



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of Commerce, Community,
& Economic Development**

DIVISION OF CORPORATIONS, BUSINESS, &
PROFESSIONAL LICENSING
PO Box 110806
Juneau, AK 99811-0806
Main: (907) 465-2550
Fax: (907) 465-2974

Online License Renewal Physician

License Details

License Number: MEDS4865

Program: Medical

Type: Physician

Status: Active

Mailing Address: P.O. BOX 22209, JUNEAU, AK 99802

Email: taylor.dunn@hotmail.com

Owner(s)

Owner Name
TAYLOR MICHAEL DUNN

Medical Biennial License Renewal January 1, 2019 - December 31, 2020

Your MD, DO or DPM medical license lapses after December 31, 2018.

There is no grace period; it is illegal to work if your license has lapsed.

License status changes, such as "inactive to active", "active to inactive" or "active to retired" may not be performed online. To make license status changes, you must complete a paper renewal form and submit it to the address on the renewal form. Other factors may prevent online renewal as well, such as a "Yes" response to a professional fitness question, etc.

You may download a paper renewal application from the Medical Board website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

Only the license holder is authorized to renew their license online. USE OF THE ONLINE PROGRAM BY ANYONE OTHER THAN THE LICENSEE IS PROHIBITED. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

By checking this box, I affirm that I am the licensee applying for the renewal of this license and that I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Address of Record

The above mailing address is your address of record. Make any changes above and indicate whether this is your practice or residence

address.

Yes Residence address.

No Practice address

Other Licenses

List all other states and/or Canadian provinces, or other jurisdictions where you hold, or have ever held, a license to practice medicine. Write "none" if appropriate.

Washington State

List all other states and/or Canadian provinces, or other jurisdictions where you hold, or have ever held, a license to practice medicine. Write "none" if appropriate.

California

Professional Fitness Questions

The following questions must be answered. A "Yes" response may not automatically result in renewal denial.

If you answer "Yes" to any of the questions, you cannot continue with online renewal. You must submit the paper renewal application form along with required explanation and documentation regarding any "yes" answer(s).

You may download a paper renewal application from the Medical Board website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

- No** (1) Since the date of your last application for a license in Alaska or within the past two years has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending?
- No** (2) Since the date of your last application for a license in Alaska or within the past two years have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction (including Alaska) for any reason or is any such action pending?
- No** (3) Since the date of your last application for a license in Alaska or within the past two years have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending?
- No** (4) Since the date of your last application for a license in Alaska or within the past two years have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.
- No** (5) Since the date of your last application for a license in Alaska or within the past two years have you been the subject of an investigation by any licensing jurisdiction (including Alaska) or are you currently under investigation by any licensing jurisdiction (including Alaska) or is any such action pending?
- No** (6) Since the date of your last application for a license in Alaska or within the past two years have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?
- No** (7) Since the date of your last application for a license in Alaska or within the past two years have you been notified of any complaint or allegations involving you filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application?
- No** (8) Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?

- No** (9) Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine?
- No** (10) Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?
- No** (11) Since the date of your last application for a license in Alaska or within the past two years has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?
- No** (12) Since the date of your last application for a license in Alaska or within the past two years have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending?

Continuing Medical Education (CME) Statement of Compliance

As provided by regulations 12 AAC 40.200, 210, 220 and 240, your license cannot be renewed unless you have met continuing medical education (CME) requirements.

Only those CME hours actually awarded between January 1, 2017 and December 31, 2018 may be used to satisfy the requirements for this license renewal.

If you have not met the requirements of law for continuing medical education, you are not eligible to renew your license online. You must submit a completed paper renewal application to the Board office, with a written explanation of the reason for your inability to obtain the required hours of CME. You may download a paper renewal application the Board's web page.

I HEREBY AFFIRM THAT I HAVE COMPLIED WITH THE CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS SET FORTH IN PROFESSIONAL REGULATIONS 12 AAC 40.200 - 240, AS FOLLOWS:

(Select ONE of the following)

Yes Renewal for licenses first issued on or before December 31, 2016

I have completed and been awarded credit for at least 50 hours of Category 1 AMA-, AOA-, or CPME- approved education, or the equivalent education allowed by regulation, between January 1, 2017 and December 31, 2018

-AND- (select one of the following)

Yes At least two of these hours of education were in pain management and opioid use and addiction; -OR-

No I request a waiver of the requirement for two hours of education in pain management and opioid use and addiction until I apply for a DEA registration number.

No Renewal for licenses first issued between January 1, 2017 and January 1, 2018

No Renewal for licenses issued after January 1, 2018

Random Audit

The board will conduct a random audit of a percentage of the license application renewals. If your license is randomly selected for audit, you will be contacted by separate letter within 60 days after renewal.

You will be required to submit copies of your certificates and other documentation that proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form.

Retain your documents on file for at least four years so you can respond to audits. Do not submit your CME documents until they are requested.

DEA Registration and Prescription Drug Monitoring Program (PDMP)

All Alaska-licensed practitioners with a DEA registration must register with the Prescription Drug Monitoring Program (PDMP) and use the PDMP to review a patient's prescription history each time before prescribing a federally scheduled II or III controlled substance.

Your PDMP registration must be renewed at the same time as your professional license.

Visit pdmp.alaska.gov to register, renew, or find additional information.

(Select ONE of the following)

Yes I have a valid DEA registration, and have registered with the Alaska PDMP

DEA Registration number: XXXXXXXXXX

PDMP Registration Number: (if your number has not yet been issued, state "pending") **pending**

No I do not have a DEA registration. I understand that if I obtain a DEA registration I must register with the Alaska PDMP and use it to review a patient's prescription history as required by Alaska law.

Electronic Signature

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content thereof.

I declare that all of the information contained herein and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice medicine in the state of Alaska. I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Name: Taylor Dunn

Contact Phone: 907-209-2667

RECEIVED
Juneau
NOV 16 2018

CBPL

November 15, 2018

State Of Alaska

Professional Licensing

P.O. Box 110806

Juneau, AK 99811-0806

To Whom It May Concern:

I completed my on-line Alaska medical license renewal today (MEDS4865).

All questions were answered correctly. If there is any concern, clarifications as per below.

#3. No. I managed an end-of-life, palliative care patient, in the hospital in 9/2018. A travelling nurse referred the case to administration. I asked a partner to cover my end-of-life patients between 10/15/18 and 10/25/18 until the case was reviewed. On 10/25/18 the case was reviewed and there were no restrictions placed on privileges.

#11. No. As per my previous license renewal, I discussed a pending professional liability suit from 11/2015. As far as I am aware, there has been no movement on this case and depositions have yet to be scheduled.

Thank you.



Taylor Dunn, MD

907-209-2667

taylor.dunn@hotmail.com



Valley Medical Care

1801 Salmon Creek Lane • Juneau, Alaska 99801

(907) 586-2434

0058 9080311855



STATE OF ALASKA.

DEPT COMMERCE, COMMUNITY & ECO DEVEL.

DIVISION OF PROFESSIONAL LICENSING

P.O. Box 110806

JUNEAU, AK

99811-0806

License #: MEDS4865
Effective: 11/15/2018
Expires: 12/31/2020

STATE OF ALASKA
Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
State Medical Board

Licensee: **TAYLOR MICHAEL DUNN**

License Type: **Physician**

Status: **Active**

Commissioner: Mike Navarre

Relationships

RelationType	License #	LicenseType	Owners/Entities	Names/DBA	Type	Group
No relationships found.					Family Practice	Specialties

Designations

TAYLOR MICHAEL DUNN
P.O. BOX 22209
JUNEAU, AK 99802

Wallet Card

State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business, and Professional Licensing State Medical Board TAYLOR MICHAEL DUNN As Physician		
License MEDS4865	Effective 11/15/2018	Expires 12/31/2020



THE STATE

of **ALASKA**

MED

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: license@alaska.gov
Website: ProfessionalLicense.Alaska.gov

2016 Online Renewal - Fee: \$300.00

Physician

License Number: MEDS4865
Program: Medical
Type: Physician
Current Status: Active
Issue Date: 8/5/2002
Current Effective Date: 10/28/2014
Current Expiration Date: 12/31/2016
Owner(s): TAYLOR MICHAEL DUNN
Mailing Address: P.O. Box 22209, JUNEAU, AK 99802

Biennial License Renewal

Your MD, DO or DPM medical license lapses after December 31, 2016. There is no grace period; it is illegal to work if your license has lapsed.

License status changes, such as "inactive to active", "active to inactive" or "active to retired" may not be performed online. To make license status changes, you must complete a paper renewal form and submit it to the address on the renewal form. Other factors may prevent online renewal as well, such as a "Yes" response to a professional fitness question, etc.

You may download a paper renewal application from the Medical Board website:
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>

Only the license holder is authorized to renew their license online. USE OF THE ONLINE PROGRAM BY ANYONE OTHER THAN THE LICENSEE IS PROHIBITED. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.



By checking this box, I affirm that I am the licensee applying for the renewal of this license and that I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Address of Record

The above mailing address is your address of record. Make any changes above and indicate whether this is your practice or residence address.



Residence Address

Email Agreement

By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.



Send my correspondence by US Mail

Email address:

taylor.dunn@hotmail.com

Other licenses

List all other states and/or Canadian provinces, or other jurisdictions where you hold, or have ever held, a license to practice medicine. Write "none" if appropriate.

California, Washington

Professional Conduct

The following questions must be answered. If you answer "Yes" to any of the questions, you cannot continue with online renewal. You must submit the paper renewal application form along with required explanation and documentation regarding any "yes" answer(s).

- No (1) Since the date of your last application for a license in Alaska or within the past two years has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending?
- No (2) Since the date of your last application for a license in Alaska or within the past two years have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction (including Alaska) for any reason or is any such action pending?
- No (3) Since the date of your last application for a license in Alaska or within the past two years have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending?
- No (4) Since the date of your last application for a license in Alaska or within the past two years have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.
- No (5) Since the date of your last application for a license in Alaska or within the past two years have you been the subject of an investigation by any licensing jurisdiction (including Alaska) or are you currently under investigation by any licensing jurisdiction (including Alaska) or is any such action pending?
- No (6) Since the date of your last application for a license in Alaska or within the past two years have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?
- No (7) Since the date of your last application for a license in Alaska or within the past two years have you been notified of any complaint or allegations involving you filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application?
- No (8) Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?

- No (9) Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine?
- No (10) Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?
- No (11) Since the date of your last application for a license in Alaska or within the past two years has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?
- No If you responded yes to the question above, has such settlement already been reported to the board? If no, you must submit a Medical Malpractice report immediately. IF THIS QUESTION IS NOT APPLICABLE, PLEASE RESPOND "NO".
- No (12) Since the date of your last application for a license in Alaska or within the past two years have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending?

Continuing Medical Education

Statement of Compliance

As provided by regulations 12 AAC 40.200, 210, 220 and 240, your license cannot be renewed unless you have met continuing medical education (CME) requirements.

Only those CME hours actually awarded between January 1, 2015 and December 31, 2016 may be used to satisfy the requirements for this license renewal.

If you have not met the requirements of law for continuing medical education, you are not eligible to renew your license online. You must submit a completed paper renewal application to the Board office, with a written explanation of the reason for your inability to obtain the required hours of CME. You may download a paper renewal application the Board's web page.

I hereby affirm that I have complied with the continuing medical education (CME) requirements set forth in Professional Regulations 12 AAC 40.200 - 240, as follows:

(check ONE of the following)



Renewal for licenses issued on or before December 31, 2014: I have completed and been awarded credit for at least 50 hours of Category 1 AMA-, AOA-, or APMA-approved education, or the equivalent education allowed by regulation, between January 1, 2015 and December 31, 2016.

RANDOM AUDIT: The board will conduct a random audit of five percent of the license application renewals. If your license is randomly selected for audit, you will be contacted by separate letter within 60 days after renewal. You will be required to submit copies of your certificates and other documentation that proves that you have satisfied the continuing education requirements as you have so affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits. Do not submit your CME documents until they are requested.

Electronic Signature

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content thereof.

I declare that all of the information contained herein and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice medicine in the state of Alaska. I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Name: Taylor Dunn

Contact Phone: 907-209-2667

License #: MEDS4865
Effective: 11/18/2016
Expires: 12/31/2018

STATE OF ALASKA
Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing

Medical

Licensee: **TAYLOR MICHAEL DUNN**

License Type: **Physician**

Status: **Active**

Commissioner: Chris Hladick

Relationships

RelationType	License #	LicenseType	Owners/Entities	Names/DBA
No relationships found.				

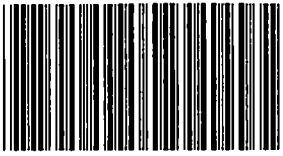
Designations

Type	Group
Family Practice	Specialties

TAYLOR MICHAEL DUNN
P.O. Box 22209
JUNEAU, AK 99802

Wallet Card

State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business, and Professional Licensing Medical TAYLOR MICHAEL DUNN As Physician		
License MEDS4865	Effective 11/18/2016	Expires 12/31/2018



MEDS4865



5588663

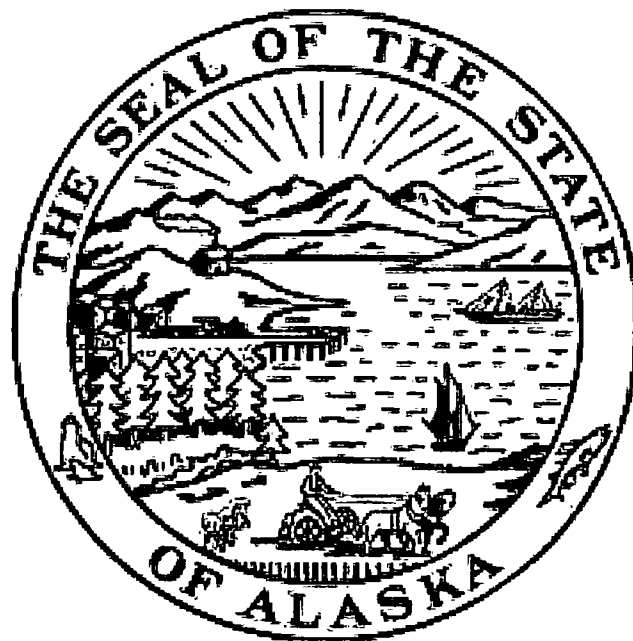


New Packet?

**Alaska Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing**

Disclaimer:

The Division of Corporations, Business and Professional Licensing, in accordance with AS 40.21 and 4 AAC 59 has scanned this professional license record from a hardcopy file. Every effort has been made to reproduce the documents completely, clearly, and with maximum accuracy. Due to the age and quality of the original documentation some images may not appear clearly. Please be aware while most of the information contained in professional license records are public information, this file contains information that may be confidential pursuant to state law. Check with the Division paralegal or records officer before distributing this information.



No. 4865
Effective: 10/28/2014
Expires: 12/31/2016

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, & ECONOMIC DEVELOPMENT
Division of Corporations, Business and Professional Licensing

STATE MEDICAL BOARD
Certifies that
TAYLOR MICHAEL DUNN
IS A LICENSED
PHYSICIAN

Commissioner: Susan K. Bell

Wallet Card

No. 4865		
State Of Alaska		
Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing		
TAYLOR MICHAEL DUNN		
IS A LICENSED PHYSICIAN		
Effective 10/28/2014	Expiration 12/31/2016	Date of Birth 03/09/1968
Signature _____		

IT IS YOUR RESPONSIBILITY TO BE AWARE OF THE CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL AND REPORTING REQUIREMENTS FOR MALPRACTICE SETTLEMENTS.

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

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

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

Division website: <http://www.commerce.alaska.gov/occ>
Division e-mail: license@alaska.gov

MED

TAYLOR MICHAEL DUNN
4444 MOUNTAINSIDE DR
JUNEAU AK 99801

STATE MEDICAL BOARD

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806
Physician - Biennial License Renewal
January 1 2015 - December 31 2016

**Online
Renewal**

Personal Information:

Name DUNN TAYLOR MICHAEL License MEDS4865

Address of Record

4444 MOUNTAINSIDE DR

JUNEAU AK 99801

Alternate Address

1801 SALMON CREEK LANE

JUNEAU AK 99801

Spec FAMILY PRACTICIAN Phone 907-209-2667 Fax --

States Washington, California Email taylor.dunn@hotmail.com

Web Information:

Receipt 10351783

Web Date 10/28/14

XID

Auth Code 045194

Web Total

Successful Y

Only the license holder is authorized to renew their license online. USE OF THE ONLINE PROGRAM BY ANYONE OTHER THAN THE LICENSEE IS PROHIBITED. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

By checking this box, I affirm that I am the licensee applying for the renewal of this license and that I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification. YES

Professional Fitness Questions

- 1 Since the date of your last application for a license in Alaska or within the past two years has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending? NO
- 2 Since the date of your last application for a license in Alaska or within the past two years have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction (including Alaska) for any reason or is any such action pending? NO
- 3 Since the date of your last application for a license in Alaska or within the past two years have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending? NO
- 4 Since the date of your last application for a license in Alaska or within the past two years have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question 'crime' includes a misdemeanor, felony, or military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving with a suspended license, reckless driving, or driving with a suspended or revoked license. 'Convicted' included having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, suspended imposition of sentence, or a fine. NO
- 5 Since the date of your last application for a license in Alaska or within the past two years have you been the subject of an investigation by any licensing jurisdiction (including Alaska) or are you currently under investigation by any licensing jurisdiction (including Alaska) or is any such action pending? NO
- 6 Since the date of your last application for a license in Alaska or within the past two years have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation? NO
- 7 Since the date of your last application for a license in Alaska or within the past two years have you been notified of any complaint or allegations involving you, filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application? NO
- 8 Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment? NO
- 9 Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine? NO
- 10 Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder? NO
- 11 Since the date of your last application for a license in Alaska or within the past two years has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement? NO
- 12 If you responded yes to question 11, has such settlement already been reported to the board? NO
- 13 Since the date of your last application for a license in Alaska or within the past two years have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending? NO

Continuing Education Questions

CE1 I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200-240 for the license period 01/01/2013 through 12/31/2014.

4865



Ethel Lund Medical Center
3245 Hospital Drive, Juneau, AK 99801
907.463.4040 - www.searhc.org

State of Alaska Medical Board
Corporations, Business, and Professional Licensing
P.O. Box 110806
Juneau AK 99811-0806

To whom it may concern:

Licensed Physician: Taylor Michael Dunn, MD
AK License number: 4865

During the recent online renewal process for my Alaska Medical License I mistakenly did not list two other active and current state licenses. I request that the following be added to my current Alaska State Medical License application/file:

- Washington, #MD00043708
- California, #A 73208

You are welcome to contact me should you have any questions at 907-364-4480 or taylord@searhc.org.

Respectfully,

Taylor M. Dunn, MD

Date: JD. 10/10/12

RECEIVED
Juneau

OCT 11 2012

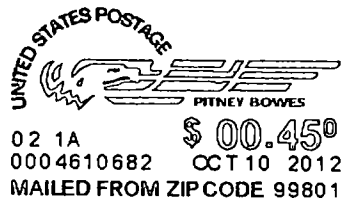
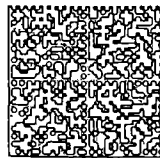
Division of Corporations, Business
and Professional Licensing



3245 Hospital Drive
Juneau, AK 99801

CONFIDENTIAL

Alaska State Medical Board
Dept. of Commerce, Community and
Economic Development
PO Box 110806
Juneau, AK 99811-0806



No. 4865

Effective: 10/09/2012

Expires: 12/31/2014

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, & ECONOMIC DEVELOPMENT

Division of Corporations, Business and Professional Licensing

STATE MEDICAL BOARD

Certifies that

TAYLOR MICHAEL DUNN

IS A LICENSED

PHYSICIAN

Commissioner: Susan K. Bell

Wallet Card

No. 4865 State Of Alaska

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

TAYLOR MICHAEL DUNN

IS A LICENSED
PHYSICIAN

Effective	Expiration	Date of Birth
10/09/2012	12/31/2014	03/09/1968

Signature _____

IT IS YOUR RESPONSIBILITY TO BE AWARE OF THE CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL AND REPORTING REQUIREMENTS FOR MALPRACTICE SETTLEMENTS.

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

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

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

Division website: <http://www.commerce.alaska.gov/occ>
Division e-mail: license@alaska.gov

MED

TAYLOR MICHAEL DUNN
4444 MOUNTAINSIDE DR
JUNEAU AK 99801

STATE MEDICAL BOARD

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806
Physician - Biennial License Renewal
January 1 2013 - December 31 2014

**Online
Renewal**

Personal Information:

Name DUNN TAYLOR MICHAEL License MEDS4865

Address of Record

4444 MOUNTAINSIDE DR

JUNEAU AK 99801

Alternate Address

3245 HOSPITAL DRIVE

JUNEAU AK 99801

Spec FAMILY PRACTICE Phone 907-463-4040 Fax --

States Email taylor.dunn@searhc.org

Web Information:

Receipt 10128837

Web Date 10/09/12

XID

Auth Code 078277

Web Total

Successful Y

Only the license holder is authorized to renew their license on-line. USE OF THE ON-LINE PROGRAM BY ANYONE OTHER THAN THE LICENSEE IS PROHIBITED. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

By checking this box, I affirm that I am the licensee applying for the renewal of this license and that I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification. YES

Professional Fitness Questions

- 1 Since the date of your last application for a license in Alaska or within the past two years has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending? NO
- 2 Since the date of your last application for a license in Alaska or within the past two years have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction for any reason or is any such action pending? NO
- 3 Since the date of your last application for a license in Alaska or within the past two years have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending? NO
- 4 Since the date of your last application for a license in Alaska or within the past two years have you been convicted of a felony or misdemeanor, including but not limited to, a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. NO
- 5 Since the date of your last application for a license in Alaska or within the past two years have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction or is any such action pending? NO
- 6 Since the date of your last application for a license in Alaska or within the past two years have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation? NO
- 7 Since the date of your last application for a license in Alaska or within the past two years have you been notified of any complaint or allegations involving you, filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application? NO
- 8 Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment? NO
- 9 Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine? NO
- 10 Since the date of your last application for a license in Alaska or within the past two years have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder? NO
- 11 Since the date of your last application for a license in Alaska or within the past two years has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement? NO
- 12 If you responded NO

- 13 Since the date of your last application for a license in Alaska or within the past two years have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending?

NO

Continuing Education Questions

- CE1 I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200-240 for the license period 01/01/2011 through 12/31/2012.

No. 4865
Effective: 10/13/2010
Expires: 12/31/2012

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806
STATE MEDICAL BOARD

Certifies that
TAYLOR MICHAEL DUNN
IS A LICENSED
PHYSICIAN

Commissioner: Susan K. Bell

Wallet Card

No. 4865		
State Of Alaska		
Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing		
TAYLOR MICHAEL DUNN		
IS A LICENSED PHYSICIAN		
Effective 10/13/2010	Expiration 12/31/2012	Date of Birth 03/09/1988
Signature _____		

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

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

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

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

Division Website: www.commerce.state.ak.us/occ

MED

TAYLOR MICHAEL DUNN
444 MOUNTAINSIDE DR
JUNEAU AK 99801

STATE MEDICAL BOARD

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806
Physician - Biennial License Renewal
January 1 2011 - December 31 2012

**Online
Renewal**

Personal Information:

Name DUNN TAYLOR MICHAEL License MEDS4865

Address of Record

4444 MOUNTAINSIDE DR

JUNEAU AK 99801

Alternate Address

3245 HOSPITAL DRIVE

JUNEAU AK 99801

Spec FAMILY PRACTICE Phone 907-523-7739 Fax 907-463-6657

States Washington, California Email taylor.dunn@searhc.org

Web Information:

Receipt 6607702

Web Date 10/13/10

XID 82011028600868

Auth Code 020481

Web Total

Successful Y

Only the license holder is authorized to renew their license on-line. USE OF THE ON-LINE PROGRAM BY ANYONE OTHER THAN THE LICENSEE IS PROHIBITED. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

By checking this box, I affirm that I am the licensee applying for the renewal of this license and that I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

YES

Professional Fitness Questions

- 1 Has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending? NO
- 2 Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction for any reason or is any such action pending? NO
- 3 Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending? NO
- 4 Have you been convicted of a felony or misdemeanor, other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country or is any such action pending? NO
- 5 Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction or is any such action pending? NO
- 6 Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation? NO
- 7 Have you been notified of any complaint or allegations involving you, filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application? NO
- 8 Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment? NO
- 9 Have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine? NO
- 10 Have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder? NO
- 11 Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement? NO
- 12 If you responded NO
- 13 Have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending? NO

Continuing Education Questions

- CE1 I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200-240 for the license period 01/01/2009 through 12/31/2010.

No. 4865
Effective: 10/22/2008
Expires: 12/31/2010

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806
STATE MEDICAL BOARD

Certifies that

TAYLOR MICHAEL DUNN
IS A LICENSED
PHYSICIAN

Commissioner: Emil Notti

Wallet Card

No. 4865		
State Of Alaska		
Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing		
TAYLOR MICHAEL DUNN		
IS A LICENSED PHYSICIAN		
Effective 10/22/2008	Expiration 12/31/2010	Date of Birth 03/09/1968
Signature _____		

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

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

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

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Division Website: www.commerce.state.ak.us/occ

MED

TAYLOR MICHAEL DUNN
4444 MOUNTAINSIDE DR
JUNEAU AK 99801

STATE MEDICAL BOARD

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806

Physician - Biennial License Renewal
January 1 2009 - December 31 2010

**Online
Renewal**

Personal Information:

Name DUNN TAYLOR MICHAEL License MEDS4865

Address of Record

4444 MOUNTAINSIDE DR

JUNEAU AK 99801

Alternate Address

3245 Hospital Dr

Juneau AK 99801

Spec FAMILY PRACTICE Phone 907-209-2667 Fax 907-364-4480
States Washington, California Email taylor.dunn@hotmail.com

Web Information:

Receipt 6537402 Web Date 10/22/08 XID 27571624
Auth Code 02592D Web Total 590 Successful Y

Only the license holder is authorized to renew their license on-line. USE OF THE ON-LINE PROGRAM BY ANYONE OTHER THAN THE LICENSEE IS PROHIBITED. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

I affirm that I am the individual applying for the renewal of this license. I further certify that the information provided is true and correct. I understand that all information is subject to review. YES

Professional Fitness Questions

- 1 Has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending? NO
- 2 Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction for any reason or is any such action pending? NO
- 3 Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending? NO
- 4 Have you been convicted of a felony or misdemeanor, other other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country or is any such action pending? NO
- 5 Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction or is any such action pending? NO
- 6 Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation? NO
- 7 Have you been notified of any complaint or allegations involving you filed with or by any licensing authority, including Alaska, which complaint or allegations remain open as of the date of this application? NO
- 8 Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment? NO
- 9 Have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine? NO
- 10 Have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder? NO
- 11 Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement? NO
- 12 If you responded "yes" to question 11, has such settlement already been reported to the board? NO
- 13 Have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending? NO

Continuing Education Questions

- CE1 I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200-240 for the license period 01/01/2007 through 12/31/2008.

4865



ALASKA STATE MEDICAL BOARD

Department Of Community & Economic Development
Division of Occupational Licensing
P. O. Box 110806
Juneau AK 99811-0806

RECEIVED

DEC 01 2006

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

CHANGE OF ADDRESS NOTIFICATION

Please print this form legibly and mail the original to the letterhead address.

NAME DUNN, TAYLOR, M
(Last, First, Middle Initial/Name)

LICENSE NO. 4865
 MD DO DPM PA-C MICP

Please change my address of record* to:

NEW ADDRESS 4444 MOUNTAIN SIDE DR

JUNEAU AK 99801
(City) (State) (Zip)

This is a: Practice Address Residence Address

TELEPHONE (907) 209-2667 (Day) _____ (Home)

EMAIL ADDRESS taylor.dunn@hotmail.com

Effective Date of this Address Change: 11/27/06
(MM/DD/YYYY)

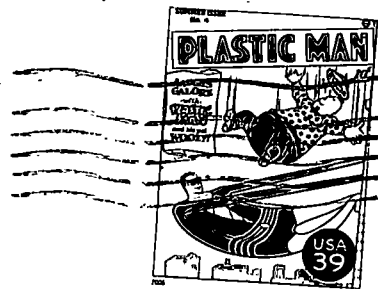
SIGNATURE Taylor Dunn MD 11/27/06
(Must be signed by license holder only) Date

*Address of Record is the official address to which all mail from the board will be sent. Please be aware that this is also considered public information

Providence | Kodiak Island
Medical Center

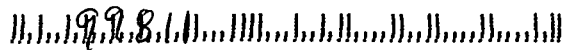
1915 E Rezanof Drive
Kodiak, Alaska
99615

Tel 907 486.3281



ALASKA STATE MEDICAL BOARD
DEPT OF COMMUNITY & ECONOMIC DEVEL.
DIVISION OF OCCUPATIONAL LICENSING
P.O. Box 110806
JUNEAU, AK

99811#0806 8900



No. 4865
Effective: 11/10/2006
Expires: 12/31/2008

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC
DEVELOPMENT
Division of Occupational Licensing
STATE MEDICAL BOARD

Certifies that

TAYLOR MICHAEL DUNN
IS A LICENSED
PHYSICIAN

Commissioner: William C. Noll

Wallet Card

No. 4865		
State Of Alaska		
Department of Commerce, Community, and Economic Development		
Division of Occupational Licensing		
TAYLOR MICHAEL DUNN		
IS A LICENSED PHYSICIAN		
Effective	Expiration	Date of Birth
11/10/2006	12/31/2008	03/09/1968
Signature _____		

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

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

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

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

Division Website: www.commerce.state.ak.us/occ

MEM

TAYLOR MICHAEL DUNN
1430 LOPEZ AVE
PORT TOWNSEND WA 98368

STATE MEDICAL BOARD

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806
Physician - Biennial License Renewal
October 20 2006 - December 31 2008

**Online
Renewal**

Personal Information:

Name	DUNN TAYLOR MICHAEL	License	MEDS4865		
Address of Record		Alternate Address			
	1430 LOPEZ AVE		1818 Rezanof Dr. East		
	PORT TOWNSEND WA 98361		Kodiak AK 99615		
Spec	FAMILY PRACTICE	Phone	907-209-2667	Fax	907-486-2248
States	WA, CA	Email	taylor.dunn@hotmail.com		

Web Information:

Receipt	664300	Web Date	11/10/06	XID	19165289
Auth Code	01534B	Web Total	590	Successfull	Y

Only the license holder is authorized to renew their license on-line. Use of the on-line program by anyone other than the licensee is prohibited. WARNING: It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

I affirm that I am the individual applying for the renewal of this license. I further certify that the information provided is true and correct. I understand that all information is subject to review.

YES

Professional Fitness Questions

- 1 Has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending? NO
- 2 Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction for any reason or is any such action pending? NO
- 3 Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending? NO
- 4 Have you been convicted of a felony or misdemeanor, other other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country or is any such action pending? NO
- 5 Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction or is any such action pending? NO
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- 8 Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment? NO
- 9 Have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine? NO
- 10 Have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder? NO
- 11 Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement? NO
- 12 Have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending? NO

Continuing Education Questions

CE1 I hereby affirm that I have been awarded the required CME and have complied with the continuing medical education requirements set forth in regulations 12 AAC 40.200-240 for the license period 01/01/2005 through 12/31/2006.

No. 4865
Effective: 10/28/2004
Expires: 12/31/2006

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

Certifies that

TAYLOR MICHAEL DUNN
IS A LICENSED
PHYSICIAN

Commissioner: Edgar Blatchford

Wallet Card

No. 4865 State Of Alaska

Department of Commerce, Community, and Economic Development
Division of Occupational Licensing

TAYLOR MICHAEL DUNN

IS A LICENSED
PHYSICIAN

Effective	Expiration	Date of Birth
10/28/2004	12/31/2006	03/09/1968

Signature _____

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

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

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

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

Division Website: www.dced.state.ak.us/occ

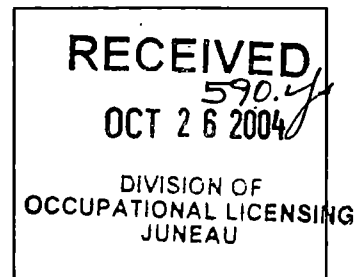
MED

98366 WA PORT TOWNSEND
1430 LOPEZ AVE
TAYLOR MICHAEL DUNN



ALASKA STATE MEDICAL BOARD

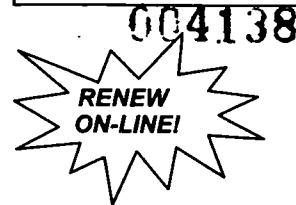
Department of Commerce, Community, and Economic Development
Division of Occupational Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806
E-mail: license@commerce.state.ak.us



MEDICAL LICENSE (MD, DO, DPM) RENEWAL APPLICATION
January 1, 2005 - December 31, 2006

S 4865

TAYLOR MICHAEL DUNN
1430 LOPEZ AVE
PORT TOWNSEND WA 98368



Renew on-line at our Website: www.commerce.state.ak.us/occ
OR complete this form and mail it with your check or money order, made payable to the State of Alaska, to the address above.

INSTRUCTIONS - Please read carefully.

Your license to practice medicine in Alaska lapses December 31, 2004. There is no grace period. It is illegal for you to practice if your license is lapsed. To renew your license for the coming license period, please return this signed application to the above address with a check or money order payable to the State of Alaska. This is the only renewal notice you will receive.

RENEWAL DUE DATE

The processing time for correct and completed renewal applications is three to four weeks after receipt. Plan accordingly and submit your form by December 1, 2004 to ensure processing by the lapse date of December 31, 2004.

NAME CHANGE

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

SOCIAL SECURITY NUMBERS

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

LAPSED LICENSES

If you choose not to renew your license before it lapses, you may renew the license at a later date only after meeting the requirements of regulation 12 AAC 40.025 (see page 4).

INACTIVE LICENSES

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

RETIRED LICENSES

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

PAYMENT OF CHILD SUPPORT OR STUDENT LOANS

If the Alaska Child Support Services Division has determined you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you will be issued a nonrenewable temporary license valid for 150 days.

PUBLIC INFORMATION

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

Check appropriate box: [X] ACTIVE LICENSE \$590 [] INACTIVE LICENSE \$250 [] RETIRED LICENSE \$100
(Please read 12 AAC 40.033) (Please read 12 AAC 40.031)

PERSONAL INFORMATION: (PRINT LEGIBLY OR TYPE)

Form with fields for NAME (DUNN, TAYLOR, MICHAEL), PRACTICE ADDRESS (1430 LOPEZ AVE, PORT TOWNSEND, WA 98368), RESIDENCE ADDRESS (1430 LOPEZ AVE, PORT TOWNSEND, WA 98368), WORK TELEPHONE ((360) 379-0317), E-MAIL ADDRESS (taylormichaeldunn@hotmail.com), DATE OF BIRTH (03 109 1968), ALASKA LICENSE NO. (4865), and SEX (M).

REQUIRED INFORMATION (Information required to update the board's license database.):

MEDICAL SCHOOL (Name of school) UNIVERSITY OF WASHINGTON		Year of Graduation 1999
LOCATION (City, State) SEATTLE, WA		Country USA
SELF-DESIGNATED PRACTICE SPECIALTY FAMILY PRACTICE	SUBSPECIALTY	SUBSPECIALTY

LIST ALL OTHER STATES AND/OR PROVINCES OF CALIFORNIA
 CANADA OR OTHER JURISDICTIONS WASHINGTON
 IN WHICH YOU HOLD OR HAVE EVER
 HELD A LICENSE TO PRACTICE MEDICINE

PROFESSIONAL CONDUCT: The following questions must be answered. "Yes" answers do not automatically result in license denial. If you answer "Yes" to any question, attach a detailed explanation including dates and circumstances. Attach copies of supporting documents that are applicable (court records, copies of actions, etc.). **Failure to attach a detailed explanation will result in the application being rejected. Please read each question carefully and check the appropriate response to the questions below.**

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.

Since the date of your last application for a license to practice medicine in Alaska,

1. NO YES Has your professional license been denied, revoked, suspended, surrendered, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction, including military authorities?
2. NO YES Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction?
3. NO YES Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (OTHER THAN FOR LATE MEDICAL RECORDS)?
4. NO YES Have you been convicted of a felony or misdemeanor, other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country?
5. NO YES Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction?
6. NO YES Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?
7. NO YES Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?
8. NO YES Have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine?
9. NO YES Have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?

(Questions Continued on Next Page)

10. NO YES Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid, or are to be paid, by you, or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?

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OCT 26 2004

11. NO YES Have you been investigated by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason?

ALASKA BOARD OF OCCUPATIONAL LICENSING
JUNEAU

CONTINUING MEDICAL EDUCATION*

As provided by regulations 12 AAC 40.200 – 240, your license cannot be renewed unless you have met continuing medical education requirements. Those regulations are provided on page 4 of this application. Individuals who are renewing their licenses in "Retired" status are not required to complete CME.

If your license number is: From 01/01/2003 to 12/31/2004, you must have completed and been awarded:

- 0001 to 5021 At least 34 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.*
- 5022 to 5237 At least 17 hours of Category I, AMA-, AOA-, or APMA-approved education or the equivalent education allowed by regulation.*

* Please be aware of a change in the law. Effective January 1, 2005, you will be required to obtain a minimum of 25 hours of continuing medical education each year (50 hours each biennial licensing period) to renew your license.

YOU MAY BE AUDITED

The board will conduct a random audit of ten percent of the license application renewals. If your license is randomly selected for audit, you will be contacted by separate letter and will be required to submit copies of certificates or other documentation that proves you satisfied the continuing education requirements as affirmed on this renewal form. Retain your documents on file for at least four years so you can respond to audits. DO NOT SUBMIT YOUR CME DOCUMENTS WITH THIS RENEWAL.

CME STATEMENT OF COMPLIANCE

Check one:

YES ... I hereby affirm that between 1/1/03–12/31/04, I was awarded the required continuing medical education hours as set forth in regulations 12 AAC 40.200 - 240.

NO I have not met the requirements of law for continuing medical education. I have attached a detailed explanation of the reason for my inability to obtain the required hours of CME and my request for an extension of time in order to comply with those requirements. I understand that my license will not be renewed at this time due to my failure to obtain the CME. I will contact a representative of the Division of Occupational Licensing for assistance. (Refer to 12 AAC 40.200 on page 4 attached.)

NO I am renewing my license in RETIRED status and am not required to provide proof of CME.

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

➔ Sign here Jaylon Dennis MD
Applicant's Signature

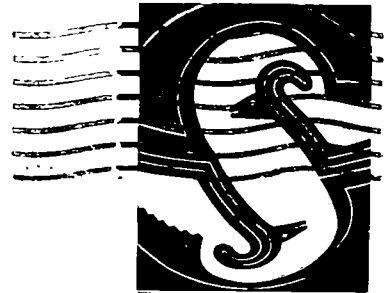
➔ 10/23/04
Date

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

BEFORE YOU MAIL THIS RENEWAL APPLICATION--HAVE YOU?

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

Taylor Dunn
1430 Lopez Ave
Port Townsend, WA
98368



Mimbres bowl USA37

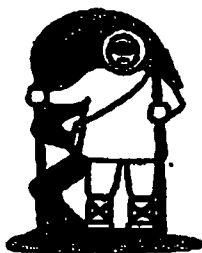
ALASKA STATE MEDICAL BOARD
DEPT OF COMMERCE, COMMUNITY, ECON DEVEL.
DIV. OF OCCUPATIONAL LICENSING
P.O. Box 110806
JUNEAU, AK

99811+0806

99811-0806



**MANIILAQ HEALTH CENTER
 ACUTE CARE
 PO BOX 43
 KOTZEBUE, ALASKA 99752
 (907) 442-7304 OR 442-7208
 FAX (907) 442-7431**



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~~AUG 02 2004~~
 DIVISION OF
 OCCUPATIONAL LICENSING
 JUNEAU

FACSIMILE TRANSMITTAL SHEET

TO: ALASKA MEDICAL BOARD FROM: TAYLOR DUNN MD
 CLINIC/DEPARTMENT: _____ DATE: 7/30/04
 FAX NUMBER: (907) 465-2974 TOTAL NO. OF PAGES INCLUDING COVER: 2
 PHONE NUMBER: _____ RE: ADDRESS CHANGE

- URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTE/COMMENTS:

ADDRESS CHANGE

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 AUG 02 2004
 DIVISION OF
 OCCUPATIONAL LICENSING
 JUNEAU

THIS INFORMATION IS CONFIDENTIAL

4865

Address Change

7/30/09

To Whom It May Concern:

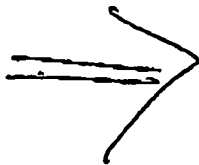
I will be moving from Alaska to Washington.

Please use the new address for all correspondence.

AK med # 4865

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AUG 02 2004
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

old
P.O. Box 1281
KOTzebue, AK
99752



NEW
TAYLOR DUNN M.D.
1430 LOPEZ AVE.
PORT TOWNSEND, WA
99368
(360) 379-0317

RECEIVED
AUG 02 2004
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

taylormichaeldunn@hotmail.com.

Thanks!

Taylor Dunn.

done 8/4/09

CERTIFICATION

I, **Sher Zinn**, Licensing Examiner, Division of Occupational Licensing, Department of Community and Economic Development, State of Alaska, certify that I am the keeper of the records of the **STATE MEDICAL BOARD** and that these records indicate that the following individual is/was licensed as shown:

Name: **TAYLOR MICHAEL DUNN**
License Type: **IS A LICENSED PHYSICIAN**
License Number: **4865**
Date Originally Issued: **08/05/2002**
Expiration Date: **12/31/2004**
Date of Birth: **03/09/1968**

Comments:

No licensing action on file.

Dated this **Third day of March, 2004**

SEAL

Sher Zinn
Licensing Examiner

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MAR 01 2004

20. ✓ fs

4865



DIVISION OF OCCUPATIONAL LICENSING JUNEAU

MD

TO: State Medical Licensing

DEPT OF COMMUNITY & ECON DEVELOPMENT / DIVISION OF OCCUPATIONAL LICENSING

STATE BOARD NAME

P.O. Box 110806

ADDRESS

JUNEAU, AK 99811-0806

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FEB 20 2004

DIVISION OF OCCUPATIONAL LICENSING JUNEAU

RE: Verification of License/Registration as a Physician

I am applying for a license to practice medicine as a physician and surgeon in the state of Washington and before my application can be reviewed, a verification of my licensure status in your state is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, directly to the address show below. All questions must be answered.

657828

TAYLOR MICHAEL DUNN

APPLICANT (PRINT OR TYPE)

3/9/68

BIRTHDATE

Signature of Taylor Dunn MD

SIGNATURE OF APPLICANT

This is to verify that _____ was issued license

number _____ on _____

- 1. Date license, registration, or certification issued _____ Date of expiration _____
2. Have any complaints been lodged against the license? [] Yes [] No
3. Is there currently any investigation in process regarding the license? [] Yes [] No
4. Has any disciplinary activity taken place regarding this license? [] Yes [] No

If yes, please provide any information and documentation which may be released; i.e., charges and final disposition.

Return to: Department of Health Medical Quality Assurance Commission 1300 SE Quince Street PO Box 47866 Olympia, WA 98504-7866 (360) 236-4785 (A-L) (360) 236-4784 (M-Z)

(Seal)

Signature _____
Print Name _____
Title _____
State _____ PLEASE TYPE OR PRINT
Address _____
Date _____
Telephone _____

No. 4865

Effective: 12/06/2002

Expires: 12/31/2004

STATE OF ALASKA

DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT

Division of Occupational Licensing

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

STATE MEDICAL BOARD

Certifies that

TAYLOR MICHAEL DUNN

IS A LICENSED

PHYSICIAN

Acting Commissioner: Thomas W. Lawson

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

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

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

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

Wallet Card

No. 4865

State Of Alaska

Department of Community and Economic Development
Division of Occupational Licensing

TAYLOR MICHAEL DUNN

IS A LICENSED
PHYSICIAN

Effective	Expiration	Date of Birth
12/06/2002	12/31/2004	03/09/1968

Signature _____

MED

TAYLOR MICHAEL DUNN
PO BOX 1281
KOTZEBUE AK 99752



ALASKA STATE MEDICAL BOARD

Department of Community & Economic Development
Division of Occupational Licensing
Juneau AK 99811-0806
P. O. Box 110806
E-mail: license@dced.state.ak.us

A - K: (907) 465-2756
L - Z: (907) 465-2541

MED
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NOV 05 2002
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU
295 / 12748

MED S 4865
TAYLOR MICHAEL DUNN
PO BOX 1281
KOTZEBUE AK 99752

PRORATED MEDICAL LICENSE RENEWAL APPLICATION LICENSE NUMBER 4754 AND ABOVE

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

INSTRUCTIONS - Please read carefully.

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

RENEWAL DUE DATE

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

NAME CHANGE

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

SOCIAL SECURITY NUMBERS

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

LAPSED LICENSES

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

INACTIVE LICENSES

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

RETIRED LICENSES

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

PAYMENT OF CHILD SUPPORT OR STUDENT LOANS

If the Alaska Child Support Enforcement Division has determined you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you will be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Enforcement at (907) 269-6686, (907) 269-6688, or 1-800/478-3300 or Post-Secondary Education at 1-888/441-2961 to resolve payment issues.

PUBLIC INFORMATION

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

Check appropriate box:

PRORATED ACTIVE
LICENSE - \$295

PRORATED INACTIVE
LICENSE - \$125

RETIRED LICENSE \$100

PERSONAL INFORMATION: (PRINT LEGIBLY OR TYPE)

NAME (Last, First, Middle) DUNN, TAYLOR MICHAEL		SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
PRACTICE ADDRESS (Complete address) MANILLAQ HEALTH CENTER, KOTZEBUE, AK 99752		Use as Address of Record: <input type="checkbox"/>
RESIDENCE ADDRESS (Complete address) P.O. Box 1281, KOTZEBUE, AK 99752		Use as Address of Record: <input checked="" type="checkbox"/>
WORK TELEPHONE: 907-442-7494	E-MAIL ADDRESS: tdunn@manillaq.org	
SOCIAL SECURITY NO.:	DATE OF BIRTH (MM/DD/YYYY) 03, 09, 1968	ALASKA LICENSE NO. 4865

REQUIRED INFORMATION (Information required to update the board's license database.)

MEDICAL SCHOOL (Name of school) UNIVERSITY OF WASHINGTON SOM		Year of Graduation 1999
LOCATION (City, State) SEATTLE WA		Country USA
PRACTICE SPECIALTY FAMILY PRACTICE	SUBSPECIALTY	SUBSPECIALTY

LIST ALL OTHER STATES AND/OR PROVINCES OF CANADA OR OTHER JURISDICTIONS IN WHICH YOU HOLD OR HAVE EVER HELD A LICENSE TO PRACTICE MEDICINE

CALIFORNIA

PROFESSIONAL CONDUCT:

The following questions must be answered. "Yes" answers do not automatically result in license denial. If you answer "Yes" to any question, attach a detailed explanation including dates and circumstances. Attach copies of supporting documents that are applicable (court records, copies of actions, etc.). Failure to attach a detailed explanation will result in the application being rejected. Please read each question carefully. Please check the appropriate response to the questions below.

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.

Since the date of your last application for a license to practice medicine in Alaska, or within the past two years:

1. NO YES Has your professional license been denied, revoked, suspended, surrendered, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction, including military authorities?
2. NO YES Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction?
3. NO YES Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (OTHER THAN LATE MEDICAL RECORDS)?
4. NO YES Have you been convicted of a felony or misdemeanor, other than minor traffic violations, under the laws of any local, state, or federal jurisdiction of the United States or any other country?
5. NO YES Have you been the subject of an investigation by any licensing jurisdiction or are you currently under investigation by any licensing jurisdiction?
6. NO YES Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?
7. NO YES Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?
8. NO YES Have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine?
9. NO YES Have you experienced, been diagnosed with, been evaluated for, or treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder?

(Questions Continued on Next Page)

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DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

10. NO YES

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

11. NO YES

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

CONTINUING MEDICAL EDUCATION

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

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

✓ Sign here

Jayland D...
Applicant's Signature

Date

10/31/02

BEFORE YOU MAIL THIS RENEWAL APPLICATION! HAVE YOU?

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

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

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

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

NOTIFICATION OF PROPOSED REGULATIONS CHANGES

If you would like to receive notice of all proposed medical regulation changes, please send a written request adding your name to the

"Medical" Interested Parties List to:

REGULATIONS SPECIALIST

Dept. of Community and Economic Development - Division of Occupational Licensing

Post Office Box 110806

Juneau AK 99811-0806

SELECTED PERTINENT REGULATIONS

12 AAC 40.025. LAPSED PHYSICIAN LICENSES. (a) A physician license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant

- (1) submits a completed application for license reinstatement;
- (2) pays the applicable biennial license renewal fee established in 12 AAC 02.250(a);
- (3) submits proof of meeting the continuing medical education requirements in 12 AAC 40.200 - 12 AAC 40.220; and
- (4) receives clearance from the Federation of State Medical Boards and documentation of the clearance is sent directly to the division by that federation.

(b) A physician license that has been lapsed for at least one year but less than five years will be reinstated if the applicant meets the requirements in (a) of this section and

- (1) receives clearance from the federal Drug Enforcement Administration (DEA) and documentation of the clearance is sent directly to the division by the DEA;
- (2) arranges for verification of licensure to be sent directly to the division from each state other than Alaska where the applicant is or has been licensed as a physician;
- (3) is qualified for a license under AS 08.64.230 and is not disqualified by AS 08.64.240; and
- (4) arranges for a verification of hospital privileges to be sent directly to the division, from each hospital where the applicant has held privileges within the five years immediately before the date that the applicant signs the application form.

(c) Notwithstanding (a) and (b) of this section, the board may refuse to reinstate a physician license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

12 AAC 40.031. ACTIVATING A RETIRED STATUS LICENSE. (a) An applicant holding a retired status license under AS 08.64.276 will, in the board's discretion, be issued an active license to practice medicine, podiatry, or osteopathy in this state, as appropriate, if the applicant

- (1) submits a new and complete application as required by 12 AAC 40.010, documenting compliance with
 - (A) AS 08.64.200 and 08.64.250, if a physician applicant;
 - (B) AS 08.64.209 and 08.64.250, if a podiatry applicant; or
 - (C) AS 08.64.205, if an osteopath applicant;

- (2) submits evidence of at least 34 hours of continuing medical education credits earned within the two years immediately before the date of application;
- (3) submits evidence of successful completion of the Special Purpose Examination (SPEX) prepared by the Federation of State Medical Boards;
- (4) submits, at the request of the board, physical and mental examination reports from practitioners approved by the board indicating that, at the time of the examination, the applicant is mentally and physically capable of practicing medicine, podiatry, or osteopathy safely;
- (5) submits information from the disciplinary data bank of the Federation of State Medical Boards;
- (6) is interviewed by a member of the board; and
- (7) pays the fees established in 12 AAC 02.250.

(b) If the report required in (a)(5) of this section shows evidence of disciplinary action in this state or another licensing jurisdiction within the five years immediately before the date of application under (a)(1) of this section, the board will, in its discretion, deny an application for reactivation, if the evidence demonstrates that the applicant is not capable of practicing medicine, podiatry, or osteopathy safely or lawfully.

12 AAC 40.033. INACTIVE PHYSICIAN LICENSE. (a) A physician who is not practicing in the state may hold an inactive license that may be renewed.

(b) A physician may apply for an inactive license at the time of license renewal by

- (1) indicating on the form for license renewal that the physician is requesting an inactive license; and
- (2) paying the inactive biennial license fee established in 12 AAC 02.250.

(c) A physician licensed as inactive may not practice as a physician in the state.

(d) A physician licensed as inactive who wishes to resume active practice as a physician in the state must

- (1) meet the requirements of 12 AAC 40.025;
- (2) submit a written request for reactivation;
- (3) request a clearance report from the Federation of State Medical Boards Board Action Data Bank be sent directly to the board; and
- (4) pay the physician biennial license renewal fee established in 12 AAC 02.250, less any inactive license fee previously paid for the same licensing period.

(e) Notwithstanding (a) and (b) of this section, the board may refuse to reactivate a physician license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

12 AAC 40.200. GENERAL REQUIREMENTS. (a) A physician seeking renewal of a license on or after January 1, 1986 shall obtain an average of 17 credit hours of continuing medical education during each year of the previous license period.

(b) If a licensee fails to meet continuing medical education requirements due to illness or other extenuating circumstances, the licensee may request an extension of time in order to comply with those requirements. The request for an extension must be made on the licensee's application for license renewal. The board, or its designee, will only consider a request for extension if the licensee also agrees to enter into a memorandum of agreement with the board that specifies the date within the licensing period by which the licensee will meet the continuing education requirements and the licensee's agreement to voluntarily surrender the license to the board if the licensee fails to comply with the memorandum of agreement. The board, or its designee, will evaluate the request and proposed memorandum of agreement on an individual basis. If approved, the board, or its designee, will grant the extension of time and issue the renewed license for the next licensing period, effective from the date of the approval of the agreement.

12 AAC 40.210. CREDIT HOURS. (a) Except as provided in (b) of this section, a licensee may meet the continuing medical education requirements set out in 12 AAC 40.200(a) only by obtaining credit hours in a Category I continuing medical education program accredited by the American Medical Association.

(b) The board will accept the following as the equivalent of the credit hours required under 12 AAC 40.200(a):

- (1) a current physician's recognition award from the American Medical Association, American Podiatry Association, American Osteopathic Association, or a recognized subspecialty board; or
- (2) initial certification or recertification during the concluding licensing period by a specialty board recognized by the American Medical Association.

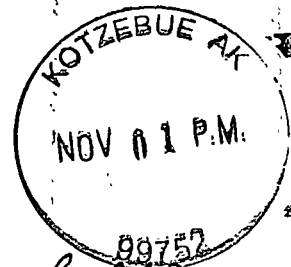
12 AAC 40.220. CERTIFICATION OF COMPLIANCE. (a) A licensee shall submit, upon a form supplied by the board, a signed statement of compliance with the continuing medical education requirement at the time the licensee applies for license renewal.

(b) The board, or its designee, will, in the board's or the board designee's discretion, require a licensee to submit additional evidence of compliance with the continuing medical education requirement. The licensee shall maintain evidence of compliance.

(c) The board, or its designee, will, in the board's or the board designee's discretion, audit the statements of compliance and additional evidence submitted under (a) and (b) of this section. If upon audit, the board or its designee determines that the statement of compliance contained misstatements and that the licensee had not met continuing medical education requirements set out in 12 AAC 40.200 and 12 AAC 40.210 by the time that the statement of compliance was signed, the board or its designee will consider the licensee as securing a license through intentional misrepresentation under AS 08.64.326(a)(1). Nothing in this subsection precludes the board from finding other grounds for imposition of disciplinary sanctions under AS 08.64.326 based on the conduct described in this subsection.

12 AAC 40.240. EXEMPTION FROM CONTINUING MEDICAL EDUCATION REQUIREMENTS. For the purposes of exempting a licensee from meeting the continuing medical education requirements in a licensing period, extenuating circumstances are those circumstances, beyond the licensee's control, that prevent the licensee from meeting the continuing medical education requirements. Extenuating circumstances include the licensee's debilitating or long-term personal illness or injury and the debilitating or long-term illness or injury of a member of the licensee's immediate family.

Taylor Dunn
P.O. Box 1281
KOTZEBUE, AK
99752



ALASKA STATE MEDICAL BOARD
DEPT OF COMMUNITY & ECONOMIC DEVEL.
DIV. OF OCCUPATIONAL LICENSING
P.O. Box 110806
JUNEAU, AK

99752
99752-0806
99752-0806

AUG 15 2002
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

8/14/02

MEDICAL BOARD / ALASKA

THIS IS TO INFORM OF
ADDRESS CHANGE FOR

TAYLOR M. DUNN No. 4865

NEW ADDRESS.

TAYLOR DUNN, M.D.
P.O. Box 1281
KOTZEBUE, AK
99752

done 8/29/02

(907) 442-4161
tdunn@maniilaq.org

Thanks,
Taylor Dunn MD

No. 4865
Effective: 08/05/2002
Expires: 12/31/2002

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

Certifies that

TAYLOR MICHAEL DUNN
IS A LICENSED
PHYSICIAN

Commissioner: Deborah B. Sedwick

Wallet Card

No. 4865		
State Of Alaska		
Department of Community and Economic Development Division of Occupational Licensing		
TAYLOR MICHAEL DUNN		
IS A LICENSED PHYSICIAN		
Effective	Expiration	Date of Birth
08/05/2002	12/31/2002	03/09/1968
Signature _____		

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

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

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

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

MED

TAYLOR MICHAEL DUNN
140 N ANN ST
VENTURA CA 93001



ALASKA STATE MEDICAL BOARD

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

FINAL BOARD ACTION

Deann Taylor Michael
PHYSICIAN APPLICANT'S NAME (Last, First, Middle)

MD DO DPM

APPROVAL TO GRANT A PERMANENT, UNRESTRICTED LICENSE

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

PENDING: Fees NPDB Report Other _____

Signature, Board Member _____ Date Aug 14, 2002

APPROVAL TO GRANT A LICENSE WITH CONDITIONS

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

Conditions of Licensure: _____

Signature, Board Member _____ Date _____

LICENSE APPLICATION DENIED.

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

Basis for Denial: _____

Signature, Board Member _____ Date _____

For Staff Use Only: License Issued Date 4865 License No. 4865 By [Signature]

Application Referred to _____ for MOA or _____

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

No. 2171
Effective: 04/12/2002
Expires: 10/12/2002

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

TAYLOR MICHAEL DUNN
IS A PHYSICIAN

WITH A TEMPORARY PERMIT TO PRACTICE MEDICINE

VALID FOR NOT LONGER THAN 6 MONTHS FROM 4/12/02

Commissioner: Deborah B. Sedwick

Wallet Card

No. 2171
State Of Alaska
Department of Community and Economic Development
Division of Occupational Licensing
TAYLOR MICHAEL DUNN
IS A PHYSICIAN
WITH A TEMPORARY PERMIT TO PRACTICE MEDICINE

Effective	Expiration	Date of Birth
04/12/2002	10/12/2002	03/09/1968

VALID FOR NOT LONGER THAN 6 MONTHS FROM 4/12/02

Signature _____

Per 12 AAC 02.900 you must notify our office in writing if you change your mailing address. You may fax your address change to (907) 465-2974.

MED

TAYLOR MICHAEL DUNN
140 N ANN ST
VENTURA CA 93001

ALASKA STATE MEDICAL BOARD

Checklist - Temporary Permit

Applicant

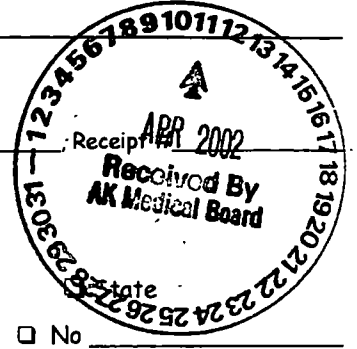
Name Dunn Taylor Michael MD DO DPM

Specialty Family Practice App by: Credentials CA Exam.
Subspecialty _____ Subspecialty _____

Date Received

Start Date (If Known) _____

1/31/02 Fees: App Fee \$250 Receipt # 592837
 License Fee \$590 Receipt # 592837



1/31/02 Application, with photo and notary

1/31/02 Authorization for Release of Records

2/19/02 Exam Scores - Type of Exam: USMLE FLEX NBME

1/31/02 Medical School Diploma/Transcript

Accredited: Yes No

2/8/02 Verification from Medical School

3/20/02 Internship/Residency Certificates

Accredited: Yes No

Graduated BEFORE 01/01/1995 - 1 yr PG Required

Graduated AFTER 01/01/1995 - 2 yrs PG Required

International Medical Graduate - 3 yrs PG Required

ECFMG Certificate No. _____

1/30/02 Verifications from Postgraduate Training Programs - Rec'd: 1) _____ 2) _____ 3) _____

2/20/02 Verifications of Licensure: CA

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2/1/02 Hospital Privileges List Verona County

1/31/02 DEA Clearance Report

2/7/02 Federation of State Medical Boards Clearance Report

2/15/02 AMA/AOA Physician Profile Discrepancies: _____

7/29/02 NPDB Report Requested _____

Received _____

NO YES Irregularities, "Yes" Responses, Other Adverse Information Noted in Application - Specify: _____

#23

3/21/02 Application Status Letter Sent: 1) 2/14/02 2) 3/8/02 3) 3/21/02

4/9/02 Application Complete - File to Exec Administrator

BOARD MEMBER/DESIGNEE REVIEW APPROVAL FOR TEMPORARY PERMIT

Interview Required: NO YES Reason for Interview _____

APPROVED for permit

DENIED - to be considered by full board

Comments: Review and process - no issue - N/A

Signature [Signature]
Board Member/Designee

Date Reviewed 11 April 2002

Temporary Permit No. 2171

Date Issued 4/12/02



ALASKA STATE MEDICAL BOARD

MED

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

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Receipt No. 592837	Amount 840.00 ✓ <i>TA</i>

APPLICATION FOR PHYSICIAN LICENSURE IN ALASKA

PART I PERSONAL INFORMATION (Type or Print Legibly)

1	Full Legal Name (Last, First, Middle)	DUNN, TAYLOR, MICHAEL		Jr. Sr.	
2	Other Names Used (Incl. Maiden Name)				
3	Legal Name Changes (Provide copies)				
4	Social Security Number	[REDACTED]	Date of Birth	3-9-68	
5	Place of Birth (City, State, Country)	MISSOULA, MONTANA, USA			
6	Full Practice Address	FAMILY CARE CENTER, 3291 LOMA VISTA RD. VENTURA, CA 93003			
7	Full Residence Address	140 N. ANN ST. VENTURA, CA 93001			
8	Telephones	Work	805-652-6100	Home	805-652-0635
9	E-Mail Address (Optional)	tdunn@venturafpr.com			
10	Preferred Address of Record	<input type="checkbox"/> Use Practice Address		<input checked="" type="checkbox"/> Use Residence Address How long at this address? 7/02	
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: _____	

13. **Military Service**

Have you ever been in the armed forces? Yes

No

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If YES, branch of service: _____

Date of commission: JAN 31 2002

Date and Type of Discharge: _____

Locations where you served: _____

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JUNEAU

PART II EDUCATION

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

Yr	SCHOOL	MAILING ADDRESS		(MM/YYYY)	Completed Yes/No
1	UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE	A-300 HEALTH SCIENCES CENTER SEATTLE, WA 98195	From	09/1995	
			To	06/1999	YES.
2			From		
			To		
3			From		
			To		
4			From		
			To		
5			From		
			To		

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

Yr	HOSPITAL	MAILING ADDRESS		(MM/YYYY)	Completed Yes/No
1	VENTURA COUNTY MEDICAL CENTER	3291 LOMA VISTA RD VENTURA, CA 93003	From	07/1999	
	(INTERNSHIP + RESIDENCY)		To	06/2002	PRESENT YES
2			From		
			To		
3			From		
			To		
4			From		
			To		
5			From		
			To		
6			From		
			To		

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

Exam Series	Location	Date Taken (MM-YYYY)	Result
USMLE I	SEATTLE, WA	06/1997	Pass Fail
USMLE II	SEATTLE, WA	08/1998	Pass Fail
USMLE III	LA BRAE, CA	02/2000	Pass Fail

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

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

If Yes, ECFMG Certificate No. Date Issued (MM/YYYY)

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

18. **Specialty** Attach certified true copies of board certificates. FAMILY PRACTICE BOARDS TO BE TAKEN 7/12/02 IN WASH.

Specialty/Subspecialty	Board Certified? Yes/No/Year	What Board?	Recert. Date -Year

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PART III PROFESSIONAL ACTIVITIES

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

	Location (State, territory, etc.)	License Number	Date Issued	Current Status
2/20	CALIFORNIA	A73208	10/5/00	ACTIVE
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

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

20. Medical Societies and Professional Organizations

Name of Organization	Address	Date From/To - YYYY
AMERICAN ACAD. OF FAMILY PHYSICIANS	11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	1995 to PRESENT
VENTURA COUNTY MED. ASSOC	601 E. DAILY DR. STE 129 CARMAYILLO, CA 93010	2000 to PRESENT

21. Hospital Affiliations

Have you ever held hospital privileges?

Yes

No

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

	HOSPITAL	MAILING ADDRESS	WHEN PRIVILEGED (MM/YYYY)	
			From	To
1	VENTURA COUNTY MEDICAL CENTER	3291 LOMA VISTA RD	01/2002	PRESENT
		VENTURA, CA 93003		
2			From	
			To	
3			From	
			To	
4			From	
			To	
5			From	
			To	
6			From	
			To	
7			From	
			To	
8			From	
			To	

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

22. Medical Work History

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

Date (MM/YYYY)		Location (City, State, or Other Country)	Activity
From	07/1999	VENTURA, CA	INTERNSHIP & RESIDENCY AT VENTURA COUNTY MEDICAL CENTER
To	PRESENT		

From			
To			

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From			
To			

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From			
To			

From			
To			

From			
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From			
To			

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To			

From			
To			

From			
To			

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

23. 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, judgements, awards, and claims for which no money was paid. Provide a brief description of each claim listed on a separate sheet of paper labeled with your name and signed by you.

Date of Occurrence (MM/YYYY)

Nature of Alleged Malpractice

Amount Paid

Date of Occurrence (MM/YYYY)	Nature of Alleged Malpractice	Amount Paid
01/2002	As a resident, assisting on tubal ligation with post-operative bleeding. See Attached letter.	Case pending.

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SPECIAL INSTRUCTIONS FOR PARTS IV AND V

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

CONFIDENTIALITY

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

PART IV DISCIPLINARY HISTORY

IMPORTANT! PLEASE READ BEFORE ANSWERING THE DISCIPLINARY HISTORY QUESTIONS.

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

24a. 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?

24b. No Yes

Is any such action pending?

Continued on next page

JAN 31 2002

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Part IV Disciplinary History Questions Continued

- 25a. No Yes Have you ever been charged with a crime (felony or misdemeanor) in any jurisdiction of the United States, including military, or any international jurisdiction that did not result in acquittal or dismissal?
- 25b. No Yes Is any such action pending?
- 26a. No Yes Relating to the practice of medicine, has there ever been a finding of, or have you ever been found guilty of, professional misconduct, unprofessional conduct, incompetence, or negligence, by any jurisdiction of the United States, including military, or any international jurisdiction?
- 26b. No Yes Is any such action pending?
- 27a. No Yes Relating to the practice of medicine, have you ever had charges filed against you alleging professional misconduct, unprofessional conduct, incompetence, or negligence, in any jurisdiction of the United States, including military, or any international jurisdiction?
- 27b. No Yes Is any such action pending? ** See Alaska Health Reporting Pending for trial*
- 28a. 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)?
- 28b. No Yes Is any such action pending?
- 29a. No Yes Have you ever voluntarily or involuntarily resigned or withdrawn from professional training, from employment, or your privileges from any hospital or other health care facility to avoid the imposition of disciplinary sanction, restriction, or termination?
- 29b. No Yes Is any such action pending?
- 30a. No Yes Have you ever been disciplined by a medical school or post-graduate training program?
- 30b. No Yes Is any such action pending?
- 31a. No Yes Have you ever had a license to practice medicine disciplined by any authority including a state medical board or a military authority (except for late medical records)?
- 31b. No Yes Is any such action pending?
- 32a. No Yes Have you ever been under investigation by any medical licensing jurisdiction or authority?
- 32b. No Yes Is any such action pending?

Continued on next page

- 33a. No Yes Have you ever had a medical license application denied by any jurisdiction or authority?
- 33b. No Yes Is any such action pending?
- 34a. No Yes Have you ever voluntarily or involuntarily withdrawn an application for a license to practice medicine in any United States jurisdiction or any international jurisdiction?
- 34b. No Yes Is any such action pending?
- 35a. No Yes Have you ever voluntarily or involuntarily surrendered or suspended your license to practice medicine in any United States jurisdiction or any international jurisdiction?
- 35b. No Yes Is any such action pending?
- 36a. No Yes Have you ever voluntarily or involuntarily agreed to any limitations, restrictions, or conditions to your license to practice medicine?
- 36b. No Yes Is any such action pending?

PART V PERSONAL HISTORY

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

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

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

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

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

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

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

Continued on next page

JAN 31 2002

DIVISION OF
OCCUPATIONAL LICENSING

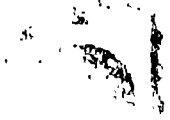
JUNEAU

Part V Personal History Questions Continued

37. No Yes Has your ability to practice medicine in a competent and safe manner ever been impaired or limited by any condition, behavior, impairment, or limitation of a physical, mental, or emotional nature?
38. No Yes Are you currently experiencing any medical condition or disorder that impairs your judgment or that otherwise affects your ability to practice medicine in a safe and competent manner?
39. No Yes Since completing your postgraduate training, have you ever been physically or mentally unable to practice medicine for a period of sixty (60) days or more?
40. No Yes Are you currently the subject of any civil investigation or court process relating to your ability to practice in a safe and competent manner?
41. No Yes Have you ever been diagnosed with, been treated for, or do you currently have pedophilia, exhibitionism, or voyeurism, or any other sexual behavior disorder? (Please note that "sexual behavior disorder" does **not** include sexual preference.)
42. No Yes Are you currently engaged in the illegal use of any drug, whether by ingestion, inhalation, injection, or any other method?
43. No Yes Have you used or are you currently using any chemical substance(s), legal or illegal, that in any way impaired or limited, or is currently impairing or limiting, your ability to practice medicine in a safe and competent manner?
44. No Yes Have you ever been voluntarily or involuntarily committed or confined to any facility for mental health care?
45. No Yes Have you ever been diagnosed with, treated for, or do you currently have (check the appropriate condition):
- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Depressive Neurosis | <input type="checkbox"/> Kleptomania |
| <input type="checkbox"/> Hypomania | <input type="checkbox"/> Any Dissociative Disorder | <input type="checkbox"/> Pyromania |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Any Psychotic Disorder | <input type="checkbox"/> Delirium |
| <input type="checkbox"/> Major Depression | <input type="checkbox"/> Any Organic Mental Disorder | <input type="checkbox"/> Paranoia |
46. No Yes Have you ever taken, or are you currently taking, any chemical substance for any of the disorders listed in question 45 above?
47. No Yes Have you ever been adjudicated or declared incompetent or been the subject of an incompetency proceeding?

Continued on next page

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R
S



1 LOR DUNN
40 N. ANN ST.
VENTURA, CA
93001

United States Postal Service
DELIVERY CONFIRMATION



U.S. POSTAGE
PAID
VENTURA, CA
93001
JAN 25, 02
AMOUNT

\$3.90
00062034-10

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99811

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DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

PART VI SWORN STATEMENT

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

Applicant Signature *Jaylor Dumas*

Date 1/22/02



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

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for the State of California this 25th day of January 2002, by

Notary Signature *[Signature]*

My commission expires: 12/03/04



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.

Associated with the UCLA School of Medicine

A Division of the Ventura County Health Care Agency

January 23, 2001

To Whom It May Concern:

On 1/4/02, I was one of the doctors named in a lawsuit. In 7/01, while assisting as a resident on a bilateral tubal ligation case, the patient suffered an operative complication requiring overnight hospitalization and a blood transfusion. She went home the next day, but had a complicated recovery course managed by the gynecology staff. The case is pending.

Further details and case developments supplied on request.

Sincerely,



Taylor Dunn, M.D.

Reviewed - no issue



4/11/02



ALASKA STATE MEDICAL BOARD

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

Office Use Only
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DIVISION OF
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JUNEAU

AUTHORIZATION FOR RELEASE OF RECORDS

TO WHOM IT MAY CONCERN:

I, TAYLOR MICHAEL DUNN, residing at
(Please print full name)
140 N. ANN ST, VENTURA, CA 93001, hereby authorize the Alaska
(Please print full address)

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.

Taylor Dunn MD
Signature of Applicant

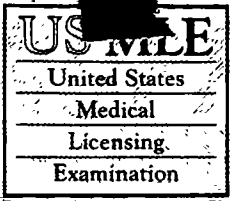
1/22/02
Date

805-652-0635
Home Phone Number

805-652-6100
Work Phone Number

3-9-68
Date of Birth

[REDACTED]
Social Security Number



United States Medical Licensing Examination™ (USMLE™) Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: 02/13/2002

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FEB 19 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

Alaska State Medical Board
ATTN: Joanie Stude
Dept of Consumer & Economic
Division of Occupational Licensing
PO Box 110806
Juneau, AK 99811-0806

Examinee: Dunn, Taylor Michael

USMLE ID#: 5-029-284-6

DOB: 03/09/1968

Alt Name(s):

Results for all Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Scores are reported on two scales. The recommended minimum passing score ("Passing") on each scale is shown in parentheses.

STEP1	Test Date	Pass/Fail	Three-Digit Score (Passing)	Two-Digit Score (Passing)	Comments
	6/10/1997	PASS	[REDACTED]	[REDACTED]	
STEP2	Test Date	Pass/Fail	Three-Digit Score (Passing)	Two-Digit Score (Passing)	Comments
	8/25/1998	PASS	[REDACTED]	[REDACTED]	
STEP3	Test Date	Pass/Fail	Three-Digit Score (Passing)	Two-Digit Score (Passing)	Comments
State Board	2/17/2000	PASS	[REDACTED]	[REDACTED]	
CALIFORNIA	2/17/2000	PASS	[REDACTED]	[REDACTED]	

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.

Patent 5636874

Temperature Patent #5,772,290

CDS

3.02.01

820966

Page: 1 of 1

065 TouchSafe®

Authenticity of USMLE Transcripts

An original, certified transcript of United States Medical Licensing Examination scores is printed using black ink on blue safety paper and is produced only by the Educational Commission for Foreign Medical Graduates, Federation of State Medical Boards, or National Board of Medical Examiners. The TamperSafe® Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of a USMLE transcript may result in appropriate legal action and/or a determination of irregular behavior, as described below.

To Test for Authenticity: Touch, rub or breathe on TouchSafe® Fingerprint and the word **VALID** will appear. When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photocopied, a security statement containing the words **UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT**, will appear prominently across the face of the entire document.

INTERPRETATION OF SCORES

USMLE transcripts include a complete score history and notations of any examinations for which the examinee sat and no scores were reported, such as "Incomplete" or "Indeterminate." Scores are reported on two different scales. For each Step, the mean and standard deviation of scores on the three-digit scale for the original anchor group of first-time examinees from medical schools in the United States was 200 and 20, respectively. Most scores fall between 145 and 260. An equivalent value score on a two-digit scale is also provided. A score of 75 on the two-digit scale is the recommended minimum passing score. The recommended minimum passing score on each scale is shown on the front of the transcript next to the examinee's score for each examination administration. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

Factors which influence an examinee's score include the examinee's general understanding of the subject matter being tested and the specific set of test items used for an administration. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM for a USMLE score is usually in the range of 4 to 8 score points on the three-digit scale and 1 to 2 score points on the two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each "Comment" is provided below:

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

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

Irregular Behavior - The Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

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

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The "Note" will appear at the end of the document.

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

The Board Action Data Bank of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the Bank, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Board Action Data Bank are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a "Note".

The University of Washington

To all to whom these Letters shall come, Greeting:

The Regents of the University on recommendation of the Faculty of the School of Medicine
and by virtue of the Authority vested in Them by Law have this day admitted

"I certify this to be a true copy of the diploma for Taylor Michael Dunn, M.D., who received the M.D. degree from the University of Washington School of Medicine on June 11, 1999."

Taylor Michael Dunn

to the degree of

Doctor of Medicine

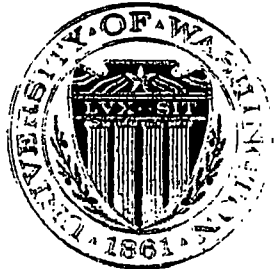
Trudy L. Furberry
Trudy L. Furberry, Certifying Officer

6/16/00
DATE

and have granted all the Rights, Privileges and Honors thereto pertaining

S E A L

Given at Seattle, in the State of Washington, this eleventh day of June, one thousand nine hundred and ninety-nine and of the University the one hundred and thirty-ninth.



Richard L. McCormick
President of the University

C. J. Zucker
President of the Board of Regents

Paul G. Ramsey
Dean, School of Medicine

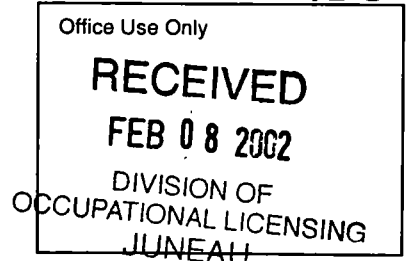
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JAN 31 2002
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU



ALASKA STATE MEDICAL BOARD

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

MD/DO



RECEIVED
FEB 01 2002

REGISTRATION SCHEDULING

VERIFICATION OF MEDICAL/OSTEOPATHIC SCHOOL EDUCATION

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

NAME (Last, First, Middle) DUNN, TAYLOR, MICHAEL Date of Birth (MM-DD-YYYY) 03-09-16 1968 Social Security Number [REDACTED]

ADDRESS 140 N. ANN ST CITY VENTURA STATE CA ZIP CODE 93001

SIGNATURE Taylor Dunn MD DATE SIGNED 1/22/02

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

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

Full Medical School Name University of Washington School of Medicine

Location 1959 NE Pacific St., Box 356340 Seattle, WA 98195-6340

Exact Date on School Diploma June 11, 1999

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

No Yes

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

Signed Trudy L. Furberry
Printed Name Trudy L. Furberry

(SEAL, If Applicable)

Title Certifying Officer

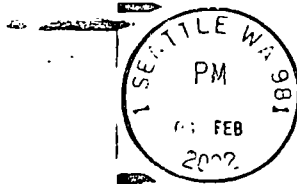
Date 2/4/02

VCMC



**Ventura County
Medical Center**

3291 Loma Vista Road, Ventura, CA 93003



ALASKA STATE MEDICAL BOARD
P.O. Box 110806
JUNEAU, AK
99811-0806

99811-0806



REGISTRATION & SCHEDULING
OFFICE OF THE DEAN
SCHOOL OF MEDICINE
BOX 356340
UNIVERSITY OF WASHINGTON
SEATTLE, WA. 98195



Associated with the UCLA School of Medicine

A Division of the Ventura County Health Care Agency

RECEIVED
MAR 20 2002
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

**MEDICAL EDUCATION
FAMILY PRACTICE RESIDENCY**

March 14, 2002

State of Alaska
Department of Community and Economic Development
Division of Occupational Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806

Attention: Sher Zinn, Licensing Examiner
State Medical Board

RE: Taylor M. Dunn, M.D

Dear Sher Zinn:

This is to verify residency training for Dr. Taylor Dunn at the Ventura County Medical Center Family Practice Residency Program. Dr. Dunn completed his internship from July 1, 1999 through June 30, 2000. Dr. Dunn will complete his Family Practice Residency Training on June 30, 2002.

Dr. Dunn is a bright, highly capable, compassionate and committed physician. I feel very comfortable in providing this professional reference for Dr. Dunn and highly recommend him to you. If I can be of further assistance, please feel free to contact me at (805) 652-6228.

Sincerely,

Lanyard K. Dial, M.D.
Director, Family Practice Residency Program
Ventura County Medical Center

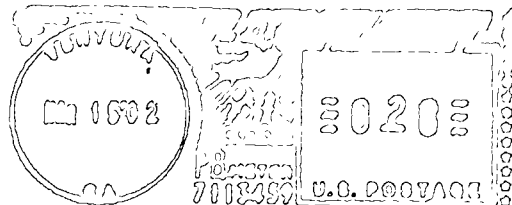
VCMC



**Ventura County
Medical Center**

3291 Loma Vista Road, Ventura, CA 93003

PERSONAL
FIRST CLASS



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

99811+0806





ALASKA STATE MEDICAL BOARD

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

PGY

Office Use Only
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JAN 30 2002
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

VERIFICATION OF POSTGRADUATE TRAINING

INSTRUCTIONS TO THE APPLICANT:

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

Full Name (Last, First, Middle)		Maiden or Other Names Used:	Date of Birth (MM/DD/YYYY)
DUNN, TAYLOR, MICHAEL			03/09/1968
Mailing Address (Street)		Place of Birth	
140 N. ANN ST.		MISSOULA, MT USA	
City/State/Zip		Social Security Number	
VENTURA CA 93001		[REDACTED]	
Medical/Osteopathic School (Name and Location)	Year of Graduation	ECFMG No., If International Graduate	
UNIV. OF WASHINGTON, SOM	1999		

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

POSTGRADUATE TRAINING PROGRAM

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

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

Name of Postgraduate Program VENTURA FAMILY PRACTICE RESIDENCY

Exact Dates of Training 7/1/99 - 6/30/02

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

Signature

1/23/02
Date

(SEAL, If Applicable)

LANYARD K. DIAL, MD
Printed Name

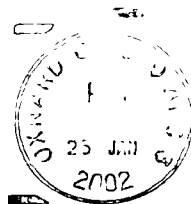
PROGRAM DIRECTOR
Title

VCMC



Ventura County
Medical Center

3291 Loma Vista Road, Ventura, CA 93003



ALASKA STATE MEDICAL BOARD
P.O. Box 110806
JUNEAU, AK
99811-0806

33811+0806





MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM
1426 HOWE AVE, SUITE 56
SACRAMENTO CA 95825-3236
TELEPHONE: (916) 263-2382
FAX: (916) 263-2944

www.medbd.ca.gov



RECEIVED

FEB 20 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

February 14, 2002

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

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:	TAYLOR MICHAEL DUNN
License No.:	A 73208
Issued:	October 5, 2000
Exam Type:	A written examination
Expiration Date:	March 31, 2002
Status:	Renewed/current

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

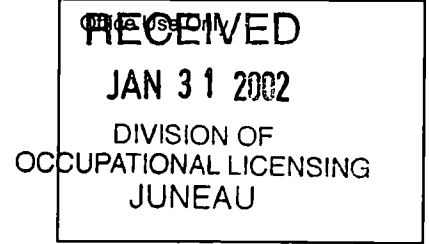
Lucinda James
Acting Chief, Division of Licensing

SEAL



ALASKA STATE MEDICAL BOARD

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



LIST OF HOSPITALS WHERE PRIVILEGED

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

HOSPITAL	MAILING ADDRESS	WHEN PRIVILEGED (MM/YYYY)	
		From	To
2/2/02 VENTURA COUNTY MEDICAL CENTER	3291 Loma Vista Rd.	01/2002	
	VENTURA, CA 93001		PRESENT.
		From	
		To	
		From	
		To	
		From	
		To	
		From	
		To	

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

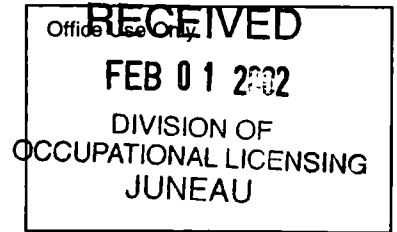
Signature *Jayson Durrin MD*
 Date 1/22/02

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



ALASKA STATE MEDICAL BOARD

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



VERIFICATION OF HOSPITAL PRIVILEGES

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

Full Name (Last, First, Middle)	Maiden or Other Names Used:	Date of Birth (MM/DD/YYYY)
DUNN, TAYLOR, MICHAEL		03/09/1968
Mailing Address (Street)	Place of Birth	
140 N. ANN ST.	MISSOULA, MT USA	
City/State/Zip	Social Security Number	
VENTURA, CA 93001	[REDACTED]	
Signature of Applicant	Date of Signature	
<i>Michael Dunn MD.</i>	1/22/02	

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

Below to be completed by Hospital Staff Only.

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

- 1 Dates of Hospital Privileges: From 2/16/01 To present
- 2 Has your hospital ever taken any disciplinary action against this physician? No Yes
- 3 Is there any derogatory information on file regarding this physician? No Yes
- 4 Is there any reason you would not readmit this physician to your medical staff? No Yes

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

Name of Hospital: VCMC Medical Staff Office
 Mailing Address: 3291 Loma Vista Road
 City/State/Zip: Ventura, CA 93003

Signature: *Teri Hartman*
 Title: Medical Staff Credentials
 Telephone: (805) 652-6062

Printed Name: Teri Hartman
 Date: 1/23/02

VCMC

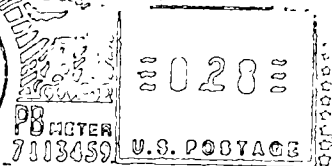


Ventura County
Medical Center

3291 Loma Vista Road, Ventura, CA 93003

**01/25/02OXNARD CA 930

VENTURA COUNTY
POST OFFICE



ALASKA STATE MEDICAL BOARD
Dept of Community & Economic Devel.
Division of Occupational Licensing
P.O. Box 110806
JUNEAU, AK

93811+0806





ALASKA STATE MEDICAL BOARD

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

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Office Use Only
JAN 31 2002
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

VERIFICATION OF STATUS OF DEA REGISTRATION

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

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

NAME OF PHYSICIAN--Last, First, Middle	DUNN, TAYLOR, MICHAEL
DATE OF BIRTH -- MM/DD/YYYY	03/09/1968
DEA REGISTRATION NUMBER	[REDACTED]
ADDRESS WHERE DEA REGISTERED	FAMILY CARE CENTER 3291 LOMA VISTA RD, VENTURA, CA 93001

Signature of Applicant Taylor Dunn MD Date 1/22/02

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

Below to be completed by DEA Staff Only.

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

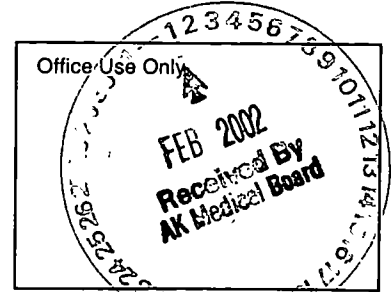
Comments: _____

For DEA Use Only
The files of this office contain no derogatory information relative to the above subject.
D.E.A. 1/28/02



ALASKA STATE MEDICAL BOARD

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



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FEB 07 2002

PHYSICIAN BOARD ACTION DATA BANK INQUIRY

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

INSTRUCTIONS TO THE APPLICANT:

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

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

Federation Place
400 Fuller Wiser Road
Eules TX 76039-3856
(817) 868-4000

Full Name (Last, First, Middle)		Maiden or Other Names Used:	Date of Birth (MM/DD/YYYY)
DUNN, TAYLOR, MICHAEL			03/09/1968
Mailing Address (Street)		Place of Birth	
140 N. ANN ST.		MISSOULA, MT USA	
City/State/Zip		Social Security Number	
VENTURA, CA 93001		[REDACTED]	
Medical/Osteopathic School (Name and Location)	Year of Graduation	If International Grad., ECFMG No.	
UNIV OF WASHINGTON, SOM	1999		

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

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

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

JAN 29 2002

Dale L. Austin
DALE L. AUSTIN
INTERIM CHIEF OPERATING OFFICER

AMA Physician Profile (continued)

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

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

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

2/14/02
Date

Taylor Quinn, MD
148 N. Ann St.
Ventura, CA 93001

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

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

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

1. Completed Application _____

2. Biographical Data Sheet _____ Authorization to release records form _____

3. Nonrefundable Application fee of \$250. We received \$ _____ Please remit remaining fee of \$ _____

4. The license fee is \$590, effective November 26, 2000. We received \$ _____ Please remit remaining fee of
\$ _____. Please note the full fee may be submitted now or just \$145 which will cover the issuance of a temporary
license. The remainder of the licensing fee may be submitted now or when the board approves your application.

2/19 5. Examination scores requested directly from: FLEX _____ NBME _____ USMLE
State of _____ Puerto Rico _____ LLMC _____ NBOME _____ NBPME _____

6. Certified true copy of your medical school diploma (notary public must state "true copy of original," sign and seal) or
transcript or original letter on letterhead

7. Certified true copy of ALL post-graduate training program certificates (notary public must state "true copy of original," sign
and seal) or original letter on letterhead from the program. If you graduated from medical school before January 1, 1995,
you must verify completion of one year of postgraduate training OR if you graduated from medical school on or after
January 1, 1995, you must verify completion of two years of postgraduate training. Foreign-trained graduates must
provide proof of three years of postgraduate training in the United States regardless of the year of graduation.

8. We have not received a response from: Medical school _____ Postgraduate years _____

2/20 9. Verification of license(s) in CA

10. Hospital privileges information needed from _____

2/15/02 11. AMA Profile, AOA Profile, DEA Clearance, Federation Clearance

Additional Comments: #7, please provide either a copy of first 2 years
of residency/internship certificates, or letter on letterhead
stating at least 2 complete years of residency in
copy of certificates
I have queried the National Practitioner Data Bank. No action is required by you at this time regarding this item.

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

Sher Zinn
Sher Zinn, Licensing Examiner
State Medical Board

RECEIVED



TAYLOR DUNN
517-98-1769

JW M...
MAR 11 2002
CANCUN
RESORT AND SPA
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

Ms ZINN

3/20/02

In regard to your note:

5. USMLE scores should be on their way to you.
7. Enclosed is the original letter confirming residency.
9. Letter of Good Standing from California license on the way.
11. AMA profile sheet submitted and should be coming.

Bld. Kukulcan 2a. Etapa Zona Hotelera

Km. 14.5 Lot 40A C.P. 7500 Cancun, Q. Roo México

Taylor
Tel: (9) 8489 600 Fax: (9) 8489 601

090 FORM 12

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

2/14/02
Date

RECEIVED

MAR 01 2002

DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

Taylor Quinn, MD
148 N. Ann St.
Ventura, CA 93001

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

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

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

1. Completed Application _____

2. Biographical Data Sheet _____ Authorization to release records form _____

3. Nonrefundable Application fee of \$250. We received \$ _____. Please remit remaining fee of \$ _____.

4. The license fee is \$590, effective November 26, 2000. We received \$ _____. Please remit remaining fee of \$ _____. Please note the full fee may be submitted now or just \$145 which will cover the issuance of a temporary license. The remainder of the licensing fee may be submitted now or when the board approves your application.

5. Examination scores requested directly from: FLEX _____ NBME _____ USMLE _____
State of _____ Puerto Rico _____ LLMC _____ NBOME _____ NBPME _____

6. Certified true copy of your medical school diploma (notary public must state "true copy of original," sign and seal) or transcript or original letter on letterhead

7. Certified true copy of ALL post-graduate training program certificates (notary public must state "true copy of original," sign and seal) or original letter on letterhead from the program. If you graduated from medical school before January 1, 1995, you must verify completion of one year of postgraduate training OR if you graduated from medical school on or after January 1, 1995, you must verify completion of two years of postgraduate training. Foreign-trained graduates must provide proof of three years of postgraduate training in the United States regardless of the year of graduation.

8. We have not received a response from: Medical school _____ Postgraduate years _____

9. Verification of license(s) in CA

10. Hospital privileges information needed from _____

11. AMA Profile, AOA Profile, DEA Clearance, Federation Clearance

Additional Comments: #7, please provide either a copy of first 2 years of residency/internship certificates or letter on letterhead stating at least 2 complete years of residency in CA or certificates
I have queried the National Practitioner Data Bank. No action is required by you at this time regarding this item.

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

Sher Zinn
Sher Zinn, Licensing Examiner
State Medical Board



Ventura County
Medical Center

RECEIVED
MAR 01 2002
DIVISION OF
OCCUPATIONAL LICENSING
JUNEAU

Associated with the UCLA School of Medicine

A Division of the Ventura County Health Care Agency

**MEDICAL EDUCATION
FAMILY PRACTICE RESIDENCY**

January 22, 2002

RE: Taylor Dunn, M.D.

To Whom It May Concern:

This is to verify residency training for Dr. Taylor Dunn at the Ventura County Medical Center Family Practice Residency Program. Dr. Dunn completed his internship from July 1, 1999 through June 30, 2000. Dr. Dunn will complete his Family Practice Residency Training on June 30, 2002.

Dr. Dunn is a bright, highly capable, compassionate and committed physician. I feel very comfortable in providing this professional reference for Dr. Dunn and highly recommend him to you. If I can be of further assistance, please feel free to contact me at (805) 652-6228.

Sincerely,

Lanyard K. Dial, M.D.
Director, Family Practice Residency Program
Ventura County Medical Center

TAYLOR DUNN

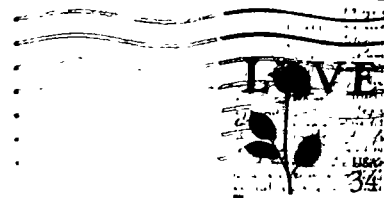
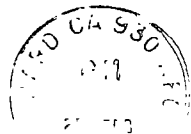
140 N. ANIN ST.
VENTURA, CA
93001

VCMC



Ventura County
Medical Center

3291 Loma Vista Road, Ventura, CA 93003



ALASKA DEPT. OF COMM & ECONOMIC DEVEL.
DIVISION OF OCCUPATIONAL LICENSING
P.O. Box 110806
JUNEAU, ALASKA

99811-0806



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

3/8/02
Date

Taylor Dunn, MD
140 N. Ann St.
Ventura, CA 93001

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

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

Your file is incomplete and the following must be received by 3/20/02 for your application to be
reviewed at the next board meeting, which is scheduled for 4/4/02. If your file becomes complete
before the meeting date, it will be forwarded to the Executive Administrator for consideration of a temporary permit.

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

Additional Comments: #7 The letter that is in lieu of the certificate needs to come directly from Ventura County Medical Center. Have them send a copy with original signature directly to me.

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

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

Sher Zinn
Sher Zinn, Licensing Examiner
State Medical Board

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

Date

Taylor Dunn, MD
140 N. Ann St.
Ventura, CA 93001

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

X Your file is complete and will be reviewed at the next board meeting which is scheduled for 8/1+2/02. In the meantime, a temporary permit will be issued upon approval by the board's Executive Administrator.

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

- _____ 1. Completed Application _____
- _____ 2. Biographical Data Sheet _____ Authorization to release records form
- _____ 3. Nonrefundable Application fee of \$250. We received \$ _____. Please remit remaining fee of \$ _____.
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Additional Comments: _____

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