

Jan 1

PHYSICIAN TO APPEAR

EXAMINATION

ENDORSEMENT

16940
LICENSE NUMBER

1/2/20
ISSUE DATE

Jamie Phifer
PHYSICIANS NAME

APPLICATION RECEIVED 11/13/19
DATE

FEE RECEIVED 11/13/19
DATE

NATIONAL PRACTITIONER DATA BANK SELF-QUERY

FM
SPECIALTY CODE

STATE LICENSURE VERIFIED

FL IL KS MD
NY WA
MA

FCVS APPLICATION

LICENSING COMMITTEE

JENNIFER BARRY

PATRICIA DELANEY

JAMES MONTI MD

CHIEF ADMINISTRATIVE OFFICER

JAMES MCDONALD MD

APPROVED 12/2/19
DATE OF APPROVAL

DENIED
DATE OF DENIAL

EMAILED PHYSICIAN OF OUTSTANDING CREDENTIAL(S)



FOR OFFICE USE ONLY

Receipt #

ID #

Issue Date

License #

Rhode Island Board of Medical Licensure and Discipline

Room 205
3 Capitol Hill
Providence, RI 02908-5097

Instructions and License Application for:

- Allopathic Medicine
- Osteopathic Medicine
- Academic Faculty
(Limited Medical Registration)
- Temporary Post Graduate – Allopathic Medicine

endorsement

PGY 2 _____ PGY 3 _____

- Temporary Post Graduate – Osteopathic Medicine

PGY 2 _____ PGY 3 _____

Jamie M Phifer, MD

Applicant – Print/Type Name (First/MI/Last)

- I am also applying for a RI Uniform Controlled Substance Registration (CSR) and I have attached the CSR application to this license application.

Phone: (401) 222-3855

TTY/TDD: (800) 745-5555

Fax: (401) 222-2158

Rhode Island Board of Medical Licensure and Discipline

Room 205, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-3855

**ADDENDUM 2
Additional Physician Information**

Complete each section as instructed.

1. **Specialty of Practice:** Refer to the ABMS Certification Codes List (pages 4 and 5 of this addendum) when completing this section. You must provide a copy of your ABMS certificate(s). You may report "None", "Other", or "Unknown" if necessary.

FM
Primary Specialty Code

Board Certified? Yes No
If Yes, Year Certified/Recertified: 06/25/2014

Secondary Specialty Code

Board Certified? Yes No
If Yes, Year Certified/Recertified: _____

Secondary Specialty Code

Board Certified? Yes No
If Yes, Year Certified/Recertified: _____

Secondary Specialty Code

Board Certified? Yes No
If Yes, Year Certified/Recertified: _____

2. **Practice Information:** Specify where in this State do you intend to practice, and list type of practice using the codes below. (If additional space is needed, attach a separate sheet)

ACD = Academia
ADM = Administration
FTY = Faculty
FEL = Fellowship
GRP = Group
HSP = Hospital
HMO = HMO
OFC = Office
RES = Research
OTH = Other

Location #1: 98point6 (Telemedicine)

City: Seattle, WA Practice Type (See Code): OTH

Location #2: _____

City: _____ Practice Type (See Code): _____

Location #3: _____

City: _____ Practice Type (See Code): _____

Identify any translational services that may be available at your primary practice location: _____

3. **Medical School Faculty Appointments:** Identify any appointments to medical school faculties and indicate as to whether you have had responsibility for graduate medical education within the most recent ten (10) years.

N/A

4. **Medical Licensure:** List all countries (other than the U.S. and Canada) in which you are now, or ever have been licensed to practice medicine, or any other profession.

N/A Active Inactive
Country _____
 Active Inactive
Country _____
 Active Inactive
Country _____

5. **Board Discipline:** List any disciplinary actions by licensing boards in other states. Please describe any prior or pending Board action or investigation. Please attach any relevant supplemental materials. If necessary, you may continue on a separate sheet.

Check here if not applicable

Licensing Board (abbreviate) and Nature of Action (e.g. TX – Professional Misconduct):	Month/Year	Type of Discipline:
_____	____/____	_____
_____	____/____	_____
_____	____/____	_____
_____	____/____	_____
_____	____/____	_____

6. **Hospital Discipline:** Please explain any disciplinary actions and attach any relevant supplements materials. List any revocation of hospital privileges for reasons related to competence or quality of patient care that have been taken by the hospital’s governing body or any other official of the hospital after procedural due process has been afforded. Also, report resignation from or the non-renewal of medical staff privileges or the restriction of privileges at a hospital during the course or threat of investigation. If necessary, you may continue on a separate sheet.

Check here if not applicable

(1) Name of Hospital _____

_____/_____/_____
Month Day Year Type of Action _____

(2) Name of Hospital _____

_____/_____/_____
Month Day Year Type of Action _____

(3) Name of Hospital _____

_____/_____/_____
Month Day Year Type of Action _____

(4) Name of Hospital _____

_____/_____/_____
Month Day Year Type of Action _____

7. **Criminal Convictions:** Respond to the questions below, then list any criminal convictions(s) in the space provided. If necessary, you may continue on a separate sheet.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, or ordinance, or are any formal charges pending; including use of illicit substances or operating a motor vehicle while intoxicated (Please include any offenses which have been expunged from your record)? Yes No

Abbreviation of State and Conviction*

(e.g. CA – Illegal possession of a controlled substance)

Month/Year

_____	____/____
_____	____/____
_____	____/____
_____	____/____

*For purposes of this section, a person shall be deemed to be convicted of a crime if he/she please guilty or if he/she was found or adjudged guilty by a court of competent jurisdiction or has been convicted of a felony by the entry of Nolo Contendere in any state.

8. **Questions:** Check either "Yes" or "No" for each question below. **Note: if you answer "Yes" to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter on a separate sheet.**

YES **NO**

- 1. During any Professional/Medical Education, were you ever dismissed, suspended, restricted, put on probation, or otherwise acted against or did you take a leave of absence for medical reasons?
- 2. During any Professional/Medical Education, were you ever requested to leave or did you leave, temporarily or permanently, prior to completion of training?
- 3. During any Post Graduate Training, were you ever dismissed, suspended, restricted, put on probation, or otherwise acted against or did you take a leave of absence for medical reasons?
- 4. During any post graduate training, were you ever requested to leave or did you leave temporarily or permanently, prior to completion of training? (excluding maternity leave)
- 5. Are there any charges or investigations pending, in any state, against you?
- 6. Have your staff privileges at any hospital, nursing home, or other health care facility or health care provider or HMO ever been reduced, revoked, or suspended or have you voluntarily surrendered your clinical privileges from any such unit or facility while under investigation in any state?
- 7. Have you ever had any disciplinary action(s) taken, or is any pending, against your License to practice medicine, DEA permit, State Controlled Substances Registration, Medicare Privileges, Medicaid Privileges, or are any complaints pending in any state?
- 8. Have you ever had a membership in a professional society revoked, suspended, or limited in any manner or have you voluntarily withdrawn while under investigation?
- 9. Have you ever failed to pass an examination for medical licensure (including National Boards, FLEX, USMLE)? If you have failed to pass any segment of the USMLE within three (3) attempts you do not meet the requirements for licensure. Please contact us at (401) 222-3855 to discuss.

9. **Physician Honors and Peer-Reviewed Publications (Optional):** List any information regarding professional or community service awards and/or information regarding publication in peer-reviewed medical literature within the last ten (10) years. Do **not** submit your curriculum vitae to satisfy the requirements of this section. If necessary, you may continue on a separate sheet.

Awards, Honors:

N/A

Publications:

N/A

10. **Professional and Community Memberships (Optional):** List any professional and community memberships. Do **not** submit your curriculum vitae to satisfy the requirements of this section. If necessary, you may continue on a separate sheet.

N/A

Affidavit and Authorization for Release of Information

For State Board Use Only

Applicant: In the presence of a notary public, sign this form with attached photo. If you are using FCVS for credentials verification, consider having that form notarized at the same time. Send the separate notarized FCVS form to FCVS. **Do not send this form to FCVS** as doing so will delay your licensure.

Send this form to the board you are applying to for licensure. Include all other required materials. A directory of state medical and osteopathic boards is available at <http://www.fsmb.org/policy/contacts>.

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of 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 the Uniform Application for Physician State Licensure and 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 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 a license to practice medicine 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 my license or permit to practice medicine.



Jamie Phifer

Applicant's signature (must be signed in the presence of a notary)

Phifer, Jamie Michele

Applicant's printed last name, first name, middle initial, and suffix (e.g., Jr.)

11-7-19

Date of signature (must correspond to date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left.]

NOTARY

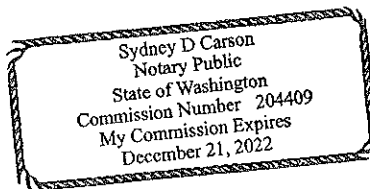
My Commission Expires December 21, 2022

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 7 day of November, 2019.

Notary Public Signature *Sydney D Carson* My Notary Commission Expires 12-21-22



Rhode Island Board of Medical Licensure and Discipline

Room 205, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-3855

ADDENDUM 3

**Mandatory Addendum to Licensure Application
Verification of Social Security Number
Tax Payer Status Affidavit / Identity Verification**

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the tax administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from bankruptcy. (Case # _____)

Allopathic Medicine

Type of Professional License for which you are applying.

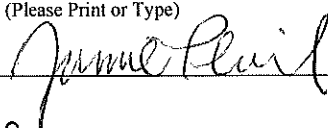
Jamie M Phifer, MD

Full Name (Please Print or Type)

256739454

Social Security Number

Signature



666-657-7991

Phone Number

11/7/19

Date

This form must be completed, signed and attached to your license application for processing.

Rhode Island Board of Medical Licensure and Discipline

Room 205, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-3855

ADDENDUM 5
Voluntary Race/Ethnicity Questions

This information is completely voluntary and will NOT affect your Application in any way.

Note: This information is voluntary and refusal to provide it will not impact on the renewal of your license. It will be confidential and used only in accordance with Title VI of the Civil Rights Act of 1964.

1. Ethnicity: Are you Hispanic or Latino? (Mark "No" if not Hispanic or Latino)

No, not Hispanic or Latino Yes, Hispanic or Latino

2. Race: What is your race? (Mark one or more)

American Indian or Alaska Native Black or African American White
 Asian Native Hawaiian or other Pacific Islander

For purposes of the above questions kindly use the "Federal Minimum Data Collection" explanations listed below:

1. Ethnic Categories:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish Origin" can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino – A person who is not Hispanic or Latino.

2. Racial Categories:

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or other Pacific Islanders – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

* This information is being collected in accordance with the Department of Health's policy for Maintaining, Collecting and Presenting Data on Race and Ethnicity. The mission of the Department is to protect and promote the health of the population and to prevent disease through life-style change, environmental change, and health services delivery. A copy of this policy is available upon request.

Uniform Application for Licensure

Application ID: 287255
 FID: 215785155

License Requested: MD
 License Type: Permanent Medical License
 Submitted to: Rhode Island Board of Medical Licensure and Discipline
 Submission Date: 10/14/2019 2:45 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		

Email

Public Access	Board Contact	Email
No	No	
Yes	Yes	

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
52315470				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: 287255

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
Training Status:	Completed	Program Type:	Internship/Residency
Clinical %:	80	Administrative %:	20

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		06/30/2009		1
USMLE Step 2 CK Examination		07/28/2010		1
USMLE Step 2 CS Examination		09/03/2010		1
USMLE Step 3 Examination		05/07/2013		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
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None Reported

Applicant Name: Phifer, Jamie Michele

Application ID: 287255

Uniform Application for Physician State Licensure

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Page 2 of 3

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

PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure As of Date:10/14/2019

PRACTITIONER INFORMATION

Name: Phifer, Jamie Michele
 DOB: [REDACTED]
 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	10/11/2019
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:	Uniform Application for Physician State Licensure	As of Date:10/14/2019		
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: Uniform Application for Physician State Licensure As of Date: 10/14/2019

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

The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.

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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.



To: PHIFER, JAMIE MICHELE



From: National Practitioner Data Bank

Re: Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.



PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney

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



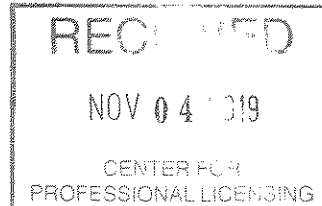
GURBIR S. GREWAL
Attorney General

PAUL R. RODRIGUEZ
Acting Director

October 28, 2019

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

Rhode Island Board of Medical Licensure and Discipline
Department of Health
3 Capitol Hill, Room 401
Providence, RI 02908-5097



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 public disciplinary action has been taken against this Medical Doctor. A certified, true copy of the reportable action(s) filed with the New Jersey State Board of Medical Examiners is attached.

Very truly yours,
BOARD OF MEDICAL EXAMINERS

William V. Roeder
Executive Director

WVR/sdp

Attachment



MARYLAND
 Department of Health Board of Physicians

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

October 15, 2019

Rhode Island Board of Medical Licensure and Discipline
 3 Capitol Hill
 Room 205
 Providence RI 02908-5097

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

Jamie Michele Phifer

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

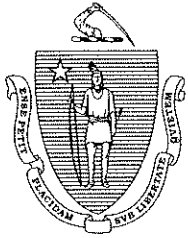
*Disciplinary information can be found on our website. Go to <https://www.mbp.state.md.us> and select Lookup a License.

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

Respectfully,

Maryland Board of Physicians
 Verification Unit





Commonwealth of Massachusetts Board of Registration in Medicine

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

www.mass.gov/massmedboard

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

CANDACE LAPIDUS SLOANE, MD
Chair, Physician Member

GEORGE ABRAHAM, MD
Vice Chair, Physician Member

JULIAN N. ROBINSON, MD
Secretary, Physician Member

WOODY GIESSMANN, LADC-I, CADAC, CIP, CAI
Public Member

MICHAEL D. MEDLOCK, MD
Physician Member

PAUL G. GITLIN, ESQ
Public Member

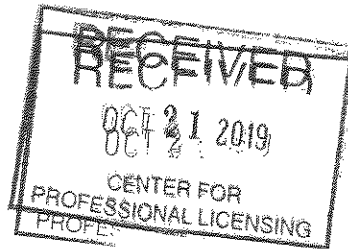
GEORGE ZACHOS, ESQ.
Executive Director

CHARLES D. BAKER
Governor

KARYN E. POLITO
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.

Staff Member, Board of Registration in Medicine

Tammi McManus

SEAL



October 11, 2019

RHODE ISLAND BOARD OF MEDICAL LICENSURE AND
DISCIPLINE
CANNON BUILDING
PROVIDENCE, RI 02908-5097

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

RHODE ISLAND BOARD OF MEDICAL LICENSURE AND
DISCIPLINE
CANNON BUILDING
PROVIDENCE, RI 02908-5097

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

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

Rhode Island Board of Medical Licensure and Discipline
Cannon Building
Three Capitol Hill, Room 205
Providence, RI 02908-5097

RE: License Certification for Jamie Michele Phifer

To Whom It May Concern:

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

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

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

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



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

 **Accredited Health Department**
Public Health Accreditation Board

Kansas State Board of Healing Arts
800 SW Jackson, Suite A-Lower Level
Topeka, KS 66612



Phone: 785-296-7413
1-888-888-7205
Fax: 785-296-0852
www.ksbha.org

Kathleen Selzler Lippert
Executive Director

Sam Brownback, Governor

October 11, 2019

Rhode Island Board of Medical Licensure and Discipline
Cannon Building
Three Capitol Hill, Room 205
Providence, RI 02908-5097

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

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

Disciplinary Action: None

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

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

Verified by:

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



Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
Jamie Phifer MD	[REDACTED]	

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: 11/29/2019 10:16:16 AM