

Attach photograph below.
Head must be no smaller
than indicated.

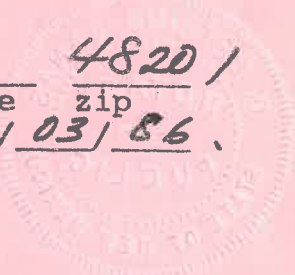
NEW MEXICO BOARD OF MEDICAL EXAMINERS

Application for approval to practice as a
as a:

RESIDENT PHYSICIAN



1. Name JONES. DEBRA. A.
(last) (first) (MI) (maiden)
2. Birthdate 60 Place of Birth WASHINGTON D.C. U.S.A.
city state country
3. Address ALBUQUERQUE NM 87111
street city state zip
4. Telephone numbers () ()
5. Social Security number
6. Medical school Information
Name WAYNE STATE UNIVERSITY
Address 540 E. CANFIELD DETROIT MI 48201
street city state zip
Country U.S.A Date of Graduation 06 / 03 / 86
7. National Examination (Check one or indicate None.)
National Boards ✓
FLEX.....
ECFMG.....
LMCC.....
Other (Specify) _____
None.....
8. Are you licensed in any other States? yes no _____
(If yes, list states and license numbers.)
State NEW YORK License no. 179474
9. Field of approved residency: OBS / GYN
10. Current year of residency training PGY 5



11. Hospital(s) where training will be conducted in New Mexico
UNIVERSITY OF NEWMEXICO SCHOOL OF MEDICINE.

12. Date of entry into residency program in New Mex. 7 / 15 / 91

13. Length of residency program _____

14. Have you ever been charged with violation of any federal, state or local statute? yes ___ no
(If yes, explain on attachment.)

15. Have you ever had any personal or legal problems with narcotics, alcohol or other dangerous drugs? yes ___ no
(If yes, explain on attachment.)

AFFIDAVIT

I certified the information I have provided is correct, and that I will inform the Board of Medical Examiners, through the university of New Mexico Medical School of any changes of my address or telephone number(s), and changes of status in the residency program.

7.15.91 Date Silvianne Jones Signature

Notarized by D. Bettina Lomas
Notary expiration date 17 Sept 94

FOR BOARD USE ONLY

Initial Approval Date <u>9/2/91</u> By: <u>[Signature]</u> (Sec/Treasurer) Resident No. <u>9-R-111</u>	New Mexico License Temp. # _____ Date _____ Regular # <u>91-230</u> Date <u>11/22/91</u> Approval by Yr. By <u>07/22/91-6/30/92 JAL</u>	Disciplinary action or Dismissal from program _____ _____ _____ _____ _____
--	---	--



BOARD OF MEDICAL EXAMINERS

491 Old Santa Fe Trail, Lamy Building
P.O. Box 20001
Santa Fe, NM 87504
(505) 827-9933

July 25, 1991

Pat Brusuelas, Program Manager
The University of New Mexico Medical Center
Office of the Assistant Dean for Graduate
Medical Education
BioMedical Research Building
Albuquerque, NM 87131

Re: DEBRA JONES, M.D.

Dear Ms. Brusuelas:

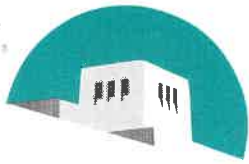
Permission is hereby granted for DEBRA JONES,
M.D. to participate in the Residency Training
Program at the University of New Mexico and
Affiliated Hospitals from JULY 22, 1991
through June 30, 1992.

Sincerely,

A handwritten signature in cursive script, reading "Jo Ann N. Levitt".

Jo Ann N. Levitt, M.D.
Secretary/Treasurer

JNL/rb



91-P-111

The University of New Mexico

Medical Center
Office of the Assistant Dean for
Graduate Medical Education
BioMedical Research Building
Albuquerque, NM 87131-5156
Telephone (505) 277-6225
FAX (505) 277-7805

RECEIVED
JUL 19 1991
NM BOARD OF
MEDICAL EXAMINERS

July 16, 1991

JoAnn N. Levitt, M.D.
Secretary/Treasurer
NM Board of Medical Examiners
491 Old Santa Fe Trail, Lamy Bldg.
PO Box 20001
Santa Fe, NM 87504

RE: DEBRA JONES, M.D.

Dear Doctor Levitt:

Enclosed please find the application for Debra Jones, M.D. Please grant permission for Doctor Jones to participate in our residency training program at the University of New Mexico and Affiliated Hospitals from July 22, 1991 to June 30, 1992.

Sincerely,

Pat Brusuelas
Program Manager

PB: dcr

128001



BOARD OF MEDICAL EXAMINERS

491 Old Santa Fe Trail, Lamy Building
P.O. Box 20001
Santa Fe, NM 87504
(505) 827-9933

STAFF USE ONLY
Amt. Rec. 841.00
Ent. By:

RECEIVED

OCT 07 1991

NM BOARD OF
MEDICAL EXAMINERS

91-230

NOVEMBER 1991 ORIENTATION
INITIAL LICENSE REGISTRATION FORM

RETURN BY NOVEMBER 4, 1991 IN ORDER TO RECEIVE YOUR ANNUAL REGISTRATION AND YOUR ORIGINAL WALL CERTIFICATE AT ORIENTATION. YOU MAY NOT PRACTICE MEDICINE IN NEW MEXICO UNTIL YOUR PERMANENT LICENSE HAS BEEN ISSUED AND REGISTERED. To register your license you must complete this form and pay a pro-rated fee of \$41.00. By law you are required to furnish the Board with a location of your business address. A post office box alone is not acceptable. All blanks must contain a response before your form will be processed.

DEA # PENDING

PLEASE PRINT NAME BELOW AS YOU WISH IT TO APPEAR ON WALL CERTIFICATE:

NAME DEBRA A. JONES 5580
BUS. ADDRESS 6200 EUBANK BLVD # 1718 2211 LOMAS NE
CITY/ST/ZIP ALBUQUERQUE NM 87111 ALBUQUERQUE NM 87111
BUS. PHONE 505-277-6136

HOME ADDRESS DEBRA A. JONES 5580
CITY/ST/ZIP [REDACTED] 8
HOME PHONE [REDACTED]

LIST ANY ADDITIONAL HOSPITALS WHERE YOU HAVE BEEN GIVEN PRIVILEGES:
1. UNIVERSITY OF NEW MEXICO HOSPITAL 3.
2. 4.

LIST ANY OTHER STATE MEDICAL LICENSES YOU HAVE ACQUIRED SINCE YOUR INTERVIEW WITH THE NEW MEXICO BOARD:
STATE: LIC# STATE: LIC#

Since your interview with the New Mexico Board have you been convicted of a felony or had any action against any medical license you hold?
[checked] NO [] YES (If yes, attach explanation)

CHECK LIST
[checked] I have enclosed my check or money order for \$41.00, to register my NM license as active. (DO NOT SEND CASH!)
[checked] I WILL ATTEND THE NOVEMBER 22, 1991 ORIENTATION.

I verify that all above information is true and accurate on this date.

Signature: [Signature] Date: 10.1.91
(Must be signed by physician)



NEW MEXICO BOARD OF MEDICAL EXAMINERS

INTERIM PERMIT

NO. 5580

DEBRA JONES

, M.D.,

having filed a satisfactory application and paid his/her license fee, through endorsement of NATIONAL BOARD is hereby granted this Interim Permit to practice medicine in the State of New Mexico, valid until the next regular meeting of the New Mexico Board of Medical Examiners in Santa Fe, New Mexico, on NOVEMBER 22, 1991.

Dated this 18TH day of SEPTEMBER, 1991.

Secretary/Treasurer

Board Member



7580

119001

Application Fee Enclosed \$ 350.00

DO NOT SEPARATE OR COPY THIS FORM

BOARD of MEDICAL EXAMINERS of the STATE of NEW MEXICO

Application for license to practice medicine
through endorsement or examination

RECEIVED

To the Board of Medical Examiners of the State of New Mexico.

JUL 15 1991

I hereby make application for a license to practice medicine and submit the following statement concerning my age, moral character, and medical education and practice.
DEA NUMBER NONE

Full name JONES SOCIAL SECURITY NUMBER 370 - 82 - 2506
DEBRA ANNE
Address [REDACTED]
Telephone numbers [REDACTED] () [REDACTED]

CERTIFICATE OF MEDICAL EDUCATION

It is hereby certified that DEBRA ANNE JONES, M.D.
of 106 Norfeld Blvd. Elmont, New York 11003 Matriculated in
MEDICINE at WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE
Date August 30, 1982, attended ---all--- courses of instruction
of Four years. each, and received a diploma of Doctor
of Medicine (date) June 3, 1986

Sandra J. Driscoll
Ms. Sandra J. Driscoll/Recorder *

Date July 12, 1991

(SCHOOL SEAL)

U.S. Council Verification or Appostille

Attach a passport quality photo to the space provided at the right.
SCHOOL SEAL MUST OVERLAP PHOTOGRAPH
Head on photograph must be no less than 1-1/2 inches long as indicated.
Send one additional photo of same size and quality with application. (One on application and one additional- 2 total)



1. Date of birth [redacted] / 60 Place of birth WASHINGTON D.C., U.S.A
(state, country)

2. Citizenship USA by birth yes no
USA by naturalization Nat. cert.#

3. Are you in compliance with the Immigration and Naturalization Act of 1986? yes no

4. Is this an application for licensure by (check one)
Endorsement Examination

5. List all states or province in which you are now or have ever held a license or permit to practice medicine.

State or Province	Lic. #	Date of Issue	Current yes no
<u>NEW YORK</u>	<u>179 474</u>	<u>1988</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

6. List all hospital staffs on which you have served in the past five (5) years. (Use attachment if needed.)

Name	Address	City	State	Zip
<u>INTERFAITH MED. CTR.</u>	<u>1545 ATLANTIC AVE.</u>	<u>BRKLYN</u>	<u>NY</u>	<u>11213</u>
<u>CATHOLIC MED CTR.</u>	<u>JAMAICA</u>	<u>QUEENS</u>	<u>NY</u>	<u>_____</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. List all of the following to which you have belonged.
HMO, PPO, IPA, PRO (Use another sheet if necessary.)

Name	Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Have you ever been treated for mental illness? yes no
Hospitalized? yes no If yes, explain on separate page.

9. Do you have a physical impairment? yes no
(If yes, explain on separate page.)

10. Have you ever resigned or withdrawn your application from any hospital staff or professional medical group? yes no
(If yes, explain on separate page.)

11. Have your hospital privileges ever been revoked or withdrawn for any reason? yes ___ no (If yes, explain on separate page.)
12. Have you ever been denied a certificate or privilege of taking an examination before any state medical examining board? yes ___ no (If yes, explain which one and why on separate page.)
13. Has any state medical examination board ever taken disciplinary action against your license? yes ___ no (If yes, explain on separate page.)
14. Have you ever had any personal or legal problems with narcotics, alcohol or other dangerous drugs? yes ___ no (If yes, explain on separate page.)
15. Have you ever been charged with violation of any federal, state, or local statute? yes ___ no (If yes, explain on separate page.)
16. Has disciplinary action ever been taken against you by a hospital staff or county medical society, HMO, PPO, IPA, or PRO? yes ___ no (If yes, explain on separate page.)
17. Have you ever had any malpractice judgements against you?
 yes ___ no
 Do you have any pending malpractice suits against you?
 yes ___ no
 (If yes, explain and enumerate on separate page.)
18. Are you board certified? yes ___ no

Board	Date Certified
_____	____/____/____
_____	____/____/____
_____	____/____/____
19. Did you ever serve in the armed forces? yes ___ no
 What service? Dates _____ to _____
 (Attach copy of discharge or separation papers)
20. If you have ever served in/or been employed by any of the following as a physician, please indicate.

	yes	no	dates
Dept. of Defense (Including Armed Forces)	___	<input checked="" type="checkbox"/>	_____
Public Health Service	___	<input checked="" type="checkbox"/>	_____
Indian Health Service	___	<input checked="" type="checkbox"/>	_____
Veterans Administration	___	<input checked="" type="checkbox"/>	_____
National Health Services Corp.	___	<input checked="" type="checkbox"/>	_____

**GRADUATE MEDICAL EDUCATION
Internship/Residencies/Fellowships**

	Month/Year	To	Month/Year	Name of hospital	Location
From	<u>7/86</u>	To	<u>6/88</u>	<u>INTERFAITH MED. CENTER</u>	<u>BRKLY NY</u>
From	<u>7/88</u>	To	<u>6/91</u>	<u>CATHOLIC MED. CENTER</u>	<u>JAMMCA/QUEENS</u>
From	_____	To	_____	_____	_____
From	_____	To	_____	_____	_____

AFFIDAVIT

I received the degree of MEDICAL DOCTOR from WAYNE STATE UNIVERSITY located at DETROIT MI. on the _____ day of _____, 1986

I am the person named in the diploma submitted and am the lawful possessor of same. The photograph attached hereto is a true likeness of myself and was taken within six months prior to the date of this application.

Dated 7.10.91 Signed Debra Anne Jones
 County of NASSAU Address 100 NORFELD BLVD
 State of NEW YORK

In _____ said county on this 10th day of July A.D. 1991, personally appeared before me Debra Anne Jones who, being duly sworn, deposes and says that he has read carefully and truthfully answered the above questions and the every statement recorded above is true and correct.

KANTILAL T. VADSOLA
 NOTARY PUBLIC, State of New York
 No. 4912079
 Qualified in Suffolk County
 Commission Expires Feb. 8, 1992

Katell Travag
 Notary Public

My commission expires _____, 19____

Foreign Medical Graduates Only

For: U.S. Council verification of Medical School Official
 Signature (See front page.*) or Apostille

FOR BOARD USE ONLY

Application Completed

Date _____/_____/_____
 Received by: _____
 Notified by: mail _____ Telephone _____
 Notified on: _____/_____/_____

Temporary License

Date Granted _____/_____/_____
 Number _____
 Interviewer _____

Entered into
 computer.

Date _____
 By _____

Regular License

Date Granted _____/_____/_____
 Number _____

Entered into
 computer.

Date _____
 By _____

ENDORSEMENT OF CERTIFICATION

RECEIVED

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

Debra Anne Jones, M.D.

having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.

Attest **L. THOMPSON BOWLES, M.D., PH.D.**
Chairman of the Board

SEAL **ROBERT L. VOLLE, PH.D.**
President of the Board

Philadelphia, Pa.
07/01/87

Certificate # **323384**

SEP 09 1991

NM BOARD OF
MEDICAL EXAMINERS

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be* awarded to the physician named above, who graduated from **WAYNE STATE U SCH OF MED** in **JUNE 1986** and whose birth date is **03/14/1960**. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
<u>PART I passed</u> <u>06/84</u>		
Anatomy	425	76
Physiology	410	75
Biochemistry	370	72
Pathology	485	80
Microbiology	385	73
Pharmacology	525	82
Behavioral Sciences	400	75
TOTAL TEST (Minimum Passing Score 380/75)	410	75
<u>PART II passed</u> <u>04/86</u>		
Medicine	495	82
Surgery	335	75
Obstetrics and Gynecology	470	81
Public Health and Preventive Medicine	295	72
Pediatrics	435	79
Psychiatry	410	78
TOTAL TEST (Minimum Passing Score 290/75)	390	77
<u>PART III passed</u> <u>03/87</u>		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 290/75)	320	75.5
GENERAL AVERAGE (Parts, I, II, and III Scale Score)		75.8

*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

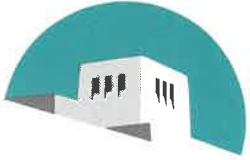
Melanie Valente

Secretary for Certification

SEAL

08/27/91

Date



The University of New Mexico

School of Medicine
Department of Obstetrics and
Gynecology
2211 Lomas Blvd. NE
Albuquerque, NM 87131-5286
(505) 277-4051

RECEIVED
JUL 26 1991
NM BOARD OF
MEDICAL EXAMINERS

July 23, 1991

New Mexico Board of Medical Examiners
491 Old Santa Fe Trail
Lamy Building #134
P.O. Box 20001
Santa Fe, New Mexico 87504

Dear Sirs:

I began my residency in Ob/Gyn at Interfaith Medical Center in July 1986 until June 21, 1988. I was unhappy with the program's lack of organization and attending supervision. I chose to transfer to Catholic Medical Center accepting a PGY-2 position electing to repeat a second year in Ob/Gyn. Dr. Ossowski refused to give me a certificate for my second year at Interfaith, by stating that I was absent for more time than was required by the Board of Obstetrics and Gynecology.

I never felt this to be an obstacle since I had chosen to repeat my second year at Catholic Medical Center.

Sincerely,

Debra A. Jones, M.D.



Wayne State University School of Medicine

DETROIT, MICHIGAN 48201

Academic Record of	Social Security Number	Date Admitted
JONES, Debra Anne	[REDACTED]	8/30/82

Permanent Address	Detroit, Michigan 48206
7844 Poe Avenue	

Place of Birth	Date of Birth	Parent or Guardian
Washington, D.C.	[REDACTED] 60	Charles S. Jones, M.D.

College(s) Attended	Dates of Attendance	Degree(s) Earned
Canadian Junior College	9/76 - 6/77	
Wayne State University	9/77 - 5/82	B.S. 5/82

Year I

Academic Year 8/30/82 - 5/27/83

Gastrointestinal System
Excitable and Contractile Tissues,
Peripheral Nervous Control, Heart
Circulation and Hemostasis
Physiology of Kidney and Respiration
Endocrinology, Reproduction and
Sexuality
Neurosciences
Introduction to Family and Community
Health Care

COMPREHENSIVE EVALUATION S

Year II

Academic Year 8/29/83 - 6/17/84

Hematology
Digestive System
Cardiovascular
Urinary Tract
Respiratory
Endocrinology
Neurology
Physical Diagnosis
Psychiatry
Family and Community Health Care

COMPREHENSIVE EVALUATION S

RECEIVED
AUG 08 1991
NW BOARD OF
MEDICAL EXAMINERS

Year III Clerkships

Academic Year 7-9-84 - 6-15-85

Medicine S
Surgery S
Gynecology/Obstetrics S
Pediatrics S
Family Medicine S
Psychiatry S
Neurology S

COMPREHENSIVE EVALUATION S

Year IV Electives

Academic Year 7/1/85 - 5/31/86

General Medicine Subinternship H
Law & Medicine S
Anesthesia I H
Surg & Anatomic Pathology S
Diagnostic Roentgenology S
Infectious Disease S
Critical Care Medicine S
Cardiology S

GRADING SYSTEM: H = Honors S = Satisfactory U = Unsatisfactory I = Incomplete

REMARKS: DOCTOR OF MEDICINE DEGREE GRANTED: June 3, 1986

AUG 02 1991

Andrea J. Wisnolfs

Wayne State University

Upon the recommendation of

The Faculty of the School of Medicine

the Board of Governors hereby confers upon

Rebra Anne Jones

the degree

Doctor of Medicine

in recognition of the achievements
specified for this degree

June 3, 1986

Betroit, Michigan



David A. ...
President of the University

Christine M. ...
Secretary, Board of Governors

Interfaith Medical Center

BROOKLYN, NEW YORK

This is to certify that

Debra Anne Jones, M.D.

has served, in the capacity of

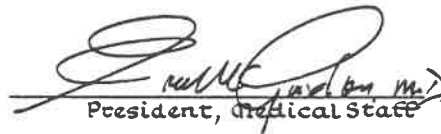
PGY-1 Resident in Obstetrics/Gynecology

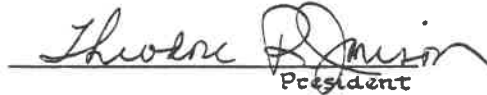
at this Hospital from

July 1, 1986 to June 30, 1987

In Witness Whereof, the undersigned have affixed their signatures and the seal of the Hospital, this thirtieth day of June 1987


Chief of Service


President, Medical Staff


President


Chairman, Board of Trustees



Catholic Medical Center of Brooklyn and Queens, Inc.

A Major Teaching Affiliate of Cornell University Medical College and New York Hospital

St. John's Queens Hospital
Mary Immaculate Hospital

St. Joseph's Hospital
Hospital of the Holy Family
St. Mary's Hospital of Brooklyn

Jamaica, New York

This Certifies That

Debra Anne Jones, M.D.

has completed service as

Obstetrics and Gynecology Resident

July 1, 1988 - June 30, 1991

and that he/she has satisfactorily performed the duties in conformity with the Rules and Regulations of the Hospital. In Witness Whereof, we have affixed our signatures to this Certificate and have caused the corporate seal to be impressed thereon this thirtieth day of June, in the year one thousand nine hundred and ninety-one.

Joseph M. Sullivan
Chairman, Board of Trustees



Nicholas D'Alenzo
President, Medical Board

Raymond H. Russo
President, Catholic Medical Center

Raymond H. Russo
Vice President, Medical Affairs

Edward J. Langford
Chairman, Department of Obstetrics and Gynecology

National Board of Medical Examiners

of the

United States of America

Debra Anne Jones, M.D.

having satisfied all the requirements and having successfully passed the examinations is hereby declared a
Diplomate of the National Board of Medical Examiners

Attest
L. Thompson (Incl. in)
Chairman of the Board

Robert J. Delle
President of the Board

Philadelphia Pa
July 1, 1987

Certificate No.
323384



AFFIDAVIT EXAMPLE

STATE OF New York)
COUNTY OF Kings) : SS

I, Debra Jones, hereby certify that I am the person named in this diploma (or certificate); that I am the lawful possessor of same, and that this is a true copy of the original.

Natl Board of Medical Examiners Date: 6/28/91
SUBSCRIBED AND SWORN TO before me this 25th day of June,
1991.

Sister Helen KOC, FSSJ
Notary Public, State of New York
No. 24-3691657
Qualified in Kings County
Commission Expires July 31, 1995

My commission expires: July 31, 1991

(Please use this affidavit format on the back of all document photostatic copies submitted with application.)

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
CUSTOMER SERVICE UNIT
CULTURAL EDUCATION CENTER
ALBANY, NEW YORK 12230

THIS IS TO CERTIFY THAT ACCORDING TO THE RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES, NEW YORK STATE EDUCATION DEPARTMENT, ALBANY, NEW YORK, JONES DEBRA ANNE WAS ISSUED LICENSE/CERTIFICATE NUMBER 179474 FOR THE PRACTICE OF MEDICINE ON 08/11/89.

OUR RECORDS ALSO INDICATE THE FOLLOWING INFORMATION:

DATE OF BIRTH: [REDACTED] 60
SCHOOL ATTENDED: WAYNE STATE UNIVERSITY
DATE OF GRADUATION: 06/03/86
DEGREE EARNED: MD

PROGRAM WAS ACCEPTABLE IN ACCORDANCE WITH THE NYS REGULATIONS OF THE COMMISSIONER OF EDUCATION. REQUIREMENTS MET AT THE TIME OF LICENSURE.

BASIS OF LICENSURE:

NAT BD CERT #323384 DATED 7/1/87

RECEIVED

AUG 12 1991

NM BOARD OF
MEDICAL EXAMINERS

A LICENSE IS VALID DURING THE LIFE OF THE HOLDER UNLESS REVOKED, ANNULLED OR SUSPENDED BY THE BOARD OF REGENTS. A LICENSEE MUST REGISTER PERIODICALLY WITH THIS DEPARTMENT TO PRACTICE IN THIS STATE

CURRENTLY REGISTERED: YES REG PERIOD ENDS: 12/31/92
ADDRESS: 106 NORFIELD BLVD ELMONT NY 11003-0000

DEROGATORY INFORMATION: NO CHARGES HAVE BEEN PREFERRED AGAINST THIS LICENSEE.

COMMENTS:

I FRANCES HARRIS, PRINCIPAL CLERK, DIVISION OF PROFESSIONAL LICENSING SERVICES OF THE NEW YORK STATE EDUCATION DEPARTMENT, DO HEREBY STATE THAT AS PRINCIPAL CLERK OF SAID DIVISION, I HAVE LEGAL CUSTODY OF THE OFFICIAL RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES AND TO THE BEST OF MY KNOWLEDGE, THE AFORESAID INFORMATION IS TRUE AND CORRECT.

SEAL

OP026 028

Frances Harris

PRINCIPAL CLERK

08/05/91

FW

ENDORSEMENT OF CERTIFICATION

RECEIVED

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

Debra Anne Jones, M.D.

having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.

Attest **L. THOMPSON BOWLES, M.D., PH.D.**
Chairman of the Board

SEAL **ROBERT L. VOLLE, PH.D.**
President of the Board

Philadelphia, Pa.
07/01/87

Certificate # **323384**

SEP 09 1991
NM BOARD OF
MEDICAL EXAMINERS

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be* awarded to the physician named above, who graduated from **WAYNE STATE U SCH OF MED** in **JUNE 1986** and whose birth date is **03/14/1960**. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
PART I passed <u>06/84</u>		
Anatomy	425	76
Physiology	410	75
Biochemistry	370	72
Pathology	485	80
Microbiology	385	73
Pharmacology	525	82
Behavioral Sciences	400	75
TOTAL TEST (Minimum Passing Score 380/75)	410	75
PART II passed <u>04/86</u>		
Medicine	495	82
Surgery	335	75
Obstetrics and Gynecology	470	81
Public Health and Preventive Medicine	295	72
Pediatrics	435	79
Psychiatry	410	78
TOTAL TEST (Minimum Passing Score 290/75)	390	77
PART III passed <u>03/87</u>		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 290/75)	320	75.5
GENERAL AVERAGE (Parts, I, II, and III Scale Score)		75.8

*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

Melanie Valente

Secretary for Certification

SEAL

08/27/91

Date



The University of New Mexico

School of Medicine
Department of Obstetrics and
Gynecology
2211 Lomas Blvd. NE
Albuquerque, NM 87131-5286
(505) 277-4051

RECEIVED
JUL 26 1991
NM BOARD OF
MEDICAL EXAMINERS

July 23, 1991

New Mexico Board of Medical Examiners
491 Old Santa Fe Trail
Lamy Building #134
P.O. Box 20001
Santa Fe, New Mexico 87504

Dear Sirs:

I began my residency in Ob/Gyn at Interfaith Medical Center in July 1986 until June 21, 1988. I was unhappy with the program's lack of organization and attending supervision. I chose to transfer to Catholic Medical Center accepting a PGY-2 position electing to repeat a second year in Ob/Gyn. Dr. Ossowski refused to give me a certificate for my second year at Interfaith, by stating that I was absent for more time than was required by the Board of Obstetrics and Gynecology.

I never felt this to be an obstacle since I had chosen to repeat my second year at Catholic Medical Center.

Sincerely,

Debra A. Jones, M.D.



Wayne State University School of Medicine

DETROIT, MICHIGAN 48201

Academic Record of JONES, Debra Anne Social Security Number [REDACTED] Date Admitted 8/30/82

Permanent Address 7844 Poe Avenue Detroit, Michigan 48206

Place of Birth Washington, D.C. Date of Birth [REDACTED]/60 Parent or Guardian Charles S. Jones, M.D.

College(s) Attended	Dates of Attendance	Degree(s) Earned
Canadian Junior College	9/76 - 6/77	
Wayne State University	9/77 - 5/82	B.S. 5/82

Year I
Academic Year 8/30/82 - 5/27/83
Gastrointestinal System
Excitable and Contractile Tissues,
Peripheral Nervous Control, Heart
Circulation and Hemostasis
Physiology of Kidney and Respiration
Endocrinology, Reproduction and
Sexuality
Neurosciences
Introduction to Family and Community
Health Care
COMPREHENSIVE EVALUATION S

Year II
Academic Year 8/29/83 - 6/17/84
Hematology
Digestive System
Cardiovascular
Urinary Tract
Respiratory
Endocrinology
Neurology
Physical Diagnosis
Psychiatry
Family and Community Health Care
COMPREHENSIVE EVALUATION S

RECEIVED

AUG 08 1991

NM BOARD OF
MEDICAL EXAMINERS

Year III Clerkships
Academic Year 7-9-84 - 6-15-85
Medicine S
Surgery S
Gynecology/Obstetrics S
Pediatrics S
Family Medicine S
Psychiatry S
Neurology S
COMPREHENSIVE EVALUATION S

Year IV Electives
Academic Year 7/1/85 - 5/31/86
General Medicine Subinternship H
Law & Medicine S
Anesthesia I H
Surg & Anatomic Pathology S
Diagnostic Roentgenology S
Infectious Disease S
Critical Care Medicine S
Cardiology S

GRADING SYSTEM: H = Honors S = Satisfactory U = Unsatisfactory I = Incomplete
REMARKS: DOCTOR OF MEDICINE DEGREE GRANTED: June 3, 1986

AUG 02 1991

Andrea J. Wisnolfs

Wayne State University

Upon the recommendation of

The Faculty of the School of Medicine

the Board of Governors hereby confers upon

Bebra Anne Jones

the degree

Doctor of Medicine

in recognition of the achievements
specified for this degree

June 3, 1986

Detroit, Michigan



David

President of the University

Christine M. Blair

Secretary, Board of Governors

AFFIDAVIT EXAMPLE

STATE OF New York)
COUNTY OF Kings) : SS

I, Debra Jones, hereby certify that I am the person named in this diploma (or certificate); that I am the lawful possessor of same, and that this is a true copy of the original.

Wayne State University Diploma Date: June 28, 1991
SUBSCRIBED AND SWORN TO before me this 28th day of June,
1991.

Sister Helen Kuc, F.S.J.
SISTER HELEN KUC, F.S.J.
NOTARY PUBLIC State of New York
No. 24-3691857
Qualified in Kings County
Commission Expires July 31, 1991

My commission expires: July 31, 1991

(Please use this affidavit format on the back of all document photostatic copies submitted with application.)

Interfaith Medical Center

BROOKLYN, NEW YORK

This is to certify that

Debra Anne Jones, M.D.

has served, in the capacity of

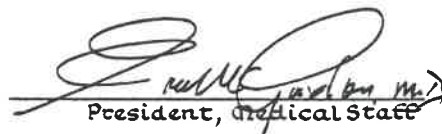
PGY-1 Resident in Obstetrics/Gynecology

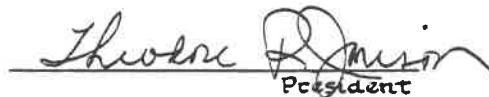
at this Hospital from

July 1, 1986 to June 30, 1987

In Witness Whereof, the undersigned have affixed their signatures and the seal of the Hospital, this thirtieth day of June 1987


Chief of Service


President, Medical Staff


President


Chairman, Board of Trustees



Catholic Medical Center of Brooklyn and Queens, Inc.

A Major Teaching Affiliate of Cornell University Medical College and New York Hospital

St. John's Queens Hospital
Mary Immaculate Hospital

St. Joseph's Hospital
Hospital of the Holy Family
St. Mary's Hospital of Brooklyn

Jamaica, New York

This Certifies That

Debra Anne Jones, M.D.

has completed service as

Obstetrics and Gynecology Resident

July 1, 1988 - June 30, 1991

and that he/she has satisfactorily performed the duties in conformity with the Rules and Regulations of the Hospital. **In Witness Whereof**, we have affixed our signatures to this Certificate and have caused the corporate seal to be impressed thereon this thirtieth day of June, in the year one thousand nine hundred and ninety-one.

Joseph W. Sullivan
Chairman, Board of Trustees



Nicholas D'Alenzo
President, Medical Board

Carol Conway
President, Catholic Medical Center

Raymond W. Russo, MD
Vice President, Medical Affairs

Debra Anne Jones
Chairman, Department of Obstetrics and Gynecology

National Board of Medical Examiners

of the

United States of America

Debra Anne Jones, M.D.

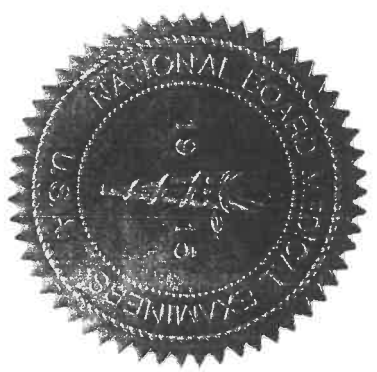
having satisfied all the requirements and having successfully passed the examinations is hereby declared a
Diplomate of the National Board of Medical Examiners

Attest
L. Thompson Jones MD
Chairman of the Board

Robert Z. Jelle
President of the Board

Washington, DC
July 1, 1987

Certificate No.
323384



THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
CUSTOMER SERVICE UNIT
CULTURAL EDUCATION CENTER
ALBANY, NEW YORK 12230

THIS IS TO CERTIFY THAT ACCORDING TO THE RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES, NEW YORK STATE EDUCATION DEPARTMENT, ALBANY, NEW YORK, JONES DEBRA ANNE WAS ISSUED LICENSE/CERTIFICATE NUMBER 179474 FOR THE PRACTICE OF MEDICINE ON 08/11/89.

OUR RECORDS ALSO INDICATE THE FOLLOWING INFORMATION:

DATE OF BIRTH: [REDACTED] 60
SCHOOL ATTENDED: WAYNE STATE UNIVERSITY
DATE OF GRADUATION: 06/03/86
DEGREE EARNED: MD

PROGRAM WAS ACCEPTABLE IN ACCORDANCE WITH THE NYS REGULATIONS OF THE COMMISSIONER OF EDUCATION. REQUIREMENTS MET AT THE TIME OF LICENSURE.

BASIS OF LICENSURE:

NAT BD CERT #323384 DATED 7/1/87

RECEIVED

AUG 12 1991

NM BOARD OF
MEDICAL EXAMINERS

A LICENSE IS VALID DURING THE LIFE OF THE HOLDER UNLESS REVOKED, ANNULLED OR SUSPENDED BY THE BOARD OF REGENTS. A LICENSEE MUST REGISTER PERIODICALLY WITH THIS DEPARTMENT TO PRACTICE IN THIS STATE

CURRENTLY REGISTERED: YES REG PERIOD ENDS: 12/31/92
ADDRESS: 106 NORFIELD BLVD ELMONT NY 11003-0000

DEROGATORY INFORMATION: NO CHARGES HAVE BEEN PREFERRED AGAINST THIS LICENSEE.

COMMENTS:

I FRANCES HARRIS, PRINCIPAL CLERK, DIVISION OF PROFESSIONAL LICENSING SERVICES OF THE NEW YORK STATE EDUCATION DEPARTMENT, DO HEREBY STATE THAT AS PRINCIPAL CLERK OF SAID DIVISION, I HAVE LEGAL CUSTODY OF THE OFFICIAL RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES AND TO THE BEST OF MY KNOWLEDGE, THE AFORESAID INFORMATION IS TRUE AND CORRECT.

SEAL

Frances Harris

08/05/91

PRINCIPAL CLERK

RECEIVED

NATIONAL BOARD OF MEDICAL EXAMINERS
 OF THE
 UNITED STATES OF AMERICA
Debra Anne Jones, M.D.
 having satisfied all the requirements and having successfully passed the examinations is hereby
 declared a Diplomate of the National Board of Medical Examiners.

Attest **L. THOMPSON BOWLES, M.D., PH.D.**
 Chairman of the Board

SEAL **ROBERT L. VOLLE, PH.D.**
 President of the Board

Philadelphia, Pa.
07/01/87 Certificate # **323384**

SEP 09 1991

NM BOARD OF
 MEDICAL EXAMINERS

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be* awarded to the physician named above, who graduated from **WAYNE STATE U SCH OF MED** in **JUNE 1986** and whose birth date is **1960**. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
<u>PART I passed</u> <u>06/84</u>		
Anatomy	425	76
Physiology	410	75
Biochemistry	370	72
Pathology	485	80
Microbiology	385	73
Pharmacology	525	82
Behavioral Sciences	400	75
TOTAL TEST (Minimum Passing Score 380/75)	410	75
<u>PART II passed</u> <u>04/86</u>		
Medicine	495	82
Surgery	335	75
Obstetrics and Gynecology	470	81
Public Health and Preventive Medicine	295	72
Pediatrics	435	79
Psychiatry	410	78
TOTAL TEST (Minimum Passing Score 290/75)	390	77
<u>PART III passed</u> <u>03/87</u>		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 290/75)	320	75.5
GENERAL AVERAGE (Parts, I, II, and III Scale Score)		75.8

*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

Melanie Valente
 Secretary for Certification

SEAL

08/27/91

Date



The University of New Mexico

School of Medicine
Department of Obstetrics and
Gynecology
2211 Lomas Blvd. NE
Albuquerque, NM 87131-5286
(505) 277-4051

RECEIVED
JUL 26 1991
NM BOARD OF
MEDICAL EXAMINERS

July 23, 1991

New Mexico Board of Medical Examiners
491 Old Santa Fe Trail
Lamy Building #134
P.O. Box 20001
Santa Fe, New Mexico 87504

Dear Sirs:

I began my residency in Ob/Gyn at Interfaith Medical Center in July 1986 until June 21, 1988. I was unhappy with the program's lack of organization and attending supervision. I chose to transfer to Catholic Medical Center accepting a PGY-2 position electing to repeat a second year in Ob/Gyn. Dr. Ossowski refused to give me a certificate for my second year at Interfaith, by stating that I was absent for more time than was required by the Board of Obstetrics and Gynecology.

I never felt this to be an obstacle since I had chosen to repeat my second year at Catholic Medical Center.

Sincerely,

Debra A. Jones, M.D.



Wayne State University School of Medicine

DETROIT, MICHIGAN 48201

Academic Record of	Social Security Number	Date Admitted
JONES, Debra Anne	[REDACTED]	8/30/82

Permanent Address	Detroit, Michigan 48206
7844 Poe Avenue	

Place of Birth	Date of Birth	Parent or Guardian
Washington, D.C.	3/14/60	Charles S. Jones, M.D.

College(s) Attended	Dates of Attendance	Degree(s) Earned
Canadian Junior College	9/76 - 6/77	
Wayne State University	9/77 - 5/82	B.S. 5/82

Year I

Academic Year 8/30/82 - 5/27/83

Gastrointestinal System
Excitable and Contractile Tissues,
Peripheral Nervous Control, Heart
Circulation and Hemostasis
Physiology of Kidney and Respiration
Endocrinology, Reproduction and
Sexuality
Neurosciences
Introduction to Family and Community
Health Care

COMPREHENSIVE EVALUATION S

Year II

Academic Year 8/29/83 - 6/17/84

Hematology
Digestive System
Cardiovascular
Urinary Tract
Respiratory
Endocrinology
Neurology
Physical Diagnosis
Psychiatry
Family and Community Health Care

COMPREHENSIVE EVALUATION S

RECEIVED
AUG 08 1991
NM BOARD OF
MEDICAL EXAMINERS

Year III Clerkships

Academic Year 7-9-84 - 6-15-85

Medicine S
Surgery S
Gynecology/Obstetrics S
Pediatrics S
Family Medicine S
Psychiatry S
Neurology S

COMPREHENSIVE EVALUATION S

Year IV Electives

Academic Year 7/1/85 - 5/31/86

General Medicine Subinternship H
Law & Medicine S
Anesthesia I H
Surg & Anatomic Pathology S
Diagnostic Roentgenology S
Infectious Disease S
Critical Care Medicine S
Cardiology S

GRADING SYSTEM: H = Honors S = Satisfactory U = Unsatisfactory I = Incomplete

REMARKS: DOCTOR OF MEDICINE DEGREE GRANTED: June 3, 1986

AUG 02 1991

Andrea J. Wisnolfs

Wm. Wayne State University

Upon the recommendation of

The Faculty of the School of Medicine

the Board of Governors hereby confers upon

Rebra Anne Jones

the degree

Doctor of Medicine

in recognition of the achievements
specified for this degree

June 3, 1986

Detroit, Michigan



David

Alan
President of the University

Elizabeth M. Blair

Secretary, Board of Governors

Interfaith Medical Center

BROOKLYN, NEW YORK

This is to certify that

Debra Anne Jones, M.D.

has served, in the capacity of

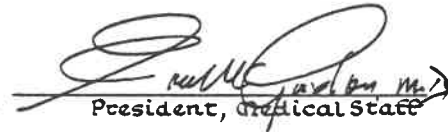
PGY-1 Resident in Obstetrics/Gynecology


at this Hospital from

July 1, 1986 to June 30, 1987

In Witness Whereof, the undersigned have affixed their signatures and the seal of the Hospital, this thirtieth day of June 1987


Chief of Service


President, Medical Staff


President


Chairman, Board of Trustees



Catholic Medical Center of Brooklyn and Queens, Inc.

A Major Teaching Affiliate of Cornell University Medical College and New York Hospital

St. John's Queens Hospital
Mary Immaculate Hospital

St. Joseph's Hospital
St. Mary's Hospital of Brooklyn
Hospital of the Holy Family

Jamaica, New York

This Certifies That

Hebra Anne Jones, M.D.

has completed service as

Obstetrics and Gynecology Resident

July 1, 1988 - June 30, 1991

and that he/she has satisfactorily performed the duties in conformity with the Rules and Regulations of the Hospital.

In Witness Whereof, we have affixed our signatures to this Certificate and have caused the corporate seal to be impressed thereon this thirtieth day of June, in the year one thousand nine hundred and ninety-one.

Joseph M. Sullivan
Chairman, Board of Trustees



Nicholas D'Alencos
President, Medical Board

Carol Conway
President, Catholic Medical Center

Raymond H. Russo, MD
Vice President, Medical Affairs

Edward J. Langford
Chairman, Department of Obstetrics and Gynecology

National Board of Medical Examiners

of the

United States of America

Rebra Anne Jones, M.D.

having satisfied all the requirements and having successfully passed the examinations is hereby declared a
Diplomate of the National Board of Medical Examiners

Attest
L. Thompson Fowler MD
Chairman of the Board

Robert S. Jelle
President of the Board

Richard King, MD
July 1, 1987

Certificate No.
323384



AFFIDAVIT EXAMPLE

STATE OF New York)
COUNTY OF Kings) : SS

I, Debra Jones, hereby certify that I am the person named in this diploma (or certificate); that I am the lawful possessor of same, and that this is a true copy of the original.

Natl Board of Medical Examiners Date: 6/28/91
SUBSCRIBED AND SWORN TO before me this 28th day of June,
1991.

Sister Helen KOC, FSSJ
Notary Public, State of New York
No. 24-3691657
Qualified in Kings County
Commission Expires July 31, 1995

My commission expires: July 31, 1991

(Please use this affidavit format on the back of all document photostatic copies submitted with application.)

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
CUSTOMER SERVICE UNIT
CULTURAL EDUCATION CENTER
ALBANY, NEW YORK 12230

THIS IS TO CERTIFY THAT ACCORDING TO THE RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES, NEW YORK STATE EDUCATION DEPARTMENT, ALBANY, NEW YORK, JONES DEBRA ANNE WAS ISSUED LICENSE/CERTIFICATE NUMBER 179474 FOR THE PRACTICE OF MEDICINE ON 08/11/89.

OUR RECORDS ALSO INDICATE THE FOLLOWING INFORMATION:

DATE OF BIRTH: [REDACTED] 60
SCHOOL ATTENDED: WAYNE STATE UNIVERSITY
DATE OF GRADUATION: 06/03/86
DEGREE EARNED: MD

PROGRAM WAS ACCEPTABLE IN ACCORDANCE WITH THE NYS REGULATIONS OF THE COMMISSIONER OF EDUCATION. REQUIREMENTS MET AT THE TIME OF LICENSURE.

BASIS OF LICENSURE:

NAT BD CERT #323384 DATED 7/1/87

RECEIVED

AUG 12 1991

NM BOARD OF
MEDICAL EXAMINERS

A LICENSE IS VALID DURING THE LIFE OF THE HOLDER UNLESS REVOKED, ANNULLED OR SUSPENDED BY THE BOARD OF REGENTS. A LICENSEE MUST REGISTER PERIODICALLY WITH THIS DEPARTMENT TO PRACTICE IN THIS STATE

CURRENTLY REGISTERED: YES REG PERIOD ENDS: 12/31/92
ADDRESS: 106 NORFIELD BLVD ELMONT NY 11003-0000

DEROGATORY INFORMATION: NO CHARGES HAVE BEEN PREFERRED AGAINST THIS LICENSEE.

COMMENTS:

I FRANCES HARRIS, PRINCIPAL CLERK, DIVISION OF PROFESSIONAL LICENSING SERVICES OF THE NEW YORK STATE EDUCATION DEPARTMENT, DO HEREBY STATE THAT AS PRINCIPAL CLERK OF SAID DIVISION, I HAVE LEGAL CUSTODY OF THE OFFICIAL RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES AND TO THE BEST OF MY KNOWLEDGE, THE AFORESAID INFORMATION IS TRUE AND CORRECT.

SEAL

Frances Harris
08/05/91
PRINCIPAL CLERK *rwsm*

BOARD OF MEDICAL EXAMINERS

491 Old Santa Fe Trail, Lamy Building
P.O. Box 20001
Santa Fe, NM 87504
(505) 827-9933

HOSPITAL AFFILIATION

In applying for a license to practice medicine in New Mexico, the Board of Medical Examiners requires this form to be completed by the Chief of Staff or Administrator in each hospital where I have held privileges, consultation or teaching appointments during the past five years (including internship and/or residency) preceding my application. This form is your authority to release and report any information in your files of record, favorable or otherwise, directly to:

New Mexico Board of Medical Examiners
Post Office Box 20001
Santa Fe, New Mexico 87504

Debra A. Jones, M.D. Date: 6.28.91
Applicant Signature
Applicant Name: DEBRA A. JONES M.D.
Address: [REDACTED]

1. What privileges were extended to the applicant?
Full privileges as a Resident
2. For how long? 3 year
3. Were limitations imposed on such privileges? No Yes
If yes, please explain: _____
4. Were staff privileges ever removed or restricted? No
Yes If yes, please explain: _____
5. Derogatory information, if any: None

Hospital Name: CATHOLIC MEDICAL CENTER
Address: BROOKLYN 5 GREENS
152-11 89th AVE JAMAICA NY

Chief of Staff or Administrator: [Signature]
Signature: _____ Date: 6/28/91
(Seal)

DO NOT SUBMIT THIS FORM WITHOUT A HOSPITAL OR NOTARY SEAL
(Please use reverse side for comments)

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION
515 NORTH STATE STREET
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES
DEPARTMENT OF PHYSICIAN DATA SERVICES

DATE: 07-15-91
TIME: 6:16 AM

NAME: JONES, DEBRA ANNE, M.D.
ADDRESS: 106 NORFELD BLVD
ELMONT NY 11003
BIRTHPLACE: WASHINGTON, DC
BIRTHDATE: [REDACTED] 60
MEMBER OF AMA: NOT MEMBER
MEDICAL SCHOOL
WAYNE STATE UNIV SCH OF MED, DETROIT MI 48201
YEAR OF GRADUATION: 1986
LICENSES (INITIAL YEAR GRANTED BY STATE):
NY 1989
NATIONAL BOARD CERTIFICATION: 1987
SPECIALTY BOARD CERTIFICATION: NONE REPORTED TO DATE
PHYSICIAN'S PROFESSIONAL ACTIVITIES: RESIDENT
SELF DESIGNATED SPECIALTIES
PRIMARY: OBSTETRICS AND GYNECOLOGY
SECONDARY: UNSPECIFIED
TERTIARY: UNSPECIFIED

RECEIVED

JUL 22 1991

NM BOARD OF
MEDICAL EXAMINERS

CURRENT MEDICAL TRAINING: RESIDENT
HOSPITAL: CATH MC BROOKLYN-QUEENS JAMAICA NY 11432
DATES OF TRAINING: 07/88-07/91 -- (BEING RE-CONFIRMED)
SPECIALTY: OBSTETRICS AND GYNECOLOGY
SPECIALTY: UNSPECIFIED

PRIOR MEDICAL TRAINING: RESIDENT
HOSPITAL: INTERFAITH MED CTR BROOKLYN NY 11238
DATES OF TRAINING: 07/87-06/88 -- (CONFIRMED)
SPECIALTY: OBSTETRICS AND GYNECOLOGY
SPECIALTY: UNSPECIFIED

PRIOR MEDICAL TRAINING: INTERN
HOSPITAL: INTERFAITH MED CTR BROOKLYN NY 11238
DATES OF TRAINING: 07/86-06/87 -- (CONFIRMED)
SPECIALTY: OBSTETRICS AND GYNECOLOGY
SPECIALTY: UNSPECIFIED

FELLOWSHIP: NONE REPORTED TO DATE

THE FOLLOWING IS HISTORICAL. CHECK WITH PRIMARY SOURCES FOR CURRENT STATUS:

NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NONE REPORTED TO DATE

PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE

COPYRIGHT 1991 AMERICAN MEDICAL ASSOCIATION. SEE REVERSE. ****AMA FILES CHECKED

BOARD OF MEDICAL EXAMINERS
RECEIVED 491 Old Santa Fe Trail, Lamy Building
P.O. Box 20001
Santa Fe, NM 87504
(505) 827-9933

JUL 12 1991

NM BOARD OF
MEDICAL EXAMINERS

DISCIPLINARY INQUIRIES FORM



Applicants must complete this form and send it directly to the Federation's address below. The Federation will return to New Mexico.

Send to:

Federation of State Medical Boards
2630 West Freeway, Suite 138
Fort Worth, TX 76102-7999

The New Mexico Board of Medical Examiners requests a disciplinary search concerning the following individual:

Name: DEBRA ANNE JONES

Address: [REDACTED]

City/State/zip: ELMONT NY 11003

3.14.60 370 - 82 - 2506.

Date of Birth 3.14.60 Social Security Number 370 - 82 - 2506.

WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE DETROIT, MI.
Medical School of Graduation and Branch Location

Date of Graduation: 1986

Federation, please mail the response to the following address:

ATTN: Liz Z. Montoya, Applications Manager
New Mexico Board of Medical Examiners
491 Old Santa Fe Trail, Lamy Bldg. #134
P.O. Box 20001
Santa Fe, NM 87504

Your prompt attention to this matter is greatly appreciated.

Liz Z. Montoya
Liz Z. Montoya
Applications Manager

WE HAVE NO UNEAVARABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

JUL 10 1991
James R. Winn, M.D.
JAMES R. WINN, M.D.
EXECUTIVE VICE-PRESIDENT

\$210.00

NEW MEXICO BME, P O BOX 20001 SANTA FE, NEW MEXICO 87504 **215701**
SECTION B JULY 1, 1992 - JUNE 30, 1995 TRIENNIAL RENEWAL

PLEASE REVIEW INFORMATION PROVIDED, "ANSWER ALL QUESTIONS" AND MAKE CORRECTIONS IN THE SPACE PROVIDED.

FEE - CHECK ENCLOSED \$ _____ FEES ARE NON-REFUNDABLE NMSA 61-6-28. **RECEIVED**

ACTIVE STATUS \$210.00 I WISH MY LICENSE TO REMAIN ACTIVE.

*INACTIVE STATUS \$ 25.00 I WISH MY LICENSE TO BECOME INACTIVE.

WITH AN INACTIVE LICENSE I UNDERSTAND THAT, I MAY NOT PRACTICE MEDICINE INCLUDING THE WRITING OF PRESCRIPTIONS. (NMSA 61-6-33) **JUN 05 1992**

LICENSE #: 91-230 DEA # _____ SSN: _____ **NM BOARD OF MEDICAL EXAMINERS**

NAME : DEBRA A JONES M.D. _____
BUS-ADDR : UNM / 2211 LOMAS BLVD NE
BUS-ADDR : _____
CITY/ST/ZIP: ALBUQUERQUE NM 87111

BUS-PHONE : 505-272-6136

OUT-OF-STATE PHYSICIANS PRACTICING IN NEW MEXICO, PLEASE PROVIDE NEW MEXICO BUSINESS ADDRESS:

HOME-ADDR : _____
HOME-ADDR : _____
CITY/ST/ZIP: _____

HOME-PHONE : _____

YOU ARE RESPONSIBLE FOR NOTIFYING THE BOARD OF ANY ADDRESS CHANGE. NMSA 61-6-28.
HOSPITAL PRIVILEGES: _____
UNM _____

NEW HOSPITAL PRIVILEGES SINCE LAST RENEWAL:

OTHER STATE LICENSES:
ST: NY LIC#: 179474 ST: _____ LIC#: _____
ST: _____ LIC#: _____ ST: _____ LIC#: _____

SPECIALITY (1) OBSTETRICS/GYNECOLOGY ARE YOU BOARD CERTIFIED YES NO
SPECIALITY (2) NEUROLOGY ARE YOU BOARD CERTIFIED YES NO

LIST ALL PA'S AND/OR NURSE PRACTITIONERS THAT ARE CURRENTLY UNDER YOUR SUPERVISION:
PA: _____ NP: _____
PA: _____ NP: _____

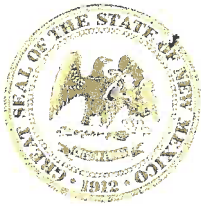
Are you known by any other name(s)? NO (Specify) _____
Have you ever been convicted of a misdemeanor or felony? NO YES

Has any licensing authority, professional organization, medical institution or other medically related entity ever instituted disciplinary action or proceedings against you NO YES

Have you ever surrendered your license privileges or membership to any licensing authority, professional organization, medical institution or other medically related entity? NO YES

"IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH DETAILED EXPLANATION AND DOCUMENTATION."

I verify that all above information is true and accurate.
SIGNATURE: Debra A Jones DATE: 5.4.92
(Must be signed by physician)



#325
7/11/95

INACTIVE RECEIVED

SECTION B 2500

BOARD OF MEDICAL EXAMINERS
491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe, New Mexico 87501

JUL 03 1995 51840

TRIENNIAL LICENSE RENEWAL
JULY 1, 1995 - JUNE 30, 1998

NM BOARD OF
MEDICAL EXAMINERS
Applications (505) 827-9933
Verifications (505) 827-7317

Administration (505) 827-5022
Financial (505) 827-6759

RENEWALS DUE ON OR BEFORE JULY 1, 1995. §61-6-16 (A)-(F) NMSA 1978.
There are substantial penalties for late renewals. §61-6-19 NMSA 1978.

DEBRA A JONES, M.D.
UNMH
2211 LOMAS BLVD NE
ALBUQUERQUE NM 87131-
505-272-6136 Business phone

ADDRESS CORRECTION REQUESTED
428 29th St
WPB FLORIDA 33407
407 820 0036

Out of state physicians - provide New Mexico business address, if any.

NM Bus Addr: _____ City/St/Zip _____

FEES: Active Status _____ \$210.00 Inactive Status 25.00
(A licensee on inactive status may not practice medicine nor write prescriptions.)
It is the licensee's responsibility to notify the Board of changes in address of either business or home. §61-6-18 NMSA 1978.
Please review the information below for accuracy.

License # 91-230 Social Security # [REDACTED] DEA # [REDACTED] Date of Birth 1960
Home Address: [REDACTED]

Other State Licenses:
State NY # 179474 State # State #
State FL # 0069730 State # State #

ABMS Specialty (1) OBSTETRICS AND GYNECOLOGY Board certified? No
ABMS Specialty (2) Board certified?

Physician Assistants/Nurse Practitioners under your supervision:
PA's -
NP's -

Hospital Privileges:
1) UNMH
2)
3)
4)

Additional Hospital Privileges:

If you answer yes to any of the following questions and have not previously disclosed the information to the Board, please provide an explanation of the events.

Are you at the present time known by any other name? If so, what name? No

Have you ever used or ever been licensed under another name(s)? If so, what name(s)? No

Have you ever been denied a license by a medical licensing board?
Yes ___ No

Has a medical licensing board ever started disciplinary action against your license?
Yes ___ No

Have you ever been charged with violation of a federal, state or local statute (except minor traffic citations)?
Yes ___ No

Have you had disciplinary action started against you by a hospital staff, a state or county medical society, HMO, PPO, IPA or PRO?
Yes ___ No

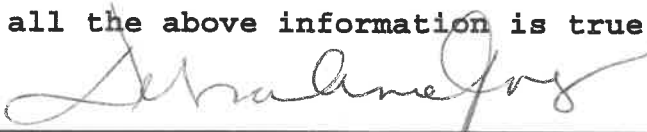
Have you ever had a malpractice settlement or judgment against you?
Yes ___ No

Do you have any malpractice or medically related claims or lawsuits pending against you? Yes ___ No

Have you had, during the past five years, personal or legal problems with narcotics, alcohol or other dangerous drugs?
Yes ___ No

I verify that all the above information is true and accurate.

SIGNATURE


(must be signed by licensee)

Date

6/7/95

CME Certification Form Attached

NM BOARD OF MEDICAL EXAMINERS

LAMY BUILDING, SECOND FLOOR

491 OLD SANTA FE TRAIL

SANTA FE, NEW MEXICO 87501

AS A CONDITION OF LICENSE RENEWAL, ALL LICENSED PHYSICIANS MUST REPORT AND DOCUMENT 75 HOURS OF CONTINUING MEDICAL EDUCATION AT THE TIME OF TRIENNIAL LICENSE RENEWAL. CREDIT HOURS MAY BE EARNED AT ANY TIME DURING THE THREE YEAR REPORTING PERIOD IMMEDIATELY PRECEDING TRIENNIAL RENEWAL.

NAME: DEBRA ANN JONES M.D. LICENSE #: 91230

DOCUMENTATION MUST BE ATTACHED

I certify that I have complied with the Continuing Medical Education requirement for renewal of my license and that appropriate documentation is attached.

Certified A M A Category I Clinical Courses

- A M A Physicians Recognition Award Year _____ Credit Hours 107
- A A F P Certificate of CME Year _____
- Certification or Recertification by ABMS Specialty Board Year _____
- FLEX Component II Year _____
- Internship, Residency or Fellowship Inclusive dates 8/91 - 9/93
- Advanced Degree In Medically Related Field Year(s) _____
(40 hours maximum per year of study) Credit Hours _____
- Self Assessment Tests:
Certificate of credit must be attached
(No limit) _____ Credit Hours _____
- Teaching - medical students
Statement from approved medical school must be attached
(40 hours maximum credit) _____ Credit Hours _____
- Preceptorships - medical students
Statement from approved medical school must be attached
(30 hours maximum credit) _____ Credit Hours _____
- Scientific Articles
10 hours each. Proof of publication must be attached
(30 hours maximum credit) _____ Credit Hours _____

STAFF USE ONLY:
CMES Approved By _____

RHW

Date: 7/5/95

Doc. Rec.