or disciplined by the school for any reason? Disciplinary actions include but are not limited to being placed on probation, issued a letter of reprimand, censured, suspended, restricted, or otherwise disciplined.

☒ No

☐ Yes

If you responded "Yes" to this question, please provide a detailed explanation of the action and the reason for the action.

Signed

Herbert E. Cushing

(SEAL, If Applicable)

Printed Name Herbert E. Cushing, M.D.

Title Associate Dean

Date February 8, 2002

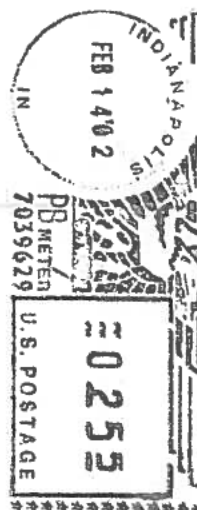
INDIANA UNIVERSITY



SCHOOL OF MEDICINE
OFFICE OF THE DEAN
MEDICAL STUDENT ACADEMIC AFFAIRS
John D. VannNuy's Medical Science Building 160
635 Barnhill Drive
Indianapolis, Indiana 46202-5120

REGISTERED

PRESORT
FIRST CLASS



Alaska State Medical Board
Dept. of Community & Economic Dev.
Div. of Occupational Licensing
P. O. Box 110806
Juneau, Alaska 99811-0806

99811-0806



Royal Jubilee Hospital

Victoria, B.C.

Diploma

This is to Certify that

A. C. Willis, M.A.

has satisfactorily completed a
Junior Rotating Internship

from June 15, 1976 to June 14, 1977
in this hospital

In Witness Whereof the undersigned have affixed their signatures

this 14th day of June, 1977

C. G. Smith
PRESIDENT BOARD OF DIRECTORS

PROGRAM DIRECTOR

*I certify this to be a true copy
of the original document*
Gloria D. Meyer



(907) 277-4846

RECEIVED

MAR 01 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

PGY

ALASKA STATE MEDICAL BOARD
Dept of Community & Economic Development
Division of Occupational Licensing
P.O. Box 110806
Juneau, AK 99811-0806
U.S.A.

VERIFICATION OF POSTGRADUATE TRAINING

Willis, Donald Clyde
1101 Cordova St., Apt 129
Anchorage, Ak 99501-0510
Medical School: Indiana Univ, year of graduation 1976DOB 06/28/43
Place of Birth—Berkeley, Calif., USA

Please complete the information below and return this document directly to the Alaska board at the letterhead address.

Verification for PG year 1

Name of program—Rotating Internship

Dates of training— 15 June 76 through 15 June 77

1. At the time this individual completed training in your program, was the program accredited through the Accreditation Council for Graduate Medical Education?

yes

☒ no — Accreditation committee of
The Federal Medical Licensing Authority
of Canada

2. During the physician's participation in your program, was he ever investigated or disciplined by the program, such disciplinary actions to include but not be limited to, being placed on probation, issued a letter of reprimand or warning, censured, suspended from the program, restricted, or otherwise disciplined? If you respond "Yes" to this question, please attach a separate sheet providing a detailed explanation of the action and the reason for the action.

☒ no

yes

3. Is there anything in this physician's postgraduate training records that would indicate he would be unable to practice medicine competently and safely? If "Yes," please attach a detailed explanation.

☒ no

yes

signature

date

printed name

title

seal if applicable

This is exhibit _____ referred to in the affidavit (or declaration) of DONALD WILLIS sworn (declared) before me this 12th day of February, 2002 at VICTORIA, B.C.

James B. Stockdill, M.D., C.C.F.R.
A Commissioner for Taking Affidavit for British Columbia

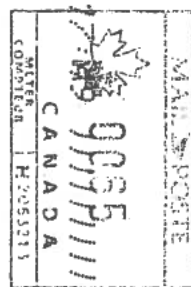
D. J. STOCKDILL

Site Director
Victoria Site for Training
UBC Department of Family Practice



Capital Health Region
 Building Partnerships for Better Health
 Eric Martin Pavilion
 2334 Trent Street, Victoria, B.C. V8R 4Z3

Capital Health Region
 2101 Richmond Ave
 Victoria BC V8R 4K4S



Alaska State Medical Board
 Dept. of Community & Economic Development
 Division of Occupational Licensing
 Box 110806
 Juneau, AK 99811-0806
 USA

99811-0806



Stanford University Medical Center

STANFORD UNIVERSITY HOSPITAL / STANFORD UNIVERSITY SCHOOL OF MEDICINE

B B B

THIS IS TO CERTIFY THAT

Donald Clyde Willis, M.D., Ph.D.

HAS SERVED AS

Resident in Gynecology and Obstetrics, July 1, 1977 - June 30, 1980
Chief Resident in Gynecology and Obstetrics, July 1, 1979 - June 30, 1980



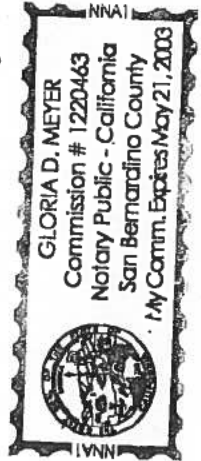
P. J. Ferreira
Physician-in-Chief

W. W. W.
Director of Hospital

I certify this to be a true copy
of the original document
Glenn D. Meyer

RECEIVED
NOV 07 2001
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

Lawrence D. Crowley, M.D.
Dean of the School of Medicine





ALA
Depart
Divisio
(333 V
Post C
A - K:
E-mail



STANFORD
SCHOOL OF MEDICINE

Stanford University Medical Center

JACKIE SIGNOR

Educational Program Administrator
Dept. of Gynecology and Obstetrics

300 Pasteur Drive, Room HH333
Stanford, CA 94305-5317
tel: 650.498.7570
fax: 650.723.7737
e-mail: jsignor@stanford.edu

PGY

Office Use Only

RECEIVED

FEB 05 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

VERIFICATION OF POSTGRADUATE TRAINING

INSTRUCTIONS TO THE APPLICANT:

Type or print legibly. Complete the identification portion of this form below and send to the post-graduate training program(s) you attended. NOTE: At least two years of postgraduate training must be verified if the physician graduated from medical school on or after January 1, 1995. Three years of postgraduate training must be verified for international medical school graduates.

Full Name (Last, First, Middle)		Maiden or Other Names Used:	Date of Birth (MM/DD/YYYY)
WILLIS DONALD CLYDE			06/26/1943
Mailing Address (Street)		Place of Birth	
1101 CORDOVA ST. Apt 125		BERKELEY, CALIF USA	
City/State/Zip		Social Security Number	
ANCHORAGE, AK 99501-6510			
Medical/Osteopathic School (Name and Location)	Year of Graduation	If International Grad., ECFMG No.	
STANFORD UNIV MEDICAL CTR STANFORD, CA 94305	1980		

Applicant: Do not detach — do not write below this line.

POSTGRADUATE TRAINING PROGRAM

Please complete the information requested below and return this document directly to the Alaska board at the letterhead address.

Verification for: PG Year 1 ☐ PG Year 2 ☒ PG Year 3 ☒ PG Year 4 ☒ PG Year 5 ☐

Name of Postgraduate Program OB GYN Residency Training Program

Exact Dates of Training 7-1-77 through 6-30-80

- At the time this individual completed training in your program, was the program accredited through the Accreditation Council for Graduate Medical Education?
☒ Yes ☐ No
- During the physician's participation in your program, was he/she ever investigated or disciplined by the program, such disciplinary actions to include but not be limited to, being placed on probation, issued a letter of reprimand or warning, censured, suspended from the program, restricted, or otherwise disciplined? If you respond "Yes" to this question, please attach a separate sheet providing a detailed explanation of the action and the reason for the action.
☒ No ☐ Yes
- Is there anything in this physician's postgraduate training records that would indicate he/she would be unable to practice medicine competently and safely? If "Yes", please attach a detailed explanation.
☒ No ☐ Yes

Signature
Jackie Signor
Printed Name

Date
1/31/02
Residency Administrator
Title

(SEAL, If Applicable)



Oregon

John A. Kitzhaber, M.D., Governor

Board of Medical Examiners

1500 SW 1st Ave Ste 620

Portland, OR 97201-5826

(503) 229-5770

FAX (503) 229-6543

www.bme.state.or.us

December 4, 2001

Joanie Stude
Alaska State Medical Board
PO Box 110806
Juneau, AK 99811

RECEIVED

DEC 07 2001

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

Re: DONALD CLYDE WILLIS, MD
License #: MD10994

This is in response to your inquiry about the standing of the above-named licensee. Enclosed are copies of the legal orders checked below, pursuant to ORS 677.425.

- Voluntary Limitation, 8/18/94

Kathleen Haley
Executive Director

Carol Hallberg
Investigations Secretary

Encl.

RECEIVED

DEC 07 2001

DIVISION OF
OCCUPATIONAL LICENSING

JUNE 11
COPY

BEFORE THE
BOARD OF MEDICAL EXAMINERS
STATE OF OREGON

VOLUNTARY LIMITATION

In the Matter of:

DONALD WILLIS, M.D.,
LICENSE NO. MD10994.

Donald Willis, M.D. is a physician licensed to practice medicine in the State of Oregon. Pursuant to the provisions of ORS 677.410, Dr. Willis requests that the Board of Medical Examiners (Board) impose the following conditions on his license to practice medicine in the State of Oregon:

(1) Dr. Willis will practice medicine only in a supervised setting approved by the Board in advance.

(2) Dr. Willis must undergo a neuropsychological examination at his expense to be reported to the Board of Medical Examiners beginning in July 1996 and continuing every two years thereafter, or sooner if deemed appropriate by the Board.

(3) Dr. Willis will arrange to have written reports from the Chief of Staff of his approved supervised setting, and his treating psychiatrist, to be sent to the Board at each of its quarterly meetings beginning in October 1994.

Dr. Willis understands and agrees that this voluntary limitation is subject to approval by the full Board. If Dr. Willis fails to abide by the conditions imposed herein, he understands and agrees that the Board may enter an order imposing disciplinary action to include revoking, suspending or otherwise sanctioning the license of Dr. Willis. Dr. Willis also

1 understands that, if this voluntary limitation is accepted by the
2 Board, it will be a reportable license limitation to the National
3 Practitioner Data Bank. This voluntary limitation also will be
4 reportable to any hospital or other institutional health care
5 provider at which Dr. Willis intends to practice, the Federation
6 of State Medical Boards, and, if requested by any person,
7 reportable as a public record.

8 IT IS SO STIPULATED this 9 day of Aug., 1994.

9
10 Donald C. Willis
Donald Willis, M.D.

11
12 IT IS SO ACCEPTED this 18th day of August, 1994.

13
14 Terry Connor
Terry Connor, D.O., Chairman
15 Board of Medical Examiners
16 State of Oregon
17
18
19
20
21
22
23

24

25

26 PJS:cfs:ros/JGG09EAE

PAGE 2 - VOLUNTARY LIMITATION (DONALD WILLIS, M.D.)

Oregon

BOARD OF
MEDICAL EXAMINERS

620 Crown Plaza
1500 SW First Avenue
Portland, OR 97201-5826

Joanie Stude
Alaska State Medical Board
PO Box 110806
Juneau, AK 99811

PERSONAL and CONFIDENTIAL

3321170806



U.S. POSTAGE
0034
H METER 522651



MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM
1426 HOWE AVE, SUITE 58
SACRAMENTO CA 95825-3236
TELEPHONE: (916) 263-2382
FAX: (916) 263-2944

www.medbd.ca.gov



November 21, 2001

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
PO BOX 110806
JUNEAU AK 99811-0806

RECEIVED
NOV 30 2001
DIVISION OF
OCCUPATIONAL LICENSING
(JUNEAU)

To Whom It May Concern:

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

Physician:	DONALD CLYDE WILLIS
License No.:	G 35712
Issued:	October 17, 1977
Exam Type:	A written examination
Expiration Date:	June 30, 2003
Status:	Renewed/current

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



Lucinda James
Acting Chief, Division of Licensing

SEAL



ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development
Division of Occupational Licensing
(333 Willoughby Avenue - Ninth Floor)
Post Office Box 110806 Juneau AK 99811-0806
(907) 465-2541
E-mail: license@dced.state.ak.us

Office Use Only

RECEIVED

NOV 30 2001

DIVISION OF

OCCUPATIONAL LICENSING

VERIFICATION OF LICENSURE – PHYSICIAN

Instructions to the Applicant:

Please complete the top portion of this form and forward it to all states, territories, or other countries' licensing jurisdictions where you have ever been licensed. Copy this form as needed.

01806

Full Name (Last, First, Middle)	Maiden or Other Names Used:	Date of Birth (MM/DD/YYYY)
WILLIS, DONALD CLYDE		06-26-1993
Mailing Address (Street)		Place of Birth
20009 SHOSHONEE Rd		BERKELEY, CA USA
City/State/Zip		Social Security Number
APPLE VALLEY, CA 92307		
Signature of Applicant		Date of Signature
Donald C Willis		10-29-01

Applicant: Do not detach – do not write below this line.

Instructions to the Licensing Agency:

Please provide the information requested below for the physician identified above and return this document directly to the Alaska State Medical Board.

STATE	CALIFORNIA	LICENSE NUMBER	G35712
INITIAL ISSUE DATE	10-17-77	EXPIRATION DATE	06/30/2003
BASIS OF LICENSURE (FLEX, USMLE, etc.)		CURRENT LICENSE STATUS	Active

- Has this applicant ever been the subject of an investigation by a licensing or disciplinary authority in your state or jurisdiction? ☐ No ☐ Yes
- Is any such investigation pending? ☐ No ☐ Yes
- Have formal disciplinary proceedings been initiated against this applicant or the applicant's license by a licensing or disciplinary authority in your state or jurisdiction? ☐ No ☐ Yes
- Is any such action pending? ☐ No ☐ Yes
- Has this applicant's license ever been suspended, revoked, disciplined, restricted, warned, or in any other manner (including being placed on probation) limited by a licensing or disciplinary authority in your state? ☐ No ☐ Yes
- To your knowledge, is there any derogatory information regarding this applicant? ☐ No ☐ Yes

(Board Seal)

Signed by

Date

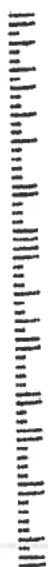
Printed Name

Title



MEDICAL BOARD OF CALIFORNIA
1426 HOWE AVENUE, SUITE 54
SACRAMENTO, CA 95825-3236

55811X0406



Old Licenses	History	Rosters	New License	Query	<	Save	Clear	Exit
Board Members	Malpractice	Cross Ref Lic	Print License	Query By Name	>			

IS A PHYSICIAN

WHO HOLDS A LOCUM TENENS PERMIT

Board/Type/License	MED	L	2091	Status	AA	LICENSE	Malpractice Count:	
--------------------	-----	---	------	--------	----	---------	--------------------	--

Last Name	WILLIS	First	DONALD	Mid	CLYDE	Suf		SSN			
<input type="checkbox"/> Foreign Address								DOB	06/26/1943	Sex	M
Addr1	20009 SHOSHONEE ROAD							Medical School			
Addr2								INDIANA UNIVERSITY SCHOOL OF MED			
City/St/Zip	APPLE VALLEY	CA	92307			Year Graduated	1976				

First Issue	Current Issue	Expiration	License by	Do Not Issue	Print Code	JA2202	
01/22/2002	01/22/2002	03/23/2002	<input checked="" type="radio"/> Credentials	<input type="checkbox"/> CSED	<input type="checkbox"/> NSF	Initials	SZ
			<input type="radio"/> Examination	<input type="checkbox"/> School	<input type="checkbox"/> Audited		
			<input type="radio"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> License Action		
			<input type="radio"/> Null		<input type="checkbox"/> Accusation		
			Flag History				

Specialties	delete
OBSTETRICS AND GYNECOLOGY	
Comments	

Print Lines (limit 3 lines)

LOCUM TENENS FOR MICHAEL O'BRIEN, MD



ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development
Division of Occupational Licensing
(333 Willoughby Avenue - Ninth Floor)
Post Office Box 110806 Juneau AK 99811-0806
A - K: 907/465-2756 L - Z: 907/465-2541
E-mail: license@dced.state.ak.us

Office Use Only
RECEIVED
JAN 31 2002
DIVISION OF OCCUPATIONAL LICENSING JUNEAU

LIST OF HOSPITALS WHERE PRIVILEGED

INSTRUCTIONS TO THE APPLICANT: Type or print legibly. List below all hospitals where you currently hold or have held privileges in the last five years. If you have not held privileges within the past five years or never held privileges, please write "None" on this form, sign it, and submit this form as part of your application. Please include residency privileges if appropriate.

HOSPITAL	MAILING ADDRESS	WHEN PRIVILEGED (MM/YYYY)	
		From	To
13 GOOD SAMARITAN HOSPITAL	SAN JOSE, CA 95128	02/1995	07/1997
11 COMMUNITY HOSPITAL of LOS GATOS	LOS GATOS, CA 95030	02/1995	07/1997
18 ST. MARY MEDICAL CENTER	APPLE VALLEY, CA 92307	07/1997	Present (Leave of Absence)
12 VICTOR VALLEY COMM. HOSPITAL	VICTORVILLE, CA 92392	07/1997	Present (Leave of Absence)
214 BARSTOW COMM HOSPITAL	BARSTOW, CA 92311	05/2001	Present (Leave of Absence)
		From	To

I certify that listed above are all hospitals where I hold or have held privileges in the past five years. I understand it is my responsibility to request these hospitals submit a letter to the board to complete my application for licensure. I certify under penalty of unsworn falsification that the above information is true and correct.

Signature

Date

Donna C. Wallin
1-20-02

Warning: Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application has committed a Class A misdemeanor.



RECEIVED

MAR 13 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

March 7, 2002

State of Alaska
Department of Community & Economic Development
Division of Occupational Licensing
PO Box 110806
Juneau, AK 99811-0806

ATTN: Sher Zinn, Licensing Examiner
State Medical Board

RE: Donald C. Willis, MD

To Whom it May Concern:

We are providing the following information in response to your inquiry on the above named practitioner. Due to the high volume of these requests this is the extent of the information that can be provided. The practitioner's association with Good Samaritan/Mission Oaks Hospital is shown below.

Dept/Div: Obstetrics & Gynecology

Status: Provisional/Resigned

From: 08/20/96

To: 10/22/97

Please note that the Active Staff category at this facility can be maintained through involvement in medical staff functions without clinical activity. If the member's status is noted as "Active Staff," you may wish to clarify this with the applicant.

Qualifications for membership include review of a physical and mental health statement, general conduct, ethics and current clinical competence.

We know of no reason why this practitioner should not be given a favorable consideration at your facility.

Sincerely,

Kate DeSalvo, CMSC
Manager, Medical Staff Services

Good Samaritan Hospital

2425 SAMARITAN DRIVE
PO BOX 240002
SAN JOSE CA 95154-2402

RETURN OF POSTAGE
REQUESTED

ADDRESS 93811





**COMMUNITY HOSPITAL
OF LOS GATOS**

Tenet HealthSystem

RECEIVED

FEB 01 2002

**DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU**

January 28, 2002

Alaska State Medical Board
Division of Occupational Licensing
333 Willoughby Ave. - Ninth Floor/P.O.BOX 110806
Juneau, AK 99811-0806

Re: Donald C. Willis, M.D.
Primary Department: Obstetrics & Gynecology

Dear :

In response to your recent request, we are able to supply the following information regarding the above-named practitioner.

Donald C. Willis, M.D. joined the staff of our facility on September 19, 1996 and left on 11/09/1997. Donald C. Willis, M.D. was a member in good standing of our Resigned staff, specializing in Obstetrics/Gynecology. We are not aware of any reason for not granting the privileges that this practitioner is requesting.

Sincerely,

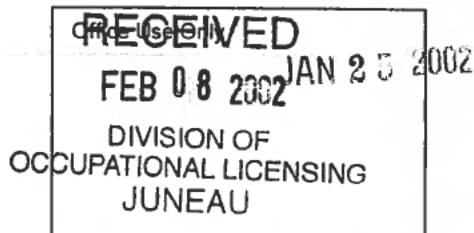
Carolee Crane, C.M.S.C.
Manager, Medical Staff Service

P.response.rpt



ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development
Division of Occupational Licensing
(333 Willoughby Avenue - Ninth Floor)
Post Office Box 110806 Juneau AK 99811-0806
A - K: 907/465-2756 L - Z: 907/465-2541
E-mail: license@dced.state.ak.us



VERIFICATION OF HOSPITAL PRIVILEGES

INSTRUCTIONS TO THE APPLICANT: Type or print this portion of the form. Send a copy to each hospital where you have held privileges in the last five years. Include privileges held during residency if appropriate. Copy this form as needed

Full Name (Last, First, Middle)	Maiden or Other Names Used:	Date of Birth (MM/DD/YYYY)
WILLIS, DONALD	CLYDE	06-26-1943
Mailing Address (Street)		Place of Birth
1107 LORDOVA ST, Apt 129		BERKELEY, CALIF
City/State/Zip		Social Security Number
ANCHORAGE, AK 99501-6510		[REDACTED]
Signature of Applicant		Date of Signature
Donald C. Willis		1-21-02

Applicant: Do not detach - do not write below this line.

Below to be completed by Hospital Staff Only.

To the Hospital: I am applying for a license to practice medicine in Alaska. The Alaska board requires this form to be completed by each hospital where I have held privileges in the past five years. Please complete this form by answering the questions below and return this form directly back to the Alaska board at the letterhead address.

- 1 Dates of Hospital Privileges: From 9/24/97 To Present
- 2 Has your hospital ever taken any disciplinary action against this physician? ☒ No ☐ Yes
- 3 Are any disciplinary actions pending against this physician? ☒ No ☐ Yes
- 4 Is there any derogatory information on file regarding this physician? ☒ No ☐ Yes
- 5 Is there any reason you would not readmit this physician to your medical staff? ☒ No ☐ Yes

If you answer "Yes" to any of the above questions, please provide a detailed explanation:

Name of Hospital St. Mary Medical Center

Mailing Address 18300 Highway 18

City/State/Zip Apple Valley, CA 92307

Signature [Signature] Printed Name Harbans Singh, M.D.

Title Chief of Staff Date February 1, 2002

Telephone _____



ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development
Division of Occupational Licensing
(333 Willoughby Avenue - Ninth Floor)
Post Office Box 110806 Juneau AK 99811-0806
A - K: 907/465-2756 L - Z: 907/465-2541
E-mail: license@dced.state.ak.us

RECEIVED
FEB 12 2002
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

VERIFICATION OF HOSPITAL PRIVILEGES

INSTRUCTIONS TO THE APPLICANT: Type or print this portion of the form. Send a copy to each hospital where you have held privileges in the last five years. Include privileges held during residency if appropriate. Copy this form as needed

Full Name (Last, First, Middle)	Maiden or Other Names Used:	Date of Birth (MM/DD/YYYY)
WILLIS, DONALD CLYDE		06-26-1947
Mailing Address (Street)		Place of Birth
1101 CURDVA ST, Apt 129		BERKELEY, CALIF
City/State/Zip		Social Security Number
ANCHORAGE, AK 99501-6510		[REDACTED]
Signature of Applicant		Date of Signature
Donald C. Willis		1-21-02

Applicant: Do not detach - do not write below this line.

Below to be completed by Hospital Staff Only.

To the Hospital: I am applying for a license to practice medicine in Alaska. The Alaska board requires this form to be completed by each hospital where I have held privileges in the past five years. Please complete this form by answering the questions below and return this form directly back to the Alaska board at the letterhead address.

- Dates of Hospital Privileges: From 5/27/98 To Present
- Has your hospital ever taken any disciplinary action against this physician? ☒ No ☐ Yes
- Are any disciplinary actions pending against this physician? ☒ No ☐ Yes
- Is there any derogatory information on file regarding this physician? ☒ No ☐ Yes
- Is there any reason you would not readmit this physician to your medical staff? ☒ No ☐ Yes

If you answer "Yes" to any of the above questions, please provide a detailed explanation:

Name of Hospital Victor Valley Community Hospital
Mailing Address 15248 Eleventh St.
City/State/Zip Victorville, CA 92345

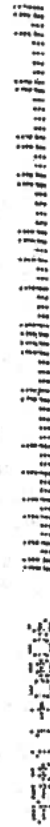
Signature Denise Soresi Printed Name Denise Soresi
Title Medical Staff Coordinator Date 1/29/02
Telephone 760/245-8691 x4156



FORWARDING SERVICE REQUESTED



Alaska State Medical Board
Department of Community and Economic
Development Division of Occupational
Licensing
Post Office Box 110806
Juneau, AK 99811-0806





ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development
Division of Occupational Licensing
(333 Willoughby Avenue - Ninth Floor)
Post Office Box 110806 Juneau AK 99811-0806
A - K: 907/465-2756 L - Z: 907/465-2541
E-mail: license@dced.state.ak.us

RECEIVED

Office Use Only

FEB 04 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

VERIFICATION OF HOSPITAL PRIVILEGES

INSTRUCTIONS TO THE APPLICANT: Type or print this portion of the form. Send a copy to each hospital where you have held privileges in the last five years. Include privileges held during residency if appropriate. Copy this form as needed

Full Name (Last, First, Middle)	Maiden or Other Names Used:	Date of Birth (MM/DD/YYYY)
WILLIS, DONALD CLYDE		06-26-1943
Mailing Address (Street)		Place of Birth
1101 CORDOVA ST. Apt 129		BERKELEY, CALIF
City/State/Zip		Social Security Number
ANCHORAGE, AK 99501-6510		[REDACTED]
Signature of Applicant		Date of Signature
Donald C. Willis		1-21-02

Applicant: Do not detach - do not write below this line.

Below to be completed by Hospital Staff Only.

To the Hospital:

I am applying for a license to practice medicine in Alaska. The Alaska board requires this form to be completed by each hospital where I have held privileges in the past five years. Please complete this form by answering the questions below and return this form directly back to the Alaska board at the letterhead address.

- Dates of Hospital Privileges: From 8/2/01 To Present
- Has your hospital ever taken any disciplinary action against this physician? ☒ No ☐ Yes
- Are any disciplinary actions pending against this physician? ☒ No ☐ Yes
- Is there any derogatory information on file regarding this physician? ☒ No ☐ Yes
- Is there any reason you would not readmit this physician to your medical staff? ☒ No ☐ Yes

If you answer "Yes" to any of the above questions, please provide a detailed explanation:

Name of Hospital

Barstow Community Hospital

Mailing Address

555 S. 7th Ave.

City/State/Zip

Barstow, CA 92311

Signature

Deede Cigler

Printed Name

Deede Cigler

Title

MSC

Date

1/28/02

Telephone

760-256-1761

**BARSTOW
COMMUNITY
HOSPITAL**

Quality Care . . . Close to Home

RECEIVED
FEB 04 2002
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

January 28, 2002

Alaska State Medical Board
Attn: Medical Staff Services
PO Box 110806
Juneau, AK 99811-0806

Re: **Donald C. Willis, M.D.**

Membership on the Medical Staff of Barstow Community Hospital is contingent upon satisfactory clinical competence and health status, compliance with Medical Staff Bylaws, Rules and Regulations and satisfactory participation in the duties and responsibilities of the Medical Staff as assigned.

The above-named practitioner is/was a member in good standing of Barstow Community Hospital Medical Staff.

Affiliation Dates: **08/02/01 to Present**

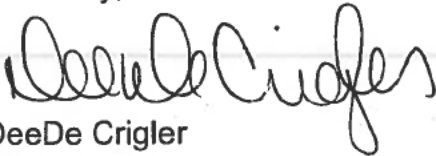
Staff Status: **Provisional**

Department: **Surgery**

Specialty: **OB/GYN**

We know of no reason why this practitioner should not be given favorable consideration.

Sincerely,



DeeDe Crigler
Medical Staff Coordinator
(760) 957-3236


**BARSTOW
COMMUNITY
HOSPITAL**
 555 S. Seventh Ave.
 Barstow, CA 92311

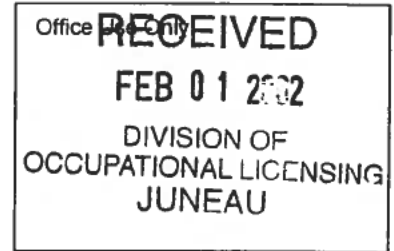
6-605
 6-606
 6-607
 6-608
 6-609
 6-610
 6-611
 6-612
 6-613
 6-614
 6-615
 6-616
 6-617
 6-618
 6-619
 6-620
 6-621
 6-622
 6-623
 6-624
 6-625
 6-626
 6-627
 6-628
 6-629
 6-630
 6-631
 6-632
 6-633
 6-634
 6-635
 6-636
 6-637
 6-638
 6-639
 6-640
 6-641
 6-642
 6-643
 6-644
 6-645
 6-646
 6-647
 6-648
 6-649
 6-650
 6-651
 6-652
 6-653
 6-654
 6-655
 6-656
 6-657
 6-658
 6-659
 6-660
 6-661
 6-662
 6-663
 6-664
 6-665
 6-666
 6-667
 6-668
 6-669
 6-670
 6-671
 6-672
 6-673
 6-674
 6-675
 6-676
 6-677
 6-678
 6-679
 6-680
 6-681
 6-682
 6-683
 6-684
 6-685
 6-686
 6-687
 6-688
 6-689
 6-690
 6-691
 6-692
 6-693
 6-694
 6-695
 6-696
 6-697
 6-698
 6-699
 6-700
 6-701
 6-702
 6-703
 6-704
 6-705
 6-706
 6-707
 6-708
 6-709
 6-710
 6-711
 6-712
 6-713
 6-714
 6-715
 6-716
 6-717
 6-718
 6-719
 6-720
 6-721
 6-722
 6-723
 6-724
 6-725
 6-726
 6-727
 6-728
 6-729
 6-730
 6-731
 6-732
 6-733
 6-734
 6-735
 6-736
 6-737
 6-738
 6-739
 6-740
 6-741
 6-742
 6-743
 6-744
 6-745
 6-746
 6-747
 6-748
 6-749
 6-750
 6-751
 6-752
 6-753
 6-754
 6-755
 6-756
 6-757
 6-758
 6-759
 6-760
 6-761
 6-762
 6-763
 6-764
 6-765
 6-766
 6-767
 6-768
 6-769
 6-770
 6-771
 6-772
 6-773
 6-774
 6-775
 6-776
 6-777
 6-778
 6-779
 6-780
 6-781
 6-782
 6-783
 6-784
 6-785
 6-786
 6-787
 6-788
 6-789
 6-790
 6-791
 6-792
 6-793
 6-794
 6-795
 6-796
 6-797
 6-798
 6-799
 6-800
 6-801
 6-802
 6-803
 6-804
 6-805
 6-806
 6-807
 6-808
 6-809
 6-810
 6-811
 6-812
 6-813
 6-814
 6-815
 6-816
 6-817
 6-818
 6-819
 6-820
 6-821
 6-822
 6-823
 6-824
 6-825
 6-826
 6-827
 6-828
 6-829
 6-830
 6-831
 6-832
 6-833
 6-834
 6-835
 6-836
 6-837
 6-838
 6-839
 6-840
 6-841
 6-842
 6-843
 6-844
 6-845
 6-846
 6-847
 6-848
 6-849
 6-850
 6-851
 6-852
 6-853
 6-854
 6-855
 6-856
 6-857
 6-858
 6-859
 6-860
 6-861
 6-862
 6-863
 6-864
 6-865
 6-866
 6-867
 6-868
 6-869
 6-870
 6-871
 6-872
 6-873
 6-874
 6-875
 6-876
 6-877
 6-878
 6-879
 6-880
 6-881
 6-882
 6-883
 6-884
 6-885
 6-886
 6-887
 6-888
 6-889
 6-890
 6-891
 6-892
 6-893
 6-894
 6-895
 6-896
 6-897
 6-898
 6-899
 6-900
 6-901
 6-902
 6-903
 6-904
 6-905
 6-906
 6-907
 6-908
 6-909
 6-910
 6-911
 6-912
 6-913
 6-914
 6-915
 6-916
 6-917
 6-918
 6-919
 6-920
 6-921
 6-922
 6-923
 6-924
 6-925
 6-926
 6-927
 6-928
 6-929
 6-930
 6-931
 6-932
 6-933
 6-934
 6-935
 6-936
 6-937
 6-938
 6-939
 6-940
 6-941
 6-942
 6-943
 6-944
 6-945
 6-946
 6-947
 6-948
 6-949
 6-950
 6-951
 6-952
 6-953
 6-954
 6-955
 6-956
 6-957
 6-958
 6-959
 6-960
 6-961
 6-962
 6-963
 6-964
 6-965
 6-966
 6-967
 6-968
 6-969
 6-970
 6-971
 6-972
 6-973
 6-974
 6-975
 6-976
 6-977
 6-978
 6-979
 6-980
 6-981
 6-982
 6-983
 6-984
 6-985
 6-986
 6-987
 6-988
 6-989
 6-990
 6-991
 6-992
 6-993
 6-994
 6-995
 6-996
 6-997
 6-998
 6-999
 7-000





ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development
Division of Occupational Licensing
(333 Willoughby Avenue - Ninth Floor)
Post Office Box 110806 Juneau AK 99811-0806
A - K: 907/465-2756 L - Z: 907/465-2541
E-mail: license@dced.state.ak.us



VERIFICATION OF STATUS OF DEA REGISTRATION

Instructions to the Applicant: Type or print legibly. Complete the identifying information below and forward this form to:

Drug Enforcement Administration
Attn: Diversion Unit
400 Second Avenue West
Seattle, WA 98119-4013

NAME OF PHYSICIAN--Last, First, Middle	WILLIS, DONALD CLYDE
DATE OF BIRTH -- MM/DD/YYYY	06/26/1943
DEA REGISTRATION NUMBER	BW 4227131
ADDRESS WHERE DEA REGISTERED	18182 Hwy 1A #101

Signature of Applicant

Donald C Willis

Date

1-20-02

(Applicant: Do not detach - do not write below this line.)

Below to be completed by DEA Staff Only.

Instructions to the DEA staff: Please search your records and advise if there is any derogatory information on file against this physician. Please return this form directly to the State Medical Board at the letterhead address.

Comments: _____

For DEA Use Only

The files of this office contain
no derogatory information
relative to the above subject.
D.E.A.

**The Federation of State Medical Boards
of the United States, Inc.**

Federation Place
400 Fuller Wiser Road, Suite 300
Euless, Texas 76039-3855
Telephone: (817) 868-4000
FAX (817) 868-4099



November 7, 2001

Alaska State Medical Board
Attn: Leslie Abel
3601 C Street - Suite 722
Anchorage, AK 99503

RECEIVED
NOV 15 2001
DIVISION OF
OCCUPATIONAL LICENSING
BUREAU

Re: Donald Clyde Willis, MD

In response to your recent inquiry concerning the above referenced physician, the following summary of the reported information is provided.

Physician Identification:

Name: **Donald Clyde Willis, MD**
DOB: **06/26/1943**
SSN: **[REDACTED]**
Medical School: **Indiana Univ Indianapolis**
Indianapolis, Indiana USA
Year of Grad: **1976**

SUMMARY OF REPORTED ACTIONS

Reporting State/Agency: **OREGON**
Date Of Order: **08/18/1994**
Form of Order: **Agreement**

Action(s): **RESTRICTED TO A SUPERVISED SETTING**

Additional Detail: **Voluntary limitation: shall practice medicine only in a supervised setting approved by the Board in advance.**

REQUIRED TO SUBMIT TO MENTAL/PHYSICAL EXAMINATION

Basis for Action(s): **Undetermined**

LICENSE HISTORY

State Board
CALIFORNIA
OREGON

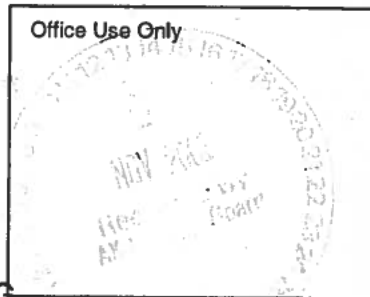
License Number
G-00035712
MD10994

PLEASE NOTE: For more information regarding the above information, please contact the reporting state board or reporting agency. The information contained in this report was supplied voluntarily by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy of such information and assumes no responsibility for any errors or omissions contained therein.



ALASKA STATE MEDICAL BOARD

Department of Community and Economic Development
Division of Occupational Licensing
(333 Willoughby Avenue - Ninth Floor)
Post Office Box 110806, Juneau Alaska 99811-0806
(907) 465-2541
E-Mail: license@dced.state.ak.us



RECEIVED
NOV 15 2001
DIVISION OF
OCCUPATIONAL LICENSING
(JUNEAU)

PHYSICIAN BOARD ACTION DATA BANK INQUIRY

Instructions to the Applicant: Please complete the information below. Type or print legibly. MAIL THIS REQUEST FORM TO:

FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, INC.

Federation Place
400 Fuller Wiser Road
Euless TX 76039
(817) 868-4000

Full Name (Last, First, Middle)		Maiden or Other Names Used:	Date of Birth (MM/DD/YYYY)
WILLIS, DONALD CLYDE			06-26-1943
Mailing Address (Street)		Place of Birth	
20009 SHOSHONEE Road		BERKELEY, CA US 4	
City/State/Zip			
APPLE VALLEY, CA 92307			
Medical/Osteopathic School (Name and Location)	Year of Graduation	If International Grad., ECFMG No.	
INDIANA UNIV INDIANAPOLIS, IN USA	1976		

(Applicant - Do Not Write Below This Line - Do Not Detach.)

Instructions to the Data Bank Staff: Please search the data bank for any record of this practitioner. Please forward your report to the medical board at the letterhead address.

FOR FEDERATION USE ONLY

American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources
515 North State Street
Chicago, Illinois 60610
<http://www.ama-assn.org/amaprofiles>



RECEIVED

FEB 07 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

AMA Physician Profile

**

Name and Mailing Address:

Primary Office Address:

✓ DONALD CLYDE WILLIS MD
16347 KAMANA RD
APPLE VALLEY CA 92307-1332

SAME AS MAILING ADDRESS

Phone: UNKNOWN

✓ Birthdate: 06/26/1943

✓ Birthplace: BERKELEY, CA UNITED STATES OF AMERICA

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician:

✓ Primary Specialty: OBSTETRIC & GYNECOLOGY

Secondary Specialty: UNSPECIFIED

AMA membership: NON MEMBER

Following Data Provided by the Primary Sources

Medical School:

✓ IN UNIV SCH OF MED, INDIANAPOLIS IN 46202 (VERIFIED)

Reported Year of Graduation: 1976 (VERIFIED)

Current and/or Prior Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

✓ Institution: ROYAL JUBILEE HOSP
Specialty: FLEXIBLE OR TRANSITIONAL

State:

07/1976 - 06/1977
(VERIFIED)

✓ Institution: STANFORD UNIV HOSP
Specialty: OBSTETRIC & GYNECOLOGY

State: CALIFORNIA

07/1977 - 06/1980
(VERIFIED)

Note: Additional information, used for appointments and privileges, is not solicited, nor is it received from the residency program director(s). If additional information is required, please contact the program director(s).

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency. **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; *provided however*, that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

AMA makes no representations or warranties either, expressed or implied, as to the accuracy, completeness or timeliness of the information contained in Physician Profiles and assumes no responsibility for any errors or omissions contained therein. Furthermore, no warranty, express or implied, is created by providing information through Physician Profiles. The AMA does not endorse in any way the individuals described in the Physician Profiles; and in no event shall the AMA be liable to the requesting organization or anyone else for any decision made or action taken in reliance on such information.

American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources
515 North State Street
Chicago, Illinois 60610
<http://www.ama-assn.org/amaprofiles>

RECEIVED
FEB 07 2002
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU



AMA Physician Profile

National Board of Medical Examiners (NBME) Certification Year: MD: 1977

License(s): State	MD/ DO	Date Granted	Expiration Date	Status	License Type	Last Reported
OREGON	MD*	01/13/1978	12/31/1997	INACTIVE	UNLIMITED	06/30/2001
* Please contact the state board. More information may be available.						
CALIFORNIA	MD	10/17/1977	06/30/2003	ACTIVE	UNLIMITED	11/01/2001

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

Federal Drug Enforcement Administration:

FEDERAL DEA REGISTRATION INFORMATION WAS LAST REPORTED TO THE AMA ON 11/06/2001.
DEA REGISTRATION IS VALID THROUGH 05/31/2003.

Note: Many states require their own controlled substances registration/license.
Please check with your state licensing authority as the AMA does not maintain this information.

Specialty Board Certification(s):

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

Certifying Board: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

Certificate: OBSTETRICS AND GYNECOLOGY

Certificate Type: GENERAL

Effective: 01/01/1982 Expiration: NONE REPORTED TO DATE Last Reported: 09/30/2001 INITIAL

Note: For certification dates, a default value of "01" appears in the month field if data was not provided to AMA. Please contact the appropriate specialty board directly for this information.

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

AMA Files Checked 2/1/02 10:59:07

Profile for: Donald Clyde Willis MD

Page 2 of 3

©2002 by the American Medical Association

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency. **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; provided however, that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

AMA makes no representations or warranties either, expressed or implied, as to the accuracy, completeness or timeliness of the information contained in Physician Profiles and assumes no responsibility for any errors or omissions contained therein. Furthermore, no warranty, express or implied, is created by providing information through Physician Profiles. The AMA does not endorse in any way the individuals described in the Physician Profiles; and in no event shall the AMA be liable to the requesting organization or anyone else for any decision made or action taken in reliance on such information.

American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources
515 North State Street
Chicago, Illinois 60610
<http://www.ama-assn.org/amaprofiles>

RECEIVED

FEB 07 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU



AMA Physician Profile

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, residency training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please mark them on a copy of the profile and mail or fax to:

Division of Survey and Data Resources
Attn: Physician Profile Unit
515 N. State Street
Chicago, IL 60610
312 464-5199
312 464-5900 (fax)

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency. **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited except that this prohibition shall not apply with respect to: disclosures required by federal or state government agencies (including, without limitation, disclosure to the physician about whom any such data relates), judicial authorities under court order, federal regulatory bodies with jurisdiction over the requesting organization, or disclosures otherwise required under federal or state law; *provided however*, that if the requesting organization is served with a subpoena or other legal process requiring the production or disclosure of Physician Profiles, then the requesting organization, to the extent reasonably practicable before complying, will promptly notify AMA and permit AMA to intervene and contest disclosure or production time and circumstances permitting.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

AMA makes no representations or warranties either, expressed or implied, as to the accuracy, completeness or timeliness of the information contained in Physician Profiles and assumes no responsibility for any errors or omissions contained therein. Furthermore, no warranty, express or implied, is created by providing information through Physician Profiles. The AMA does not endorse in any way the individuals described in the Physician Profiles; and in no event shall the AMA be liable to the requesting organization or anyone else for any decision made or action taken in reliance on such information.



February 26, 2002

Donald C. Willis, MD

To Whom it May Concern:

We are providing the following information in response to your inquiry on the above named practitioner. Due to the high volume of these requests this is the extent of the information that can be provided. The practitioner's association with Good Samaritan/Mission Oaks Hospital is shown below.

Dept/Div: Obstetrics & Gynecology

Status: Resigned

From: 08/20/1996

To: 10/22/1997

Please note that the Active Staff category at this facility can be maintained through involvement in medical staff functions without clinical activity. If the member's status is noted as "Active Staff," you may wish to clarify this with the applicant.

Qualifications for membership include review of a physical and mental health statement, general conduct, ethics and current clinical competence.

We know of no reason why this practitioner should not be given a favorable consideration at your facility.

Sincerely,


Kate DeSalvo, CMSC
Manager, Medical Staff Services

STATE OF ALASKA
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
P.O. BOX 110806,
JUNEAU, ALASKA 99811-0806
E-mail: license@dcad.state.ak.us

2/6/02
Date

Donald Willis, MD
1101 Cordova St., apt. 129
Anchorage, AK 99501-6510

Your application for licensure to practice medicine and surgery in the State of Alaska has been received by the Alaska State Medical Board.

____ Your file is complete and will be reviewed at the next board meeting which is scheduled for _____.
In the meantime, a temporary permit will be issued upon approval by the board's Executive Administrator.

☒ Your file is incomplete and the following must be received by 3/21/02 for your application to be
reviewed at the next board meeting, which is scheduled for 4/4+5/02. If your file becomes complete
before the meeting date, it will be forwarded to the Executive Administrator for consideration of a temporary permit.

1. Completed Application _____
2. Biographical Data Sheet ☒ Authorization to release records form ☒
3. Nonrefundable Application fee of \$250. We received \$ _____. Please remit remaining fee of \$ _____.
4. The license fee is \$590, effective November 26, 2000. We received \$ _____. Please remit remaining fee of
\$ _____. Please note the full fee may be submitted now or just \$145 which will cover the issuance of a temporary
license. The remainder of the licensing fee may be submitted now or when the board approves your application.
5. Examination scores requested directly from: FLEX _____ NBME ☒ USMLE _____
State of _____ Puerto Rico _____ LLMC _____ NBOME _____ NBPME _____
6. Certified true copy of your medical school diploma (notary public must state "true copy of original," sign and seal) or
transcript or original letter on letterhead
7. Certified true copy of ALL post-graduate training program certificates (notary public must state "true copy of original," sign
and seal) or original letter on letterhead from the program. If you graduated from medical school before January 1, 1995,
you must verify completion of one year of postgraduate training OR if you graduated from medical school on or after
January 1, 1995, you must verify completion of two years of postgraduate training. Foreign-trained graduates must
provide proof of three years of postgraduate training in the United States regardless of the year of graduation.
8. We have not received a response from: Medical school 2/12 Postgraduate years x year 1
9. Verification of license(s) in _____
10. Hospital privileges information needed from Good Samaritan SS. Mary
Victor Valley
11. 2/17 AMA Profile, AOA Profile, DEA Clearance, Federation Clearance

Additional Comments: Please fill out the enclosed release
of records authorization & return to me.

I have queried the National Practitioner Data Bank. No action is required by you at this time regarding this item.

If you have any questions, please contact this office at (907) 465-2756.

phone status
phone status 3/7/02

Aker Zinn
Sher Zinn, Licensing Examiner
State Medical Board