

Application Summary

6/14/19 1:40 PM

Page 1 of 7

License Type: **Physician's and Surgeon's**
Application: **Physician's and Surgeon's - Initial Application**
Application Number: **14672526**
Application Date: **06/14/2019 (mm/dd/yyyy)**

Application Questions

Are you applying with an Individual Taxpayer Identification Number (ITIN)?

Have you served or are you currently serving in the military?

Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the U.S. Armed Forces?

Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?

Are you requesting expediting of this application to practice in a medically underserved area or population?

Are you currently enrolled in an ACGME/RCPSC-accredited postgraduate training program in the United States or Canada?

No

Personal Detail

First Name: **Jamie**
Last Name: **Phifer**
Birthdate: ****/**/******
Gender: **Female**
SSN/ITIN: *********

Addresses

License Related Addresses

Address of Record (Required)

Warning:

In order to protect your privacy and identity, address will not be displayed.

Previous Application or License

9. Have you served or are you currently serving in the U.S. Military?

10. Are you requesting expediting of this application as a spouse or domestic partner of an active duty member of the U.S. Armed Forces?



11. Have you ever filed an application for a Physician's and Surgeon's License or a PTAL in California that has been withdrawn, abandoned, or denied?

12. Have you previously held a Physician's and Surgeon's License in California?

No

Examinations

13. Are you certified by the Educational Commission for Foreign Medical Graduates?

No

Examinations 1

Examination: United States Medical Licensing Examination (USMLE) Step 1

Date Passed:



Examinations 2

Examination: United States Medical Licensing Examination (USMLE) Step 2CS

Date Passed:



Examinations 3

Examination: United States Medical Licensing Examination (USMLE) Step 2CK

Date Passed:



Examinations 4

Examination: United States Medical Licensing Examination (USMLE) Step 3

Date Passed:



Education History

Medical School Name University of Florida College of Medicine

Mailing Address of the Medical School 1600 SW Archer Rd
Gainesville, FL 32610

Attendance Start Date 08/17/2007 (mm/dd/yyyy)

Attendance End Date 05/14/2011 (mm/dd/yyyy)

Were You Awarded a Degree? Yes


Title of Degree Awarded MD - Doctor of Medicine


Issue Date of Degree 05/14/2011 (mm/dd/yyyy)


FL003 ✓


ACGME or RCPSC Accredited Postgraduate Training Programs


16. Have you participated in any ACGME-
accredited postgraduate training in the
United States or RCPSC-accredited
postgraduate training in Canada? **Yes**


17. Have you ever received partial or no
credit for a postgraduate training program? 


18. Have you ever taken a leave of absence
or break from your training? 

19. Have you ever been terminated,
dismissed or expelled from a program? 

20. Have you ever been placed on probation
for any reason? 

21. Have you ever been disciplined or placed
under investigation?  ✓

22. Have you ever had any limitations or
special requirements placed upon you for
clinical performance professionalism,
medical knowledge, discipline, or for any
other reason? 

23. Have you ever had a postgraduate
training program contract not be renewed or
offered for a following year? 

ACGME or RCPSC Accredited Postgraduate Training Programs

Program Facility Name **Swedish Cherry Hill**
City: **Seattle**
State/Province: **Washington** ✓
Specialty: **Family Medicine**
Training Start Date: **06/21/2011 (mm/dd/yyyy)**
Training End Date: **06/21/2014 (mm/dd/yyyy)**

Medical License(s)

24. Have you ever held or do you currently
hold a medical license in any U.S. state, U.S.
territory, or Canadian province? **Yes** ✓

Medical License(s) 1

U.S. State, U.S. Territory or Canadian
Province: **Washington**
License Number: **MD60359609** ✓
Practice Start Date: **07/05/2013 (mm/dd/yyyy)**

Medical License(s) 2

U.S. State, U.S. Territory or Canadian
Province: **New Jersey** ✓

License Number: 25MA10601400

Practice Start Date: 05/21/2019 (mm/dd/yyyy)

✓

Medical License(s) 3

U.S. State, U.S. Territory or Canadian Province: Maryland

License Number: D87604

Practice Start Date: 05/30/2019 (mm/dd/yyyy)

✓

Medical License(s) 4

U.S. State, U.S. Territory or Canadian Province: Florida

License Number: ME125540

Practice Start Date: 09/08/2015 (mm/dd/yyyy)

Practice End Date: 01/31/2018 (mm/dd/yyyy)

✓

Medical License(s) 5

U.S. State, U.S. Territory or Canadian Province: Kansas

License Number: 0440305

Practice Start Date: 08/11/2017 (mm/dd/yyyy)

Practice End Date: 07/31/2018 (mm/dd/yyyy)

✓

ABMS Certification

25. Are you currently certified by a Member Board of the American board of Medical Specialties? Yes

✓

Malpractice History

26. Has a claim or an action ever been filed against you for the practice of medicine that resulted in a malpractice settlement, judgement, or arbitration?

█

✓

Disciplinary History

27. Have you ever had your DEA privileges denied, suspended, restricted, or terminated?

█

28. Have you ever entered into any arrangement, agreement or plea in lieu of federal prosecution with the DEA to resolve an alleged violation of a federal or state drug statute or regulation?

✓

29. Have you ever withdrawn an application for medical licensure in lieu of denial, disciplinary action, or for any other similar reason?

30. Have you ever been denied a license to practice medicine?

31. Is any denial pending against you?

32. Have you ever had any license to practice medicine subjected to any disciplinary action?

33. Is any disciplinary action pending against any of your licenses to practice medicine?

34. Have you ever surrendered a license to practice medicine?

35. Have you ever had any license to practice medicine revoked, suspended, or placed on probation?

36. Have you ever had any license to practice medicine subjected to any action including, but not limited to, informal or confidential discipline, consent orders, letters of warning, letters of reprimand, or citation?

37. Have you ever been charged with, or been found to have committed unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts by any medical licensing board or hospital?

38. Have you ever resigned from a medical staff in lieu of disciplinary or administrative action?

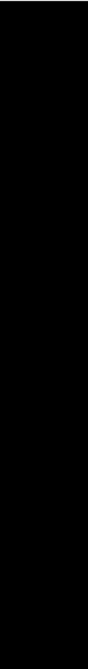
39. Is any disciplinary action pending against your hospital or staff privileges?

40. Have you ever had staff privileges in a hospital terminated, denied, suspended, limited, revoked, or not renewed?

41. Have you ever had any healing arts license or certificate disciplined by another state or federal territory?

Criminal Record History

42. Have you ever been convicted of, or pled guilty or nolo contendere to ANY offense in the United States, its territories, or a foreign country?



✓

✓

43. Exclusive of juvenile court adjudications and criminal charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions under California Health and Safety Code section 11357 (b), (c), (d), (e), or section 11360 (b) which are two years or older, have you had a conviction that was set aside or later expunged from the record of the court?



44. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?



45. Are you a registered Sex Offender?



Practice Impairment or Limitations

46. Have you ever been enrolled in, required to enter into, or participated in any drug, alcohol, or substance abuse recovery program or impaired practitioner program?

47. Have you ever been treated for or had a recurrence of a diagnosed addictive disorder?

48. Have you ever been diagnosed with an emotional, mental, or behavioral disorder that may impair your ability to practice medicine safely?



49. Have you ever been diagnosed with a neurological or other physical condition that may impair your ability to practice medicine safely?

50. Do you have any other condition that may in any way impair or limit your ability to practice medicine safely?



51. Do you suffer from a progressive disorder or a health condition that will likely result in a general decline in health or function that may impair or limit your ability to practice medicine safely?



Family Physician Training Program Voluntary Fee

Would you like to contribute?

No

Attachments



Fees

Application Fee	\$442.00
Department of Justice (DOJ) Fee	\$32.00
Federal Bureau of Investigation (FBI) Fee	\$17.00
Initial License Fee	\$783.00
StephenM.ThompsonLRP	\$25.00
Total Amount Due:	\$1299.00

Applications are not considered submitted for processing until payment is received.

Attestation

I attest I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorized all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), or business and professional associates (past, present and future), and all government agencies (local, stated, federal, or foreign) to release to the Medical Board of California or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by that Board in connection with this application; or any further or future investigation by that Board necessary to determine any medical competence, professional conduct, or physical or mental ability to safely engage in the practice of medicine. I further authorize the Medical Board of California or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

I understand that falsification or misrepresentation of any item or response on this application or any attachment hereto is a sufficient basis for denying or revoking a license.

Signature:

Date:

PHOTOGRAPH

Notice: All items in this application are mandatory. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualifications for licensing per Section 2080 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, or other governmental law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act. The Chief of the Licensing Program is the custodian of records.

MBC Use Only

Rev L1A-F Staff Initials & Date

Photograph

Applicant Name & DOB

DECLARATION

The applicant, Jamie Michele Phifer, PRINT LEGAL NAME (First, Middle, Last, Suffix) DATE OF BIRTH (mm/dd/yyyy)

being first duly sworn upon his/her oath deposes and says: that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), or business and professional associates (past, present, and future), and all government agencies (local, state, federal, or foreign) to release to the Medical Board of California or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug, alcohol and/or substance abuse or dependency, requested by that Board in connection with this application; or any further or future investigation by that Board necessary to determine any medical competence, professional conduct, or physical or mental ability to safely engage in the practice of medicine. I further authorize the Medical Board of California or its successors to release, in any investigation or proceeding, to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

I UNDERSTAND THAT ANY OMISSION, FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.

SIGN LEGAL NAME: Jamie Phifer DATE: 10/17/19

NOTARY SECTION

SIGNATURE OF APPLICANT: Jamie Phifer (SIGN LEGAL NAME IN THE PRESENCE OF NOTARY)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Washington
County of King

Subscribed and sworn to (or affirmed) before me on this 17 day of October, 2019, by Jamie Phifer proved to me on the basis of satisfactory evidence (PRINT APPLICANT'S LEGAL NAME)

to be the person who appeared before me.
[Signature]
SIGNATURE OF NOTARY PUBLIC

NOTARY SEAL
Sydney D Carson
Notary Public
State of Washington
Commission Number 204409
My Commission Expires
December 21, 2022

Applicant Signature & Date

Applicant Signature

Applicant Name & Notary Date

Notary Signature & Seal

L1F

HM
2045822



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

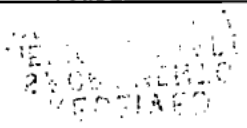
Governor Edmund G. Brown Jr., State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

TIMELINE OF ACTIVITIES

A complete timeline of activities from graduation of medical school to present is required. Provide the Board with a written chronological description of all your professional and non-professional activities. Please include a detailed description of your duties and responsibilities for any externship, observership, or volunteer activity in California. Dates shall be reported in chronological order in month/year (mm/yyyy) format. *Please use as many forms as necessary to provide a complete timeline of activities.*

Type or Print Legibly		PERSONAL INFORMATION			
LEGAL NAME:		Last	First	Middle	Suffix
		Phifer	Jamie	Michele	
Date of Birth (mm/dd/yyyy)	U.S. SSN or ITIN		Medical School of Graduation		
			University of Florida College of Medicine		
Start Date	End Date	Location (Provide Facility Name, Address, and Supervisor)	Activities		MBC Use Only
06/2011	06/2014	Swedish Cherry Hill Family Medicine Residency 550 16th Ave Seattle, WA 98122	Residency		<input checked="" type="checkbox"/>
08/2014	Present	Swedish Medical Group 600 University St #1200 Seattle, WA 98101	Primary & Urgent Care Physician		<input checked="" type="checkbox"/>
09/2019	Present	98point6 701 5th Ave STE 2300 Seattle, WA 98104	Telemedicine Physician		<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SIGN LEGAL NAME: Jamie Phifer DATE: 10-17-19
Applicant's signature and date are required.





PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney

Division of Consumer Affairs
State Board of Medical Examiners
P.O. Box 183, Trenton, NJ 08625-0183



GURBIR S. GREWAL
Attorney General

PAUL R. RODRIGUEZ
Acting Director

October 28, 2019

Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401

For Delivery Services:
140 East Front St.
PO Box 183 2nd Floor
Trenton, NJ 08608
(609) 826-7100
(609) 777-0956 FAX

To Whom It May Concern:

The New Jersey State Board of Medical Examiners has been requested by JAMIE PHIFER to forward a letter of good standing regarding the Medical Doctor's license to practice in the State of New Jersey.

A review of the Board's files indicates that JAMIE PHIFER was issued a New Jersey license 25MA10601400 on or about 05/21/2019 and is currently Active with an expiration date of 06/30/2021. A review of the Board's files further indicates that no public disciplinary action has been taken against this Medical Doctor.

Very truly yours,
BOARD OF MEDICAL EXAMINERS

William V. Roeder
Executive Director

WVR/sdp

2019 OCT 28 10:20



Department of Health

FLHealthSource.gov

[Public Data Portal](#)

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JAMIE MICHELE PHIFER

License Number: ME125540

Data As Of 10/31/2019

License Information	Secondary Locations	Discipline/Admin Action	Practitioner Profile
	Profession	Medical Doctor	
	License	ME125540	
	? License Status	CLEAR/ACTIVE	
	License Expiration Date	1/31/2020	
	License Original Issue Date	09/08/2015	
	Address of Record	SUITE 4131 University Blvd S Jacksonville JACKSONVILLE, FL 32216 UNITED STATES	
	? Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes	
	Discipline on File	No	
	? Public Complaint	No	

[Back](#)

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.



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AIM

Association of State Medical Board Executive Directors

The Florida Medical Board

Licensee Name	JAMIE MICHELE PHIFER
Profession Description	MEDICAL DOCTOR
License Number	ME 125540
Office Address1	SUITE #2 4131 UNIVERSITY BLVD S
City State	JACKSONVILLE FL
Year Licensed	09/08/2015

Data last updated on 10/25/2019

**More recent information can be found on the link below
For License Status, Specialty, Education,
and Disciplinary information please [click here](#)**

[Another Search](#)

**Direct questions and comments about these results to
[The Florida Medical Board](#)**

Please read the AIM [Disclaimer](#)

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MARYLAND Department of Health Board of Physicians

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

October 15, 2019

California Medical Board
2005 Evergreen Street
Suite 1200
Sacramento CA 95815-5401

This is to verify the records of the Maryland Board of Physicians. The following information is available under the Maryland Public Information Act, State Government Article, Section 4-333, regarding the following practitioner:

Jamie Michele Phifer

For the Practice of:	Physician-M.D.
License Number:	D87604
Date Issued:	05/30/2019
Current Status:	Active
Expiration Date	09/30/2021
*Disciplinary Actions	No disciplinary actions.

*Disciplinary information can be found on our website. Go to <https://www.mbp.state.md.us> and select Lookup a License.

For malpractice claim information, please contact the Maryland Health Care Alternative Dispute Resolution Office 410.767.8200.

Respectfully,

Maryland Board of Physicians
Verification Unit





Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

www.mass.gov/massmedboard

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

CANDACE LAPIDUS SLOANE, MD
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GEORGE ABRAHAM, MD
Vice Chair, Physician Member

JULIAN N. ROBINSON, MD
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MARYLOU SUDDERS
Secretary
Health and Human Services

MONICA BHAREL, MD, MPH
Commissioner
Department of Public Health

10/16/2019

To Whom It May Concern:

This certifies that Jamie M Phifer, M.D., a 2011 graduate of University of Florida College of Medicine, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 281320 was issued to Dr. Phifer on 09/26/2019. The license status is: Active. The expiration date is 8/25/2020.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

Closed Complaint Information

Our files contain 0 closed complaint(s) on this physician.

Final Board Disciplinary Action

Our files contain 0 disciplinary action(s) taken against this physician by the Board.

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

www.mass.gov/massmedboard

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

10/16/2019 11:53:30

Staff Member, Board of Registration in Medicine

SEAL

Tammi McManus

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county, & community



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

October 11, 2019

California, Medical Board of
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

RE: License Certification for Jamie Michele Phifer

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Medical Doctor
LICENSE NUMBER:	ME125540
ORIGINAL CERTIFICATION:	09/08/2015
EXPIRATION DATE:	01/31/2020
CURRENT STATUS OF LICENSE:	CLEAR, ACTIVE
AGENCY ACTION:	None

This license information was last updated on: 10/11/2019

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595.



Florida Department of Health
Division of Medical Quality Assurance
4052 Bald Cypress Way, Bin C-10 / Tallahassee, FL 32399
PHONE: 850/488-0595 / FAX: 850/487-9626
FloridaHealth.gov

 **Accredited Health Department**
Public Health Accreditation Board



Kathleen Selzler Lippert
Executive Director

Sam Brownback, Governor

October 11, 2019
California, Medical Board of
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

This is to certify that: Jamie Michele Phifer has been licensed to practice in Kansas in the following profession: Medical Doctor (MD)

License Number: 04-40305
Date of Birth: [REDACTED]
Profession: Medical Doctor (MD)
License Status: Cancelled - Failure to Renew
Original License Date: 08/11/2017
License Cancellation Date: 07/31/2018

Disciplinary Action: None

This license information was last updated on: 10/10/2019

Unless otherwise indicated, this licensee has not been subject to disciplinary proceeding by the Kansas Board of Healing Arts.

Verified by:

Nichole Schlesener
Licensing Manager/Administrator
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612
785-296-1386 (phone)



October 11, 2019

CALIFORNIA, MEDICAL BOARD OF
2005 EVERGREEN STREET, SUITE 1200
SACRAMENTO, CA 95815

Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Physician And Surgeon License for JAMIE MICHELE PHIFER.

You may see blank sections because we do not have the information in our database or it is not applicable for this credential type. This information is valid from the date of this letter.

Year of Birth:	██████████
Credential Number:	MD.MD.60359609
Credential Type:	Physician And Surgeon License
Current Credential Status:	ACTIVE
First Credential Date:	07/05/2013
Current Expiration Date:	08/25/2020
Last Renewal Date:	07/30/2018
DISCIPLINARY ACTION:	No



October 11, 2019

CALIFORNIA, MEDICAL BOARD OF
2005 EVERGREEN STREET, SUITE 1200
SACRAMENTO, CA 95815

Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Physician And Surgeon Residency License for JAMIE MICHELE PHIFER.

You may see blank sections because we do not have the information in our database or it is not applicable for this credential type. This information is valid from the date of this letter.

Year of Birth:	██████████
Credential Number:	MDRE.ML.60224778
Credential Type:	Physician And Surgeon Residency License
Current Credential Status:	CLOSED
First Credential Date:	06/14/2011
Current Expiration Date:	07/05/2013
Last Renewal Date:	06/11/2012
DISCIPLINARY ACTION:	No

This license information was last updated on: 10/11/2019

If you have questions, please call (360)-236-2750 or visit our Online Provider Credential Search at <https://wmc.wa.gov>



Kimberly M. Romero, Licensing Manager