



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER

SCHOOL OF MEDICINE

Office of the Associate Dean for Graduate Medical Education

11 October 2003

C. Grant LaFarge, MD
New Mexico Board of Medical Examiners
491 Old Santa Trail
Santa Fe, NM 87501

RE: Jennifer K. Phillips, MD
2001R99

Dear Doctor LaFarge:

The above mentioned resident physician will be serving at UNM from 18 November 2003 through 30 June 2004 in the Department of Family Practice.

Please renew her permission to train.

Sincerely,

Joe Sparkman
Program Director
Graduate Medical Education

OK
Bluford
11/03/03

NEW MEXICO BOARD OF MEDICAL EXAMINERS

APPLICATION FOR POST GRADUATE TRAINING LICENSE



2001R99

Personal Information:

Name: Phillips Jennifer Karen (Phillips)
Last First MI Maiden
 Social Security Number: [REDACTED] 0630
 Birth Date: [REDACTED] 74 Place of Birth: Albuquerque New Mexico USA
City State Country
 Address: [REDACTED] Albuquerque NM 87043
Street City State Zip Code
 Telephone: 505 459 7376 [REDACTED] 8672
Work Phone Home Phone

Medical School Information:

School Attended: University of New Mexico School of Medicine
 Address: UNMHSC-SOM Albuquerque NM 87131-0001
Street City State Zip Code
 Country: USA Date of Graduation: 5 12 2001

National Examination: Indicate Which Applies, If None Check None.

USMLE	<input checked="" type="checkbox"/>	FLEX	<input type="checkbox"/>
National Boards	<input type="checkbox"/>	LMCC	<input type="checkbox"/>
ECFMG	<input type="checkbox"/>	State	<input type="checkbox"/>
SPEX	<input type="checkbox"/>	None	<input type="checkbox"/>

Are you licensed in any other state or states? Yes ☒ No ☐ (If yes, list states and corresponding license numbers)

training
License

State/Province	License Number	Date Issued (MM/DD/YY)
<u>Philadelphia, PA</u>	<u>MT179245</u>	<u>4/30/2002</u>

Field(s) of Post Graduate Training: Family Practice
 Current year of Post Graduate Training: 2nd
 Hospital(s) where training will be conducted in NM: UNM Affiliated Hospitals, Albuquerque, N.M.
 Date of entry into post graduate program in New Mexico: 11 18 2003
 Length of post graduate program: 2 yrs more Location: UNMHSC (Alb.)
NM

1. Are you at the present time known by any other name? If so, what name? no
2. Have you been licensed under another name(s)? If so, what name(s)? no
3. Have you during the past five (5) years been treated for mental illness?
Hospitalized for mental illness? [REDACTED]
4. Do you have a physical impairment that would affect your ability to practice medicine? [REDACTED]
5. Have you ever been denied a license by or withdrawn an application for a license from a state licensing board? Yes ☐ No ☒
6. Has any state licensing board started disciplinary action against your license? Yes ☐ No ☒
7. Have you ever resigned or withdrawn your application from a hospital staff or professional medical group? Yes ☐ No ☒
8. Have your hospital privileges ever been revoked or withdrawn for any reason? Yes ☐ No ☒
9. Has disciplinary action ever been started against you by a hospital staff, county medical society, HMO, PPO, IPA or PRO? Yes ☐ No ☒
10. Have you surrendered hospital privileges after disciplinary cases or investigations were started? Yes ☐ No ☒
11. Have you, during the past five (5) years, had personal or legal problems with narcotics, alcohol or other dangerous drugs? [REDACTED]
12. Have you ever been charged with a violation of a federal, state or local statute? Yes ☐ No ☒
13. Have you had a malpractice settlement or judgement against you? Yes ☐ No ☒
14. Do you have any malpractice or medically related claims or lawsuits pending against you? Yes ☐ No ☒

**IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS,
YOU MUST SUBMIT A WRITTEN EXPLANATION ON A SEPARATE PAGE.**

AFFIDAVIT

I certify that the information I have provided is correct, and that any changes of my address, telephone number(s) and changes of status in the post graduate training program shall be provided to the New Mexico Board of Medical Examiners through the University of New Mexico Medical School.

Signature J. M. Rivera

Notarized By: James M. Rivera

Notary Expiration Date: 5-10-2007



OFFICIAL SEAL
James M. Rivera

NOTARY PUBLIC
STATE OF NEW MEXICO

My Commission Expires: 5-10-2007

For Board Use Only

Approved By: Grant L. Borge

Signature of Secretary/Treasurer

Date 11/03/03

Resident Number: _____

New Mexico Interim Permit Number: _____

Date 1/1/



New Mexico Board of Medical Examiners
491 Old Santa Fe Trail
Santa Fe, NM 87501
505-827-6784 fax 505-827-7377
(toll free within New Mexico 800-945-5845)

General Information

Licensee	Jennifer K Phillips	License Type	Resident
Business address	UNM HSC Fp Dept	License Number	2001R99
Business address	2211 Lomas Blvd NE	License Status	Expired
Business city state zip	Albuquerque NM 87131-	License Date	6/22/2001
Business phone	5052726225	License Expires	6/30/2002

Medical School	UNIV OF NM
Graduation Date	5/11/2001
*Speciality	Family Practice

* The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at: www.certifieddoctor.org to determine if the physician has earned a specialty certification from this private agency.

PUBLIC ACTIONS: None
(while licensed in New Mexico)

New Search

This Board's data has been searched 570816 times since 05/08/2001
Date information last updated: 08/04/2003

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		<u>QUESTION ID</u>	<u>QUESTION TEXT</u>	<u>ANSWER</u>	<u>CREATE DATE</u>	<u>UPDATE DATE</u>
	Phillips, Jennifer K	MD2003-0702				
171			Since your last renewal, has your application for licensure in any jurisdiction been investigated or denied, or are any current applications pending investigation or being challenged?	N	3/30/2007	
173			Since your last renewal, have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	3/30/2007	
58			Since your last renewal, has your DEA or Controlled Substance license in any jurisdiction been investigated, voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	3/30/2007	
59			Since your last renewal, have you been charged with, arrested for, convicted of, or pled no contest to a misdemeanor or felony, or have you been named as a defendant in any criminal proceedings or subject to investigation by a governmental entity that could result in sanctions or licensure adverse actions?	N	3/30/2007	
60			Since your last renewal, have you been involved in a settlement, medical malpractice claim or suit, or have you received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet of paper each case. <p> . Name, age, sex of patient/claimant. . Date(s) and type of treatment and/ or surgery, which led to the allegations against you. . Nature of allegations in claims/suits. Specify whether a suit was ever filed. . Names of other practitioners and hospitals, if any, involved in claims or suit. . Disposition or current status of claim or suit (be specific). . Name of Insurance carrier defending you. . Name of defense attorney.	N	3/30/2007	
61			Have you had personal or legal problems with narcotics, alcohol or other dangerous drugs during the past 5 years? (If you are currently a voluntary participant in a Board approved monitoring program you may answer "No")	N	3/30/2007	
62			Have you been treated for mental or significant medical illness during the past five years? If yes, please have your treating physician provide the NM Medical Board with a letter regarding your diagnosis and treatment.	N	3/30/2007	
63			Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?	N	3/30/2007	
64			Since your last renewal, have you been reported to the National Practitioner Data Bank?	N	3/30/2007	
65			20. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC.	Y	3/30/2007	
104			Direct patient care (part-time):	Not	3/30/2007	
106			Other (part-time):	Not	3/30/2007	
107			Research (part-time):	Not	3/30/2007	
108			Teaching (part-time):	Not	3/30/2007	
86			Please select a statement that BEST describes your practice: * 	Enga	3/30/2007	
87			Do you practice full-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = 100):	Y	3/30/2007	
88			Direct patient care:	71-8	3/30/2007	
90			Administration:	0-10	3/30/2007	
91			Teaching:	0-10	3/30/2007	
92			Research:	0-10	3/30/2007	
93			Other:	0-10	3/30/2007	
94			Do you practice part-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = <100):	N	3/30/2007	
100			Clinic(s):	2	3/30/2007	
101			City(s)/Town(s):	1	3/30/2007	
103			Administration (part-time):	Not	3/30/2007	
56			Since your last renewal, have any complaints been filed against you with any licensing agency?	N	3/30/2007	
57			Since your last renewal, has your license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, denied or are any currently held licenses pending investigation or being challenged?	N	3/30/2007	
163			Since your last renewal, has your professional liability coverage been terminated by action of the insurance company?	N	3/30/2007	
164			Since your last renewal, have you been denied professional liability insurance coverage?	N	3/30/2007	
165			Since your last renewal, has your professional liability carrier excluded any specific procedures from your coverage?	N	3/30/2007	
166			Since your last renewal, have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	3/30/2007	
167			Since your last renewal, have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	3/30/2007	
168			Since your last renewal, have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings)?	N	3/30/2007	
169			Since your last renewal, have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked or not renewed, except for medical records?	N	3/30/2007	
170			Since your last renewal, have you resigned from a healthcare entity to avoid investigation, modification, suspension, or termination of privileges?	N	3/30/2007	
95			Are you retired but maintain an active license? * 	N	3/30/2007	

Phillips, Jennifer K

Medical Doctor

MD2003-0702

11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	06/23/2010
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	06/23/2010
12. b. Are any currently held licenses pending investigation or being challenged?	N	06/23/2010
6. Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	06/23/2010
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	06/23/2010
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	06/23/2010
2. Since your last renewal have you been denied professional liability insurance coverage?	N	06/23/2010
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	N	06/23/2010
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	06/23/2010
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	■	06/23/2010
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and	■	06/23/2010
1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	N	06/23/2010
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	06/23/2010
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	06/23/2010
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	06/23/2010
7. Have you ever been named as a defendant in any criminal proceedings?	N	06/23/2010
8. Have you ever been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	06/23/2010
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	06/23/2010
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	N	06/23/2010
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	06/23/2010
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC?	Y	06/23/2010
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	Y	06/23/2010
21. If yes do you hold Lifetime Certification?	N	06/23/2010
22. If yes do you hold Time Limited Certification?	Y	06/23/2010

Phillips, Jennifer K

Medical Doctor

MD2003-0702

1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians ?	N	05/29/2013
2. Since your last renewal have you been denied professional liability insurance coverage?	N	05/29/2013
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	05/29/2013
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	05/29/2013
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	05/29/2013
6. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	05/29/2013
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	05/29/2013
8. Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	05/29/2013
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	05/29/2013
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	N	05/29/2013
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	05/29/2013
11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	05/29/2013
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	05/29/2013
12. b. Are any currently held licenses pending investigation or being challenged?	N	05/29/2013
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	05/29/2013
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	05/29/2013
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	N	05/29/2013
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	05/29/2013
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	■	05/29/2013
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and	■	05/29/2013
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC?	Y	05/29/2013
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	Y	05/29/2013
21. If yes do you hold Lifetime Certification?	N	05/29/2013
22. If yes do you hold Time Limited Certification?	Y	05/29/2013

Phillips, Jennifer K

Medical Doctor

MD2003-0702

1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians ?	N	05/24/2016
2. Since your last renewal have you been denied professional liability insurance coverage?	N	05/24/2016
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	05/24/2016
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	05/24/2016
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	05/24/2016
6. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	05/24/2016
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	05/24/2016
8. Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	05/24/2016
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	05/24/2016
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	N	05/24/2016
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	05/24/2016
11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	05/24/2016
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	05/24/2016
12. b. Are any currently held licenses pending investigation or being challenged?	N	05/24/2016
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	05/24/2016
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, or restricted?	N	05/24/2016
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	Y	05/24/2016
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	05/24/2016
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	■	05/24/2016
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and	■	05/24/2016
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC	Y	05/24/2016
19a. I certify that 5 hours of the required 75 hours of CME are in Pain Management, as required by 16.10.14. 11 NMAC OR I certify that I do NOT hold a NM Controlled Substance Registration.	Y	05/24/2016
20. I attest that I will limit my practice to areas in which I am competent to practice.	Y	05/24/2016
21. Are you currently in arrears in payments of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or in any other state?	N	05/24/2016

Phillips, Jennifer K**Medical Doctor****MD2003-0702**

1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians ?	N	05/14/2019
2. Since your last renewal have you been denied professional liability insurance coverage?	N	05/14/2019
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	05/14/2019
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	05/14/2019
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	05/14/2019
6. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	05/14/2019
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	05/14/2019
8. Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	05/14/2019
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	05/14/2019
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, for any reason, except for medical records delinquency unrelated to your professional	N	05/14/2019
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	05/14/2019
10. c. Since you last renewal, have you been investigated and/or terminated by a healthcare entity for cause, or without cause, related to your clinical competence or conduct, which could impact patient safety/care, or allowed to resign in lieu of termination for such reason?	N	05/14/2019
11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	05/14/2019
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	05/14/2019
12. b. Are any currently held licenses pending investigation or being challenged?	N	05/14/2019
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	05/14/2019
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, or restricted?	N	05/14/2019
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	N	05/14/2019
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	05/14/2019
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	■	05/14/2019
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on -going ability to practice medicine safely and	■	05/14/2019
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC	Y	05/14/2019
19a. I certify that 5 hours of the required 75 hours of CME are in Pain Management, as required by 16.10.14. 11 NMAC OR I certify that I do NOT hold a NM Controlled Substance Registration.	Y	05/14/2019
20. I attest that I will limit my practice to areas in which I am competent to practice.	Y	05/14/2019
21. Are you currently in arrears in payments of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or in any other state?	N	05/14/2019