

(907) 272-4846

ALASKA STATE MEDICAL BOARD  
 Dept of Community & Economic Development  
 Division of Occupational Licensing  
 P.O. Box 110808  
 Juneau, AK 99811-0808  
 U.S.A.

PGY

## VERIFICATION OF POSTGRADUATE TRAINING

Willis, Donald Clyde  
 1101 Cordova St., Apt 129  
 Anchorage, Ak 99501-0510

DOB 08/28/43  
 Place of Birth - Berkeley, Calif., USA  
 SSN [REDACTED]

Medical School: Indiana Univ, year of graduation 1976

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

12/2/02

printed name

title

D. J. STOCKER

Site Director  
 Victoria Site for Training  
 UBC Department of Family Practice

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. Stocker, M.D., C.C.F.P.  
 A Commissioner for Taking Affidavits for British Columbia

Permanent address change effective 12-10-01

OLD ADDRESS

←  
DONALD C. WILLIS, MD  
Donald Willis, MD  
20009 Shoshonee Rd.  
Apple Valley, CA 92307

NEW ADDRESS

1101 Cordova St., Apt. 129  
Anchorage, Ak 99501-6510

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

RECEIVED  
2002 JUN 16 PM 3 33  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

Don Willis, M.D.  
1101 Cordova St., #129  
Anchorage, AK 99501



State of Alaska  
Dept. of Comm + Economic Dev  
Div. Occup. Licensing  
PO Box 110806  
Juneau, AK

3341140306



**Subject: FW: Status on Don Willis, MD**

**Date:** Wed, 14 Nov 2001 16:44:42 -0900

**From:** "Ozenna, Marie" <mozenna@anmc.org>

**To:** "joanie\_stude@dced.state.ak.us" <joanie\_stude@dced.state.ak.us>

Hello Joanie....

Dr. Szekely the Service Chief for the OB / GYN Dept. response for a Start Date is December 3.....

Thanks.... ~mo

> -----Original Message-----

> From: Szekely, Daniel, R

> Sent: Wednesday, November 14, 2001 4:16 PM

> To: Ozenna, Marie

> Subject: RE: Status on Don Willis, MD

>

> Dec 3!!!!

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> -----Original Message-----

> From: Ozenna, Marie

> Sent: Wednesday, November 14, 2001 1:44 PM

> To: Szekely, Daniel, R

> Cc: Pakney, Kimberly S.

> Subject: FW: Status on Don Willis, MD

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> Here's Joanie's Response re: License Status..... ~mo

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> From: Joanie Stude [SMTP:joanie\_stude@dced.state.ak.us]

> Sent: Wednesday, November 14, 2001 12:59 PM

> To: Ozenna, Marie

> Subject: Re: Status on Don Willis, MD

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> Marie,

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> Locum.

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> Joanie

>

> "Ozenna, Marie" wrote:

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> > Hello Joanie....

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> > How are you ??? Happy Holidays to you !!!!

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> > I was checking on the application status of Don Willis, MD who is coming from California to do locums work at our facility.... He will be filling

> > in for Dr. Mike O'Brien.....

>

> > Thanks Joanie.... Take Care.... ~mo



**FAX TRANSMISSION**  
**Via (907) 485-2974**  
**This page only**

**23 JAN 02**

**To: Sher**  
**Alaska State Medical Board**

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

**Re: Change in address of record**

**Dear Sher:**

**Please make the following address my address of record with the State Medical Board:**

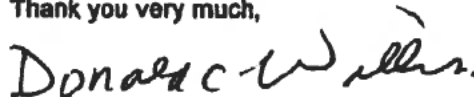
**1101 Cordova St., Apt 129**  
**Anchorage, AK 99501-6510**

RECEIVED

JAN 23 2002

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

Thank you very much,



Donald C. Willis, M.D.

# INDIANA UNIVERSITY

## School of Medicine

(To 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*

**Donald 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*

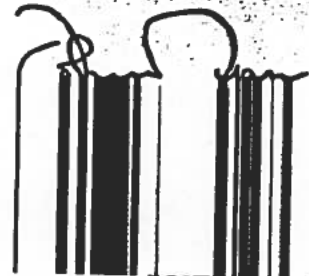
**Doctor of Medicine**

*with all the rights and privileges thereunto appertaining.*

*These are  
copies of  
which I  
put in  
perm file  
52 2/16/07*

*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.*

*Done at Indiana University - Purdue University at Indianapolis, Indiana,  
this twenty-ninth day of February 1916.*



NOV 07 2001  
DIVISION OF  
OCCUPATIONAL LICENSING  
BUREAU

# Royal Jubilee Hospital

Victoria, B.C.

## Diploma

This is to Certify that  
**D. C. Willis, M.D.**  
 has satisfactorily completed a  
 Junior Rotating Internship  
 from June 15, 1976 to June 14, 1977  
 in this hospital

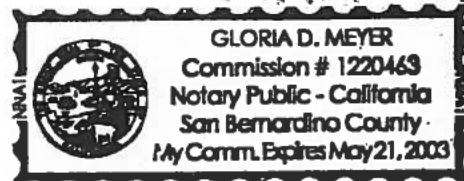
In Witness Whereof the undersigned have affixed their signatures

this 14<sup>th</sup> day of June 1977

C. G. Whelan  
 PRESIDENT BOARD OF DIRECTORS

[Signature]  
 PROGRAM DIRECTOR

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



# Stanford University Medical Center

STANFORD UNIVERSITY HOSPITAL / STANFORD UNIVERSITY SCHOOL OF MEDICINE



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

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NOV 07 2001  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

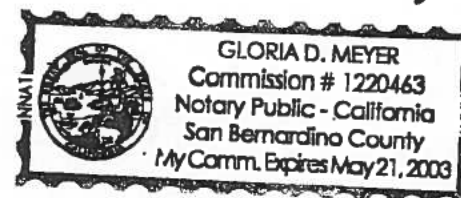


*[Signature]*  
Physician-in-Chief

*[Signature]*  
Director of Hospital

*[Signature]*  
Dean of the School of Medicine

I certify this to be a true copy  
of the original document  
*[Signature]*





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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] 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.

Donald C. Willis, M.D.

*Donald C. Willis*

11-1-01 250

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, M.D.

9-13-01



11-1-01

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

Obstetrics, Gynecology, and Infertility

Diplomate, American Board of Obstetrics & Gynecology

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

Services; Prepared Childbirth, High Risk Obstetrics, Ultrasound, Infertility, Laparoscopic GYN Surgery, Traditional GYN Surgery, Pap Smears, Colposcopy, Treatment of Abnormal Pap Smears, Family Planning and Contraception, Second Opinion Consultations





# 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

RECEIVED

DEC 07 2001

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

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

**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.

**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

PAGE 1 - VOLUNTARY LIMITATION (DONALD WILLIS, M.D.)

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 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.)



## MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM  
1426 HOWE AVE, SUITE 56  
SACRAMENTO CA 95825-3238  
TELEPHONE: (916) 263-2382  
FAX: (916) 263-2944



[www.medbd.ca.gov](http://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@dcde.state.ak.us

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			06-26-1943
Mailing Address (Street)		Place of Birth	
20009 SHOSHONE 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

- 1 Has this applicant ever been the subject of an investigation by a licensing or disciplinary authority in your state or jurisdiction? ☐ No ☐ Yes
- 2 Is any such investigation pending? ☐ No ☐ Yes
- 3 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
- 4 Is any such action pending? ☐ No ☐ Yes
- 5 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
- 6 To your knowledge, is there any derogatory information regarding this applicant? ☐ No ☐ Yes

(Board Seal)

Signed by

Date

Printed Name

Title

**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**  
**JULIEAU**

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.





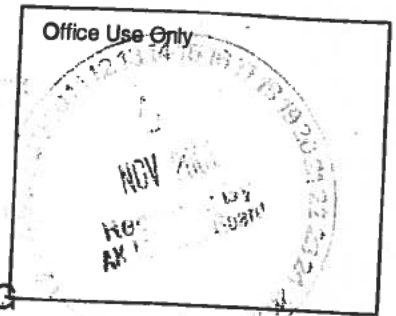
# ALASKA STATE MEDICAL BOARD

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@dcad.state.ak.us

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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 94704	
City/State/Zip			
APPLE VALLEY, CA 92307			
Medical/Osteopathic School (Name and Location)	Year of Graduation		
INDIANA UNIV INDIANAPOLIS, IN 46206	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

**Subject:** FW: Status on Don Willis, MD

**Date:** Wed, 14 Nov 2001 16:44:42 -0900

**From:** "Ozenna, Marie" <mozenna@anmc.org>

**To:** "joanie\_stude@dced.state.ak.us" <joanie\_stude@dced.state.ak.us>

Hello Joanie....

Dr. Szekely the Service Chief for the OB / GYN Dept. response for a Start Date is December 3.....

Thanks.... -mo

> -----Original Message-----

> From: Szekely, Daniel, R

> Sent: Wednesday, November 14, 2001 4:16 PM

> To: Ozenna, Marie

> Subject: RE: Status on Don Willis, MD

>

> Dec 3!!!!

>

> -----Original Message-----

> From: Ozenna, Marie

> Sent: Wednesday, November 14, 2001 1:44 PM

> To: Szekely, Daniel, R

> Cc: Pakney, Kimberly S.

> Subject: FW: Status on Don Willis, MD

>

>

> Here's Joanie's Response re: License Status..... -mo

>

> -----Original Message-----

> From: Joanie Stude [SMTP:joanie\_stude@dced.state.ak.us]

> Sent: Wednesday, November 14, 2001 12:59 PM

> To: Ozenna, Marie

> Subject: Re: Status on Don Willis, MD

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> Marie,

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> application just last week. He did not list a date that he hoped to begin  
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> Locum.

>

> Joanie

>

> "Ozenna, Marie" wrote:

>

> > Hello Joanie.....

> >

> > How are you ??? Happy Holidays to you !!!!

> >

> > I was checking on the application status of Don Willis, MD who is coming  
> > from California to do locums work at our facility.... He will be  
> filling

> > in for Dr. Mike O'Brien.....

> >

> > Thanks Joanie.... Take Care.... -mo

11/21/01



No. 2091

Effective: 01/22/2002

Expires: 03/23/2002

# 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 PHYSICIAN

## WHO HOLDS A LOCUM TENENS PERMIT

LOCUM TENENS FOR MICHAEL O'BRIEN, MD

Commissioner: Deborah B. Sedwick

### Wallet Card

No. 2091

State Of Alaska

Department of Community and Economic Development  
Division of Occupational Licensing

**DONALD CLYDE WILLIS**

IS A PHYSICIAN

WHO HOLDS A LOCUM TENENS PERMIT

Effective	Expiration	Date of Birth
01/22/2002	03/23/2002	06/26/1943

LOCUM TENENS FOR MICHAEL O'BRIEN, MD

Signature \_\_\_\_\_

THREE EXTENSIONS OF THE PERMIT MAY BE GIVEN. EXTENSIONS MUST BE REQUESTED IN WRITING AND RECEIVED AT LEAST 3 WEEKS BEFORE THE PERMIT EXPIRES.

REQUEST MUST BE WRITTEN BY HOSPITAL, CLINIC OR STAFF OF THE OFFICE WHERE WORKING LOCUM ASSIGNMENT & STATE THE REASON FOR EXTENSION, A BRIEF PERFORMANCE APPRAISAL OF YOUR WORK & NAME OF THE PHYSICIAN FOR WHOM YOU ARE SUBSTITUTING. THE REQUEST MUST BE ACCOMPANIED BY A \$200 FEE.

IF YOUR PERMIT EXPIRES BEFORE REQUESTING AN EXTENSION, YOU MUST REAPPLY.

MED

DONALD CLYDE WILLIS  
20009 SHOSHONEE ROAD  
APPLE VALLEY CA 92307

DONALD C. WILLIS, M.D.

Home address:

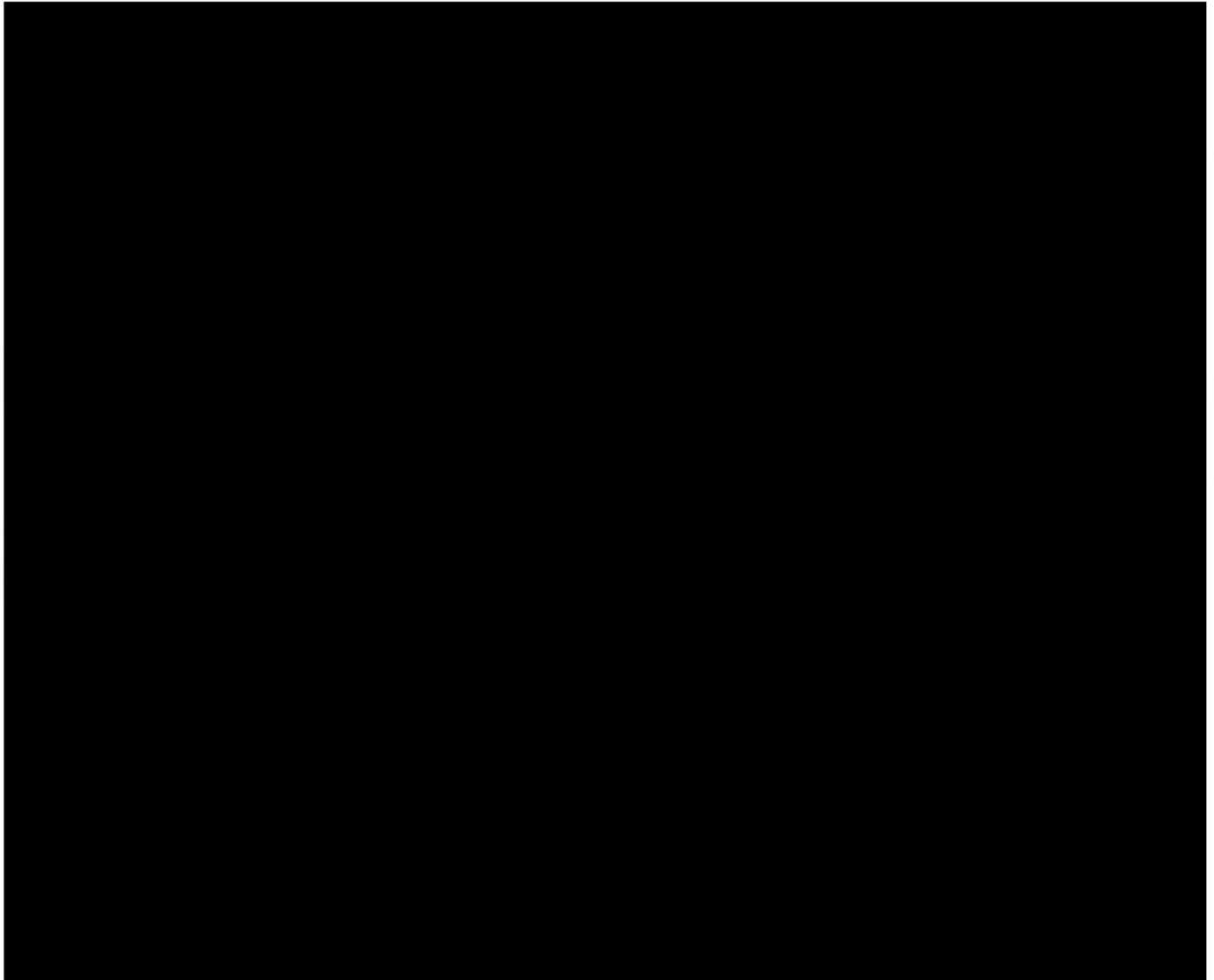
1101 Cordova St., Apt. 129

Anchorage, Ak 99501-6510

Home phone:

(907) 277-4846

To: The Alaska State Medical Board



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

1-9-02

*Teddy L. King M.D., F.A.C.O.G.*

DIPLOMATE AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY  
OBSTETRICS, GYNECOLOGY, & INFERTILITY  
18182 Outer Hwy 18, Suite 101 & 102  
Apple Valley, CA 92307

February 15, 2000

RE: Letter of Professional Reference, Donald C. Willis, M.D.

It is with great pleasure to recognize the efforts of Dr. Don Willis and to provide this letter of professional reference. I have been associated with Dr. Willis during the past four years. He has given my practice and patients superb obstetrics and gynecology backup services. These include frequent coverage of emergency deliveries. He often assists me in gynecological surgeries such as laparoscopies, hysteroscopies and other sensitive procedures. I also know first hand that he has performed these as the sole physician/surgeon. In all instances, he is diligent and professional in his dealings.

Dr. Willis is a well-respected specialist among other physicians and the staffs of the local hospitals in Victor Valley. I am Chief of Surgery Service and also, this past year, functioned as Chief of Staff at Barstow Community Hospital in Barstow, California. I have worked with some of the best medical experts and without reservation, Dr. Willis has distinguished himself as an exceptional talented OB/GYN physician.

Simply stated, Dr. Willis is a caring physician that provides quality services. He is an asset to the medical profession and the community. I highly recommend him in your recruitment efforts. Your gain would definitely be a loss to our community. I would support Dr. Willis and want him on my team anytime. Please feel free to contact me at extension (760) 242-3539 if you need additional information.

Sincerely,

  
Teddy L. King, M.D.

(WILLISMD.DOC)

September 5, 1997

To whom it may concern,

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DIVISION OF MEDICAL QUALITY  
STATE OF CALIFORNIA

In the Matter of the Accusation  
Against:

DONALD CLYDE WILLIS, M.D.  
657 Waverley Street  
Palo Alto, CA 94301-2550

Physician and Surgeon's Certificate  
No. G 35712

Respondent.

No. 16-94-46312

OAH No. N 9506238

PROPOSED DECISION

This matter was heard before Michael C. Cohn, Administrative Law Judge, State of California, Office of Administrative Hearings, in Oakland, California on December 4, 1995.

Complainant Dixon Arnett was represented by Mara Faust, Deputy Attorney General.

Respondent Donald Clyde Willis, M.D., was present and was represented by David M. Galie, Attorney at Law, 507 Polk Street, Suite 350, San Francisco, California 94102.

FINDINGS OF FACT

1. On October 17, 1977 the Medical Board of California issued physician and surgeon certificate number G35712 to Donald Clyde Willis, M.D. ("respondent"). Respondent's certificate has been renewed through June 30, 1997.

2. Respondent received his medical degree from Indiana University in 1976. He had previously received a Ph.D. in clinical psychology from the University of Portland in 1970. Respondent undertook a one-year rotating internship at the Royal Jubilee Hospital in Victoria, British Columbia in 1976-77. He then undertook a three-year residency in obstetrics and gynecology at Stanford University from 1977 to 1980.

In July 1980 respondent began employment as an obstetrician and gynecologist with Kaiser Permanente in Portland, Oregon. Respondent remained employed by Kaiser until 1994. During his career at Kaiser respondent served as a member of the Perinatal Committee at Bess Kaiser Hospital, including serving as

chairman of that committee from 1981 to 1984. Respondent was board certified in obstetrics and gynecology in 1982. He has a special interest in laproscopic surgery.

[REDACTED]

4. On January 5, 1994 the president of Northwest Permanente notified the Oregon Board of Medical Examiners ("Oregon Board") in writing that respondent was scheduled to return to the Portland area around January 14, 1994 and that it was Kaiser's intention, as his employer, [REDACTED]

[REDACTED]

5. At some point following his return to Oregon, respondent requested, pursuant to Oregon Revised Statutes 677.410, that voluntary limitations be placed upon his license. Respondent subsequently appeared before an Investigative Committee of the Oregon Board. That committee's report bears the following entry for June 9, 1994:

"Recommendation to allow Dr. Willis to return to practice at kaiswer [sic] Permanente in OBG in a supervised setting with neuro-psychiatric examinations to be stipulated every two years and quarterly psych and hospital reporting through VL [voluntary limitation] (non-reportable, non-disciplinary. July FB [full board] agenda item."

6. By the time respondent's case came before the full Oregon Board in July he had decided to leave Oregon and relocate in California. The Oregon Board's minutes contain the following entry for July 13, 1994:

[REDACTED] He has recently resigned from Kaiser and is going to Palo Alto to practice. He has applied for a California license\* and intends to tell the California Board his full

---

\* This statement by the Oregon Board was obviously in error since respondent has held a California license since 1977.



history. The Investigative Committee recommends accepting a voluntary limitation from licensee, allowing him to return to practice under specific guidelines (including no surgery). This voluntary limitation will be reportable to the national data bank and the FSMB."

The Oregon Board thereafter approved the following motion: "IN THE MATTER OF DONALD WILLIS, M.D., THE BOARD OF MEDICAL EXAMINERS ACCEPT THE VOLUNTARY LIMITATION AS AMENDED."

7. In August 1994 a formal document entitled "Voluntary Limitation" was signed by respondent and the chairman of the Oregon Board. That document provides:

"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 supervisory 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 understands that...this voluntary limitation...will be a reportable license limitation to the National Practitioner Data Bank. This voluntary limitation also will be reportable to any hospital or other institutional health care provider at which Dr. Willis intends to practice, the Federation of State Medical Boards, and, if requested by any person, reportable as a public record."

8. Respondent moved to Palo Alto in July 1994. He did not resume the practice of medicine until around April 1995 when he undertook part-time employment as a contract physician at Planned Parenthood of San Mateo County. He is still employed in that position. In June and July 1995 respondent acted as locum tenens in the private practice of Forrest O. Smith, M.D. Since that time respondent has continued to work as a part-time contract physician at Dr. Smith's Pregnancy Consultation Center in Pleasanton. In both his part-time positions, which total between 10 and 25 hours a week, respondent's functions are limited to performing abortions and providing contraception, pregnancy and abortion consultations.

9. Although respondent asserted that within a week of his arrival in Palo Alto in July 1994 he notified the Medical Board of California ("Board") of his change of address, intention to practice and the circumstances of his suicide attempt, the only response from the Board was the filing of the instant accusation. Respondent has never been asked to submit to the Board any medical reports concerning his condition, nor has he been required to undergo any medical or psychiatric evaluations.

10. Although the accusation contained a cost recovery prayer, no evidence of costs was presented at the hearing.

#### DETERMINATION OF ISSUES

1. Complainant seeks to discipline respondent pursuant to Business and Professions Code section 2305. It provides:

"The revocation, suspension, or other discipline by another state of a license or certificate to practice medicine issued by the state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, to a licensee under this chapter shall constitute grounds for disciplinary action for unprofessional conduct against such licensee in this state."

In support of his position, complainant cites Marek v. Board of Podiatric Medicine (1993) 16 Cal.App.4th 1089, 1096, where it was held that section 2305 "applies by its terms to any discipline imposed by another state on the holder of a license or certificate to practice medicine," even when no hearing on the merits had been held by the sister state. The court stated, "The focus of section 2305 is the mere fact that a measure of discipline was imposed on a licensee and not how it was imposed by the foreign jurisdiction."

2. Respondent asserts that section 2305 does not establish cause for disciplinary action against him since the



voluntary limitation to which he agreed to subject his Oregon license did not constitute discipline by that state and does not, therefore, constitute unprofessional conduct.

3. It is determined that the voluntary limitation action taken in Oregon did not constitute discipline by a sister state within the meaning of section 2305.

a) A reading of Oregon's statutory scheme relating to the discipline of medical licenses demonstrates that a voluntary limitation does not constitute a disciplinary action. Oregon Revised Statutes 677.200(1) provides that a disciplinary action is initiated by the filing of a verified written complaint. ORS 677.205 then provides:

"(1) The Board of Medical Examiners for the State of Oregon may discipline...any person licensed, registered or certified under this chapter who has:

"(a) Admitted the facts of a complaint filed in accordance with ORS 677.200(1) alleging facts which establish that such person is in violation of one or more of the grounds for suspension or revocation of a license as set forth in ORS 677.190;

"(b) Been found to be in violation of one or more of the grounds for disciplinary action of a licensee as set forth in this chapter; or

"(c) Had an automatic license suspension as provided in ORS 677.225."

The Oregon proceeding relating to respondent was not initiated by the filing of a verified written complaint and none of the bases for discipline set forth in ORS 677.205 apply to respondent. By contrast, the restrictions placed on respondent's license were imposed pursuant to ORS 677.410, which provides:

"A licensee may request in writing to the board a limitation of license to practice medicine or podiatry, respectively. The board may grant such request for limitation and shall have the authority, if it deems appropriate, to attach conditions to the license of the licensee within the provisions of ORS 677.205 and 677.410 to 677.425. Removal of a voluntary limitation on licensure to practice medicine or podiatry shall be determined by the board."

b) That the Oregon action was nondisciplinary in nature is further demonstrated by the recommendation of the Investigative Committee, the action of the Oregon Board in accepting, with modifications, that recommendation and the terms

of the voluntary limitation agreement approved by the Oregon Board. In its recommendation to the full board that a voluntary limitation on respondent's license be imposed, the committee specifically provided that the voluntary limitation would be "non-reportable, non-disciplinary." Although the Oregon Board subsequently specified that the voluntary limitation would be "reportable to the national data bank and the FSMB," the board made no mention of modifying the "non-disciplinary" aspect of the committee's recommendation.

Further, the voluntary limitation agreement later signed by respondent and approved by the Oregon Board provides that if respondent fails to abide by the conditions of the voluntary limitation, "the Board may enter an order imposing disciplinary action to include revoking, suspending or otherwise sanctioning" respondent's license. The clear implication of this provision is that the voluntary limitation is not a disciplinary action, but that failure to adhere to its terms would result in such an action being taken.

c) In Marek, supra, 16 Cal.App.4th 1089, two podiatrists entered into a consent decree in Nevada which revoked their licenses to practice in that state and placed them on three years' probation on certain terms and conditions. Under the terms of the consent decree, the podiatrists did not admit the truth of any of the allegations of the complaint which had been filed against them in Nevada but acknowledged that their failure to contest those allegations "subjects them to disciplinary action by the [Nevada Board]." (16 Cal.App.4th at p. 1093.) The California Board of Podiatric Medicine's subsequent discipline of the podiatrists under Business and Professions Code section 2305, based solely upon their having been disciplined in a sister state, was upheld upon the court's finding, as set forth above, that section 2305 was not limited only to "discipline imposed after a full hearing on the merits," but applied to "any discipline imposed by another state." (16 Cal.App.4th at p. 1096.)

The facts of Marek are distinguishable from the present case in that the state of Nevada clearly imposed discipline upon the podiatrists' licenses, even though that discipline resulted from a consent decree and the licensees admitted no wrongdoing. The consent decree itself provided that the licensees acknowledged they were subjecting themselves to disciplinary action. In the present case, as set forth above, although restrictions were placed on his license by the state of Oregon, the voluntary limitation to which respondent agreed did not constitute disciplinary action under either that state's statutory scheme or the terms of the voluntary limitation agreement itself.

d) While the phrase "any discipline imposed by another state" as used in section 2305 was broadly construed in

Marek, supra, 16 Cal.App.4th 1089, to include discipline imposed without a hearing on the merits, it does not follow that all restrictions imposed on a license by a sister state constitute "discipline." It is significant that the statute establishes as unprofessional conduct a "revocation, suspension, or other discipline" imposed by a sister state but a "revocation, suspension, or restriction" imposed by a federal government agency. Had the legislature chosen to do so, it could have made the imposition of a "restriction" by a sister state unprofessional conduct just as it did a "restriction" imposed by the federal government. That it chose not to do so indicates the legislature did not intend to include all restrictions imposed by sister states as grounds for disciplinary action.

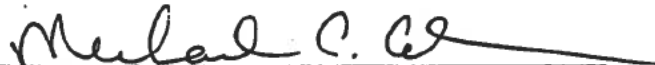
This determination is only bolstered by the legislature's recent amendment of section 2305. Effective January 1, 1996, that section will provide that "[t]he revocation, suspension, or other discipline, restriction, or limitation imposed by another state" constitutes unprofessional conduct. (Stats.1995 c.708, §9 (S.B. 609).) By that amendment, the legislature has broadened the sort of sister state action which will result in cause for disciplinary action in California so that it more closely parallels the manner in which federal agency actions are treated.

4. Inasmuch as it has been determined that the voluntary limitation action taken in Oregon did not constitute discipline by a sister state within the meaning of Business and Professions Code section 2305, no cause for disciplinary action against respondent for unprofessional conduct was established pursuant to that section.

#### ORDER

The accusation against respondent Donald Clyde Willis, M.D., is dismissed.

DATED: December 11, 1995

  
MICHAEL C. COHN  
Administrative Law Judge

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DIVISION OF MEDICAL QUALITY  
STATE OF CALIFORNIA

In the Matter of the Accusation  
Against:

DONALD CLYDE WILLIS, M.D.  
657 Waverley Street  
Palo Alto, CA 94301-2550

Physician and Surgeon's Certificate  
No. G 35712

Respondent.

No. 16-94-46312

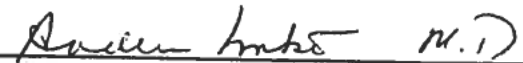
OAH No. N 9506238

DECISION

The attached Proposed Decision of the Administrative  
Law Judge is hereby adopted by the Medical Board of California as  
its Decision in the above-entitled matter.

This Decision shall become effective on FEBRUARY 5, 1996.

IT IS SO ORDERED JANUARY 5, 1996.

 M.D.

ANABEL ANDERSON IMBERT, M.D.  
President  
Division of Medical Quality

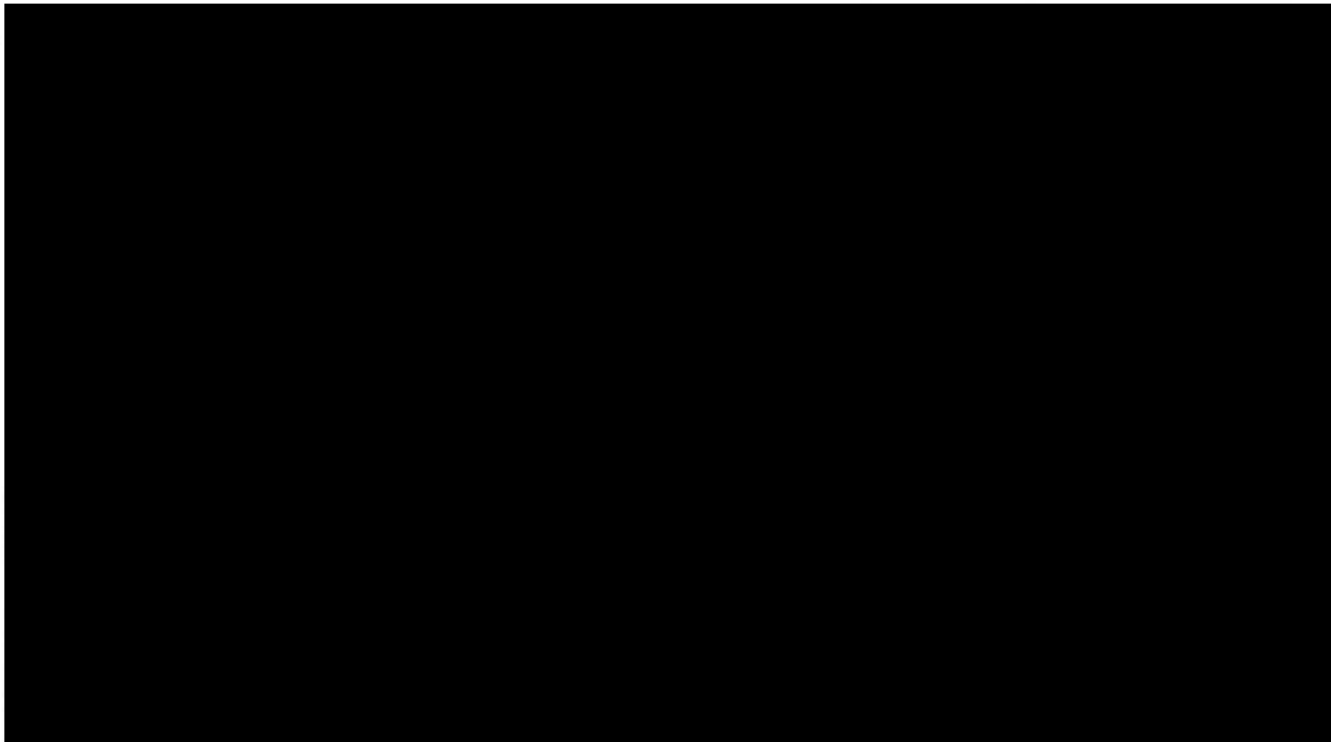


December 1, 1995

Medical Board of California  
1426 Howe Avenue  
Sacramento, CA 95825-3236

To the Medical Board of California:





I appreciate your kind attention and any consideration you can give  
Dr. Willis' status.

Sincerely,







November 28, 1995

Medical Board of California  
1426 Howe Avenue  
Sacramento CA 95825-3236

Dear Medical Board of California,

Re: Donald C. Willis, M.D.

This is a confirmation letter of Dr. Willis' current part-time employment as a contract physician at Planned Parenthood of San Mateo County performing first and early second trimester abortions. Although his time of employment has been relatively brief (6) months it has so far been a very positive experience.

Starting with his first clinic, which I personally observed and upon continued close supervision, his considerable experience, sound medical judgment, and excellent surgical skills have been clearly demonstrated. His general medical competence has also been evident to other staff members and has impressed our very experienced clinic supervisor, Ms. Madeline Pera-Floyd. He has quickly established a good working relationship with clinic co-workers and displayed a warm, pleasant, and highly professional manner with patients.

Thus based on 42 years of experience as a physician, I feel confident that Dr. Willis, despite his severe recent illness, has made a remarkable recovery and shows no evidence of physical or mental impairment or disability at the present time. He is doing excellent medical work for us of the highest quality.

Sincerely,

Howard Rosenthal, M.D.  
Medical Director

HR:aj

COPY

Forrest O. Smith, M.D.  
5565 West Las Positas, #330  
Pleasanton, California 94588 USA  
510/734-0100 FAX 510/734-0207

November 19, 1995

IN RE: DONALD WILLIS, M.D.

I am writing this letter in testament to the professional and personal qualifications of **DONALD WILLIS, M.D.** with whom I have had association in both areas for the past seven months. Dr. Willis has worked for me in my medical practice. I have had the opportunity to observe him closely and over a protracted period. I offer the following observations about Dr. Willis.

[REDACTED]

Dr. Willis fulfilled a *locum tenens* for me during the months of June and July of this year, assuming all of the duties involved in my private practice in Pleasanton. He very ably and completely handled all of the aspects of my practice. Furthermore, he was easily accepted and well-liked by patients and my office staff. I would not hesitate to engage Dr. Willis similarly in the future and will do so when the occasion arises.

Dr. Willis also worked for me on a regular basis in my satellite offices in San Jose and Oakland engaged in outpatient family-planning type practice. Again, he ably discharged those duties and was well-liked by staff and patients. I certainly observed no deficiencies of a neurologic nature or of a cognitive nature. I have asked the other physicians in my employ- anesthesiologists- if they observed any type of deficiency and they did not.

I have no question about the ability of Dr. Willis to handle the general duties of an Ob-Gyn practitioner to the limits of his training and experience. I would like to maintain a professional association with Dr. Willis and look forward to his working for and with me in the future should this board view him favorably, which I heartily and without reservation recommend.

I would be happy to appear personally before the board in support of Dr. Willis. Any further question may be addressed to me at the above.


Yours truly,

Forrest Smith, M.D. California License C-35811

FOS/ts

willis1





RE: DONALD C. WILLIS, M.D.

TO WHOM IT MAY CONCERN:



Applicant Name: Willis, Donald Clyde ☒ MD ☐ DO  
 Specialty: OB / GYN FMG: ☒ No ☐ Yes ECFMG No. \_\_\_\_\_  
 Locum for Michael O'Brien Temp. 2018 12-3-01  
 Name of Alaska Physician Alaska License No. Start Date

**Date Received**

11-7 Fee, Nonrefundable Application Fee (\$150) Receipt No. 580998  
11-7 Fee, Permit Fee (\$200) Receipt No. 580998  
11-7 Application  
11-7 Authorization for Release of Records  
11-7 Medical School Diploma/Transcript Accredited: ☐ Yes ☐ No  
11-7 Internship/Residency Certificates (All) Accredited: ☐ Yes ☐ No  
☒ Graduated BEFORE January 1, 1995 - 1 year PG Training Required  
☐ Graduated AFTER January 1, 1995 - 2 years PG Training Required  
☐ International Medical Graduate - 3 years PG Training Required  
12-7 Verifications of Licensure in: 12-7 OR, 11-30 CA  
11-15 Federation of State Medical Boards Clearance  
☐ NO ☒ YES Irregularities, "Yes" Responses, Other Adverse Information Noted in Application.  
 Specify: #19 Malpractice, #28a, 32a, 40, Fed. Clearance  
11-19 Application Status Letter Sent: 1) 11-19-01 2) \_\_\_\_\_  
12-13 Application Complete - Checklist to Executive Administrator

**BOARD MEMBER OR BOARD DESIGNEE REVIEW AND RECOMMENDATION**

Interview Required: ☐ NO ☒ YES Reason for Request for Interview \_\_\_\_\_  
☒ APPROVED \_\_\_\_\_ DENIED

Comments: Full Board Interview

Signature, Board Member or Designee Martha V. Cotton Date: 1-18-02

Locum Tenens Permit No. 2091 Date Issued: 1/22/02



# 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@dc.ded.state.ak.us

RECEIVED

For Office Use Only	
NOV 07 2001	
DIVISION OF OCCUPATIONAL LICENSING	
JUNEAU	
Receipt No.	Amount
580998	350.00 ✓

## APPLICATION FOR LOCUM TENENS PERMIT

### PART I PERSONAL IDENTIFICATION INFORMATION (Type or Print Legibly)

1	Full Legal Name (Last, First, Middle)	WILLIS, DONALD CLYDE		Jr.
				Sr.
2	Other Names Used (Incl. Maiden Name)	None		
3	Legal Name Changes (Provide copies)	None		
4	Social Security Number	[REDACTED]	Date of Birth	6.26.47
5	Place of Birth (City, State, Country)	BERKELEY, CALIF, USA		
6	Full Practice Address	18182 Hwy 18, #101 APPLE VALLEY, CA 92307		
7	Full Residence Address	20009 SHOSHONEE Rd APPLE VALLEY, CA 92307		
8	Telephones	Work	Home	
		(760) 242-3539	760 946-6039	
9	E-Mail Address (Optional)	None		
10	Preferred Address of Record	<input type="checkbox"/> Use Practice Address <input checked="" type="checkbox"/> Use Residence Address How long at this address? 1 yr		
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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES If YES, what type and when: Type: _____ Year: _____		

### PART II LOCUM TENENS ASSIGNMENT Identify the Alaska physician for whom you will be substituting.

13. Name	Location	Start Date
MICHAEL O'BRIEN, MD	SOUTHCENTRAL FOUNDATION ANCHORAGE	ASAP

## PART III

## EDUCATION

## 14. Medical School Education

Name of Institution

Location

Date  
Graduated

INDIANA UNIVERSITY	Indianapolis, IN, USA	2-76
--------------------	-----------------------	------

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

Completed

Yr	Hospital	Mailing Address	(MM/YYYY)	Yes/No
1	ROYAL JUBILEE HOSPITAL	1900 FORT Street VICTORIA, BC, CANADA V8R 1S8	From 06/1976 To 06/1977	YES
2	STANFORD UNIV MEDICAL CNTR	STANFORD UNIVERSITY MEDICAL CENTER STANFORD, CA 94305	From 07/1977 To 07/1980	YES
3			From	
			To	
4		RECEIVED NOV 07 2001		
5		DIVISION OF OCCUPATIONAL LICENSING JUNEAU		

## 16. ECFMG Certification - International Graduates Only

Have you taken the ECFMG exam?

☐

Yes

Certificate No. \_\_\_\_\_

☐

No

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

## 17. Specialty Attach certified true copies of board certificates.

Specialty/Subspecialty	Board Certified? Yes/No/Date	What Board?	Recertification Date
OB GYN	Yes-N/82	OB GYN	NA

## PART IV

## PROFESSIONAL ACTIVITIES

## 18. Professional Licensure

Please list **all states, territories, provinces, or foreign countries** in which you hold or have **ever** held a medical license. Include instructional or training permits.

Location (State, territory, etc.)

Date Issued

Location (State, territory, etc.)

Date Issued

1	OREGON	1-13-78	7		
2	CALIFORNIA	10-17-77	8		
3			9		
4			10		
5			11		
6			12		

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

# 19. Medical Malpractice History

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 on a separate sheet of paper labeled with your name and signed by you.

Date of

Occurrence

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 \$29,999.99
4-1-98	Post-op vesicovaginal fistula	\$12,000.00

RECEIVED

NOV 07 2001

DIVISION OF  
OCCUPATIONAL LICENSING  
JULIAU

## 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 V

## 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 Concern, Warning, Caution, Admonishment, Reprimand, etc. If you are unsure about your response, please contact our office. Failure to disclose such past history may be grounds for disciplinary sanctions.

- 20a. ☒ No ☐ Yes Have you ever been convicted of a crime (felony or misdemeanor) in any jurisdiction of the United States, including military, or any international jurisdiction?
- 20b. ☒ No ☐ Yes Is any such action pending?
- 21a. ☒ 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?
- 21b. ☒ No ☐ Yes Is any such action pending?
- 22a. ☒ 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?
- 22b. ☒ No ☐ Yes Is any such action pending?



## Part V

## Disciplinary History (Continued)

NOV 07 2001

DIVISION OF

OCCUPATIONAL LICENSING

- 23a. ☒ 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?
- 23b. ☒ No ☐ Yes Is any such action pending?
- 24a. ☒ No ☐ Yes Has any hospital or other health care facility disciplined, restricted, or terminated your professional training, employment, or privileges (except for late medical records)?
- 24b. ☒ No ☐ Yes Is any such action pending?
- 25a. ☒ 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?
- 25b. ☒ No ☐ Yes Is any such action pending?
- 26a. ☒ No ☐ Yes Have you ever been disciplined by a medical school or post-graduate training program?
- 26b. ☒ No ☐ Yes Is any such action pending?
- 27a. ☒ 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)?
- 27b. ☒ No ☐ Yes Is any such action pending?
- 28a. ☐ No ☒ Yes Have you ever been under investigation by any medical licensing jurisdiction or authority?
- 28b. ☒ No ☐ Yes Is any such action pending?
- 29a. ☒ No ☐ Yes Have you ever had a medical license application denied by any medical licensing jurisdiction or authority?
- 29b. ☒ No ☐ Yes Is any such action pending?
- 30a. ☒ 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?
- 30b. ☒ No ☐ Yes Is any such action pending?
- 31a. ☒ 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?
- 31b. ☒ No ☐ Yes Is any such action pending?
- 32a. ☐ No ☒ Yes Have you ever voluntarily or involuntarily agreed to any limitations, restrictions, or conditions to your license to practice medicine?
- 32b. ☒ No ☐ Yes Is any such action pending?

SEE ENCLOSED "NPDB ENTRY  
IN MY NAME."

**"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.

If you have checked "Yes," to any question above, please attach a detailed explanation.

## PART VII SWORN STATEMENT

I hereby certify that the information contained in this application 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. Miller

Date

10-29-01

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for the State of CALIFORNIA.

this 1ST day of NOVEMBER, 2001.

Notary Signature

Gloria D. Meyer

My commission expires:

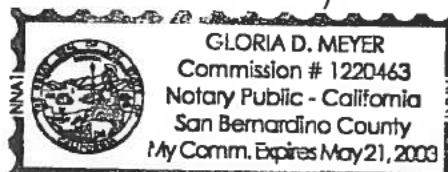
MAY 21, 2003

NOTE: Notary Seal Must Overlap California State Seal

Particular in the Photograph

GLORIA D. MEYER  
Commission # 1220463

Notary Public - California  
San Bernardino County  
My Comm. Expires May 21, 2003



GLORIA D. MEYER  
Commission # 1220463  
Notary Public - California  
San Bernardino County  
My Comm. Expires May 21, 2003

**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.



# 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

Office of <b>RECEIVED</b> <b>NOV 07 2001</b> <b>DIVISION OF</b> <b>OCCUPATIONAL LICENSING</b> <b>JUNEAU</b>
Orig to: _____
Copy retained: _____

## AUTHORIZATION FOR RELEASE OF RECORDS

TO WHOM IT MAY CONCERN:

I, DONALD CLYDE WILLIS, residing at  
(Please print full name)  
20009 SHOSHONE RD., Apple Valley, CA 92307, hereby authorize the  
(Please print full address)

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  
(760) 946-6039  
Home Phone Number  
6.26.43  
Date of Birth

10.29.01  
Date  
(660) 242-3535  
Work Phone Number  
[REDACTED]  
Social Security Number



Don Willis, MD  
20009 Shoshonee Rd.  
Apple Valley, CA 92307

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE  
**CERTIFIED MAIL**



7001 1140 0003 3119 7112



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99801



U.S. PS  
PAID  
APPLE VALLEY  
92307  
NOV 02  
AMOUNT  
**\$42**  
0005033

Joanie Stude, Licensing  
Examiner  
ALASKA Div. of Occupational Licensing  
~~PO Box 110806~~  
Ninth Floor State Office Bldg  
777 WILLOWGARD Ave

1/21/17



RECEIVED

DEC 03 2001

DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

Post-it® Fax Note	7671	Date	12/3	# of pages	3
To	Joanie Stude	From			
Co./Dept	Alaska State Board	Co.			
Phone #		Phone #			
Fax #		Fax #			

Oregon Public Order

12-3-01

Carol will send and fax  
the public order.

J. Stude

12-7

Board Order received by mail,

BEFORE THE  
BOARD OF MEDICAL EXAMINERS  
STATE OF OREGON

COPY

1  
2  
3 In the Matter of:4 DONALD WILLIS, M.D.,  
5 LICENSE NO. MD10994.

VOLUNTARY LIMITATION

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

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

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

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

21 Dr. Willis understands and agrees that this voluntary  
22 limitation is subject to approval by the full Board. If  
23 Dr. Willis fails to abide by the conditions imposed herein, he  
24 understands and agrees that the Board may enter an order imposing  
25 disciplinary action to include revoking, suspending or otherwise  
26 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  
11 Donald Willis, M.D.

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

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

24  
25  
26 PJS:cfs:ros/JGG09EAE

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



# Oregon

John A. Kitzhaber, M.D., Governor

VERIFICATION OF LICENSURE  
November 20, 2001

Board of Medical Examiners

1500 SW 1st Ave Ste 620

Portland, OR 97201-5826

(503) 229-5770

FAX (503) 229-6543

RECEIVED  
www.state.or.us

NOV 26 2001

DIVISION OF

OCCUPATIONAL LICENSING  
BUREAU

Status: Lapsed

Licensee's Name: WILLIS, DONALD CLYDE MD

License Number: MD10994

Mailing Address: US FAMILY CARE  
18182 OUTER HWY 18  
APPLE VALLEY, CA 92307

Business Phone :

Gender: Male

Type: MEDICAL PHYSICIAN AND/OR SURGEON

Date of Birth: 06/26/1943

Date Permanent License: 01/13/1978

Expiration Date: 01/01/98

Standing: PUBLIC ORDER ON FILE. SEE ATTACHED.

Specialty: OBSTETRICS AND GYNECOLOGY

Limitations: NONE

Extensions: NONE

School: IN UNIV SCH/MED

Graduation Date: 02/29/76

School Location: INDIANAPOLIS, IN

Basis Of Oregon Licensure: NATIONAL BOARD

Advanced Education: 07/77 - ? RESIDENT  
STANFORD UNIV MED CTR STANFORD, CA

06/76 - 06/77 INTERN  
ROYAL JUBILEE HSP VICTORIA, BRITISH COLUMBIA, CN

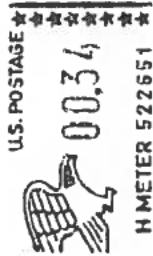
*R. Washington*  
Prepared by



**Oregon**

BOARD OF  
MEDICAL EXAMINERS

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



ALASKA STATE MEDICAL BOARD  
DIVISION/ OCCUPATIONAL  
LICENSING  
PO BOX 110806  
JUNEAU AK 99811-0806

RECEIVED  
NOV 26 2001  
DIVISION OF  
OCCUPATIONAL LICENSING  
JUNEAU

99811+0806





STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING  
P.O. BOX 110806  
JUNEAU, ALASKA 99811-0806  
(907) 465-2541

Date 11-19-01

Donald Willis, MD  
20009 Shoshonee Rd.  
Apple Valley, CA 92307

Your application for a locum tenens permit to allow you to practice medicine and surgery in the State of Alaska has been received by the State Medical Board. This office will not guarantee processing of last-minute applications for locum tenens permits.

\_\_\_\_ Your file is complete and has been approved for the locum tenens permit. Your start date is shown as \_\_\_\_\_. Your permit will be mailed on \_\_\_\_\_.

\_\_\_\_ Your file has been forwarded for further review to the board's Executive Administrator, at (907) 269-8163. Processing is continuing.

X \_\_\_\_\_ Your file is incomplete and you must submit the following before you can be approved for the locum tenens permit:

- \_\_\_\_ 1. Completed application \_\_\_\_\_
- \_\_\_\_ 2. Biographical Data Sheet
- \_\_\_\_ 3. Locum Tenens application/permit fee: \$350 - Made payable to the State of Alaska
- \_\_\_\_ 4. Completed Authorization to Release Records Form
- \_\_\_\_ 5. 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.
- \_\_\_\_ 6. Certified true copy of your internship/residency certificate (notary public must state "true copy of original," sign, and seal) or original letter on letterhead from 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.
- 12-7 X \_\_\_\_\_ 7. Verifications of license(s) in Oregon, California<sup>12-7</sup> \_\_\_\_\_
- \_\_\_\_ 8. Federation Clearance
- \_\_\_\_ 9. Name of Alaska physician for whom you are serving a locum: \_\_\_\_\_

\_\_\_\_ 10. Date of locum assignment: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Please remember it is your responsibility to keep this office advised of your current mailing address at all times. If you have any questions, please contact this office at (907) 465-2541.

*Joanie Stude*  
Licensing Examiner  
State Medical Board

2421400/8-12-03/CM

12/1/17

**Alaska** Department of Community  
and Economic Development

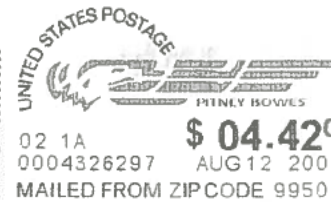
Division of Occupational Licensing  
550 W. 7th Avenue, Suite 1500, Anchorage, Alaska 99501-3567

**CERTIFIED MAIL**



7001 2510 0004 2032 3387

AUG 29



**2800-03-37**

**RECEIVED**

Donald C. Willis, M.D.  
2701 Turner Street, Apt. 1B  
Fairbanks, Alaska 99701

SEP 02 2003

DIVISION OF  
OCCUPATIONAL LICENSING  
ANCHORAGE

8/14  
2nd 8-20  
RTN 8-29



**CONFIDENTIAL**

9-3-03/CVE

Please file with 2800-03-37.  
Willis, M.D.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donald C. Wheeler M.D.  
2701 Turner St.  
Apr 18  
Fpusch, AK 99701

2. Article Number  
(Transfer from service label)

7001 2510 0004 2032 3387

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

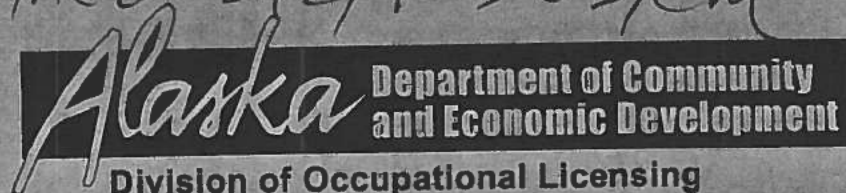
☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



MCO-242/9-3-03/CM



550 W. 7th Avenue, Suite 1500, Anchorage, Alaska 99501-3567

C. MATTHEWS

DONALD C. WILLIS H.  
2701 TURNER STREET  
APT 1B  
FAIRBANKS ALASKA  
99701

2/9-3-03/CM

Department of Community  
and Economic Development

Occupational Licensing  
Suite 1500, Anchorage, Alaska 99501-3567

THGWS

DONALD C. WILLIS M.D.  
2701 TURNER STREET  
APT 1B  
FAIRBANKS ALASKA  
99701



# Alaska

## Department of Community and Economic Development

### Division of Occupational Licensing

550 W. 7th Avenue, Suite 1500, Anchorage, AK 99501-3567  
Telephone: (907) 269-8160 • Fax: (907) 269-8156 • Text Telephone: (907) 465-5437  
Email: License@dcled.state.ak.us • Website: www.dced.state.ak.us/occl

August 12, 2003

Donald C. Willis, M.D.  
2701 Turner Street, Apt. 1B  
Fairbanks, Alaska 99701

Reference: Alaska State Medical Board (Board) Investigation 2800.03.37

This correspondence is to inform you that on August 7, 2003, during a regularly scheduled meeting which was held in Kodiak, Alaska, the Board reviewed and voted unanimously to accept the surrender of your Alaska medical license:

As a result of the surrender of your Alaska medical license you can not practice medicine in Alaska, and may not do so until you hold a valid license or permit.

You will be provided with an official copy of the Board Order in the near future.

If you have any questions, you can reach me at (907) 269.8179.



Colin Matthews  
Senior Investigator  
State Medical Board

Certified 2004 2032 3387

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark  
Here

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

242 2510 0004 2032 3387

*242 2510 0004 2032 3387*  
*242 2510 0004 2032 3387*  
**Alaska** Department of Community  
 and Economic Development  
 Division of Occupational Licensing  
 550 W. 7th Avenue, Suite 1500, Anchorage, Alaska 99501-3567



7001 2510 0004 2032 3387

**CERTIFIED MAIL**

**STATE MEDICAL BOARD**

Donald C. Willis, M.D.  
 2701 Turner Street, Apt. 1B  
 Fairbanks, Alaska 99701

**CONFIDENTIAL**

**COPY**

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

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.

7-21-03/17601242/CM

**Alaska** Department of Community  
and Economic Development  
Division of Occupational Licensing  
550 W. 7th Avenue, Suite 1500, Anchorage, Alaska 99501-3567

STATE MEDICAL BOARD

Donald C. Willis, M.D.  
2701 Turner Street, Apt 1-B  
Fairbanks, Alaska 99701

7002 0510 0000 4091 7237

**CERTIFIED**



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$

Postmark  
Here

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, January 2001

See Reverse for Instructions

State of Alaska  
Department of Community & Economic Development  
Division of Occupational Licensing  
Before the State Medical Board

In the matter of: )  
)  
Donald C. Willis, M.D. )  
)  
Respondent )

**ORDER**

The Medical Board for the State of Alaska, having examined the Agreement to Surrender of Physician License and Order, Case No. 2800-03-37, adopted the Agreement to Surrender of Physician License and Order in this matter on \_\_\_\_\_, 2003.

Dated this \_\_\_\_\_, day of \_\_\_\_\_, 2003, at \_\_\_\_\_, Alaska.

Alaska State Medical Board

By: \_\_\_\_\_  
Chairperson



CERTIFIED  
IN RETURN  
RECEIPT

STATE OF ALASKA  
DIVISION OF OCCUPATIONAL LICENSING  
550 WEST 7TH AVENUE, SUITE 1500  
ANCHORAGE, ALASKA 99501

STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING  
BEFORE THE STATE MEDICAL BOARD

AGREEMENT TO SURRENDER OF PHYSICIAN LICENSE

I, Donald C. Willis, M.D., voluntarily agree to surrender my Alaska Physician License, Number # 4825, which was first issued to me April 9, 2002 and which will expire December 31, 2004.

I am agreeing to the voluntary surrender of my physician license at this time with the understanding the Division of Occupational Licensing (Division) is conducting an active investigation under case number 2800.03.37 on behalf of the Alaska State Medical Board (Board) concerning my failure to fully disclose my employment history on my application for a license to practice medicine in Alaska. I also understand this investigation relates to the denial of my application for hospital privileges at the Fairbanks Memorial Hospital, Fairbanks, Alaska which was reported to the Division in accordance with AS 08.64.336.

I understand that I am surrendering my license in lieu of possible revocation, suspension, or other licensing action. I understand that as a result of this voluntary surrender, I can not practice medicine as a physician in Alaska, and will not be able to do so until I prove to the Board I can do so with skill and safety.

If I make a request for reinstatement and I am denied by the Board, I have the right to a hearing, pursuant to AS 44.62, of the Administrative Procedures Act (APA).

I am not taking any medication that alters my ability to make this decision, and I fully understand the ramifications of the surrender. No promises or threats have been made by anyone to induce me to sign this surrender document. I understand that I do not have to surrender my Alaska medical license at this time, however, as stated in this document, that is my desire and intent.

Donald C Willis                      6-21-03  
Signed                                      Date

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <u>Donald C. Willis</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <u>Donald C. Willis, H.D.</u> <u>2701 Turner St.</u> <u>Apt 1B.</u> <u>Florida, AK 99701</u>		B. Received by (Printed Name)	C. Date of Delivery <u>6-20-03</u>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		<u>7001 2510 0004 2032 3233</u>	
PS Form 3811, August 2001		Domestic Return Receipt 102595-01-M-2509	

STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING  
BEFORE THE STATE MEDICAL BOARD

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Signed \_\_\_\_\_

Date \_\_\_\_\_

160 6-17-03 CM

**aska** Department of Community  
and Economic Development

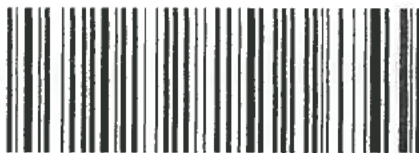
**sion of Occupational Licensing**

N. 7th Avenue, Suite 1500, Anchorage, Alaska 99501-3567

MATTHEWS

STATE MEDICAL BOARD

**CONFIDENTIAL**



7001 2510 0004 2032 3233

7001 2510 0004 2032 3233

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, January 2001	
See Reverse for Instructions	

Donald C. Wiles, M.D.

2701 TURNER STREET

APT 1B

FAIRBANKS, ALASKA

99701