



## MEDICAL BOARD OF CALIFORNIA

### LICENSING DETAILS FOR: C 166957

**NAME:** PHIFER, JAMIE

**LICENSE TYPE:** PHYSICIAN AND SURGEON C

**ISSUANCE DATE:** DECEMBER 4, 2019

**PRIMARY STATUS:** LICENSE RENEWED & CURRENT ⓘ

**EXPIRATION DATE:** DECEMBER 31, 2021

**SCHOOL NAME:** UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE

**GRADUATION YEAR:** 2011

**CURRENT DATE/TIME:** APRIL 14, 2021  
8:39:51 AM

**ADDRESS OF RECORD**

1037 NE 65TH ST # 371

SEATTLE WA 98115-6655

### PUBLIC RECORD ACTIONS

- > [ADMINISTRATIVE DISCIPLINARY ACTIONS](#) (NO INFORMATION TO MEET THE [CRITERIA FOR POSTING](#))
- > [COURT ORDER](#) (NO INFORMATION TO MEET THE [CRITERIA FOR POSTING](#))
- > [MISDEMEANOR CONVICTION](#) (NO INFORMATION TO MEET THE [CRITERIA FOR POSTING](#))
- > [PROBATIONARY LICENSE](#) (NO INFORMATION TO MEET THE [CRITERIA FOR POSTING](#))
- > [FELONY CONVICTION](#) (NO INFORMATION TO MEET THE [CRITERIA FOR POSTING](#))
- > [MALPRACTICE JUDGMENT](#) (NO INFORMATION TO MEET THE [CRITERIA FOR POSTING](#))

- › [HOSPITAL DISCIPLINARY ACTION \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
  - › [LICENSE ISSUED WITH PUBLIC LETTER OF REPRIMAND \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
  - › [ADMINISTRATIVE CITATION ISSUED \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
  - › [ADMINISTRATIVE ACTION TAKEN BY OTHER STATE OR FEDERAL GOVERNMENT \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
  - › [ARBITRATION AWARD \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
  - › [MALPRACTICE SETTLEMENTS \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
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## PUBLIC DOCUMENTS

- › [DOCUMENTS \(NO RECORDS\)](#)
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## SURVEY INFORMATION

THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

ARE YOU RETIRED?	NOT IDENTIFIED
ACTIVITIES IN MEDICINE	NO ACTIVITIES IDENTIFIED
PATIENT CARE PRACTICE LOCATION	NOT IDENTIFIED
PATIENT CARE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
CURRENT TRAINING STATUS	NOT IDENTIFIED

**AREAS OF PRACTICE**

NO AREAS OF PRACTICE IDENTIFIED

**BOARD CERTIFICATIONS**

NO BOARD CERTIFICATIONS IDENTIFIED

**POSTGRADUATE TRAINING YEARS**

NOT IDENTIFIED

**CULTURAL BACKGROUND**

DECLINED TO DISCLOSE

**FOREIGN LANGUAGE PROFICIENCY**

DECLINED TO DISCLOSE

**GENDER**

DECLINED TO DISCLOSE

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