



State of Rhode Island Department of Health

JAMIE M PHIFER

License No:	MD16940	Profession:	Physician	License Type:	Allopathic Physician (MD)
License Status:	Active	Issue Date:	1/2/2020	Expiration Date:	6/30/2022
Secondary License Type:					

Education Information

School Name: University of Florida College of Medicine **Graduated:** 5/14/2011

Specialty Information

FAMILY PRACTICE

Disciplinary Action

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See Board Disciplinary Listings at <http://www.health.ri.gov/lists/disciplinaryactions>

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