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COPY

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/01/2020	**ME 125540**	**708224**

THE MEDICAL DOCTOR

QUALIFICATION(S):
Dispensing Practitioner

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **JANUARY 31, 2022**
JAMIE MICHELE PHIFER
SUITE #2 4131 UNIVERSITY BLVD S
JACKSONVILLE
JACKSONVILLE, FL - 32216

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JAMIE MICHELE PHIFER

COPY - NOT A VALID LICENSE - COPY
LICENSEE SIGNATURE

COPY - NOT A VALID LICENSE - COPY

GOVERNOR

State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2022**

Your license number is ME 125540. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit
www.FLHealthSource.gov/AYRR

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32399-3260

MAILED FROM ZIP CODE 32301 Feb 04 2020

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TALLAHASSEE, FL-32301
PERMIT NO. 552

JAMIE MICHELE PHIFER
1037 NE 65TH ST
SUITE 371
SEATTLE, WA - 98115

2.0.1.4

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

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

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

FLORIDA DEPARTMENT OF HEALTH

CONFIRMATION OF SUBMISSION

NAME:	**DR. JAMIE MICHELE PHIFER**
PROFESSION:	**MEDICAL DOCTOR**
LICENSE NUMBER:	**ME125540**
RECEIPT DATE:	01/22/2020
FEE PAID:	$365.00
APPLICATION NUMBER:	937080
MAILING ADDRESS:	1037 NE 65TH ST SUITE 371 SEATTLE, WA 98115
ATTENTION:	
PRACTICE ADDRESS:	SUITE #2 4131 UNIVERSITY BLVD S JACKSONVILLE JACKSONVILLE, FL 32216
ATTENTION:	

NOTE:
This document confirms receipt of an application and fee for the above-named practitioner. Confirmation of your renewal can be viewed by visiting http://www.FLHealthsource.gov and selecting “Verify A License”. If additional information is needed you will receive a separate request. If you do not receive your license or a request for additional information within 30 days, please contact us at (850) 488-0595.

Initial Application for Licensure
Florida Board of Medicine
Florida Department of Health

Basic Data

Profession:	MEDICAL DOCTOR
Application Type:	INITAL LICENSURE ENDORSEMENT
Name:	DR. JAMIE MICHELE PHIFER
Date of Birth:	08/25/1985
Email Address:	PHIFER.JAMIE@GMAIL.COM
Modifier:	NICA Non-Participating

Mailing Address

333 108TH AVE NE
SUITE M150
BELLEVUE, WA 98004

Physical Location or Address of Employment

333 108TH AVE NE
SUITE M150
BELLEVUE, WA 98004

Phone Numbers

Primary:	206-743-7791
Alternate:	425-454-3300

Equal Opportunity Data

Gender:	FEMALE
Race:	WHITE

Education History

Will you be using FCVS to assist you in the licensure process?

Your answer: **NO**

School Name:	UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE	School Name:	
School Address:	1600 SW ARCHER RD GAINESVILLE, FL 32603	School Address:	
Degree:	MD	Degree:	
Date Attended From:	08/20/2007	Date Attended From:	
Date Attended To:	05/14/2011	Date Attended To:	
Graduation Date:	05/14/2011	Graduation Date:	

Are you currently in default on any health education loan or scholarship obligation ?

Your answer: **NO**

Have you completed the equivalent of 2 academic years of preprofessional, postsecondary education including, courses in anatomy, biology, and chemistry prior to entering medical school?

Your answer: **YES**

UNIVERSITY OF FLORIDA COLLEGE OF LIBERAL ARTS & SCIENCES
BACHELOR'S DEGREE IN INTEGRATIVE BIOLOGY

Postgraduate Training

Program Name:	SWEDISH CHERRY HILL FAMILY MEDICINE RESIDENCY	Program Name:	
Program City:	SEATTLE	Program City:	
Program State or Country:	WASHINGTON	Program State or Country:	
Program Type:	RESIDENCY	Program Type:	
Specialty Area:	FAMILY MEDICINE	Specialty Area:	
Date From:	06/22/2011	Date From:	
Date To:	06/24/2014	Date To:	
Did you receive credit?	Yes	Did you receive credit?	

Other State Licenses

License Number:	MD60359609	License Number:	
License Type:	MEDICAL DOCTOR	License Type:	
Original Date Issued:	07/05/2013	Original Date Issued:	
Date of Expiration:	08/25/2016	Date of Expiration:	
Country:	UNITED STATES	Country:	
State:	WASHINGTON	State:	

Year Began Practice

2011

Practice Employment

Employment Type:	Employment	Employment Type:	Employment
Employer Name:	SWEDISH MEDICAL GROUP	Employer Name:	QLIANCE MEDICAL GROUP
Address Line 1:	600 UNIVERSITY ST	Address Line 1:	2101 4TH AVE
Address Line 2:	SUITE 1200	Address Line 2:	SUITE 600
City:	SEATTLE	City:	SEATTLE
State:	WA	State:	WA
Country:		Country:	
Title of Position:	FLOAT PROVIDER	Title of Position:	PHYSICIAN
Practice Begin Date:	08/24/2014	Practice Begin Date:	08/19/2014
Practice End Date:		Practice End Date:	

Faculty Appointment

Do you currently hold a faculty appointment at a medical school? Your answer: **NO**

Graduate Medical Education

Have you had responsibility for graduate medical education within the last 10 years? Your answer: **NO**

Staff Privileges

Do you currently hold staff privileges in any hospital, health institution, clinic or medical facility? Your answer: **NO**

Specialty Board Certification

Are you certified by any specialty board recognized by the American Board of Medical Specialties or specialty board approved by the Florida Board of Medicine? Your answer: **YES**

Specialty Board:	AMERICAN BOARD OF FAMILY MEDICINE
Certification:	FP - FAMILY MEDICINE
Date of Certification:	06/25/2014

Additional Practice Questions

Have you practiced medicine in another jurisdiction for two of the last four years **or** completed a board approved post-graduate training program within the last two years? Your answer: **NO**

Have you passed a board approved clinical competency exam within the last year? Your answer: **NO**

Drug Enforcement Administration Questions

Have you ever been denied or surrendered a DEA registration? Your answer: **NO**

Mandatory Continuing Medical Education (CME)

I hereby certify that since June 1, 2002, I have completed a minimum of two (2) hours of Prevention of Medical Errors continuing medical education as defined by s. 456.013(7), Florida Statutes.

Electronic Fingerprinting

The Florida Care Provider Background Screening Clearinghouse does not have a record at this time.

Acknowledgement Statement

I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy, and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation.

Your answer: **YES**

Criminal History

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense?

Your answer: **NO**

Specialty Board Discipline History

Have you ever had any final disciplinary action taken against you by a specialty board or other similar national organization?

Your answer: **NO**

Discipline History

Have you ever had any professional license or license to practice medicine revoked, suspended, placed on probation, received a citation, or other disciplinary action taken in any state, territory or country?

Your answer: **NO**

Have you ever had any staff privileges denied, suspended, revoked, modified, restricted, not renewed, or placed on probation, or have you been asked to resign or take a temporary leave of absence or were otherwise acted against by any facility?

Your answer: **NO**

Have you ever been asked, or allowed to resign from any facility instead of disciplinary action or during any pending investigations into your practice?

Your answer: **NO**

Have you ever had any staff privileges restricted or not renewed by any facility instead of disciplinary action?

Your answer: **NO**

Have you had any application for a medical license or professional license denied by any state board or other governmental agency of any state, territory, or country?

Your answer: **NO**

Have you ever been denied or been excluded from Medicare and/or state health care programs?

Your answer: **NO**

Are you currently under investigation in any jurisdiction for an act or offense that would constitute a violation of Section 458.331, Florida Statutes?

Your answer: **NO**

United States Military and/or Public Health Service

Have you ever been in the United States Military and/or Public Health Service?

Your answer: **NO**

Questions related to Section 456.0635(2), Florida Statutes

Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?	Your answer: **NO**
For the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?	Your answer: **N/A**
For the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).	Your answer: **N/A**
For the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?	Your answer: **N/A**
Have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed?	Your answer: **N/A**
Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?	Your answer: **NO**
Has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?	Your answer: **N/A**
Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?	Your answer: **NO**
If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?	Your answer: **N/A**
Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?	Your answer: **NO**
Have you been in good standing with a state Medicaid program for the most recent five years?	Your answer: **N/A**
Did the termination occur at least 20 years before the date of this application?	Your answer: **N/A**
Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?	Your answer: **NO**
On or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health?	Your answer: **N/A**

Additional Information

Availability for disaster

As a Florida licensed physician, are you willing to provide health care services in special need shelters or to work with disaster medical teams during times of emergency or major disasters?	Your answer: **YES**

Financial Responsibility

I do not practice medicine in the State of Florida.

Liability Claims

Within the last 10 years have you had any liability claim(s) or action(s) for damages for personal injury settled or finally adjudicated in an amount that exceeds $100,000.00?	Your answer: **NO**
Have you ever had a judgment entered against you for medical malpractice where the incident(s) of malpractice occurred after November 2, 2004?	Your answer: **NO**

Confidential Information

Name: DR. JAMIE MICHELE PHIFER
Social Security Number: [redacted]

This information is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

Examination History

Exam:	USMLE III	Exam:	
Exam Date:	05/07/2013	Exam Date:	

This information is exempt from public records disclosure because it contains exam grades as described by section 456.014 (1), Florida Statutes.

Health History

In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years? Your answer: [redacted]

In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment? Your answer: [redacted]

In the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice medicine within the last five years? Your answer: [redacted]

In the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice medicine? Your answer: [redacted]

In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder, or if you were previously in such a program, did you suffer a relapse within the last five years? Your answer: [redacted]

During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice medicine within the past five years? Your answer: [redacted]

This information is exempt from public records disclosure because it contains medical information as described by Section 456.014 (1), Florida Statutes.

Application Statement

☒ I state that these statements are true and correct. I recognize that providing false information may result in denial of licensure, disciplinary action against my license, or criminal penalties pursuant to Sections 456.067, 775.083, and 775.084, Florida Statutes. I state that I have read Chapters 456, 458 and 766.301-.316, Florida Statutes and Chapter 64B8, Florida Administrative Code.

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 Florida Board of Medicine information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I state that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act constitutes cause for denial, suspension, or revocation of my license to practice Medicine in the State of Florida. If there are any changes to my status or any change that would affect any of my answers to this application I must notify the Board within 30 days. I understand that my records are protected under federal and state regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under federal and state regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.