

Submission Date and Time: 10/22/2019 5:31 PM

New License Application

License Type - Doctor of Medicine (MD)

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process. Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio. If you do not have an Individual Provider Identifier (NPI) number please enter nine zeroes.

Title

No Response

First Name

Jamie

Middle Name

No Response

Last Name

Phifer

Maiden Name

No Response

Social Security Number

REDACTED

Date of Birth

8/25/1985

Email Address

licensing-jamie.phifer@98point6.com

Phone Number

8666577991

Other Phone Number

8666577991

What is your U.S. Residency status related to your employment?

United States Citizen

Do you consider yourself Hispanic, Latino/a or of Spanish origin?

No

What do you consider your race?

White

List languages you personally use to communicate with patients excluding an interpreter or software

English

Other Language

No Response

Individual National Provider Identifier - if N/A enter all zeroes

1154615185

Enter home US zip-code. Enter NA if unavailable

98108

Additional Information

Provide the necessary additional information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Do you have other aliases?

No Response

What is your gender?

F

In which country were you born?

United States

In which state were you born (if United States)?

Georgia

In which city were you born?

Atlanta

Employment Status

Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio.

What is your primary employment status

Actively working in a position(s) that requires this license

Which of the following best describes your five-year employment plan?

Maintain practice hours as is

License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click Save.

701 5th Ave STE 2300 Attn: 98point6

Seattle

WA

98104

United States

License Public Address

Select a public license mailing address by clicking the appropriate checkbox to the right (this is the address that will be viewable by the public). To add a new address, click Add Address, complete the required fields, and click Save.

701 5th Ave STE 2300Attn: 98point6
Seattle
WA
98104
United States

Military Service

If you have served in the military, provide the information for the type of service and duration of the service. Also, provide proof of your service.

Have you served in the military?

No

If you answered "Yes", are you currently serving in the military?

No Response

Has your spouse served in the military?

Not Applicable

If you answered "Yes", are they currently serving in the military?

No Response

I declined to answer these questions



Secondary Email Recipient

You may define another email recipient for all automated emails you receive related to your license. You may change this recipient at any time from your dashboard.

Secondary Email Address:

Education History

List all undergraduate, graduate, and Medical Schools you have attended, including those from which you did not graduate. As you type, the name of your school should auto-populate. Once it does, click on it to select. If your school does not auto-populate, type and select Other. You will then enter your school's name and address in the fields that appear. If you did not receive a degree, please select "Not Applicable" as the degree type and do not enter a graduation date.

Educational Institution - University of Florida College of Medicine

Degree Type - Other

Degree - Doctor of Medicine

Graduation date - 5/14/2011

Employment History

List your employment history for the past five years including medical, non-medical, and post-graduate training. For any non-working time, you must indicate exactly what your activities were, such as vacation or seeking employment as well as your permanent address. If you worked for a physician staffing group or did locum tenens, you must list all facilities where you worked and include complete dates and addresses. Be sure to indicate the percentage of working time spent in clinical or other duties.

Employer / Non-Working Activity - Swedish Medical Group
Job Title - Primary & Urgent Care Physician
Start Date - 8/26/2014
Street Address - 600 University St #1200
Employment City - Seattle
Employment State - Washington
Employment Zipcode - 98101
Employment Country - United States

Employer / Non-Working Activity - 98point6
Job Title - Telemedicine Physician
Start Date - 9/13/2019
Street Address - 701 5th Ave STE 2300
Employment City - Seattle
Employment State - Washington
Employment Zipcode - 98104
Employment Country - United States

License Verification

You must complete the License Verification component if you hold or have ever held a professional license or certification in a state or Canadian Province. You must request verification of all your applicable licenses and certifications from the issuing state or Canadian province to be sent to the State Medical Board of Ohio. Please include both active and inactive professional licenses or certifications.

281320
Doctor of Medicine (MD)
Massachusetts Board of Registration in Medicine
Active
United States
Massachusetts

036150427
null
null
Active

null
Illinois

D87604
null
null
Active
null
Maryland

25MA10601400
Full
null
Active
null
New Jersey

04-40305
Full
null
Canceled
null
Kansas

ME125540
Full
null
Active
null
Florida

MD60359609
Full
null
Active
null
Washington

ML60224778
Training
null
Canceled
null
Washington

Examination Tracking

List each licensure examination you have taken (USMLE, NBME, COMLEX USA, NBOME, LMCC, PMLEXIS, etc.)

Examination - USMLE Step 3

Status - null

Exam date - 5/7/2013

Number of Attempts - 1

Examination - USMLE Step 2 CS

Status - null

Exam date - 9/3/2010

Number of Attempts - 1

Examination - USMLE Step 2 CK

Status - null

Exam date - 7/28/2010

Number of Attempts - 1

Examination - USMLE Step 1

Status - null

Exam date - 6/30/2009

Number of Attempts - 1

Specialty Tracking Component

Please list any American Board of Medical Specialties, American Osteopathic Association, or Council on Podiatric Medical Education specialty and/or subspecialty certifications that you currently hold.

Medical Specialty Certification - American Board of Medical Specialties (ABMS)

Medical Specialty - Family Medicine

Medical SubSpecialty - null

Residency Component

List all post-graduate training programs you have attended, including those you did not complete. As you type, the name of your Hospital/Institution should auto-populate. Once it does, click on it to select. If your Hospital/Institution does not auto-populate, type and select Other. You will then enter your Hospital/Institution name in the fields that appear.

Residency Number - RES26299

Hospital Name - Swedish Medical Center/Cherry Hill Program

Address - null

City - Seattle

State - WA

ZipCode - null

Country - United States

PG Type - Internship/Residency

Department/Specialty - null
Start Date - 6/21/2011
End Date - 6/21/2014
Successfully Completed? - true
Other Hospital - Swedish Medical Center/Cherry Hill Program

Current Employment Location(s)

Please provide the following information for all practice sites where you use this license, beginning with the locations in which you spend most of your time. If you are not actively working or volunteering in a position that requires this license (e.g. student or recent graduate) employment location information is optional. Employment location information helps improve the accuracy and efficiency of Health Professional Shortage Area Designations and enables Ohio to identify healthcare workforce distribution.

Name of Practice Site - 98point6
Practice Settings - Telemedicine
Street Address - 701 5th Ave STE 2300
City - Seattle
State - WA
Zip Code - 98104
Major Area of Focus or Specialty - Family Medicine
Total Hours Worked at this practice site, per Week - 40

Percent of time spent per week in each of the following at this practice site:

Direct Patient Care - 80
Teaching/Academic - 0
Research - 0
Professional Services - 0
Administrative Activities - 20
Other - 0
Total Hours- 100

Hospital Admitting Privileges for Patients - No
Current Employment Arrangement - Salaried
Other Employment Arrangement - null
Intern/Resident Position - No
Employed as Federal Employee - No
Accepting New Patients - Yes

Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save and Continue.

Question - Have you ever been denied staff membership at any hospital, nursing home, clinic, health maintenance organization, or similar institution?

Answer - No

Question - Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, had privileges suspended or terminated, been put on probation, or been requested to withdraw from or resign privileges at any hospital, nursing home, clinic, health maintenance organization, or other similar institution in which you have trained, been a staff member, or held privileges, for reasons other than failure to maintain records on a timely basis, or failure to attend staff or section meetings?

Answer - No

Question - Have you ever resigned from, withdrawn from, or terminated, or have you ever been requested to resign from, withdraw from, or otherwise been terminated from, a position with a medical partnership, professional association, corporation, health maintenance organization, or other medical practice organization, either private or public?

Answer - No

Question - Have you ever resigned from, withdrawn from, or have you ever been warned by, censured by, disciplined by, been put on probation by, been requested to withdraw from, dismissed from, been refused renewal of a contract by, or expelled from, a medical or podiatry school, clinical clerkship, externship, preceptorship, residency, postdoctoral training program, or graduate medical education program?

Answer - No

Question - Have you ever transferred from one graduate medical education program or postdoctoral training program to another?

Answer - No

Question - Have you ever, for any reason, lost specialty board certification in the U.S. or elsewhere, or been denied such certification, or denied examination for such certification?

Answer - No

Question - Has any board, bureau, department, agency or other body, including those in Ohio, in any way limited, restricted, suspended, or revoked any professional license, certificate or registration granted to you; placed you on probation; or imposed a fine, censure or reprimand against you?

Answer - No

Question - Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate or registration issued to you by any board, bureau, department, agency, or other body; or have you ever withdrawn any application for licensure, relicensure, or examination, in any state (including Ohio), territory, province, or country?

Answer - No

Question - Have you ever, for any reason, been denied licensure or relicensure, application for licensure or relicensure, or the privilege of taking an examination, in any state (including Ohio), territory, province, or country?

Answer - No

Question - Have you ever been requested to appear before any board; bureau, department, agency, or other body, including those in Ohio, concerning allegations against you?

Answer - No

Question - Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, in lieu of or in order to avoid formal disciplinary action, with any board, bureau, department, agency, or other body, including those in Ohio?

Answer - No

Question - Have you ever been notified of any investigation concerning you by any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license?

Answer - No

Question - Have you ever been notified of any charges, allegations, or complaints filed against you with any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license?

Answer - No

Question - Have you ever been denied or have you ever surrendered a state or federal controlled substance or drug registration; had it revoked, terminated, or restricted in any way; or been warned, reprimanded, or fined by, or been requested to appear before, the responsible agency?

Answer - No

Question - Have you ever pled guilty to, been found guilty of a violation of any law, or been granted intervention or treatment in lieu of conviction regardless of the legal jurisdiction in which the act was committed, other than a minor traffic violation? If yes, submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders.

Answer - No

Question - Have you ever been arrested, forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance other than for a minor traffic violation; been summoned into court as a defendant or had any lawsuit filed against you (other than a malpractice suit)? If yes, submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders.

Answer - No

Question - Have you been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid on your behalf, or paid such a claim yourself? In addition, ask your malpractice insurance carrier(s) to provide a complete claims history report for the last 10 years to the State Medical Board of Ohio. If your current carrier has provided coverage for less than 10 years, ask your previous carrier to submit a claims history report to the Board.

Answer - No

Question - Have you ever been denied professional liability insurance or coverage, or had such insurance or coverage canceled, limited, or restricted in any way?

Answer - No

Question - Have you ever been denied or relinquished participation in any third party reimbursement program, whether governmental or private, including Medicaid and Medicare; or had such participation limited, restricted, suspended, or revoked; or been warned, reprimanded, requested to appear before, or fined by the responsible body?

Answer - No

Question - Have you ever been denied privileges, or had privileges revoked, suspended, restricted, reduced, or terminated by the Department of Defense, the Veteran's Administration, or any of their respective components?

Answer - No

Question - Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?

Answer - No

Question - In the past five years, have you been diagnosed as having, or been hospitalized for a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? You may answer "NO" to this question if you hold a current training certificate to pursue training in Ohio and the only such medical condition is chemical dependency or substance abuse, and you have successfully completed or are currently receiving treatment at a program approved by this board and have adhered to all statutory requirements as contained in Section 4731.224 and 4731.25, O.R.C., and related provisions. Any questions concerning approval can be directed to the board offices.

Answer - No

Question - Do you use chemical substance(s) which in any way impair or limit your ability to practice medicine with reasonable skill and safety?

Answer - No

Question - Are you currently engaged in the illegal use of controlled substances?

Answer - No

Question - Are you an International Medical School Graduate?

Answer - No

Question - Are you or will you be in an accredited training program in Ohio?

Answer - No

Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). The (.exe) and (.html) file extensions are not supported for submissions. For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Title - License Verification

Description - I attest that I will request License Verification(s) from any state(s), jurisdiction(s) or Canadian province(s) where I currently hold or previously held a full license. VERIDOC, electronic or standardized letters are acceptable for license verification.

Attested - Attestation complete

Title - License Verification

Description - I attest that I will request License Verification(s) from any state(s), jurisdiction(s) or Canadian province(s) where I currently hold or previously held a full license. VERIDOC, electronic or standardized letters are acceptable for license verification.

Attested - Attestation complete

Title - FBI Report

Description - I acknowledge as an applicant I am required to complete an FBI criminal records check and the results should be sent directly to the State Medical Board of Ohio.

Attested - Attestation complete

Title - BCI Report

Description - I acknowledge as an applicant I am required to complete an Ohio BCI criminal records check and the results should be sent directly to the State Medical Board of Ohio.

Attested - Attestation complete

Title - License Verification

Description - I attest that I will request License Verification(s) from any state(s), jurisdiction(s) or Canadian province(s) where I currently hold or previously held a full license. VERIDOC, electronic or standardized letters are acceptable for license verification.

Attested - Attestation complete

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Attested - Attestation complete

Review + Submit

Once the review has been processed, the license application will be completed.

Application Review - Completed

Attestation

I hereby certify and attest that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand this application and have answered all questions contained in this application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Board, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to the credential for which I have applied being granted to me by the board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of the credential for which I have applied.

Consent to Electronic Signature - **Consented**

Date/Time Stamp - 10/22/2019 5:31 PM

Type your First Name and Last Name as they appear on the application to sign electronically.

Jamie Phifer

Submit your Application -After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY**

OVERWRITE YOUR DATA. If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

Uniform Application for Licensure

Application ID: 287246

FID: 215785155

License Requested: MD

License Type: Permanent Medical License

Submitted to: State Medical Board of Ohio

Submission Date: 10/14/2019 12:54 PM

Practitioner Name

Phifer, Jamie Michele

Contact Information

Address

Public Access	Board Contact	Type	Address
No	No	Business	1037 NE 65th St #371 Seattle Seattle, WA 98115 UNITED STATES
Yes	Yes	Business	701 5th Ave STE 2300 Attn: 98point6 Seattle, WA 98104 UNITED STATES

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
No	No	Business	(206) 985-9553	
Yes	Yes	Business	(866) 657-7991	
No	No	Home	(206) 743-7791	

Email

Public Access	Board Contact	Email
No	No	phifer.jamie@gmail.com
Yes	Yes	licensing-jamie.phifer@98point6.com

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
52315470	REDACTED	08/25/1985	Atlanta, GA UNITED STATES	F		MD	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
University of Florida College of Medicine	Box 100215 JHMHC Gainesville, FL 32610 UNITED STATES	08/17/2007	05/14/2011	05/14/2011	MD

Fifth Pathway

None Reported

ECFMG

Applicant Name: Phifer, Jamie Michele

Application ID: 287246

Uniform Application for Physician State Licensure

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Page 1 of 3

Certificate Number	Issue Date
None Reported	

Postgraduate Training

Hospital Name:	Swedish Medical Center/Cherry Hill Program Seattle, WA UNITED STATES	Program Code:	ACGME 1205421328
Attendance Dates:			
Institution:	Swedish Medical Center	Start Date:	06/21/2011
Training Specialty:	Family Medicine	End Date:	06/21/2014
		Program Type:	Internship/Residency
Training Status:	Completed		
Clinical %:	80	Administrative %:	20

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		06/30/2009	Pass	1
USMLE Step 2 CK Examination		07/28/2010	Pass	1
USMLE Step 2 CS Examination		09/03/2010	Pass	1
USMLE Step 3 Examination		05/07/2013	Pass	1

State Licensure History

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Illinois Department of Financial and Professional Regulation	IL	036150427	08/07/2019	07/31/2020		Active
Kansas State Board of Healing Arts	KS	04-40305	08/11/2017	07/31/2018	Full	Canceled
New Jersey State Board of Medical Examiners	NJ	25MA10601400	05/21/2019	06/30/2021	Full	Active
Maryland Board of Physicians	MD	D87604	05/30/2019	09/30/2021		Active
Washington Medical Quality Assurance Commission	WA	ML60224778	06/14/2011	07/05/2013	Training	Canceled
Washington Medical Quality Assurance Commission	WA	MD60359609	07/05/2013	08/25/2020	Full	Active
Florida Board of Medicine	FL	ME125540	09/08/2015	01/31/2020	Full	Active

Physician Reported License History

Practitioner License Type	Licensing State	License Number	Issue Date	Expiration Date	Type	License Status
None Reported						

Chronology of Activity Type

Practice/Emp/ Desc:	University of Florida College of Medicine	Chronology Type:	Medical Education
	Address: Gainesville, FL US	Attendance Dates:	
	Position/Dept:	From:	08/17/2007 to 05/14/2011
	Clinical %:		
	Admin %:		
	Employment:	Staff Privileges:	Affiliation:
Practice/Emp/ Desc:	Swedish Medical Center/Cherry Hill Program	Chronology Type:	Accredited Training
	Address: Seattle, WA US	Attendance Dates:	
	Position/Dept:	From:	06/21/2011 to 06/21/2014
	Clinical %: 80		
	Admin %: 20		
	Employment:	Staff Privileges:	Affiliation:
Practice/Emp/ Desc:	Vacation/employment search post residency	Chronology Type:	Vacation
	Address:	Attendance Dates:	
	Position/Dept:	From:	07/01/2014 to 08/01/2014
	Clinical %: 0		
	Admin %: 0		
	Employment: •	Staff Privileges: •	Affiliation: •
Practice/Emp/ Desc:	Swedish Medical Group	Chronology Type:	Work
	Address: 600 University St #1200 Seattle, WA 98101 US	Attendance Dates:	
	Position/Dept: Primary & Urgent Care Physician - Primary Care	From:	08/26/2014 to In Progress
	Clinical %: 80		
	Admin %: 20		
	Employment: •	Staff Privileges: •	Affiliation: •

Malpractice

None Reported



FEDERATION OF
STATE MEDICAL BOARDS

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Phifer, Jamie Michele**

Social Security Number: **REDACTED**

Date of Birth: **August 25, 1985**

FID#: **215785155**

Recipient: **OH - State Medical Board of
Ohio**

Delivery Date: **10/09/2019**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.

Notary:

Your seal (or stamp)
must be partly upon
the photo and partly
upon the signature of
the applicant.

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.



State of Washington, County of King

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 19th day of April, 2019.

Notary Public Signature: Joyce H. Phifer

My Notary Commission Expires: November 1, 2022

Please complete and mail this original document to the Federation of State Medical Boards at:

400 FULLER WISER ROAD | EULESS, TX 76039 | TEL (817) 868-5000

Biographic Information

Medical professional Name(s): **Phifer, Jamie Michele**

Date of Birth: August 25, 1985

Place of Birth: Atlanta, Georgia, UNITED STATES

Contact Information

Business Address: 1037 NE 65th St #371
Seattle
Seattle, WA 98115
UNITED STATES

Home Phone: (206) 743-7791

Business Phone: (206) 985-9553

Business Phone: (866) 657-7991

Email: phifer.jamie@gmail.com

Email: licensing-jamie.phifer@98point6.com

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public Is Required

Applicant Full Legal Name: Phifer Jamie Michele
Last First Middle

FCVS ID Number: FCVS

Notary – Please complete the section below:

State of Washington County of King

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Valid Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

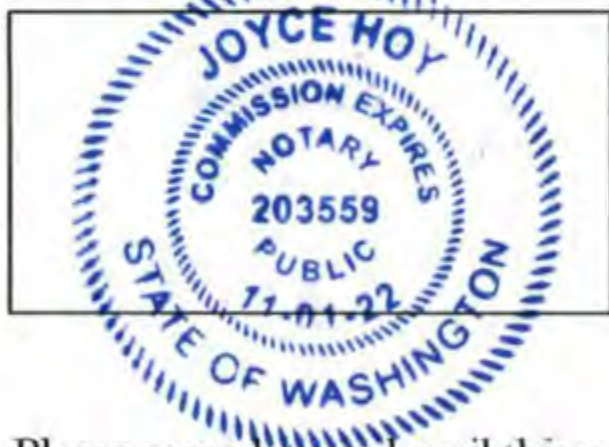
The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 19th, of (Month) April, (Year) 2019.

Notary Public Signature: Joyce Hoy

Commission Expiration Date* (Month) November / (Day) 1 / (Year) 2022

* The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided. If you are in California, the notary may attach a California All-Purpose Acknowledgement form to this document.

Notary Stamp Here



Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards

ATTN: FCVS

400 Fuller Wiser Rd

Eules, TX 76039-3856

FCVS ID Number
FCVS

215 785 155

PP

FID Number
215785155

215 785 1554

USA

P USA

Surname / Name / Pseudonym

Given Names / Prénoms / Nombres

Nationality / Nationalité / Nationalidad

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

Sex / Sexe / Sexo

1

Date of issue / Date de délivrance / Fecha de expedición

Authority / Autorité / Autoridad

United States

Date of expiration / Date d'expiration / Fecha de caducidad

Department of State

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

USA

KUSAPHIFER<<JAMIE<MICHELE<<<<<<<<<<<<<<<<<<<

002394075115A8508258F2803250339880799<697716

The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
08/17/2007	05/14/2011	Medical Education	University of Florida College of Medicine Gainesville Florida UNITED STATES
06/21/2011	06/21/2014	Postgraduate Training	Swedish Medical Center/Cherry Hill Program Seattle Washington UNITED STATES

End of Chronology of Activities report for: Phifer, Jamie Michele

Medical Education

Medical School: University of Florida College of Medicine

Location: Gainesville, FL
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

Instruction to the Dean

Please complete both pages of this form, sign date and seal on the front page then return to:

Federation Credentials
Verification Service
400 Fuller Wiser Rd
Suite 300
Euless, TX 76039

The individual identified on the attached Authorization for Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution.

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover.

If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation)

Institution Name: University of Florida College of Medicine

Address Line 1:

University of Florida College of Medicine

Address Line 2:

PO Box 100216

City: Gainesville

State/Province: FL

Zip Code (Postal Code): 326100216

Country: US

If name of institution was different when this individual attended, please note this name below.

Premedical Education:

Years of education required for admission to your medical school: 4

Credential/degree presented by the applicant for admission to your medical school: BS Micro & Cell Science

Enrollment and Participation: Our records indicate that

Phifer, Jamie Michele

(Type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 164 weeks of medical education on the following dates:

From: 08/20/07 To: 05/13/11
Month Day Year Month Day Year

This individual

Was awarded the degree of MD

on 05/14/11
Month Day Year

Was NOT awarded a degree because: (please explain - additional page if necessary)

SEAL
VERIFIED

Attestation Affix Institutional Seal Here If no seal is available, this form must be notarized.	Watermark <small>For FCVS internal use only</small>	Name: <u>Julian Gilder</u> Signature: <u>Julian Gilder</u> Title: <u>Assistant University Registrar</u> Date of Signature: <u>11/20/18</u> Phone: <u>352 273 7978</u> Fax: <u>352 273 7536</u> Email: <u>jgilder@ufl.edu</u>
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218298255

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Unusual Circumstances

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?

☐ YES ☒ NO

If Yes, please specify the reason(s) for, indicate the date of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved:

Personal/Family	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Academic remediation	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Health	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Financial	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Participation in joint degree				
Program (e.g., MD/PhD)	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Participation in non-research special study				
(e.g., fellowship, international experience)	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Participation in non-degree research	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Other	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved

Please Specify:

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?

☐ YES ☒ NO

If YES, please select the reason(s) for the probation, indicate the dates of placement on and removal from probation and attach additional documentation to this report:

Academic Probation	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___
Probation for unprofessional conduct/behavioral	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___
Probation for other reason	From (Mo/Yr) ___/___	To (Mo/Yr) ___/___

Please specify a reason:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?

☐ YES ☒ NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s)

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university?

☐ YES ☒ NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s)

☐ YES ☒ NO

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?

If YES, please provide detailed documentation/information about the nature of the limitations or special requirements:

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218298255

Medical School

Medical Professional Name: Phifer, Jamie Michele

University of Florida College of Medicine

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Phifer, Jamie Michele

College of Medicine
Office of the Dean
Student Affairs and Registration

PO Box 100216
Gainesville, FL 32610-0216
352-273-7971
352-846-0622 Fax

November 1, 2010

MEDICAL STUDENT PERFORMANCE EVALUATION

I. IDENTIFYING INFORMATION

Jamie Michele Phifer
AAMC ID# 12611314
University of Florida College of Medicine
Gainesville, Florida

II. UNIQUE CHARACTERISTICS

Jamie was born in Atlanta, Georgia, and raised in Jacksonville, Florida. Her father is a salesperson, and her mother currently teaches special education. Jamie is an only child.

Jamie completed her undergraduate studies at the University of Florida where she had an outstanding academic record. She majored in Integrative Biology and Microbiology and Cell Science and received her Bachelor of Science degree *summa cum laude*.

During medical school, Jamie has participated in a variety of extracurricular activities. She serves as the treasurer of her class and manages an annual operating budget of approximately \$60,000. She has been president of the Medical Students for Choice and a member of the American Holistic Medical Association. She also participated in one of the student medical mission trips to the Dominican Republic.

III. ACADEMIC HISTORY

Jamie began her studies at the University of Florida College of Medicine in August 2007. She has advanced in the appropriate sequence through the curriculum and never has received an adverse action from the Academic Status Committee. She is scheduled to graduate on May 14, 2011.

IV. ACADEMIC PROGRESS

A. ***Preclinical Curriculum***

In the first year of the basic science curriculum, Jamie received a grade of "A" in all courses (G.P.A. 4.0). In the second year of the basic sciences, she earned four grades of "A"

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The Foundation for The Gator Nation

An Equal Opportunity Institution

and three grades of "B+" (G.P.A. 3.8). **She successfully completed USMLE Step 1 with an excellent score of 243.**

B. Clinical Clerkship Record

Jamie's first clerkship was **Obstetrics and Gynecology**. In the student's summative evaluation, the clerkship director remarked that, "Jamie was a very good student, and everyone enjoyed working with her on the clerkship. She was well-prepared for conferences and actively participated in all discussions. Her fund of knowledge was appropriate for her level of training, and she always asked questions to improve the breadth and depth of her knowledge. She was an enthusiastic learner who could reason through and solve clinical problems. Her histories and physicals were generally accurate and complete. Her written notes were impressively organized, concise, and legible. In the operating room, she was an able assistant and had appropriate manual skills. Her particular strong points were her cheerful personality and superb interactions with patients, staff members, and peers. The nurse that she shadowed in the Labor and Delivery Suite was very impressed with how she engaged patients and family members in conversation and clearly put them at ease. She was very confident in working as a member of a team. She was always mature, respectful, and engaged. She has all the qualities to be a very good physician in whatever field she chooses." On the final standardized written examination, she scored in the 56th percentile. **Her final grade for the clerkship was "B+."**

Jamie's second clerkship was **Psychiatry**. One of her preceptors noted that, "Jamie did an excellent job on the rotation. She made significant gains in multiple areas during the rotation. Her interviewing skills improved nicely as the clerkship evolved." Her second preceptor, one of the most highly respected teachers in the College of Medicine, remarked that, "Jamie was highly professional, mature, and self-motivated. During her time in our department, she pursued the option of spending extra time on the Inpatient Psychiatry Service, even though she was not originally scheduled to have this clinical exposure. This action reflected, in my view, her capacity and desire to be a self-directed learner. As the rotation progressed, Jamie's patient evaluations showed marked improvement, as did her oral presentations. By the end of the rotation, her presentations were succinct and crisp. Her fund of knowledge, particularly with regard to pharmacology and differential diagnosis, also grew at an impressive rate. More than anything else, however, I was impressed by Jamie's skill in reflecting thoughtfully and asking measured questions. It was quite clear to me that she thought critically about matters. Her questions were always thoughtful and aimed at understanding the clinical and social dimensions of patient care. I was particularly impressed by a clinically-based ethics case that she developed for discussion. This discussion evidenced a great deal of thought about issues that go beyond clinical facts, and she effectively delved into what constituted respectful, empathic, and patient-centered treatment. This level of critical thinking and reflection is not often found in medical students at this early stage of training." On the final standardized written examination, Jamie scored in the 67th percentile, and she received a grade of *good* ("B") on her oral examination. **Her final grade for the clerkship was "B+."**

Jamie's third clerkship was **Family Medicine and Ambulatory Care**. One of her preceptors noted that, "Jamie actively participated in all discussions related to patient diagnosis and treatment. My patients and my staff members enjoyed working with her. I believe she will be an outstanding physician in the field of her choice." Her second preceptor remarked that, "Jamie functioned at, or above, grade level in all areas. She was an avid

reader. She was the first student I have had who had such an excellent perspective with respect to public health and evidence-based medicine. She was eager to learn, responsible, and hard-working. She always stayed late to help see patients. She had great patient education skills and often did nutritional counseling with my patients. Her oral presentations were focused and concise. She will be a wonderful primary care physician." On the final examination, which included a written multiple choice test and OSCE, she received a grade of "A." **Her final clerkship was "A."**

Jamie's fourth clerkship was **Neurology**. One of her preceptors, the former department chair, described her as a "very good student." Her second preceptor, the residency program director, noted that, "Jamie was a very good student and was slightly ahead of where she should be for her level of training." On the final written examination, her score was 95%. **Her final grade for the clerkship was "A."**

Jamie's fifth clerkship was **Pediatrics**. Faculty preceptors provided many positive comments concerning Jamie's excellent clinical performance: "Jamie's fund of knowledge was very good. She had an excellent work ethic, and her thought processes were very logical. She related well with peers, staff members, faculty members, and patients. She was definitely dedicated to improving care for her patients. She would be a fine pediatrician." On the final standardized written examination, she had one of the highest scores of the year—94th percentile ("A"). **Her final grade for the clerkship was "A."**

Jamie's sixth clerkship was **Medicine**. In the student's summative evaluation, the clerkship director observed that, "Jamie was intelligent and respectful. She had a wonderful level of initiative and interest. She possessed a natural inclination toward patient-centered medicine. She functioned as an effective patient advocate, a trait which seemed to come naturally to her because of the rich relationship that she formed with those under her care. For example, a vegan patient was admitted with nausea and vomiting and other gastrointestinal issues. Dietary consultation was not as helpful as expected. Jamie advocated on behalf of the patient, brought her acceptable food items, researched the topic, and then educated the team on nutrition for hospitalized vegan patients. She also created a practical handout for the house staff regarding food choices and nutrition in hospitalized vegans. Patients and their families clearly felt comfortable with Jamie and looked to her as their primary physician. They were effusive in their praise of her care. Jamie was analytical in her approach to problems. She was dedicated to doing logical and complete physical examinations and to learning the pathophysiology behind her patient's symptoms. She was extremely thorough in her assessments of patients, and she made a great diagnosis of vitamin D overdose by being extremely thorough in asking the patient about over-the-counter medications. She asked for feedback regularly, and she contributed greatly to the collegial dynamic of the team." On the final standardized written examination, she scored in the 76th percentile. **Her final grade for the clerkship was "A."**

Jamie's final clerkship was **Surgery**. Her rotation was divided as follows: **General Surgery** (four weeks), **Pediatric Surgery** (two weeks), and **Thoracic Surgery** (two weeks). In the student's summative evaluation, the clerkship director noted that, "Jamie was motivated to learn and was always available to provide care for patients. She was bright, personable, and committed. She developed very good rapport with patients and integrated quickly into the team. Her knowledge level was above expectations for her level of training. In the small group sessions, Jamie asked thoughtful questions and was very curious. She also offered good clinical correlations. Overall, she was an excellent student and will be an

outstanding physician." On the final standardized written examination, she scored in the 66th percentile, and she received a grade of 90/100 on the oral examination. **Her final grade for the clerkship was "B+."**

At the conclusion of the third year, Jamie's cumulative G.P.A. was 3.8, and she ranked in the upper quartile of the class. **In recognition of her outstanding scholastic performance, strong personal character, and service to the university and community, Jamie was eligible for election to the Alpha Omega Alpha Honor Medical Society.**

V. SUMMARY

Jamie has performed in an outstanding manner in all phases of the medical school curriculum. Her breadth and depth of medical knowledge are exceptionally good, and she has augmented her knowledge base with sound clinical and interpersonal skills. She approaches her medical education program in an organized, disciplined, and conscientious manner. She is highly receptive to instruction and learns new concepts quickly and easily. Her interactions with patients, family members, and coworkers are outstanding, and she is very well liked and respected by everyone. Her written and oral case presentations reflect an excellent ability to elicit, organize, and interpret complicated medical information. Her work ethic is exceptional, and she is completely trustworthy and responsible in completing assignments.

Jamie's high level of motivation, strong interpersonal skills, ability to see the big picture, effective time management skills, and independence make her an invaluable colleague. When compared to other students in her class, her academic performance during medical school has been **OUTSTANDING**.

Sincerely,

Patrick Duff, M.D.
Associate Dean for Student Affairs
Professor of Obstetrics and Gynecology
Residency Program Director

PD:jg



UNIVERSITY OF FLORIDA

Official Academic Transcript

Office of the University Registrar
222 Criser Hall, Box 114000
Gainesville, FL 32611-4000

www.ufl.edu
www.registrar.ufl.edu
352-392-1374

Do Not Release to Third Party Without Student Permission

Name: Jamie Michele Phifer
Social Security Number: REDACTED
UFID: 5822-3830
Date of Birth: August 25
Basis of Admission: Beginning Freshman
Residency Status: Florida Resident/Tuition (F)

Federation of State Medical Boards Attn: FCVS
400 Fuller Wiser Road
Euless, TX 76039

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Stephen J. Fritz Jr.
University Registrar



Prefix & Course Number	Course Title	Course Notation	Grade	Credit Attempted	Earned Hours	Hours Carried
------------------------	--------------	-----------------	-------	------------------	--------------	---------------

Begin Undergraduate/Certificate Transcript

CLAST M 997 R 997 W 997 E 97 10/09/03

Programs

College: The College of Liberal Arts and Sciences
Degree Sought: Bachelor of Science
Major: Interdisciplinary Studies
Concentration: Integrative Biology

College: The College of Liberal Arts and Sciences
Degree Sought: Bachelor of Science
Major: Microbiology and Cell Science
Minor: Chemistry
Minor: Entrepreneurship

Fall 2003

Credit by Exam

Advanced Placement

AMH 2020	US Since 1877	P	3.00	3.00	0.00
AMH 2010	United States to 1877	P	3.00	3.00	0.00
AML 2070	Survey of Am Lit	P	3.00	3.00	0.00
BSC 2009L	Lab in Biol Sciences	P	1.00	1.00	0.00
BSC 2007	Cells Organisms Genet	P	3.00	3.00	0.00
CHM 2045	General Chemistry	P	3.00	3.00	0.00
CHM 2045L	General Chemistry Lab	P	1.00	1.00	0.00
ENC 1101	Expos and Argu Writing	P	3.00	3.00	0.00
MAC 2311	Analyt Geom and Calc 1	P	4.00	4.00	0.00

Grade Points: 0.00

Earned Hours: 24.00

Hours Carried: 0.00

Fall 2003

University of Florida The College of Liberal Arts and Sciences

Enrolled Coursework

CHM 2046	Gen Chem & Qual Analy	B	3.00	3.00	3.00
CHM 2046L	Gen Chem Qual Analy Lb	B	1.00	1.00	1.00
MAC 3512	Calculus 2 Ap Student	B	4.00	4.00	4.00
PHI 2010	Intro to Philosophy	A	3.00	3.00	3.00
WST 3015	Interdis Persp Women	A	3.00	3.00	3.00

Communication & Computation complete

Grade Points: 48.00

Earned Hours: 14.00

Hours Carried: 14.00

Spring 2004

University of Florida The College of Liberal Arts and Sciences

Enrolled Coursework

ANT 2301	Human Sexuality & Cul	A	3.00	3.00	3.00
BSC 2010	Integra Princ Biol 1	A	3.00	3.00	3.00
BSC 2010L	Integ Prin Biol 1 Lab	B+	1.00	1.00	1.00
CHM 2210	Organic Chemistry	B+	3.00	3.00	3.00

Undergraduate: Page 1 of 4 Career: 1 of 2

Date Printed: November 07, 2018

Copies Requested: 1



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352-392-1374

Do Not Release to Third Party Without Student Permission

Name: Jamie Michele Phifer

Social Security Number: REDACTED

UFID: 5822-3830

Date of Birth: August 25

Basis of Admission: Beginning Freshman

Residency Status: Florida Resident/Tuition (F)

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Stephen J. Fritz Jr.
University Registrar



Prefix & Course Number	Course Title	Course Notation	Grade	Credit Attempted	Earned Hours	Hours Carried
------------------------	--------------	-----------------	-------	------------------	--------------	---------------

GEO 2410	Social Geography		A	3.00	3.00	3.00
PHI 2100	Logic		A	3.00	3.00	3.00

Grade Points: 62.00 Earned Hours: 16.00 Hours Carried: 16.00

Summer 2004

University of Florida

Undergraduate

The College of Liberal Arts and Sciences

Withdraw Jul 21 2004

Enrolled Coursework

Session: May-August 12 Weeks

BSC 2011	Integra Princ Biol 2		A	3.00	3.00	3.00
BSC 2011L	Integ Prin Biol 2 Lab		A	1.00	1.00	1.00
CHM 2211L	Organic Chemistry Lab		B	2.00	2.00	2.00
PHY 2053	Physics 1		A	4.00	4.00	4.00
PHY 2053L	Lab for Phy 2053		A	1.00	1.00	1.00

Session: June-August 6 Weeks

CHM 2211	Organic Chemistry		W	3.00	0.00	0.00
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Grade Points: 42.00 Earned Hours: 11.00 Hours Carried: 11.00

Fall 2004

University of Florida

Undergraduate

The College of Liberal Arts and Sciences

Enrolled Coursework

AGR 3303	Genetics		B+	3.00	3.00	3.00
CHM 2211	Organic Chemistry		A	3.00	3.00	3.00
PHY 2054	Physics 2		A	4.00	4.00	4.00
PHY 2054L	Lab for Phy 2054		A	1.00	1.00	1.00
TPA 2202C	Stagecraft		A	4.00	4.00	4.00

Elected Golden Key International Honor Society

Grade Points: 58.50 Earned Hours: 15.00 Hours Carried: 15.00

Spring 2005

University of Florida

Undergraduate

The College of Liberal Arts and Sciences

Enrolled Coursework

BCH 4024	Intr Biochm/Molec Bio		B+	4.00	4.00	4.00
MCB 3020	Bas Biol Microorgan		A	3.00	3.00	3.00
SPN 1130	Beginning Spanish 1		A	5.00	5.00	5.00
ZOO 4926	Science Ethics/Values		A	2.00	2.00	2.00

Grade Points: 54.00 Earned Hours: 14.00 Hours Carried: 14.00

Summer 2005

University of Florida

Undergraduate

The College of Liberal Arts and Sciences

Enrolled Coursework

Session: May-August 12 Weeks

ECO 2023	Prin Microeconomics		B+	3.00	3.00	3.00
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Undergraduate: Page 2 of 4 Career: 1 of 2

Date Printed: November 07, 2018

Copies Requested: 1

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University Registrar



Prefix & Course Number	Course Title	Course Notation	Grade	Credit Attempted	Earned Hours	Hours Carried
------------------------	--------------	-----------------	-------	------------------	--------------	---------------

MCB 3020L	Lab Bas Biol Microorg		A	2.00	2.00	2.00
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Grade Points: 18.50 Earned Hours: 5.00 Hours Carried: 5.00

Fall 2005 University of Florida Undergraduate

The College of Liberal Arts and Sciences

Enrolled Coursework

ACG 2021C	Intro Finan Accounting		A	4.00	4.00	4.00
BMS 4905	Med Sci Senior Res		A	2.00	2.00	2.00
PCB 3134	Eukaryotic Cell Stru		A	3.00	3.00	3.00
SPN 1131	Beginning Spanish 2		A	5.00	5.00	5.00

Grade Points: 56.00 Earned Hours: 14.00 Hours Carried: 14.00

Spring 2006 University of Florida Undergraduate

The College of Liberal Arts and Sciences

Enrolled Coursework

AEB 3341	Selling Strategically		A	3.00	3.00	3.00
BMS 4905	Med Sci Senior Res		A	3.00	3.00	3.00
CHM 4302L	Lab Biochem Molec Bio		B+	2.00	2.00	2.00
GEB 3113	Prin Entrepreneurship		A	4.00	4.00	4.00
PCB 4522	Molecular Genetics		A	3.00	3.00	3.00

Grade Points: 59.00 Earned Hours: 15.00 Hours Carried: 15.00

Summer 2006 University of Florida Undergraduate

The College of Liberal Arts and Sciences

Enrolled Coursework

Session: May-August 12 Weeks

CHM 3120	Intro Analytic Chem		B+	3.00	3.00	3.00
CHM 3120L	Analytical Chem Lab		B+	1.00	1.00	1.00
FIN 3403	Business Finance		B+	4.00	4.00	4.00

Grade Points: 28.00 Earned Hours: 8.00 Hours Carried: 8.00

Fall 2006 University of Florida Undergraduate

The College of Liberal Arts and Sciences

Enrolled Coursework

BMS 4905	Med Sci Senior Res		A	3.00	3.00	3.00
CHM 3400	Physical Chemistry		A	3.00	3.00	3.00
MCB 4403	Prokaryotic Cell Stru		B+	3.00	3.00	3.00
ZOO 3713C	Funct Vert Anatomy		A	4.00	4.00	4.00

Grade Points: 50.50 Earned Hours: 13.00 Hours Carried: 13.00

Spring 2007 University of Florida Undergraduate

Undergraduate: Page 3 of 4 Career: 1 of 2

Date Printed: November 07, 2018

Copies Requested: 1

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Do Not Release to Third Party Without Student Permission

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Prefix & Course Number	Course Title	Course Notation	Grade	Credit Attempted	Earned Hours	Hours Carried
------------------------	--------------	-----------------	-------	------------------	--------------	---------------

The College of Liberal Arts and Sciences

Enrolled Coursework

GEB 4117	Fund New Venture Plan		A	4.00	4.00	4.00
MCB 4905	Undergrad Research		A	2.00	2.00	2.00
PCB 4723C	Phys/Mol Bio of Anims		B	5.00	5.00	5.00
PCB 5235	Immunology		B	3.00	3.00	3.00

Grade Points: 48.00

Earned Hours: 14.00

Hours Carried: 14.00

Degrees Awarded

Awarded Bachelor of Science
Graduated May 5, 2007
Summa Cum Laude
Major Interdisciplinary Studies
Concentration Integrative Biology
Summa Cum Laude
Major Microbiology and Cell Science
Minor Chemistry
Minor Entrepreneurship

Grade Points: 524.50

Earned Hours: 163.00

Hours Carried: 139.00

Cumulative GPA: 3.77

UF CUM Undergraduate GPA: 3.77

Total Hours: 163.00

UF CUM Grade Points: 524.50

UF Earned Hours: 163.00

UF CUM Hours Carried: 139.00

Transfer Hours: 0.00

End of Undergraduate/Certificate Transcript

215 785 155

1549350 -072718

UNIVERSITY OF FLORIDA TRANSCRIPT EXPLANATION

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AUD	Audit

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UF Cum GP	Cumulative UF grade points
UF Cum HC	Cumulative UF hours carried

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L	Credit below acceptable level	Y	Advanced placement
M	Repeated course; credit allowed	Z	CLEP credit

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UNIVERSITY OF FLORIDA

Official Academic Transcript

Office of the University Registrar
222 Criser Hall, Box 114000
Gainesville, FL 32611-4000

www.ufl.edu

www.registrar.ufl.edu

352-392-1374

Do Not Release to Third Party Without Student Permission

Name: Jamie Michele Phifer

Social Security Number: REDACTED

UFID: 5822-3830

Date of Birth: August 25

Basis of Admission: Beginning Freshman

Residency Status: Florida Resident/Tuition (F)

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VERIFIED

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Stephen J. Fritz Jr.
University Registrar



Prefix & Course Number	Course Title	Course Notation	Grade	Credit Attempted	Earned Hours	Hours Carried
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Begin Medical School Transcript

Programs

College: The College of Medicine
Degree Sought: Doctor of Medicine
Major: Medicine

Fall 2007

University of Florida
The College of Medicine

Professional Year 1

Enrolled Coursework

BMS 6100C	Clinical Human Anat		A	8.00	8.00	8.00
BMS 6110C	Cell & Tissue Biol		A	6.00	6.00	6.00
BMS 6828	Interdis Fam Hlth 1		S	2.00	2.00	0.00

Spring 2008

University of Florida
The College of Medicine

Professional Year 1

Enrolled Coursework

BCC 6173	Intro Clin Practice		S	3.00	3.00	0.00
BMS 6015	Essentials Pat Care 1		S	4.00	4.00	0.00
BMS 6020	Medical Neuroscience		A	5.00	5.00	5.00
BMS 6190	Anat Diagnost Imaging		S	2.00	2.00	0.00
BMS 6829	Interdisc Family Hlth		S	2.00	2.00	0.00

Summer 2008

University of Florida
The College of Medicine

Professional Year 1

Enrolled Coursework

Session: May-June 6 Weeks

BCC 6151	Human Behavior		A	3.00	3.00	3.00
BMS 6003	Aspect Human Genetics		S	2.00	2.00	0.00
BMS 6204	Bio/Molec Bio Disease		A	6.00	6.00	6.00

Session: May-August 12 Weeks

BMS 6016	Essentials Pat Care 2		S	4.00	4.00	0.00
BMS 6500	Prin of Physiology		A	6.00	6.00	6.00

Fall 2008

University of Florida
The College of Medicine

Professional Year 2

Enrolled Coursework

BMS 6300C	Med Micrbio/Infec Dis		A	5.00	5.00	5.00
BMS 6601C	Gen Pathol & Immunol		B+	6.00	6.00	6.00
BMS 6830	Essentials Pat Care 3		S	4.00	4.00	0.00

Spring 2009

University of Florida
The College of Medicine

Professional Year 2

Medical School: Page 1 of 3 Career: 2 of 2

Date Printed: November 07, 2018

Copies Requested: 1

215 785 155



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Prefix & Course Number	Course Title	Course Notation	Grade	Credit Attempted	Earned Hours	Hours Carried
------------------------	--------------	-----------------	-------	------------------	--------------	---------------

Enrolled Coursework

BMS 6191	Intro Clinic Radiol		S	2.00	2.00	0.00
BMS 6602C	Sys Pathol/Lab Med		A	9.00	9.00	9.00
BMS 6630	Clinical Oncology		S	2.00	2.00	0.00
BMS 6822	Social & Ethic Issues		A	2.00	2.00	2.00

Summer 2009

University of Florida
The College of Medicine

Professional Year 2

Enrolled Coursework

Session: May-June 6 Weeks

BMS 6404	Pharmacology		A	6.00	6.00	6.00
BMS 6823	Evidence Based Med		B+	3.00	3.00	3.00
Session: May-August 12 Weeks						
BMS 6811	Clinical Diagnosis		B+	6.00	6.00	6.00
BMS 6834	Essen Patient Care 4		S	3.00	3.00	0.00

Fall 2009

University of Florida
The College of Medicine

Professional Year 3

Enrolled Coursework

BCC 7130	Obs & Gyn Clerkship		B+	6.00	6.00	6.00
BCC 7150	Psychiatry Clerkship		B+	6.00	6.00	6.00

Spring 2010

University of Florida
The College of Medicine

Professional Year 3

Enrolled Coursework

BCC 7120	Neurology Clerkship		A	3.00	3.00	3.00
BCC 7140	Pediatric Clerkship		A	8.00	8.00	8.00
BCC 7170	Family Med/Geriatrics		A	9.00	9.00	9.00

Summer 2010

University of Florida
The College of Medicine

Professional Year 3

Enrolled Coursework

Session: May-August 12 Weeks

BCC 7110	Medicine Clerkship		A	8.00	8.00	8.00
BCC 7160	Surgery Clerkship		B+	8.00	8.00	8.00

Fall 2010

University of Florida
The College of Medicine

Professional Year 4

Enrolled Coursework

BCC 7174	Sr Com Hlth Fam Clerk		A	4.00	4.00	4.00
MEL 7937	Elect Top/Pediatrics		S	4.00	4.00	0.00

Medical School: Page 2 of 3 Career: 2 of 2

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MEL 7947	Elect Top/Community		S	2.00	2.00	0.00
MEL 7948	Elect Top/Medicine		S	4.00	4.00	0.00
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MEL 7948	Elect Top/Medicine		S	4.00	4.00	0.00

Spring 2011

University of Florida
The College of Medicine

Professional Year 4

Enrolled Coursework

BCC 7100	Life Support Skills		A	2.00	2.00	2.00
BCC 7115	Geriatric Clerkship		B+	2.00	2.00	2.00
BCC 7180	Sr Emerg Med Clerkshp		B+	4.00	4.00	4.00
MEL 7932	Elect Top Ob/Gyn		S	2.00	2.00	0.00
MEL 7937	Elect Top/Pediatrics		S	4.00	4.00	0.00
MEL 7948	Elect Top/Medicine		S	4.00	4.00	0.00
MEL 7953	Internship 101		S	4.00	4.00	0.00

Degrees Awarded

Awarded Doctor of Medicine
Graduated May 14, 2011
Cum Laude
Major Medicine

End of Medical School Transcript
End of Official Transcript

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The University of Florida


has conferred on
Jamie Michele Phifer
the degree
Doctor of Medicine

and all the rights and privileges thereunto appertaining.
In Witness Whereof, this diploma, duly signed, has been issued
and the seal of the University affixed.

Issued by the Board of Trustees upon recommendation of the Faculty of
The College of Medicine
at Gainesville, this fourteenth day of May, 2011.

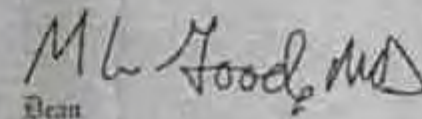
SEAL
VERIFIED



Governor


Chairman, Board of Trustees




President


Dean


Julian Glider, Assistant University Registrar
College of Medicine University of Florida
November 20, 2018

I certify that this is a true and correct copy of the diploma presented to **Jamie Michele Phifer** at the University of Florida College of Medicine on May 14, 2011.

Postgraduate Training

Accreditation ID: 1205421328**Institution:** Swedish Medical Center/Cherry Hill Program**Location:** Seattle, WA
UNITED STATES

Credentials Analysis Information for Postgraduate Training

There is no Omission/Discrepancy/Miscellaneous information identified.



Verification of Postgraduate Medical Education	
Institution: <u>Swedish Medical Center/Cherry Hill Program</u>	Attention: <u>Program Director</u>
Specialty: <u>Family Medicine</u>	Affiliated University: <u>University of Washington</u>
Address: <u>Seattle, WA</u>	
Verification For:	Name: <u>Jamie Michele Phifer</u> DOB: <u>08/25/1985</u> Individual's Name on Record (If different from above): _____
Program Participation: Important: Report incomplete postgraduate years (PGY) separate from those that were successfully completed. If the postgraduate year is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately. Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	PGY: 1 <input checked="" type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research Specialty/Subspecialty: <u>Family Medicine Residency - Cherry Hill</u> From: <u>06/23/11</u> To: <u>06/24/12</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPCSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
	PGY: 2 <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research Specialty/Subspecialty: <u>Family Medicine Residency - Cherry Hill</u> From: <u>06/25/12</u> To: <u>06/24/13</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPCSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
	PGY: 3 <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research Specialty/Subspecialty: <u>Family Medicine Residency - Cherry Hill</u> From: <u>06/25/13</u> To: <u>06/24/14</u> Successfully Completed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPCSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
Unusual Circumstances: Check the correct response. Omitted responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper. ELECTRONIC SEAL VERIFIED	1. Did this individual ever take a leave of absence or break from his/her training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Was this individual ever placed on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Was this individual ever disciplined or placed under investigation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were any negative reports for behavioral reasons ever filed by instructors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain any "Yes" response from above:
Certification: Affix your institutional seal in this space. If no seal is available, you must have this form notarized	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only). Name: <u>Louis Paul Gianutsos, MD, MPH</u> Signature: _____ Title: <u>Program Director</u> Date of Signature: <u>04/08/19</u> Tel: <u>206-320-4036</u> Fax: <u>206-320-8173</u> E-Mail: <u>paul.gianutsos@swedish.org</u>

Graduate Medical Education

Medical Professional Name: Phifer, Jamie Michele

Accreditation ID: 1205421328

Institution: Swedish Medical Center/Cherry Hill Program

Specialty: Family Medicine

Unusual Circumstances

Training Period: 6/21/2011 - 6/21/2014 Internship/Residency

Did you have any interruption(s) or extension(s) in your medical education?	No
Were you ever placed on probation?	No
Were you ever disciplined or placed under investigation?	No
Were any negative reports for behavioral reasons ever filed by instructors?	No
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	No

End of Applicant Reported Unusual Circumstances report for: Phifer, Jamie Michele

Swedish Medical Center

Cherry Hill
Seattle, Washington

This Certifies That

Jamie M. Phifer, M.D.

has faithfully and satisfactorily performed the duties of

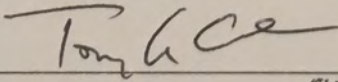
Family Medicine Resident

from

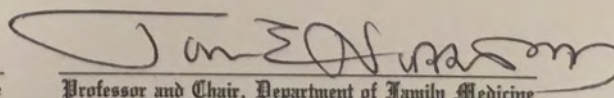
June 21, 2011 to June 24, 2014

In witness whereof, the undersigned have affixed their signatures

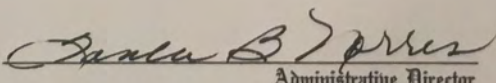




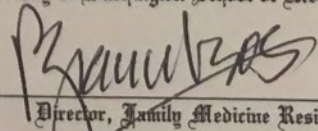
Chief Executive



Professor and Chair, Department of Family Medicine
University of Washington School of Medicine



Administrative Director
Medical Education and Medical Staff Services



Director, Family Medicine Residency



An Approved Residency in Family Medicine
Affiliated with the University of Washington School of Medicine

Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



United States Medical Licensing Examination® (USMLE®)

Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Date: 10/10/2019

Federation Credentials Verification Service
ATTN: FCVS

FCVSID: 482434

Examinee: Phifer, Jamie Michele

Examinee ID: 5-231-547-0

Alt Name(s):

Date of Birth: 08/25/1985

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/30/2009	Pass	243	(185)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/28/2010	Pass	260	(189)	

Clinical Skills (CS)

Test Date	Pass/Fail	Comments
09/03/2010	Pass	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
05/07/2013	Pass	214	(190)	

End of Exam History

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Phifer, Jamie Michele

Examinee ID: 5-231-547-0

Date of Birth: 08/25/1985

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

PRACTITIONER PROFILE

Prepared for: FCVS As of Date:10/9/2019

PRACTITIONER INFORMATION

Name: Phifer, Jamie Michele
 DOB: 8/25/1985
 Medical School: University of Florida College of Medicine
 Gainesville, Florida, UNITED STATES
 Year of Grad: 2011
 Degree Type: MD

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1154615185	Individual			06/04/2018

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Reported
FLORIDA	ME125540	09/08/2015	01/31/2020	09/17/2019
ILLINOIS	036150427	08/07/2019	07/31/2020	08/28/2019
KANSAS	04-40305	08/11/2017	07/31/2018	10/01/2019
MARYLAND	D87604	05/30/2019	09/30/2021	10/04/2019
NEW JERSEY	25MA10601400	05/21/2019	06/30/2021	08/30/2019
WASHINGTON	ML60224778	06/14/2011	07/05/2013	09/30/2019
WASHINGTON	MD60359609	07/05/2013	08/25/2020	09/30/2019

US DRUG ENFORCEMENT ADMINISTRATION (DEA)

PRACTITIONER PROFILE

Prepared for: FCVS As of Date:10/9/2019
Practitioner Name: Phifer, Jamie Michele

DEA Number	Schedule	Address	Expiration Date	Last Reported
FP8597948	22N 33N 4 5	JACKSONVILLE, FL 32216	03/31/2022	09/06/2019
FP3498842	22N 33N 4 5	SEATTLE, WA 98121	03/31/2021	09/06/2019

PRACTITIONER PROFILE

Prepared for: FCVS As of Date: 10/9/2019
Practitioner Name: Phifer, Jamie Michele

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Family Medicine
Certificate: Family Medicine
Certification Type: General
Certification Status: Certified
Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	06/25/2014		02/15/2020	Initial	09/26/2019

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker
Governor

Deborah Hagan
Secretary

Cecilia Abundis
Acting Director
Division of
Professional
Regulation

CERTIFICATION OF LICENSURE

1037 NE 65th St # 371
Seattle, WA 98115

Licensee: License Jamie Phifer MD
Number: 036.150427
Profession: LICENSED PHYSICIAN AND SURGEON
Date of Issuance: 08/07/2019
Expiration Date: 07/31/2020
License Status: ACTIVE
License Method: ENDORSEMENT
Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this department in the regular course of business as of 10/11/2019



Cecilia Abundis
Acting Director
Division of Professional Regulation

10/11/2019
Date

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

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

Ohio, State Medical Board of
77 S High St, 17th Fl
Columbus, OH 43215

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





Kathleen Selzler Lippert
Executive Director

Sam Brownback, Governor

October 11, 2019

Ohio, State Medical Board of
77 S High St, 17th Fl
Columbus, OH 43215

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:	08/25/1985
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)



Commonwealth of Massachusetts
Board of Registration in Medicine

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

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

FACSIMILE TRANSMITTAL FORM

TO: License Verification

FROM: Tammi McManus

DATE: 10/17/19 TIME: 3:30pm

FAX#: 614-644-1464

NUMBER OF PAGES INCLUDING COVER SHEET: 2

MAKE ADDITIONAL COPIES FOR: _____

NOTES: _____

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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
Legal Division
Licensing Division

Fax: (781) 876-8381
Fax: (781) 876-8380
Fax: (781) 876-8363

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

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Lieutenant Governor

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.

SEAL

Staff Member, Board of Registration in Medicine

Tammi McManus



MARYLAND Department of Health Board of Physicians

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

October 15, 2019

Ohio State Medical Board
30 E. Broad St
3rd Floor
Columbus

OH 43215-6127

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





MARYLAND Department of Health Board of Physicians

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

October 15, 2019

Ohio State Medical Board
30 E. Broad St
3rd Floor
Columbus

OH 43215-6127

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



October 11, 2019

OHIO, STATE MEDICAL BOARD OF
77 S HIGH ST, 17TH FL
COLUMBUS, OH 43215

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:	1985
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

OHIO, STATE MEDICAL BOARD OF
77 S HIGH ST, 17TH FL
COLUMBUS, OH 43215

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:	1985
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



Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
Jamie Phifer MD	Seattle, WA 98115	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
036150427	LICENSED PHYSICIAN AND SURGEON	ACTIVE	08/07/2019	08/07/2019	07/31/2020	N

Generated on: 10/24/2019 10:04:25 AM



The State of New Jersey

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Office of the Attorney General



NEW JERSEY DIVISION OF CONSUMER AFFAIR

License Information

Accurate as of October 24, 2019 11:05 AM

[Return to Search Results](#)
Name: JAMIE PHIFER**Address:** Seattle, WA**Profession/License Type:** Medical Examiners, Medical Doctor**License No:** 25MA10601400**License Status:** Active**Status Change Reason:** License Issuance**Issue Date:** 5/21/2019**Expiration Date:** 6/30/2021

Documents

NO Board Actions. For more information contact New Jersey State Board of Medical Examiners

No Public Documents

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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. RODRÍGUEZ
Acting Director

October 28, 2019

State Medical Board of Ohio
30 East Broad Street, 3rd Floor
Columbus, OH 43215-6127

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

MEDICAL BOARD

NOV 6 2019



State Medical Board of
Ohio

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
(614) 466-3934
www.med.ohio.gov

11/20/2019

Dear Jamie Phifer:

This is to notify you that you are now licensed to practice in the State of Ohio. The Board approved your request and your license number **35.138181** was issued on 11/20/2019 and will expire on 11/20/2021.

Below is a printable wallet card for your convenience. A wall certificate will be mailed to you within the next five business days. Please be advised that verification of your Ohio license must be obtained directly from the website at <https://elicense.ohio.gov>. This website is updated immediately to reflect license status.

Questions concerning licensure or renewal can be sent to license@med.ohio.gov.

Sincerely,

State Medical Board of Ohio
Licensure & Renewal Department



State Medical Board of
Ohio

30 East Broad Street, 3rd Floor
Columbus, OH 43215-6127
614-466-3934
www.med.ohio.gov

THE RECORDS OF THE STATE MEDICAL BOARD OF OHIO INDICATE
THAT YOU HOLD THE FOLLOWING ACTIVE LICENSE:

35.138181
Jamie Phifer

Effective Date: 11/20/2019
Expiration Date: 11/20/2021