



TARGET SHEET

Board: Medicine

Date Created:
02/17/2010

Licensee Full Name:
JENNEFER ALLYN RUSSO

License No:
MD439233

APPL

2760320

Regular Mailing Address

STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@state.pa.us

Courier Delivery Address

STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

M 0439233

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION
For Graduates of ACCREDITED Medical Schools (SCHOOLS IN THE U.S. AND CANADA)

Application Fee: \$35.00 not refundable. Make check payable to the "Commonwealth of Pennsylvania."
Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Please Print or Type

NAME: Russo Jennifer Allyn
Last First Middle

Permanent Address:

All correspondence
and the license will
be mailed to this
address unless the
Board is notified of a
change.

San Diego, CA 92104
Street City State Zip Code

Email address:

Date of Birth:

MM DD YYYY

Social Security Number:

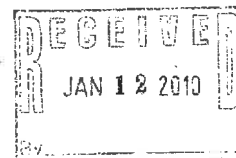
If your medical/licensure records are listed under another name or names list below:

Are you applying using credentials verification from FCVS? YES ☒ NO

Have you previously held a Pennsylvania graduate training license?

YES; My license number is ☒ NO**LIST MEDICAL SCHOOL(S) ATTENDED:**George Washington University**DATES OF ATTENDANCE:**From: 8/1997 to 5/2001
MM/YYYY MM/YYYYFrom: to
MM/YYYY MM/YYYYDate of Graduation: 05/20/2001
MM/DD/YYYY**Check licensing examination(s) passed:**

- () FLEX - indicate state where taken: Date taken: Component 1 Component 2
() NATIONAL BOARD - PART I PART II PART III
(x) USMLE - STEP 1 STEP 2 STEP 3
() LMCC - Canadian
() STATE BOARD - indicate state where taken:



ACGME Post Graduate Training:

PGY1 Hospital: Harbor - UCLA Medical CenterFrom: 7, 1, 2001 to: 6/30, 2002PGY2 Hospital: Harbor - UCLA Medical CenterFrom: 7, 1, 2002 to: 6/30, 2005

Answer the following questions. If "YES" is answered to #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	Yes	No
1) Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in another jurisdiction? If yes, list the jurisdiction(s) here: <u>California</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Have you been convicted, pleaded guilty or entered a plea of nolo contendere, or received probation without verdict, accelerated rehabilitative disposition (ARD) or received any other disposition (excluding acquittal or dismissal) of any criminal charges, felony or misdemeanor, including any DUI/DWI, drug law violations, or are there any criminal charges pending and unresolved in any state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7) Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8) Are you, or have you ever been, addicted to the imtemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9) Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number</u> , <u>filing date</u> , and the <u>date you were served</u> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SIGNED STATEMENT

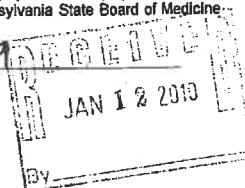
Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

Signature of Applicant

Date

12/27/2009



49-101 (REV. 02-09)
State Board of Medicine
P. O. BOX 2649
HARRISBURG, PA 17105-2649

Certification of Moral Character

To be completed by two physicians who hold an unrestricted license in good standing in the United States or Canada and have known you for at least six months. ORIGINAL SIGNATURES ARE REQUIRED.

Name of Applicant: Jennifer Russo

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 7 year(s) 4 month(s).

SIGNATURE: [Redacted Signature] Date: 12/27/09

Print or type name as signed above: JENNIFER G. SHAW

State in which licensed: CA License Number: A88810

Name of Applicant: Jennifer Russo

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

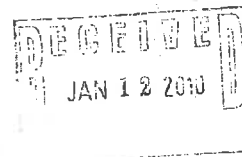
I have been personally acquainted with the applicant for 4 year(s) 2 month(s).

SIGNATURE: [Redacted Signature] Date: 12/29/09

Print or type name as signed above: KARL L. EVELYN, MD

State in which licensed: CALIF. License Number: G33860

Return Completed Form to Applicant



RECEIVED DIRECT

BL-MD

49-101 (REV. 02-09)

Regular Mailing Address

STATE BOARD OF MEDICINE

P.O. BOX 2649

HARRISBURG, PA 17105-2649

717-783-1400/717-787-2381

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STATE BOARD OF MEDICINE

2601 NORTH THIRD STREET

HARRISBURG, PA 17110

**VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING
Accredited Medical School Graduates**

NAME: PUGSO JENNETTE ALYN
Last First Middle

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty.
3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

This Section to be completed by the program director at the hospital where the graduate training occurred.

If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: Harbor-UCLA medical Center

NAME OF SPONSORING INSTITUTION: _____

LOCATED IN: Torrance California
City State

1st Year from 06/24/2001 To 06/23/2002 Specialty OB/GYN Level (PGY) 1
2nd Year from 07/01/2002 To 06/30/2003 Specialty OB/GYN Level (PGY) 2

"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified."

The hospital has no seal or stamp to affix to this document. Therefore, I will have this form notarized to verify that this form was completed by this hospital.

Program Director's Signature: _____

Date: 1/16/10

[Seal of Hospital]

[notary seal]

Notary's Signature: _____

Notary's Commission expires on: _____

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE.

209774

49-101 (REV. 02-09)
State Board of Medicine
717-783-1400
717-787-2381

RECEIVED DIRECT

VERIFICATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools

SECTION 1: To be completed by applicant:

Name: RUSO JENNEFER ALLYN
Last First Middle
Name of medical school: George Washington University
Location: Washington, DC

SUBMIT THE VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND REQUEST YOUR SCHOOL TO RETURN THE COMPLETED FORM DIRECTLY TO THE BOARD IN AN OFFICIAL SCHOOL ENVELOPE.

SECTION 2: To be completed by Dean or Registrar of medical school:

Name of medical student: Jennifer Allyn Russo

Date student began to attend this medical school: 08-20-1997
MM/DD/YYYY

Date of graduation: 05-20-2001
MM/DD/YYYY

I certify that all of the above information is correct.

[Seal of School]

Signature of Dean or Registrar:

[Signature]

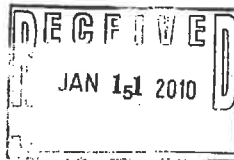
Date: JAN 07 2010

Kyle Dirkes
Exec. Coordinator for Student Services & Registrar
The George Washington University
School of Medicine and Health Sciences

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.

DO NOT RETURN TO APPLICANT

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649



Courier Delivery Address
State Board of Medicine
2601 North Third Street
Harrisburg, PA 17110

209779



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

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, PO Box 619850, Dallas, TX 75261-9850 -- Telephone (817) 868-4041

Date: 01/07/2010

Recipient:

Pennsylvania State Board of Medicine
ATTN: Tammy Radel
2601 N Third Street
Harrisburg, PA 17110

RECEIVED DIRECT

Examinee: Russo, Jennefer Allyn
Alt Name(s):

Examinee ID#: S-050-267-3
Date of Birth: [REDACTED]

Results for 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. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/18/1999	Pass	218	179	87	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
09/29/2000	Pass	223	174	88	75	

USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
CALIFORNIA 06/17/2002	Pass	227	182	92	75	

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

RECEIVED
JAN 08 2010
PV

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

CDS

v051221

21780138

Page 1 of 2

B2 MD

FEB 16 2010

Jennefer Allyn Russo, MD
Obstetrics and Gynecology

Personal Information

Address:

San Diego, CA 92104

Phone:

cell
home
pager

Email:

DOB:

Professional Work History

Planned Parenthood of San Diego

Dec 2008-current

Per diem Abortion Provider

- Provide medical abortion to 9 weeks and surgical abortion up to 14 weeks gestation. Cover surgical services on-call.

Family Health Centers of San Diego

Sept 2005-current

Staff Obstetrician/ Gynecologist

San Diego, CA

- Staff office hours, labor and delivery, gynecological surgery and outpatient procedures in a community clinic and three local hospitals, primarily for uninsured patients.

Vacation July 2005-August 2005

Program Coordinator/Developer

Oct 1994- May 1997

Youth Speak Peer HIV Prevention Program

Northern Virginia AIDS Ministry

Alexandria, Virginia

- Sought funding for, created, and oversaw a peer sexuality education program for young people in the DC metropolitan area. Trained students at ten schools to perform workshops on HIV/AIDS and safer sex.

Abortion Counselor

July 1994- Oct 1994

Washington Surgi-Clinic

Washington, DC

- Counseled patients prior to abortion procedures and assisted with procedures and aftercare. Provided phone support.

Medical Training

Administrative Chief Resident

July 2004-June 2005

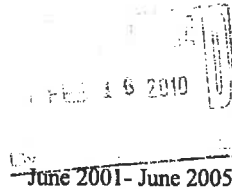
Harbor UCLA Medical Center

Department of Obstetrics and Gynecology

Torrance, CA

Residency

Harbor UCLA Medical Center
Department of Obstetrics and Gynecology
Torrance, CA



Education

Doctor of Medicine

George Washington University
Washington, DC

Aug 1997- May 2001

Undergraduate Degree

Cornell University
Ithaca, NY
Bachelor of Science with Honors

Aug 1990- May 1994

Licensure

Board Certified in Obstetrics and Gynecology
California License #A82067
DEA #BR8225799

2008-current
2003-current
2003-current

Hospital Affiliations

Scripps Mercy Hospital, San Diego, CA
Sharp Grossmont Hospital, San Diego, CA
Sharp Coronado Hospital, San Diego, CA

Publications

Nelson, Anita and Russo, Jennefer. "Behavioral Methods of Contraception."
Handbook of Contraception: A Guide for Practical Management, Donna Shoupe
and Siri Kjos: Humana Press, 2006. p 179.

Research

Co-investigator, "Efficacy, safety, and acceptability of vaginally administered
misoprostol for IUD insertion." 2004-2005.

Co-Investigator, "Randomized controlled trial of oral contraceptives in the treatment of
acute dysfunctional uterine bleeding." 2001-2005.

Case studies and comparison of three peer sexuality education programs in the United States and Great Britain: What can we learn from each other? Honors Thesis, Cornell University. 1994.

Lectures

Today's Contraceptive Options	December 2008
• UCSD Medical Students for Choice	
Women's Healthy Hour Seminar: Weight Management for Women	April 2008
• Grossmont Hospital	

Service

Professional

Chair, Mercy Hospital Obstetrics and Gynecology Quality Review	2008-current
Member, Mercy Hospital Ob/Gyn Supervisory Committee	2006-current
Chair, FHC Obstetrics and Gynecology Protocol Development	2006-current
Member, Grossmont Hospital Ob/Gyn Supervisory Committee	2006-current

Medical School and Residency

National Health Service Scholar	1997-current
Volunteer, Ak'Tenamit Health Clinic, Guatemala	2001
Union Representative, JCIR	2001-2003
Chair, George Washington University Medical Students for Choice	1998-2001
Chair, George Washington University Lesbian, Gay, Bisexual People in Medicine	2000
Volunteer, Washington Free Clinic	1999-2000

Honors and Awards

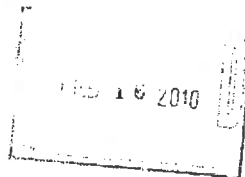
Fellow of the American College of Obstetrics and Gynecology	2009
Best Teaching Resident, Berlex Laboratories	2003
G.M. Volunteer Spirit Award, Cornell University	1994
Western Societies Summer Scholar, Cornell University	1993

Membership in Professional Organizations

American College of Obstetrics and Gynecology	2001-current
Association of Reproductive Health Professionals	2008-current

Languages

English, Spanish (fluent)



BLMMO

Jennefer Allyn ~~Russo~~ MD
Obstetrics and Gynecology

Personal Information

Address: [REDACTED]
San Diego, CA 92104

Email: [REDACTED]

Phone: [REDACTED] cell
[REDACTED] home
[REDACTED] pager

DOB: [REDACTED]

Professional Work History

Planned Parenthood of San Diego

Dec 2008-current ⁴

Per diem Abortion Provider

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Sept 2005-current ²

Staff Obstetrician/ Gynecologist
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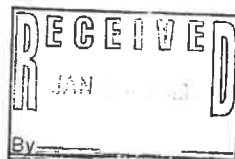
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Department of Obstetrics and Gynecology
Torrance, CA





Residency
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Department of Obstetrics and Gynecology
Torrance, CA

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DEA #BR8225799

2008-current
2003-current
2003-current

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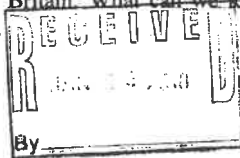
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Lectures

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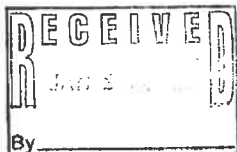
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Obstetrics and Gynecology

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Torrance, CA

JAN 12 2010

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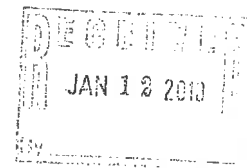
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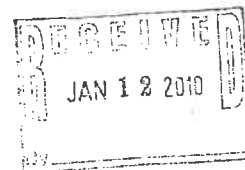
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National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

5500000059959825
Process Date: 01/25/2010
Page: 1 of 1

SELF-QUERY RESPONSE

This self-query was processed under the provisions of:

☒ Title IV (NPDB)

☒ Section 1128E (HIPDB)

A. SEARCH RESULT (Based on the subject identification information provided, the reports found are listed below.)

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports		

B. SUBJECT IDENTIFICATION INFORMATION

Subject Name: **RUSSE, JENNEFER ALLYN**
Gender: **FEMALE**
Date of Birth: **[REDACTED]**
Other Name(s) Used:
Organization Name: **FAMILY HEALTH CENTERS OF SAN DIEGO**
Organization Type: **MEDICAL GROUP/PRACTICE (365)**
Home or Work Address: **[REDACTED]**
City, State, ZIP: **SAN DIEGO, CA 92104**
Telephone: **[REDACTED]**
Social Security Numbers (SSN):
Individual Taxpayer Identification Numbers (ITIN):
Professional School(s) & Year of Graduation: **GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE (2001)**
Occupation/Field of Licensure (Code): **PHYSICIAN (MD) (010)**
State License Number, State of Licensure: **A82067, CA**
Specialty: **OBSTETRICS & GYNECOLOGY (50)**
Drug Enforcement Administration (DEA) Numbers: **BR8225799**
National Provider Identifiers (NPI): **1023033081**
Federal Employer Identification Numbers (FEIN):
Unique Physician Identification Numbers (UPIN):

C. PAYMENT INFORMATION

Credit Card Number:	[REDACTED]	Expiration Date:	09/2012
Additional Paper Copies Requested:	0		
NPDB Charge:	\$8.00*	NPDB Bill Reference Number:	N22035527
HIPDB Charge:	\$8.00*	HIPDB Bill Reference Number:	H22035527
* Each charge will appear separately on your credit card statement.		Transaction Date:	01/25/2010

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended, and by Section 1128E of the Social Security Act. Information from the NPDB and HIPDB is confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB and/or HIPDB are permitted to share that information with anyone they choose.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

209774



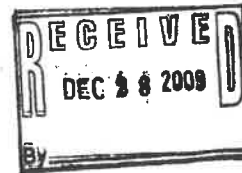
MEDICAL BOARD OF CALIFORNIA

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(916) 263-2382 FAX (916) 263-2844
www.mbc.ca.gov

RECEIVED DIRECT



December 27, 2009



TO WHOM IT MAY CONCERN:

This is to certify that on the date of this letter the records of the Medical Board of California (Board) indicate the following information:

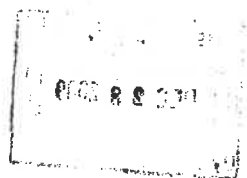
PHYSICIAN: JENNEFER ALLYN RUSSO
LICENSE NUMBER: A82067
ISSUED: February 26, 2003
EXAM TYPE: A Written Examination
EXPIRATION DATE: August 31, 2010
STATUS: RENEWED/CURRENT
BOARD DISCIPLINE: No

This license information was last updated on: 12/27/2009

Further public records pertaining to the above licensee may be available from the Board's Web site at www.mbc.ca.gov.

Deborah Pellegrini

DEBORAH PELLEGRINI
CHIEF OF LICENSING



The Federation of State Medical Boards
of the United States, Inc
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

February 17, 2010

Attn: Tammy Radel, Administrator
Pennsylvania State Board of Medicine
PO Box 2649
Harrisburg, PA 17105

Re: Board Action Query Dated: February 17, 2010
Your Reference Number: BLONG
FSMB Batch Number: BQ1723608

The following is a report of the search results from the Board Action Data Bank as of February 17, 2010 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of February 17, 2010

Item	Name	DOB	School	Yr/Grad	Request ID
1	RUSSO, JENNEFER			2001	21933870

LICENSE HISTORY
State Board
CALIFORNIA

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

The Federation of State Medical Boards
of the United States, Inc
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

January 13, 2010

Attn: Tammy Radel, Administrator
Pennsylvania State Board of Medicine
PO Box 2649
Harrisburg, PA 17105

Re: Board Action Query Dated: January 13, 2010
Your Reference Number: BLONG
FSMB Batch Number: BQ1710344

The following is a report of the search results from the Board Action Data Bank as of January 13, 2010 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of January 13, 2010

Item	Name	DOB	School	Yr/Grad	Request ID
2	RUSSO, JENNEFER	[REDACTED]		2001	21803749
		LICENSE HISTORY <u>State Board</u> CALIFORNIA			
1	TUASON, DOMINICK	[REDACTED]		2005	21803744
		LICENSE HISTORY <u>State Board</u> No License Information Available			

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2849
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dcs.state.pa.us/med

February 4, 2010

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

JENNEFER ALLYN RUSSO 9849

SAN DIEGO CA 92104

EVALUATOR: BRENDA

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

- Curriculum Vitae listing **ALL** periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

NEED LIST OF ACTIVITY FOR 7/05 - 8/05 IN MONTH/YEAR FORMAT. MAY FAX

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.**

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link [duplicate licenses/address changes/application status](#). First time users will be required to register and create a user ID and password. Your registration code to register is: DqdmUPUq

Sincerely,

Pennsylvania State Board of Medicine



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dcs.state.pa.us/med
January 26, 2010

JENNEFER ALLYN RUSSO 9849

SAN DIEGO CA 92104

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

EVALUATOR: BRENDA

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NEED LIST OF ACTIVITY FOR 7/05 - 8/05 IN MONTH/YEAR FORMAT. MAY FAX

- **BOTH** the National Practitioner Data Bank **AND** the Healthcare Integrity and Protection Data Bank self query disclosure information (www.npdb-hipdb.com) – **NPDB & HIPDB** reports are required. **Must provide original documents of both reports.**

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WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.**

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Sincerely,

Pennsylvania State Board of Medicine



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2849
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
January 15, 2010

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

JENNEFER ALLYN RUSSO 9849

SAN DIEGO CA. 92104

EVALUATOR: BRENDA

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Dear Doctor:

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- Curriculum Vitae listing **ALL** periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

NEED TO RESUBMIT IN MONTH/YEAR FORMAT.

- **BOTH** the National Practitioner Data Bank **AND** the Healthcare Integrity and Protection Data Bank self query disclosure information (www.npdb-hipdb.com) – **NPDB & HIPDB** reports are required. **Must provide original documents of both reports.**

REC'D THE "INDIVIDUAL SELF QUERY". SENDING BACK WITH THIS LETTER. NEED NPDB/HIPDB REPORTS. FOLLOW THE HIGHLIGHTED DIRECTIONS TO RECEIVE THE REPORTS TO MAIL TO THE BOARD.

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
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Sincerely,

Pennsylvania State Board of Medicine



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
January 13, 2010

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

JENNEFER ALLYN RUSSO 9849

SAN DIEGO CA 92104

EVALUATOR: BRENDA

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

- ☒ Verification of ACGME Approved Graduate Medical Training must be received DIRECTLY from the Hospital(s) in official, sealed hospital envelope.
- Curriculum Vitae listing ALL periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

NEED TO RESUBMIT IN MONTH/YEAR FORMAT.

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WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.**

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user ID and password. Your registration code to register is: DqdmUPUq

Sincerely,

Pennsylvania State Board of Medicine



TARGET SHEET

Board: Medicine

Licensee Full Name:
JENNEFER ALLYN RUSSO

License No:
MD439233

2760320_LIC_2_11/07/2017

(01/2017)

STATE BOARD OF MEDICINE				
REACTIVATION or STATUS CHANGE APPLICATION PHYSICIAN AND SURGEON				
Send to: STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 www.dos.pa.gov/med or STATE BOARD OF MEDICINE 2601 North Third Street Harrisburg, PA 17110	Full Name	Last RUSSO	First JENNEFER	Middle ALLYN
	Address	[REDACTED]		
	Address	[REDACTED]		
	Address	City ORANGE	State CA	ZIP 92869
	Email:	[REDACTED]		
	License No.	MD439233	Telephone No.	[REDACTED]
For a name change, indicate new name below and attach an 8 1/2 x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree, legal document indicating retaking of a maiden name, etc.). New Name (Please Print): _____				

**LICENSES EXPIRE EVERY EVEN NUMBERED YEAR
REGARDLESS OF REINSTATEMENT DATE**

APPLICANTS MUST COMPLETE THE FOLLOWING:	
1.	Enclose a check or money order, in the amount of \$380.00, made payable to the "Commonwealth of Pennsylvania." If you have been practicing in Pennsylvania beyond the expiration date, include a late fee of \$5 per month or part of a month. FEES ARE NOT REFUNDABLE. Check or money order must be in "US funds." Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.
2.	Complete the legal questionnaire.
3.	If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.).
4.	Complete the Verification of Practice / Non-Practice form.
5.	AS APPLICABLE: Attach a current Curriculum Vitae listing <u>all</u> periods of employment or unemployment (i.e., child rearing, research, etc.) for at least the past 10 years. If your initial license in Pennsylvania was issued within the past 10 years, please provide activities from date of initial licensure to the present. <u>The list must be in chronological order, including the month and year, and indicate the state/territory in which the employment occurred.</u>
6.	AS APPLICABLE: Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. <u>When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. You should make a copy for your records.</u>
7.	AS APPLICABLE: Submit copies of your continuing medical education certificates/documentation. Continuing medical education requirements can be found at www.dos.pa.gov/med .
8.	ALL HEALTH-RELATED LICENSEES: Act 31 of 2014 requires that licensees complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements. Details can be found at www.dos.pa.gov . For a list of Board-approved providers, choose the "Act 31 Mandated Child Abuse Reporter Training" link. <u>Verification of completion must be sent electronically directly from the course provider. Please note that it may take 7-10 days for the provider to submit the records to the Board office.</u>

YOU MUST COMPLETE AND RETURN THIS PAGE OF THE APPLICATION

SEP 11 2017

(01/2017)

PLEASE NOTE: If this application is not completed within six months, updates of certain sections and/or supporting documents will be required.

You are hereby reminded that in order to practice in Pennsylvania, you must comply with the professional liability insurance requirements of your profession as required by law and/or regulation.

PLEASE NOTE

A reactivation/status change application for a Pennsylvania license/certification which has been inactive/expired/active-retired for four years or more will require a review by the full Board. Please note that the Board has the authority to place conditions on your return to practice in order to protect the health, safety and welfare of the public.

The Board may require applicants who have not actively practiced for four or more years and are requesting reactivation of an expired/inactive/active-retired license/certification to successfully complete a clinical skills evaluation and/or retraining program. This may delay the reactivation of your license until an approved skills evaluation and/or retraining program has been successfully completed.

ACTIVE STATUS – REQUESTING ACTIVE-RETIRED STATUS

- ☐ I am retired from practice but desire to keep my license active to treat immediate family members only. I understand that I am exempt from the medical professional liability insurance and continuing education requirements. (I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry clinical skills assessment as required by the Board.)

- Complete Sections A and B.
- Return your "Active" wall and wallet licenses.
- Submit a \$5 check or money order made payable to the "Commonwealth of Pennsylvania."

ACTIVE/RETIRED STATUS – REQUESTING ACTIVE STATUS

- ☐ I wish to reinstate my license to an active status. I have completed the continuing education requirements and will hold medical professional liability insurance while practicing in Pennsylvania.

- Complete Sections A, B and C.
- Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) for at least the past 10 years. If your initial license in Pennsylvania was issued within the past 10 years, please provide activities from date of initial licensure to the present. The list must be in chronological order, including the month and year, and indicate the state/territory in which the employment occurred.
- Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. You should make a copy for your records.
- Return your "Active-Retired" wall and wallet licenses.
- Submit copies of your continuing education certificates/documentation.
- Submit a \$5 check or money order made payable to the "Commonwealth of Pennsylvania."

ACTIVE STATUS – REQUESTING INACTIVE STATUS

- ☐ I do not wish to practice as a physician and surgeon in the Commonwealth of Pennsylvania and wish to place my license on an inactive status. (I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry clinical skills assessment as required by the Board.)

- Complete Sections A and B.
- Return your "Active" wall and wallet licenses.
- No fee is required.

EXPIRED/INACTIVE STATUS – REQUESTING ACTIVE STATUS

- ☒ I wish to reinstate my license to an active status. I have completed the continuing education requirements and will hold professional liability insurance.

- Complete Sections A, B and C.
- Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) for at least the past 10 years. If your initial license in Pennsylvania was issued within the past 10 years, please provide activities from date of initial licensure to the present. The list must be in chronological order, including the month and year, and indicate the state/territory in which the employment occurred.
- Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. You should make a copy for your records.
- Submit copies of your continuing education certificates/documentation.
- Act 31 of 2014 requires all licensees to complete 2 hours of Department of State approved continuing education in child abuse recognition and reporting requirements to reactivate a license.
- Submit a \$360 check or money order made payable to the "Commonwealth of Pennsylvania."
- If practicing in Pennsylvania after the license expired, in addition to \$360, submit \$5 per month, or part of a month, since the license expired.

EXPIRED/INACTIVE STATUS – REQUESTING ACTIVE-RETIRED STATUS

- ☐ I wish to reinstate my license to an active-retired status to treat immediate family members only. I understand that I am exempt from the medical professional liability insurance and continuing education requirements. (I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry clinical skills assessment as required by the Board.)

- Complete Sections A, B and C.
- Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) for at least the past 10 years. If your initial license in Pennsylvania was issued within the past 10 years, please provide activities from date of initial licensure to the present. The list must be in chronological order, including the month and year, and indicate the state/territory in which the employment occurred.
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YOU MUST COMPLETE AND RETURN THIS PAGE OF THE APPLICATION

(01/2017)

SECTION A - LEGAL QUESTIONS			
THE FOLLOWING LICENSE REACTIVATION QUESTIONS MUST BE ANSWERED. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as copies of relevant documents. Sign and date below.			
		Yes	No
1.	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice any health-related profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: <u>California, Physician</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	Have you had your DEA registration denied, revoked or restricted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.	Have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12.	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaint(s) that have been filed against you. If you previously reported the complaint(s) to the Board provide the docket number(s) _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECTION B - VERIFICATION OF INFORMATION			
I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit or registration.			
Full Name	Last RUSSO	First JENNEFER	Middle ALLYN
Social Security #	Date of Birth		
Name of University or School	GEORGE WASHINGTON UNIVERSITY		Year of Graduation 2001
Signature (Mandatory)	Date 9/6/17		

YOU MUST COMPLETE AND RETURN THIS PAGE OF THE APPLICATION

(01/2017)

SECTION A - LEGAL QUESTIONS			
THE FOLLOWING LICENSE REACTIVATION QUESTIONS MUST BE ANSWERED. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as copies of relevant documents. Sign and date below.			
		Yes	No
1.	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice any health-related profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: <u>California, Physician</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	Have you had your DEA registration denied, revoked or restricted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payer or another authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.	Have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12.	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . Submit a statement which includes complete details of the complaint(s) that have been filed against you. If you previously reported the complaint(s) to the Board provide the docket number(s) _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Full Name	Last RUSSO	First JENNEFER	Middle ALLYN
Social Security #	[REDACTED]		
Name of University or School	[REDACTED]		
Year of Graduation	2001		
Signature (Mandatory)	[REDACTED]		
Date	9/6/17		

YOU MUST COMPLETE AND RETURN THIS PAGE OF THE APPLICATION


(01/2017)

SECTION C - VERIFICATION OF PRACTICE/NON-PRACTICE**VERIFICATION OF PRACTICE / NON-PRACTICE******* Your reactivation cannot be processed unless this page is completed *****

Full Name	Last RUSSO	First JENNEFER	Middle ALLYN
License No.	MD439233		

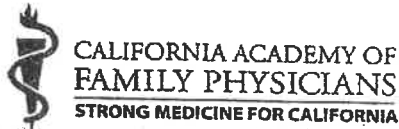
Be sure that you are familiar with the definition of your profession from the licensing law which pertains to the license you are reactivating. THEN, answer the following questions.		Yes	No
1.	Have you engaged in or practiced in your profession in Pennsylvania since your license lapsed or since you placed it on inactive status?		<input checked="" type="checkbox"/>
2.	Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status?		<input checked="" type="checkbox"/>

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit or registration.

Printed Name of Licensee	Last RUSSO	First JENNEFER	Middle ALLYN
Signature of Licensee			Date 9/6/17

YOU MUST COMPLETE AND RETURN THIS PAGE OF THE APPLICATION

SEP 11 2017



CHCF Health Care Leadership Program | Continuing Medical Education Certificate

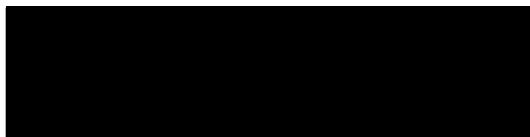
Name: Jennefer Russo, MD, MPH

Completed and is eligible for **19.5 AMA PRA Category 1 credits™** credits for completing Seminar 4 at the Citizen from February 8th-10th 2017.

The California Academy of Family Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The California Academy of Family Physicians also designates this educational activity for a maximum of **19.5 AMA PRA Category 1 Credit(s)™**.

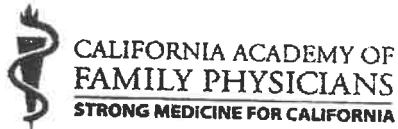
CAFP is also a California Bureau of Registered Nursing Provider; use #1809 for reporting.

Learners should only claim credit commensurate with the extent of their participation in the activity.



Carol Havens, MD, Co-Chair, CAFP Committee on Continuing Professional Development

Shelly B. Rodrigues, CAE, FACEHP, CAFP Deputy Executive Vice President



CHCF Health Care Leadership Program | Continuing Medical Education Certificate

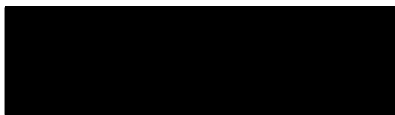
Name: Jennefer Russo, MD, MPH

Completed and is eligible for **23 AMA PRA Category 1 creditsTM** credits for completing Seminar 5 at the Westin LAX from April 26th-28th 2017.

The California Academy of Family Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The California Academy of Family Physicians also designates this educational activity for a maximum of **23 AMA PRA Category 1 Credit(s)TM**.

CAFP is also a California Bureau of Registered Nursing Provider; use #1809 for reporting.

Learners should only claim credit commensurate with the extent of their participation in the activity.



Carol Havens, MD, Co-Chair, CAFP Committee on Continuing Professional Development

Shelly B. Rodrigues, CAE, FACEHP, CAFP Deputy Executive Vice President



Baltimore, MD

Office of Continuing Medical Education

Certifies that:

Jennefer Russo

has completed the course:

Baby Friendly Hospital Training

March 27, 2017

This online activity has been planned and implemented in accordance with the Essentials and Standards of MedChi, the Maryland State Medical Society, through the joint providership of LifeBridge Health and Lactation Education Resources. LifeBridge Health is accredited by MedChi to provide continuing medical education for physicians and takes responsibility for the content, quality, and scientific integrity of this CME activity.

LifeBridge Health designates this educational activity for a maximum of 3 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Vergie I. Hughes, Program Director

Attested to by



Participant

SEP 11 2017

53COR61904

Transcripts

Jennifer A. Russo, MD, MPH

SSN: [REDACTED]

Credit Date	Title	Credit Type	Credit Units
Official Continuing Education			
05/07/2017	Fellowship in Family Planning Annual Meeting	AMA1	10.00
10/30/2013	Fellowship in Family Planning Communications Workshop	AMA1	14.00
05/05/2013	Fellowship in Family Planning Annual Meeting	AMA1	8.00
09/11/2012	Fellowship in Family Planning Communications Workshop	AMA1	14.50
05/06/2012	Fellowship in Family Planning Annual Meeting	AMA1	19.50
05/01/2011	Fellowship in Family Planning Annual Meeting	AMA1	17.00
03/19/2011	Fellowship in Family Planning Psychosocial Issues in Abortion Care Workshop	AMA1	11.50
Official Totals			
AMA1			94.50

The registrar of this organization certifies the above continuing education attendance record.

Self-Reported Continuing Education

Self-Reported Totals

nodata

SEP 11 2017

NORTH AMERICAN
FORUM
ON
FAMILY PLANNING

Jennefer Russo, MD

has participated in the
2016 North American Forum on Family Planning/
PPFA National Medical Committee Meeting
November 3-7 in Denver, Colorado

and is awarded 17.25 hours of AMA PRA Category 1 Credit(s)[™]

November 19, 2016

The Association of Reproductive Health Professionals (ARHP) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. ARHP designates this live activity for a maximum of 22.00 AMA PRA Category 1 Credits[™]. Attendees should only claim credit commensurate with the extent of their participation in this activity.

Reagan McDonald-Mosley, MD, MPH
Chief Medical Officer
Planned Parenthood Federation
of America, Inc.



Susan Higginbotham, MEd
Executive Director
Society of Family Planning



Wayne C. Shields
President
Association of Reproductive
Health Professionals



SEP 11 2017



The University of California, Irvine School of Medicine certifies that

Jennefer Russo, MD

has participated in the live activity titled

**University of California, Irvine School of Medicine
Department of Obstetrics and Gynecology Grand Rounds**

at

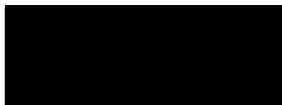
Orange, California

from

January 1, 2016 – December 31, 2016

and is awarded 10 AMA PRA Category 1 Credits™.

*The University of California, Irvine School of Medicine is accredited by
the Accreditation Council for Continuing Medical Education
to provide continuing medical education for physicians.*



Sherif A. Rezk, MD
*Chair, CME Committee
Vice Chair of Clinical Affairs, Chief Laboratory Medicine
Associate Director, Hematopathology*

SEP 11 2017



The University of California, Irvine School of Medicine certifies that

Jennefer Russo, MD

has participated in the live activity titled

**27th Annual Philip J. DiSaia Society OBGYN Symposium
and 34th Annual Residents Paper Day**

at

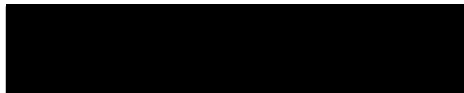
Orange, California

on

April 29, 2016

and is awarded 7.5 AMA PRA Category 1 Credits™.

*The University of California, Irvine School of Medicine is accredited by
the Accreditation Council for Continuing Medical Education to
provide continuing medical education for physicians.*



Samuel Eric Wilson, MD, FACS
Professor of Surgery
Vice Chair, CME Committee

SEP 11 2017

— NORTH AMERICAN —
FORUM
— ON —
FAMILY PLANNING


Jen Russo, MD, MPH

has participated in the
2015 North American Forum on Family Planning/
PPFA National Medical Conference
November 11–16 in Chicago, Illinois

and is awarded 19 hours of AMA PRA Category 1 Credit(s)[™]

November 27, 2015


The Association of Reproductive Health Professionals (ARHP) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. ARHP designates this live activity for a maximum of 42 AMA PRA Category 1 Credits[™]. Attendees should only claim credit commensurate with the extent of their participation in this activity.


Reagan McDonald-Mosley, MD, MPH
Chief Medical Officer
Planned Parenthood Federation
of America, Inc




Susan Higginbotham, MEd
Executive Director
Society of Family Planning




Wayne C. Shields
President
Association of Reproductive
Health Professionals



SEP 11 2017



The JAMA Network

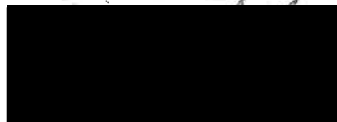
Continuing Medical Education Program
presents this certificate to

Jennefer Russo

for successful completion of the Journal-Based CME Activity:

**Strategies for Flipping the Script on Opioid Overprescribing
(2016)**

Date of course: Friday, October 27, 2017



Howard Bauchner, MD
Editor-in-Chief, The JAMA Network

The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Medical Association designates this journal-based CME activity for a maximum of
1 AMA PRA Category 1 Credit™.

Physicians who complete the CME course and score at least 80% correct on the quiz are
awarded 1 AMA PRA Category 1 Credit™.

[Click here to view the American Board of Medical Specialties
\("ABMS"\) Maintenance of Certification \("MOC"\) Approval Statement.](#)



The JAMA Network

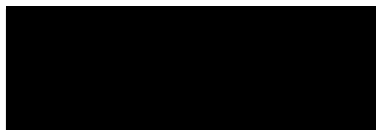
Continuing Medical Education Program
presents this certificate to

Jennefer Russo

for successful completion of the Journal-Based CME Activity:

**Postoperative Multimodal Analgesia Pain Management
With Nonopioid Analgesics and Techniques: A Review
(2017)**

Date of course: Friday, October 27, 2017



Howard Bauchner, MD
Editor-in-Chief, The JAMA Network

The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Medical Association designates this journal-based CME activity for a maximum of 1 AMA PRA Category 1 Credit™.

Physicians who complete the CME course and score at least 80% correct on the quiz are awarded 1 AMA PRA Category 1 Credit™.

[Click here to view the American Board of Medical Specialties \(ABMS\) Maintenance of Certification \(MOC\) Approval Statement](#)

Jennefer Allyn Russo, MD, MPH

Business address: Planned Parenthood of
Orange and San Bernardino Counties
700 S. Tustin St.
Orange, CA 92866

Cell phone: [REDACTED]

E-mail: [REDACTED]

Business phone: [REDACTED]

Fax: 714-633-6609

Home Address: [REDACTED]

Orange, CA 92869

Education and Training

Undergraduate:

Cornell University, Ithaca, New York
Bachelor of Science with Honors

8/1990-5/1994

Graduate:

George Washington University, Washington, DC
Doctor of Medicine

8/1997-5/2001

University of Pittsburgh, Pittsburgh, PA
Master in Public Health

7/2010-6/2012

Postgraduate:

Harbor-UCLA Medical Center, Torrance, CA
Obstetrics and Gynecology Resident
Administrative Chief Resident

6/2001-6/2005

6/2004-6/2005

University of Pittsburgh, Pittsburgh, PA
Fellow in Family Planning

7/2010-6/2012

Appointments and Positions

Medical Director, Planned Parenthood of Orange and
San Bernardino Counties, Orange, CA

7/2012-current

Health Sciences Assistant Clinical Professor,
University of California, Irvine Medical Center, Orange, CA

3/2013-current

Clinical Instructor, University of Pittsburgh, Pittsburgh, PA

6/2010-6/2012

SEP 11 2017

Jennefer A. Russo, MD, MPH

Department of Obstetrics, Gynecology, and Reproductive Sciences

Investigator, Center for Family Planning Research, Pittsburgh, PA 6/2010-6/2012

Contract Physician, Planned Parenthood of Western Pennsylvania
Pittsburgh, PA 7/2010-6/2012

Contract Physician, Planned Parenthood of the Pacific Southwest
San Diego, CA 6/2008-6/2010

Staff Obstetrician/ Gynecologist,
Family Health Centers of San Diego
San Diego, CA 9/2005-6/2010

Program Coordinator, Northern Virginia AIDS Ministry
Alexandria, VA 11/1994-6/1997

Certifications and Licensure

California Medical License	Exp 8/2018
DEA	Exp 4/2017
Board Certification in Obstetrics and Gynecology	Exp 12/2017
ACLS	Exp 5/2018

Membership in Professional and Scientific Societies

American College of Obstetricians and Gynecologists (ACOG)	2001-current
Association of Reproductive Health Professionals	2008-current
American College of Obstetricians and Gynecologists (Fellow)	2009-current
Society of Family Planning	2010-current
Orange County Medical Association	2012-current
National Abortion Federation	2010-2012

Honors and Awards

Best Teaching Resident, Berlex Laboratories	2003
G.M. Volunteer Spirit Award, Cornell University	1994
Western Societies Summer Scholar, Cornell University	1993

Publications

Peer-Reviewed Publications

1. Russo JA, Chen BA, Creinin MD. Primary care physician familiarity with U.S. medical eligibility for contraceptive use. *Fam Med* 2015 Jan;47(1):15-21.
2. Russo JA, Gil L, DePineres T. Controversies in family planning: Arteriovenous malformation. *Contraception* 2013; 88(3):326-9.
3. Russo JA, Parisi SM, Kukla K, Schwarz EB. Women's information-seeking behavior after receiving contraceptive versus noncontraceptive prescriptions. *Contraception* 2013;87(6):824-9.

May 4, 2017

SEP 11 2017

4. Baldwin MK, Chor J, Chen BA, Edelman AB, Russo JA. Comparison of three dilation and evacuation technical skills models. *Journal of Graduate Medical Education* 2013; 5(4): 662-664.
5. Russo JA, Miller, E, Gold, MA. Myths and misconceptions about long-acting reversible contraception (LARC). *Journal of Adolescent Health* 2013; 52; S14-S21.
6. Russo JA, Achilles S, Depinere T, Gil L. Controversies in family planning: postabortal pelvic inflammatory disease. *Contraception* 2013; 87(4): 497-503.
7. Gariepy AM, Chen BA, Hohmann HL, Achilles SL, Russo JA, Creinin MD. Transvaginal administration of intraamniotic digoxin prior to dilation and evacuation. *Contraception* 2013; 87(1): 76-80.
8. Russo JA, Schumacher KL, Creinin MD. Antiabortion violence in the United States. *Contraception* 2012; 86(5): 562-6.
9. Russo JA, DePineres T, Gil L. Controversies in family planning: retained products of conception. *Contraception* 2012; 86(5):438-42.
10. Russo JA and Creinin MD. Ulipristal acetate for emergency contraception. *Drugs of Today* 2010; 46(9), 655-60.

Abstracts

1. McNamara B, Russo J, Jacobson J, Kerns J. Patient experiences with digoxin injection before D&E: A qualitative study. North American Forum on Family Planning 2016, the Annual Meeting of the Society of Family Planning, November 5-7, 2016.
2. Lovell S, Bangarusamy P, Russo JA. Post-abortion LARC retention in surgical abortion patients. North American Forum on Family Planning 2015, the Annual Meeting of the Society of Family Planning, November 14-16, 2015.
3. Russo J, Chen B, Creinin M. Use of the CDC US Medical Eligibility Criteria for Contraceptive Use among primary care physicians. North American Forum on Family Planning 2012, the Annual Meeting of the Society of Family Planning, October 27-30, 2012.
4. Gariepy A, Chen B, Hohmann H, Achilles SA, Russo J, Creinin M. Reluctance to receive optional feticidal digoxin. The North American Forum on Family Planning 2011, the Annual Meeting of the Society of Family Planning, October 21-24, 2011, poster presentation (*Contraception* 2011;84:313).
5. Russo JA, Parisi SM, Creinin MD, Schwarz EB. Sources of contraceptive information among primary care patients. The North American Forum on Family Planning 2011, the Annual Meeting of the Society of Family Planning, October 21-24, 2011, poster presentation (*Contraception* 2011;84:328).
6. Chor J, Russo J, Thompson H, Edelman A. Description of three dilation and evacuation technical skills models. Association of Professors of Gynecology and Obstetrics Annual Meeting, March 7-10, 2012.

Book chapters

1. Nelson, Anita and Russo, Jennefer. "Barrier Contraceptives." In Shoupe, D and Mishell, DR eds: *Handbook of Contraception: Current Clinical Practice*. Humana Press, 2015.
2. Russo, Jennefer and Nelson, Anita. "Contraception in Women with Medical

May 4, 2017

SEP 11 2017

Jennefer A. Russo, MD, MPH

4

- Conditions." In Shoupe, D and Mishell, DR eds: Handbook of Contraception: Current Clinical Practice. Humana Press, 2015.
3. Russo JA and Nelson AL. "Hirsutism and Acne". In: Shoupe, D. ed: Contraception. 1st Ed. West Sussex UK: Blackwell Publishing Ltd; 2011: 219-225.
 4. Nelson, Anita and Russo, Jennefer. "Behavioral Methods of Contraception." In Shoupe, D. and Kjos, S. eds: Handbook of Contraception: A Guide for Practical Management. Humana Press, 2006: 179.

Other Publications:

1. Russo, JA and Creinin, MD. Update: Contraception. *OBG Management* 2010; 22(8), 16-23.
2. Russo J. Mandated Ultrasound Prior to Abortion. *Virtual Mentor*. 2014; 16:240-244. <http://virtualmentor.ama-assn.org/2014/04/ecas1-1404.html>.

Teaching

Oral Presentations (previous 5 years)

1. Idiopathic disseminated intravascular coagulation during D&E. UC Irvine Medical Center, December 2016.
2. Future directions for research on abortion safety. Panel discussion moderator. North American Forum on Family Planning 2015, the Annual Meeting of the Society of Family Planning, November 14-16, 2015.
2. LARC Myths: Addressing myths and misconceptions about IUDs and implants. American College of Obstetrics and Gynecology webinar, April 2015.
3. Difficult cases, difficult choices. Medical Directors Council meeting, Orlando, Florida, February 2015.
4. Monthly PPOSBC webinars and biannual clinician meetings on a variety of family planning topics, including early pregnancy loss and oral contraceptive pharmacology, 2012-current.
5. Grand Rounds: The US Medical Eligibility Criteria for Contraceptive Use, UC Irvine Medical Center, September 2014
6. Grand Rounds: The US Medical Eligibility Criteria for Contraceptive Use, UCLA Medical Center, December 2012
7. LARC: An Overview, LARC Roundtable, American College of Obstetricians and Gynecologists, May 2012
8. Controversies: Retained Products of Conception, Fellowship in Family Planning Annual Meeting, May 2012

Service

Professional

Member, Planned Parenthood National Medical Committee	2014-current
Chairperson, Southern California Credentialing Committee	2014-current
Planned Parenthood Affiliates of Southern CA	
Member, Hoag Hospital Women's Health Advisory Committee	2014-current
Advisory Board Member, OC Women's Health Project	2016-current
Member, American College of Obstetrics and Gynecology	2013-current

May 4, 2017

SEP 11 2017

Jennefer A. Russo, MD, MPH

Committee on Underserved Women	
Attendee, American Congress of Obstetrics and Gynecology	2013
Congressional Leadership Conference	
Graduate, Physicians for Reproductive Health (PRH)	2012
Leadership Training Academy	
Family Planning Fellow, ACOG, Washington, DC	2012
Medical Consultant, Oriéntame, Bogotá, Colombia	2011
Chair, Mercy Hospital Obstetrics and Gynecology Quality Review	2008-2010
San Diego, CA	
Chair, FHC Obstetrics and Gynecology Protocol Development	2006-2010
San Diego, CA	

Medical School and Residency

Volunteer, Ak'Tenamit Health Clinic, Guatemala	2001
Union Representative, Joint Committee of Interns and Residents	2001-2003
Los Angeles, CA	
Chair, George Washington University, Lesbian, Gay, Bisexual People	2000
in Medicine, Washington, DC	
Volunteer, Washington Free Clinic, Washington, DC	1999-2000
Chair, George Washington University Medical Students for Choice	1998-2001
Washington, DC	
National Health Service Scholar, Washington, DC and San Diego, CA	1997-2010

Languages

English, Spanish (fluent)

May 4, 2017

SEP 11 2017

09/12/17
NATIONAL PRACTITIONER DATA BANK

NPDB

P.O. Box 10832,
Chantilly, VA 20153-0832

<https://www.npdb.hrsa.gov>

MD I
React

5500000125543668
Process Date: 09/08/2017
Page: 1 of 1

RUSSO, JENNEFER ALLYN - SELF-QUERY RESPONSE

SUBJECT IDENTIFICATION INFORMATION (Practitioner should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: RUSSO, JENNEFER ALLYN
Date of Birth: [REDACTED] **Gender:** FEMALE
Delivery Address: [REDACTED] NORTH RIDGEVILLE, OH 44039-8586
Social Security Number: [REDACTED] **DEA:** BR8225799
NPI: 1023033081
License: PHYSICIAN (MD), 82067, CA, OBSTETRICS & GYNECOLOGY
Professional School(s): GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE AND HEALTH SCIENCES (2001)

PAYMENT INFORMATION

Credit Card Information: [REDACTED]
NPDB Charge: \$4.00* **NPDB Bill Reference Number:** N54155760
* Each charge will appear separately on your credit card statement.
Transaction Date: 09/08/2017 **Additional Paper Copies Requested:** 0

SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 09/08/2017

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

----- **No Reports Found Based on the Subject Information Submitted** -----

SEP 21 2017

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

NATIONAL PRACTITIONER DATA BANK

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

<https://www.npdb.hrsa.gov>



5500000125543668

Process Date: 09/08/2017

Page: 1 of 1

To: RUSSO, JENNEFER ALLYN

[REDACTED]
NORTH RIDGEVILLE, OH 44039-8586

From: National Practitioner Data Bank
Re: Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Further, ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



September 8, 2017

Pennsylvania State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

Re: JENNEFER RUSSO, MD

To Whom It May Concern:

Enclosed is a Reactivation of Physician license application for Jennefer Russo, MD.

Also enclosed is a check for the renewal application fee of \$360.00. A copy of CV and CME's.

If you have any questions or need additional information, please contact me at the information listed below

Sincerely,

A handwritten signature in black ink, appearing to read "Louanne Obrzut". The signature is written in a cursive, flowing style.

Louanne Obrzut
Medical Staff Specialist III
STAT MedCare Solutions, LLC
Phone [REDACTED]
Fax # 440-406-8279
[REDACTED]

SEP 11 2017



Authorization to Release Information

I, JENNEFER RUSSO, MD have contracted with STAT MedCare Solutions, LLC to assist with the Medical Board licensure process. Louanne Obrzut shall be designated to obtain information regarding the licensure status of my application.

Please contact Louanne Obrzut at [REDACTED] or [REDACTED] with all questions or to obtain any information regarding my application.

Thank you.

[REDACTED]
JENNEFER RUSSO, MD

8/18/17
Date

9363 VICTORIA LN
NORTH RIDGEVILLE, OH 44039
O: [REDACTED] E: 440-657-5695
Email: [REDACTED]

SEP 11 2017

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date: 11/7/2017

PRACTITIONER INFORMATION

Name: Russo, Jennefer Allyn
 DOB: [REDACTED]
 Medical School: George Washington University School of Medicine and Health Sciences
 Washington, District Of Columbia, UNITED STATES
 Year of Grad: 2001
 Degree Type: MD
 NPI: 1023033081

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CALIFORNIA	A-82067	2/26/2003	8/31/2018	11/2/2017
PENNSYLVANIA	MD439233	2/17/2010	12/31/2012	8/9/2013

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date: 11/7/2017
Practitioner Name: Russo, Jennefer Allyn

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Obstetrics and Gynecology
Certification Type: General
Certification Status: Certified
Meeting MOC Requirements: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2016	12/31/2017		Recertification	10/27/2017
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	10/27/2017
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	10/27/2017
Expired	Time Limited	12/31/2013	12/31/2014		Recertification	10/27/2017
Expired	Time Limited	11/08/2007	12/31/2013		Initial	10/27/2017

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400 FULLER WISER ROAD EULESS, TX 76039 | TEL (817) 868 4000 | FAX (817) 868 4099

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date: 10/5/2017

PRACTITIONER INFORMATION

Name: Russo, Jennefer Allyn
DOB: [REDACTED]
Medical School: George Washington University School of Medicine and Health Sciences
Washington, District Of Columbia, UNITED STATES
Year of Grad: 2001
Degree Type: MD
NPI: 1023033081

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CALIFORNIA	A-82067	2/26/2003	8/31/2018	9/27/2017
PENNSYLVANIA	MD439233	2/17/2010	12/31/2012	8/9/2013

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date: 10/5/2017
Practitioner Name: Russo, Jennefer Allyn

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Expired	Time Limited	12/31/2014	12/31/2015		Recertification	10/2/2017
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Page 2 of 2



The JAMA Network

Continuing Medical Education Program
presents this certificate to

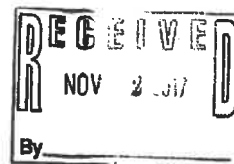
Jennefer Russo

for successful completion of the Journal-Based CME Activity:

**Postoperative Multimodal Analgesia Pain Management
With Nonopioid Analgesics and Techniques: A Review
(2017)**

Date of course: Friday, October 27, 2017

Howard Bauchner, MD
Editor-in-Chief, The JAMA Network



The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Medical Association designates this journal-based CME activity for a maximum of
1 AMA PRA Category 1 Credit™.

Physicians who complete the CME course and score at least 80% correct on the quiz are
awarded 1 AMA PRA Category 1 Credit™.

[Click here](#) to view the American Board of Medical Specialties
("ABMS") Maintenance of Certification ("MOC") Approval Statement



The JAMA Network

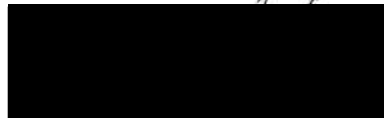
Continuing Medical Education Program
presents this certificate to

Jennefer Russo

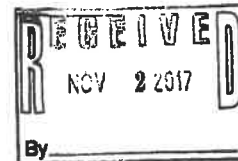
for successful completion of the Journal-Based CME Activity:

**Strategies for Flipping the Script on Opioid Overprescribing
(2016)**

Date of course: Friday, October 27, 2017



Howard Bauchner, MD
Editor-in-Chief, The JAMA Network



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COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@ps.gov
www.dos.pa.gov/med
October 5, 2017

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

JENNEFER ALLYN RUSSO 9849
[REDACTED]
ORANGE CA 92869

EVALUATOR: MARY ext 1707

RE: DISCREPANCY NOTICE – Status Change/Reactivation Application - Physician

Dear Doctor:

The Board has received your status change/reactivation application. The items listed below are needed to complete your application. Your license cannot be changed/reactivated until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until your license has been reinstated by the Board.**

- Per Act 31 of 2014, two (2) hours of Board approved continuing education in child abuse recognition and reporting requirements must be completed prior to your license being reinstated. Details can be found at www.dos.pa.gov. For a list of Board-approved providers click the "Act 31 Mandated Child Abuse Reporter Training" link. Verification of completion must be sent electronically and directly from the course provider. Please note that it may take up to 7 days for the provider to submit the records to our office.

PLEASE NOTE: Act 31 of 2014 applies to all health-related licensees, regardless of whether they are subject to any other continuing education requirements of the Board.

✓ **Opioid Continuing Education:** Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/ approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.

*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at:
<http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191>

**NOTE: PLEASE RETURN A COPY OF THIS LETTER
WITH THE INFORMATION AND DOCUMENTS REQUESTED.**



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2849
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.pa.gov/med
November 1, 2017

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

JENNEFER ALLYN RUSSO 9849
ORANGE CA 92869

EVALUATOR: MARY ext 1707

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