



THE STATE
of ALASKA

GOVERNOR MIKE DUNLEA.

Department of Commerce, Community, & Economic Development

DIVISION OF CORPORATIONS, BUSINESS, &
PROFESSIONAL LICENSING

PO Box 110806

Juneau, AK 99811-0806

Main: (907) 465-2550

Fax: (907) 465-2974

Online License Renewal Physician

License Details

License Number: 154344

Program: Medical

Type: Physician

Status: Active

Mailing Address: 701 5TH AVE STE 2300, SEATTLE, WA 98104

Owner(s)

Owner Name
Jamie Michele Phifer

General Renewal Instructions

Please review the renewal instructions linked at the top of this page.

You will be prompted to pay the required fees after you have completed the application information. A credit card is required to complete payment.

The online application is not considered submitted to our office until you have completed the credit card payment online.

Medical License - Biennial Renewal (April 2, 2021 - December 31, 2022)

Your MD, DO or DPM medical license lapses after April 1, 2021.

There is no grace period; it is illegal to work if your license has lapsed.

License status changes, such as "inactive to active", "active to inactive" or "active to retired" may not be performed online. To make license status changes, you must complete a paper renewal form and submit it to the address on the renewal form. Other factors may prevent online renewal as well, such as a "Yes" response to a professional fitness question, etc.

You may download a paper renewal application from the Medical Board website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

Address of Record

The above mailing address is your address of record. Make any changes above and indicate whether this is your practice or residence address.

No Residence address

Yes Practice address

Practice History

Practice Specialty: **Family Medicine**

Sub-Specialty: **Family Medicine**

List all other states and/or Canadian provinces, or other jurisdictions where you hold, or have ever held, a license to practice medicine. Write "none" if appropriate.

none

Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

If you answer "Yes" to any of the following questions, you may not proceed with online renewal.

WHEN IN DOUBT, DISCLOSE AND EXPLAIN.

Since the date your last Alaska license was issued or renewed:

- No** 1. Has your professional license been denied, revoked, suspended, surrendered, fined, stipulated, placed on probation, reprimanded, or been otherwise restricted or disciplined in any jurisdiction (including Alaska), including military authorities, or is any such action pending?
- No** 2. Have you voluntarily or involuntarily surrendered or restricted your professional license in any jurisdiction (including Alaska) for any reason or is any such action pending?
- No** 3. Have your staff privileges been denied, reduced, restricted, removed, or otherwise disciplined by any hospital, clinic, or other health care organization (for other than late medical records) or is any such action pending?
- No** 4. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.
- No** 5. Have you been the subject of an investigation by any licensing jurisdiction (including Alaska) or are you currently under investigation by any licensing jurisdiction (including Alaska) or is any such action pending?
- No** 6. Have you withdrawn an application for a license from a state licensing agency or for privileges from a hospital while under inquiry or investigation?
- No** 7. Have you been notified of any complaint or allegations involving you, filed with or by any licensing authority (including Alaska) which complaint or allegations remain open as of the date of this application?
- No** 8. Have you experienced, been diagnosed with, been evaluated for, or treated for any alcohol or other chemical abuse, dependency, or impairment?
- No** 9. Have you experienced, been diagnosed with, been evaluated for, or treated for any physical or mental condition which may impair or interfere with your ability to safely practice medicine?
- No** 10. Has a medical malpractice claim been resolved or a civil action been terminated in which damages have been paid or are to be paid by you or on your behalf to a claimant or plaintiff, whether by judgment or under settlement?
- No** 11. Have you been investigated or disciplined by the Drug Enforcement Administration or have you surrendered your federal or any state controlled substance registration for any reason or is any such action pending?

Statement of Compliance

As provided by regulations 12 AAC 40.200, 210, 220 and 240, your license cannot be renewed unless you have met continuing medical education (CME) requirements.

Only those CME hours actually awarded between January 1, 2019 and April 1, 2021 may be used to satisfy the requirements for this license renewal.

If you have not met the requirements of law for continuing medical education, you are not eligible to renew your license online. You must submit a completed paper renewal application to the Board office, with a written explanation of the reason for your inability to obtain the required hours of CME. You may download a paper renewal application the Board's web page.

In accordance with Senate Bill 241 (SB241) the State Medical Board reduced the continuing medical education requirements for all licensees regulated by the board by fifty percent, unless otherwise mandated by a national governing body.

Select ONE (1) of the following:

No Renewal for licenses first issued on or before December 31, 2018.

Yes Renewal for licenses first issued between January 1, 2019 and December 31, 2019.

I have completed and been awarded credit for at least 12.5 hours of Category 1 AMA-, AOA-, or CPME- approved education, or the equivalent education allowed by regulation, between January 1, 2019 and April 1, 2021.

No Renewal for licenses issued on or after January 1, 2020.

DEA Registration and PDMP Acknowledgement

Providers with a DEA registration are required to register with the PDMP in accordance with AS 17.30.200.

Select ONE (1) of the following:

No Physician - NO, I do not have an active DEA registration valid to use in any state or practice location.

No Physician - DEA registered, NOT registered with the PDMP

Yes Physician - DEA registered, active PDMP registration

DEA Registration Number: XXXXXXXXXX

Issue Date: **03/14/2018**

Expiration Date: **03/31/2021**

If you're unsure of the DEA issue date, indicate January 1st of the estimated year.

I have completed and been awarded credit for at least two hours of education were in pain management and opioid use and addiction between January 1, 2019 and April 1, 2021. I agree to provide documentation if audited.

I know my PDMP Registration number.

PDMP Fees (2020 Renewal)

Select ONE (1) of the following:

My PDMP Registration was issued on or before 10/1/2020; the expiration is 12/31/2020. I would like to renew my PDMP Registration for the 2020-2022 renewal period.

PDMP 2020 Renewal Fee (\$25)

OR

My PDMP Registration was issued on or after 10/2/2020; the expiration date is 12/31/2022 and I do not need to renew.

Dispensing

Do you directly dispense a federally-scheduled II - IV controlled substance beyond a 3-day supply AND in practice locations not exempt under AS 17.30.200(u)?

Yes No, I do not dispense

No Yes, I do dispense beyond a 3-day supply and in treatment settings other than those listed as exempt

AWARxE

Before proceeding with this application, you must login to your PDMP account at alaska.pmpaware.net and indicate the following:

- I have logged into my account.
 - I have verified my healthcare specialty is accurately listed and appropriate to my profession.
 - I have verified my contact information is correct.
 - I have verified my DEA number is accurate.
-

Delegates

Please review and verify the delegates listed on your account.

Yes I have verified no delegates exist in my account.

No I have verified that all delegates listed on my account are accurate. Please list the delegate(s) name and license number (be sure to include alpha characters, if applicable).

Random Audit

The board will audit a percentage of the certificate renewals. If your certificate is randomly selected for audit, you will be sent a letter and required to submit documentation and proof that you satisfied the continued competency requirements as you stated on this renewal form. Save your documents for at least four years to respond to any audits.

Continuing Education

Your license cannot be renewed unless you have met the continuing education requirements in 12 AAC 40.200, 210, 220 and 240. You may not claim hours for education not yet successfully completed as of the date of submitting this application. Per 12 AAC 02.960(j), "successfully completed" means CE credit has been awarded.

As provided by regulations 1, your license cannot be renewed unless you have met continuing medical education (CME) requirements.

Electronic Signature

Only the license holder is authorized to renew their license online. Use of the online program by anyone other than the licensee is prohibited. By using your electronic signature to sign this document, you legally bind yourself to it to the same extent as you would by signing a paper copy of the document.

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content thereof.

I declare that all of the information contained herein and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Name: Jamie Michele Phifer

Contact Phone: [REDACTED]

License #: 154344
Effective: 11/13/2020
Expires: 12/31/2022

State of Alaska

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing

State Medical Board

Licensee: **Jamie Michele Phifer**

License Type: **Physician**

Status: **Active**

Commissioner: Julie Anderson

Relationships

No relationships found.

Designations

Type	Group
Family Practice	Specialties
DEA Registered	DEA Registration

Jamie Michele Phifer
701 5TH AVE STE 2300
SEATTLE, WA 98104

Wallet Card

State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business, and Professional Licensing State Medical Board Jamie Michele Phifer As Physician		
License 154344	Effective 11/13/2020	Expires 12/31/2022

ALASKA STATE MEDICAL BOARD CHECKLIST - TEMPORARY PERMIT

Applicant Name Phifer, Jamie Michele MD DO DPM
 Specialty: Family Medicine
 Licensure by: Credentials (state): WA Examination Duration at address: _____

Date Received:

11-07-19 Fees: \$400 nonrefund. appl. fee, receipt no. 201901174599; \$425 license fee, receipt no. 201901174599
11-12-19 Application, complete w/ photo/notary, malpractice list, and hospital privileges list. _____
11-12-19 Authorization for Release of Records _____
10-09-2019 (FCVS) Exam Scores (specify exam type USMLE, FLEX, NBME, COMLEX, NBPME, State, etc.): USMLE
 For State exam: _____ (State) Active License? _____ Passed med/sci subjects? yes
10-09-2019 (FCVS) Medical School Diploma Transcript Translation: _____ Accredited by: AAMC
 (AAMC, AOA, Calif. List, etc)
10-09-2019 (FCVS) Verification from Medical School: University of Florida College of Medicine Graduation Date: 06-16-2011 5:14:11
10-09-2019 (FCVS) Internship/Residency Certificates: Swedish Cherry Hill Family Medicine Residency 11-14 Accredited by: ACGME # 540481
 Accredited by: _____
 Accredited by: _____
10-09-2019 (FCVS) Verification from Internship/Residency Programs: PGY1 PGY2 PGY3

____ Graduated BEFORE 01/01/1995 – One Year PG Training Required
 Graduated AFTER 01/01/1995 – Two Years PG Training Required
 _____ International Grad. – ECFMG **Required**, plus one of the following: ECFMG No. _____
 Three Years accredited PG training (check all that apply)
 Year for Year Substitution as faculty: No. of years claimed _____ (Max. 3)
 ABMS Board Certification (current): _____ (Board)
 Current active license in other State for 3 years: _____ (State)

11-13-19 Verification of acceptable education in pain management and opioid use and addiction; Accredited by: AMA PRA Cat-1
11-07-19 Verifications of Licensure: any licenses suspended or revoked? No

State <u>WA</u>	Rec'd <u>10-11-19</u>	State <u>KS</u>	Rec'd <u>10-11-19</u>	State <u>NJ</u>	Rec'd <u>11-1-19</u>	State _____	Rec'd _____
State <u>FL</u>	Rec'd <u>10-11-19</u>	State <u>MA</u>	Rec'd <u>10-21-19</u>	State <u>WA Res</u>	Rec'd <u>10-11-19</u>	State _____	Rec'd _____
State <u>IL</u>	Rec'd <u>11-07-19</u>	State <u>MD</u>	Rec'd <u>10-11-19</u>	State _____	Rec'd _____	State _____	Rec'd _____

 Licenses not listed on application N/A Discovered where? _____

N/A Hospital privileges verifications (for past 5 years)

Hosp _____	Rec'd _____	Hosp _____	Rec'd _____	Hosp _____	Rec'd _____	Hosp _____	Rec'd _____
Hosp _____	Rec'd _____	Hosp _____	Rec'd _____	Hosp _____	Rec'd _____	Hosp _____	Rec'd _____
Hosp _____	Rec'd _____	Hosp _____	Rec'd _____	Hosp _____	Rec'd _____	Hosp _____	Rec'd _____

11-26-19 DEA Clearance Report
10-09-2019 (FCVS) FSMB Report
10-10-19 AMA/AOA Physician Profile
12-04-19 NPDB Report
N/A Irregularities, Malpractice, "Yes" Responses, or Other Adverse Information Noted in Application. Specify:

N/A Examiner's Notes: _____
11-15-19 Status Letter Sent: 11-14-19, 11-15-19
 Application Complete 12-4-19 Checklist/File to Exec Admin Steven Alvarado Lic. Examiner

BOARD MEMBER / DESIGNEE REVIEW FOR TEMPORARY PERMIT

APPROVED HOLD FOR BOARD INTERVIEW REQUIRED
 Comments: _____
 Signed: Rebecca Powers Date 12-6-19 Temporary Permit No. 154344
 Date Issued: _____ VALID FOR 6 MONTHS

FINAL BOARD REVIEW AND APPROVAL

APPROVED DENIED TABLED (see notes/comments)
 Comments: _____
 Signed: _____ Date 2/7/2020

License #: 154344
Effective: 2/20/2020
Expires: 12/31/2020

State of Alaska

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing

State Medical Board

Licensee: **Jamie Michele Phifer**

License Type: **Physician**

Status: **Active**

Physical Address: 701 5TH AVE STE 2300, SEATTLE, WA 98104

Commissioner: Julie Anderson

Relationships

No relationships found.

Designations

Type	Group
DEA Registered	DEA Registration
Family Practice	Specialties

Jamie Michele Phifer
701 5TH AVE STE 2300
SEATTLE, WA 98104

Wallet Card

State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business, and Professional Licensing State Medical Board Jamie Michele Phifer As Physician		
License 154344	Effective 2/20/2020	Expires 12/31/2020

Uniform Application for Licensure

Application ID: 287256

License Requested: MD

FID: [REDACTED]

License Type: Permanent Medical License

Submitted to: Alaska State Medical Board

Submission Date: 10/14/2019 2:46 PM

Practitioner Name

Phifer, Jamie Michele

Contact Information

Address

Public Access	Board Contact	Type	Address
No	No	Business	[REDACTED]
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	[REDACTED]	
No	No	Home	[REDACTED]	

Email

Public Access	Board Contact	Email
No	No	[REDACTED]
Yes	Yes	[REDACTED]

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
52315470	[REDACTED]	[REDACTED]	[REDACTED]	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: 287256

Uniform Application for Physician State Licensure

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LIC-009

Certificate Number	Issue Date
None Reported	

Postgraduate Training

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



Initial Application (Online)

License Details

Program: Medical

Type: Physician Temporary Permit

Mailing Address: 701 5th Ave STE 2300, Seattle, WA 98104

PhysicalAddress: 701 5th Ave STE 2300, Seattle, WA 98104

Owner(s)

Owner Name
Jamie Michele Phifer

PLEASE NOTE: the Physical Address provided above is public record and will be displayed on the license.

No Is the practice address different than the physical address provided above?

Other Names Used

No Do you have any other names or aliases you that you currently use (Incl. Maiden Name)?

No Have you undergone a legal name change?

Phone Numbers

Work Phone **8666577991**

Home Phone XXXXXXXXXX

Part II

No Have you previously held an Alaskan license or permit?

No Have you previously been a member of the armed forces?

Part III: Education

No Are you a graduate of an international medical school?

Medical School Education

List the medical school(s) you attended.

School **University of Florida College of Medicine**

Mailing Address: **1600 SW Archer Rd # M509, Gainesville, FL 32610**

Dates Attended (Starting Date) **08/13/2007**

Dates Attended (Ending Date) **05/15/2011**

Yes Did you graduate?

Degree Awarded

Yes Doctor of Medicine (MD)

No Doctor of Osteopathic Medicine (DO)

No Do you have any changes or gaps in your medical school education?

Postgraduate Training

List internships, residencies or fellowship training programs chronologically.

Facility **Swedish Cherry Hill Family Medicine Residency**

Mailing Address: **550 16th Ave, Seattle, WA 98122**

Dates Attended (Starting Date) **06/21/2011**

Dates Attended (Ending Date) **06/24/2014**

Yes Did you complete training?

No Do you have any gaps in training?

Examination History

Specify national boards, FLEX, LMCC, USMLE, or a state-administered medical licensing examination.

Exam Series **USMLE**

Location: **22002 64TH AVE WEST SUITE B, MOUNTLAKE TERRACE, WA 98043**

Dates Adminstered **05/07/2013**

Result

Yes Pass

No Fail

Opioid Education

Select one (1) of the following:

Yes I have earned at least two hours of education in pain management, opioid use, and addiction.

I certify the two hour course is AMA category 1, or AOA category 1 or 2, or CPME-approved.

I will provide a certificate of completion that confirms at least two hours of credit covering all three areas of the required subject matter: pain management, opioid use and addiction.

No I request a waiver of the requirement for two hours of education in pain management, opioid use and addiction until I apply for a DEA registration number.

Drug Enforcement Administration (DEA) Registration and Prescription Drug Monitoring Program (PDMP)

All Alaska health care practitioners who have a DEA registration valid to use in any state must register with the Alaska Prescription Drug Monitoring Program (PDMP). Registration with the Alaska PDMP is required, even if you are registered with another state PDMP, and even if you do not intend to prescribe controlled substances to Alaska patients. You would only need to access the PDMP to review a patient's records each time before prescribing a federally scheduled II or III controlled substance. Failure to comply with PDMP requirements may result in disciplinary sanctions.

Visit PDMP.Alaska.Gov to register, renew, or find additional information.

No I do not have a DEA registration. I understand that if I obtain a DEA registration, I must register with the Alaska Prescription Drug Monitoring Program (PDMP) and use it to review a patient's prescription history, as required by Alaska law.

Yes I have a valid DEA registration, and understand that I must register with the Alaska Prescription Drug Monitoring Program (PDMP).

DEA Registration Number XXXXXXXXXX

Initial DEA Issue Date: *03/14/2018*

If you are unsure of the initial issue date of your DEA registration, enter January 1st of the estimated year.

Self- Designated Specialty

You may designate a specialty area of practice whether you hold a specialty board certification or not.

Yes Would you like to designate an area of specialty practice?

Specialty / Subspecialty **Family Medicine**

Yes Are you board-certified?

Board-Certified Specialty / Subspecialty **Family Medicine**

Provide Date of Certification or Re-Certification *06/25/2014*

Specialty Board **American Board of Family Medicine**

Part IV: Professional Activities

Professional Licensure: List all states, territories, provinces, or foreign countries in which you hold or have ever held a license to practice medicine. Include temporary, courtesy and locum tenens licenses, and instructional or training permits.

Failure to list all jurisdictions may result in disciplinary sanctions or denial.

Physician Licenses

Jurisdiction **Washington**

Website: ProfessionalLicense.Alaska.gov

License Number **MD60359609**

Issue Date **07/05/2013**

Current Status **Active**

Jurisdiction **Florida**

License Number **ME125540**

Issue Date **09/08/2015**

Current Status **Active**

Jurisdiction **Illinois**

License Number **036150427**

Issue Date **08/07/2019**

Current Status **Active**

Jurisdiction **Kansas**

License Number **04-40305**

Issue Date **08/11/2017**

Current Status **Expired**

Jurisdiction **Massachusetts**

License Number **281320**

Issue Date **09/26/2019**

Current Status **Active**

Jurisdiction **Maryland**

License Number **D87604**

Issue Date **05/30/2019**

Current Status **Active**

Jurisdiction **New Jersey**

License Number **25MA10601400**

Issue Date **05/21/2019**

Current Status **Active**

Residency Licenses, Instructional or Training Permits

Yes Have you ever held a residency license, instructional or training permit?

Jurisdiction **Washington**

License Number **MDRE.ML.60224778**

Issue Date **6/14/2011**

Current Status **Closed**

Other Professional Licensure

No Other than as a physician, have you ever been licensed in any jurisdiction in any other profession of the healing arts? If "Yes," please complete the below.

Medical Societies and Professional Organizations

No Are you a member of any medical societies or professional organizations?

Hospital Affiliations

No Have you ever held hospital privileges? If "Yes," list all hospitals where you currently hold or have ever held privileges or been credentialed within the past five years. Include residency privileges if appropriate.

Medical Work History

Provide a chronological listing of all medical and non-medical activities beginning with your graduation from medical school to the present date with no more than a 60-day gap in time.

Explain any gap in time from practice of more than sixty (60) days duration.

If you have retired from practice, provide the dates. If you have been inactive from practice for two years or more, provide the dates and include documentation of your recent continuing medical education.

From **06/21/2011**

To **06/24/2014**

Facility/Location **Swedish Cherry Hill Family Medicine Residency**

Activity **Residency**

No Do you have any gap in time from practice of more than sixty (60) days duration?

From **08/26/2014**

To **11/07/2019**

Facility/Location **Swedish Medical Group**

Activity **Primary & Urgent Care Physician**

No Do you have any gap in time from practice of more than sixty (60) days duration?

From **09/13/2019**

To **11/07/2019**

No Do you have any gap in time from practice of more than sixty (60) days duration?

Malpractice

You must list all claims of malpractice filed against you below. Include all settlements, judgments, awards, and claims, even if no money was paid.

No Have you ever had any claims of malpractice filed against you?

Part V: Professional Fitness

Disciplinary History

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "Yes" response to any question, you must provide an explanation and documentation. Provide your explanation in the space provided under each question, include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court orders, charging documents, board, or license actions, etc. When in doubt about your response, select "yes" and disclose and provide the required explanation and documents. Documentation can be uploaded after you complete payment.

Applications submitted without the required attachments will cause a delay in processing.

CONFIDENTIALITY

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the explanation in the space provided under each question. A request for confidentiality may or may not be granted.

For the purposes of this application, the word "discipline" is used. There are many forms of disciplinary actions that may be imposed by organizations, schools, programs, licensing authorities, and other agencies. Such disciplinary actions may include but not be limited to: Suspension, Surrender, Revocation, Probation, Academic Probation, Reprimand, Censure, Restricted License, Limited License, Conditioned License, or Letters of Counseling, Concern, Advice, Warning, Caution, Admonishment, Reprimand, etc. You must include non-reported disciplinary actions. Failure to disclose past history may be grounds for disciplinary sanctions.

WHEN IN DOUBT, DISCLOSE AND EXPLAIN

- No** 1. Have you ever been convicted of a crime (felony or misdemeanor) in any jurisdiction of the United States, including military, or any international jurisdiction; or is any such action pending?
- No** 2. Have you ever been charged with a crime (felony or misdemeanor) in any jurisdiction of the United States, including military, or any international jurisdiction that did not result in acquittal or dismissal; or is any such action pending?
- No** 3. Relating to the practice of medicine, has there ever been a finding of, or have you ever been found guilty of, professional misconduct, unprofessional conduct, incompetence, or negligence, by any jurisdiction of the United States, including military, or any international jurisdiction; or is any such action pending?
- No** 4. Relating to the practice of medicine, have you ever had charges filed against you alleging professional misconduct, unprofessional conduct, incompetence, or negligence, in any jurisdiction of the United States, including military, or any international jurisdiction; or is any such action pending?
- No** 5. Has any hospital or other health care facility disciplined, restricted, or terminated your professional training, employment, or privileges, or investigated a complaint or accusation regarding your practice (except for late medical records); or is any such action pending?
- No** 6. Have you ever voluntarily or involuntarily resigned or withdrawn from professional training, from employment, or your privileges from any hospital or other health care facility to avoid the imposition of disciplinary sanction, restriction or termination; or is any such action pending?
- No** 7. Have you ever been disciplined by a medical school or post-graduate training program, including academic probation; or is any such action pending?

No 8. Have you ever had a license to practice medicine disciplined by any authority including a state medical board or a military authority (except for late medical records); or is any such action pending?

(If you are unsure about your response to this question, please refer to the instructions and definitions for this section of the application above. When in doubt, disclose and explain.)

No 9. Have you ever been under investigation by any medical licensing jurisdiction or authority; or is any such action pending?

(If you are unsure about your response to this question, please refer to the instructions and definitions for this section of the application above. When in doubt, disclose and explain.)

No 10. Have you ever had a medical license application denied by any medical licensing jurisdiction or authority; or is any such action pending?

No 11. Have you ever voluntarily or involuntarily withdrawn an application for a license to practice medicine in any United States jurisdiction or any international jurisdiction; or is any such action pending?

No 12. Have you ever voluntarily or involuntarily surrendered or suspended your license to practice medicine in any United States jurisdiction or any international jurisdiction; or is any such action pending?

No 13. Have you ever voluntarily or involuntarily agreed to any limitations, restrictions, or conditions to your license to practice medicine; or is any such action pending?

No 14. Has your employment by a clinic, hospital, or other health care organization ever been terminated involuntarily or voluntarily as a result of an actual or potential investigation or as grounds for disciplinary proceedings; or is any such action pending?

Personal History

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "Yes" response to any question, you must provide an explanation and documentation. Provide your explanation in the space provided under each question, include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Upload documentation including copies of court records, judgments, charging documents, etc. You must also have your treating physician submit a letter directly to the Board; the letter must include the following information:

- Summary of your diagnoses (including explanation, dates of onset and significant events, and frequency of contact with you)
- Medication history
- Impact on your ability to practice safely and competently

Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt about your response, disclose and provide the required explanation and documents.

For the purposes of the questions in this section, the following phrases or words are defined:

"Ability to Practice Medicine" includes, but is not limited to, the cognitive capacity to make appropriate clinical diagnoses and exercise reasonable medical judgments and to learn and keep abreast of medical developments; the ability to communicate those judgments and medical information to patients and other health care providers with or without the use of aids or devices, such as voice amplifiers; and the physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids of devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental, or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Chemical Substance(s)" any natural or synthetic chemical substance, alcohol, drugs, or medications, including those chemical substances taken pursuant to a valid prescription for legitimate medical purpose and in accordance with the direction(s) of the prescribing physician, as well as those used illegally.

"Controlled Substances" means any substance as defined in either Alaska Statute 11.71.900 or the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C.A. Section 801 et seq. (Public Law 91-513) and any subsequent amendment(s).

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application; rather, “currently” means recently enough so that the event, condition, behavior, impairment, limitation, etc., may have an ongoing impact on the applicant’s ability to practice medicine in a competent manner.

“Illegal Drug Use” means the use of an illegally obtained controlled substance or dangerous drug; the term “illegal drug use” also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the directions of the licensed physician who prescribed the controlled substance or dangerous drug.

WHEN IN DOUBT, DISCLOSE AND EXPLAIN

- No** 15. Has your ability to practice medicine in a competent and safe manner ever been impaired or limited by any condition, behavior, impairment, or limitation of a physical, mental, or emotional nature?
- No** 16. Are you currently experiencing any medical condition or disorder that impairs your judgment or that otherwise affects your ability to practice medicine in a safe and competent manner?
- No** 17. Since completing your postgraduate training, have you ever been physically or mentally unable to practice medicine for a period of sixty (60) days or longer?
- No** 18. Are you currently the subject of any civil investigation or court process relating to your ability to practice in a safe and competent manner?
- No** 19. Have you ever been diagnosed with, been treated for, or do you currently have voyeurism, pedophilia, exhibitionism, or any other sexual behavior disorder?

(Please note that “sexual behavior disorder” does not include sexual preference)

- No** 20. Are you currently engaged in the illegal use of any drug, whether by ingestion, injection, inhalation, or any other method?
- No** 21. Have you used or are you currently using any chemical substance(s), legal or illegal, that in any way impaired or limited, or is currently impairing or limiting, your ability to practice medicine in a safe and competent manner?
- No** 22. Have you ever been voluntarily or involuntarily committed or confined to any facility for mental health care?
- No** 23. Have you ever been diagnosed with, treated for, or do you currently have any of the following conditions: Bipolar Disorder, Depressive Neurosis, Kleptomania, Hypomania, Any Dissociative Disorder, Pyromania, Schizophrenia, Any Psychotic Disorder, Delirium, Depression, Any Organic Mental Disorder, Paranoia, Seasonal Affective Disorder, Any condition requiring chronic medical or behavioral treatment?
- No** 24. Have you ever taken, or are you currently taking, any controlled substance for any of these disorders?
- (Disorders: Bipolar Disorder, Depressive Neurosis, Kleptomania, Hypomania, Any Dissociative Disorder, Pyromania, Schizophrenia, Any Psychotic Disorder, Delirium, Depression, Any Organic Mental Disorder, Paranoia, Seasonal Affective Disorder, Any condition requiring chronic medical or behavioral treatment?)
- No** 25. Have you ever been adjudicated, or declared incompetent, or been the subject of an incompetency proceeding?

Electronic Signature

I understand that I must submit the following items to the Board to complete my application submittal, and that my application will not be processed until Board staff receives the required documents:

- Authorization for Release of Records
- Notarized signature/photo page
- Certified true copy of medical school diploma, postgraduate training certificates, specialty board certifications, name change documents, etc. (See instructions for submitting a certified true copy.)
- My required explanation and documentation for any “yes” responses to the Professional Fitness questions.

I understand that I am required to request verification of all credentials, medical and postgraduate education, licensing examinations, other licenses, hospital privileges, DEA and FSMB clearance reports, AMA or AOA profiles, etc. to be sent from each agency directly to the Board. (See the instructions for an application checklist and forms for your use in requesting verifications.)

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content thereof.

I declare that all of the information contained herein and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice medicine in the state of Alaska. I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Name: Jamie Michele Phifer

Contact Phone: [REDACTED]

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Juneau
NOV 12 2019

6. Medical Work History

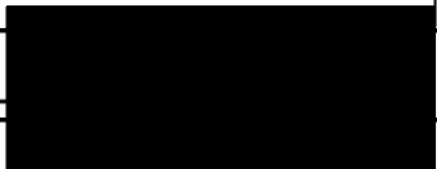
Provide a chronological listing of all medical and non-medical activities beginning with your graduation from medical school to the present date with no more than a 60-day gap in time. Please do not attach a CV; we require the use of this form. If necessary, make additional copies of this page, or continue to list your work history on a separate sheet labeled with your name and signed by you.

Explain any gap in time from practice of more than sixty (60) days duration. If you have retired from practice, provide the dates. If you have been inactive from practice for two years or more, provide the dates and include documentation of your recent continuing medical education.

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Dates	Facility/Location	Activity
6/21/11 - 6/24/14	Swedish Cherry Hill (Seattle, WA)	Residency
8/26/2014 - present	Swedish Medical Group (Seattle, WA)	Primary & Urgent Care Physician
9/13/2019 - present	98point6 (Seattle, WA)	Telemedicine Physician

→ Signature: _____



Date: 11/7/19 _____

CBPL

PART VIII Notarized Signature with Photograph

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content thereof. I declare, under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct. I am the lawful holder of the degree of Doctor of Medicine or Doctor of Osteopathy as prescribed by this application, and that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. I further certify that the photograph that appears below is a true likeness of me taken within the past 60 days.

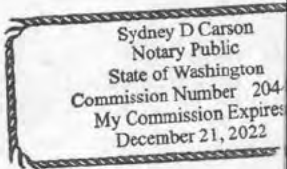
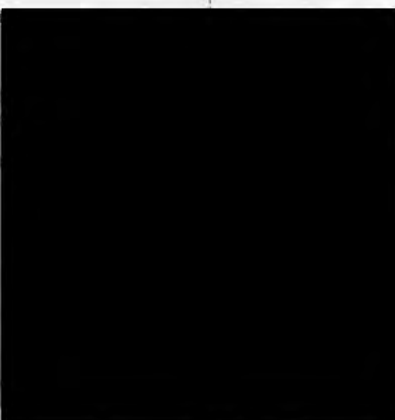
I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto or falsification or misrepresentation of credentials to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice medicine in the state of Alaska.

I have read all of the instructions in the application, including the instructions under Part VI, Professional Fitness.

You must sign and date this application before a notary public on the same day.

Applicant's Signature	[Redacted]
Date	11/7/19
Printed Name	Jamie Phifer

Notary Public for State of:	Washington
Subscribed and Sworn to Before me on this Day:	November 7, 2019
Notary's Signature:	[Handwritten Signature]
My Commission Expires:	12-21-22

<p>Attach a recent photo that is no larger than 3" x 3".</p> <p>The notary seal must overlie a portion of the photograph.</p>	<p>Photograph</p> <div style="border: 1px dashed gray; padding: 10px;">   </div>
---	---

RECEIVED
Juneau
NOV 12 2019



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

CBPL

Alaska State Medical Board

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: medicalboard@alaska.gov

Website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

PART IX Authorization for Release of Records

To Whom It May Concern:

I, Jamie Michele Phifer

First Name

Middle Name

Last Name

residing at

Address

City

State

ZIP Code

authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my medical practice, and any records pertaining to litigation, judgments, suits, and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators. This release also applies to all records that pertain to credentialing records at facilities at which I have applied for or held privileges to practice medicine.

I authorize the Division to discuss my records with persons or organizations that are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization expires one (1) year from the date of my signature below.

Signature:

[Redacted Signature]

Date: 11/7/19

Home Telephone:

[Redacted Home Telephone]

Work Telephone: 866-657-7991

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NOV 12 2019

Affidavit and Authorization for Release of Information

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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.

Applicant's signature (print name)

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

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

Swedish Medical Center

Cherry Hill
Seattle, Washington

This Certifies That

Jamie M. Phifer, M.D.

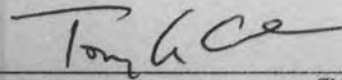
has faithfully and satisfactorily performed the duties of

Family Medicine Resident

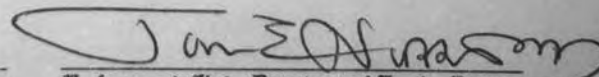
from

June 21, 2011 to June 24, 2014

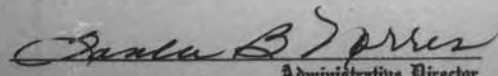
In witness whereof, the undersigned have affixed their signatures



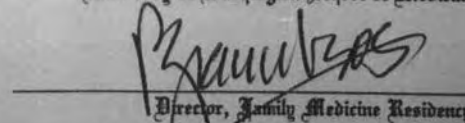
Chief Executive



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

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

I certify this to be
a true copy of the
original document.


11/6/19

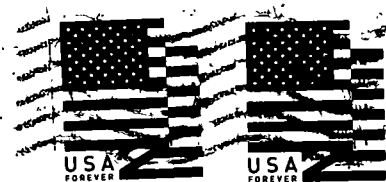
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98point6

701 5th Ave
Suite 2300
Seattle, WA 98104

SEATTLE WA 98104

07 NOV 2019 PM 4 L



Alaska State Medical Board
PO Box 110806
Juneau, AK 99811

99811-080606



LIC-026



Alaska State Medical Board
 State Office Building, 333 Willoughby Avenue, 9th Floor
 PO Box 110806, Juneau, AK 99811-0806
 Phone: (907) 465-2550 • Fax: (907) 465-2974
 Email: medicalboard@alaska.gov
 Website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

Verification of DEA Registration Status

Complete this top part and then mail it to the Drug Enforcement Administration (DEA) at:

→ **Applicant:**

Drug Enforcement Administration
 Attn: Diversion Unit
 300 5th Avenue, Suite 1300
 Seattle, WA 98104

Full Legal Name	Jamie Michele Phifer
------------------------	----------------------

Address of DEA	701 5th Ave STE 2300, Seattle, WA 98104
-----------------------	---

→ **DEA Use Only.** file against this physician. Please return this form directly to the Alaska State Medical Board at the letterhead address.

Has this applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
--	------------------------------	--

Is any such investigation pending?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
------------------------------------	------------------------------	--

DEA Comments:

From: [Reynolds, Rebecca L.](#)
To: [Board, Medical \(CED sponsored\)](#)
Subject: Verifications
Date: Monday, November 25, 2019 10:45:21 AM
Attachments: [001.zip](#)

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
[REDACTED]	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
██████████	22N 33N 4 5	JACKSONVILLE, FL 32216	03/31/2022	09/06/2019
██████████	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.



Pennsylvania
MEDICAL SOCIETY

ADVOCATE. EDUCATE. NAVIGATE.

The Pennsylvania Medical Society certifies that

Jamie Phifer MD

has participated in the enduring material titled

Opioid Prescribing & the PDMP

on Sep 21, 2019

and is awarded 1 *AMA PRA Category 1 Credit(s)*[™]

The Pennsylvania Medical Society (PAMED) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

PAMED designates this enduring material for a maximum of 1 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.



Pennsylvania
MEDICAL SOCIETY

ADVOCATE. EDUCATE. NAVIGATE.

The Pennsylvania Medical Society certifies that

Jamie Phifer MD

has participated in the enduring material titled

Opioid Prescribing for Chronic Non-Cancer Pain

on Sep 21, 2019

and is awarded 1 *AMA PRA Category 1 Credit(s)*[™]

The Pennsylvania Medical Society (PAMED) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

PAMED designates this enduring material for a maximum of 1 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.



Pennsylvania
MEDICAL SOCIETY

ADVOCATE. EDUCATE. NAVIGATE.

The Pennsylvania Medical Society certifies that

Jamie Phifer MD

has participated in the enduring material titled

Identifying Addiction & Referral to Treatment

on Sep 21, 2019

and is awarded 1 *AMA PRA Category 1 Credit(s)*[™]

The Pennsylvania Medical Society (PAMED) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

PAMED designates this enduring material for a maximum of 1 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.



Pennsylvania
MEDICAL SOCIETY

ADVOCATE. EDUCATE. NAVIGATE.

The Pennsylvania Medical Society certifies that

Jamie Phifer MD

has participated in the enduring material titled

Opioid Prescribing Red Flags - Be Smart, Safe, Sure

on Sep 21, 2019

and is awarded 0.5 *AMA PRA Category 1 Credit(s)*[™]

The Pennsylvania Medical Society (PAMED) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

PAMED designates this enduring material for a maximum of 0.5 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.



Pennsylvania
MEDICAL SOCIETY.

ADVOCATE. EDUCATE. NAVIGATE.

The Pennsylvania Medical Society certifies that

Jamie Phifer MD

has participated in the enduring material titled

Pain Management & Alternatives to Opioid Therapy

on Sep 21, 2019

and is awarded 1 *AMA PRA Category 1 Credit(s)*™

The Pennsylvania Medical Society (PAMED) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

PAMED designates this enduring material for a maximum of 1 *AMA PRA Category 1 Credit(s)*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.



Pennsylvania
MEDICAL SOCIETY

ADVOCATE. EDUCATE. NAVIGATE.

The Pennsylvania Medical Society certifies that

Jamie Phifer MD

has participated in the enduring material titled

Opioid Prescribing for Chronic Non-Cancer Pain

on Sep 21, 2019

and is awarded 1 *AMA PRA Category 1 Credit(s)*[™]

The Pennsylvania Medical Society (PAMED) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

PAMED designates this enduring material for a maximum of 1 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

From: [Jamie Phifer](#)
To: [Alvarado, Guy S \(CED\)](#)
Subject: Re: Status Update
Date: Wednesday, November 13, 2019 12:41:58 PM
Attachments: [Jamie Phifer CME PA OpioidPrescribingandthePDMP.pdf](#)
[Jamie Phifer CME PA OpioidPrescribingforChronicNon-CancerPain.pdf](#)
[Jamie Phifer CME PA Completion IdentifyingAddictionandReferraltoTreatment.pdf](#)
[Jamie Phifer CME PA OpioidPrescribingRedFlags-BeSmart,Safe,Sure.pdf](#)
[Jamie Phifer CME OpioidPrescribingforChronicNon-CancerPain.pdf](#)
[Jamie Phifer CME PA PainManagementandAlternativestoOpioidTherapy.pdf](#)

Hi Steven,

Thank you for the update. I have addressed those items below.

- My AMA profile was sent to you on 10/10/19
- FL and KS verifications were sent to you on 10/11/19 via VeriDoc
- Opioid training hours are attached to this email.
- All the other items were mailed on 11/7/19. You should either have them or be receiving them soon.

Thank you! Have a great day.

On Fri, Nov 8, 2019 at 12:29 PM Alvarado, Guy S (CED) <steven.alvarado@alaska.gov> wrote:

Hello Dr. Phifer,

Your application for a license to practice in the State of Alaska has been received by the Alaska State Medical Board. I have reviewed your application and still need the following items:

- **Signature/Photo Page** - Notarized original copy must be mailed into the department. The form can be found in your myLicense account.
- **Authorization of Release of Records** - The form can be found in your myLicense account.
- **Documentation of required Opioid Education training - If you hold a valid DEA registration in any state**, you **must** submit **two** hours of continuing education in pain management and opioid use and addiction. To fully document compliance with the opioid education requirement, the title/description of the program on your Certificate of Completion should specifically reference all three areas of the required subject matter: **pain management, opioid use, addiction**. A two-hour education course equivalent to a continuing medical education is required to qualify for a new license for a physician. Courses must be Category 1 of AMA-approved education, or Category 1 or 2 of AOA-approved education. The Division of Public Health has a website dedicated to providing state approved courses: <http://dhss.alaska.gov/dph/Director/Pages/opioids/education.aspx>

- **DEA Clearance report** - The form can be found in your myLicense account. Please complete the top portion of this form and send it directly to the DEA address listed on the form. They will complete the lower portion and send it directly to our office
- **AMA profile** – The Alaska State Medical Board requires all applicants to have a copy of their individual Physician Profile Report sent directly to the Board by the American Medical Association (AMA) or the American Osteopathic Association (AOA), even if you are not a member of these organizations. You must contact the organization directly to order the profile: AMA Profile: www.AMA-assn.org
- **License verification from FL, KS** - Contact the other state board to order a license verification sent directly to this office. A standard form for this can be found in your myLicense account. You may also use **Veridoc** at <https://www.veridoc.org/index.aspx>

If you have already ordered/requested these items from the correct agency, there is no need to let me know. I will contact you to let you know when your file is complete. We understand that you are anxious to receive your license and appreciate your continued cooperation and patience.

To expedite processing of your application, register with My License, the new online feature to help you manage your professional license.

<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing.aspx>

Please note that any discrepancies on your initial application may require additional review or action by the Board.

Steven Alvarado

Occupational Licensing Examiner
Alaska State Medical Board
Division of Corporations, Business & Professional Licensing
Phone: 907.465.1077
Steven.alvarado@alaska.gov



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Pennsylvania
MEDICAL SOCIETY

ADVOCATE. EDUCATE. NAVIGATE.

The Pennsylvania Medical Society certifies that

Jamie Phifer MD

has participated in the enduring material titled

Prescribing Naloxone w Opioids

on Sep 21, 2019

and is awarded 1 *AMA PRA Category 1 Credit(s)*[™]

The Pennsylvania Medical Society (PAMED) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

PAMED designates this enduring material for a maximum of 1 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

ALASKA STATE MEDICAL BOARD CHECKLIST - TEMPORARY PERMIT

Applicant Name Phifer, Jamie Michele MD DO DPM
 Specialty: Family Medicine
 Licensure by: Credentials (state): WA Examination Duration at address: _____

Date Received:

11-07-19 Fees: \$400 nonrefund. appl. fee, receipt no. 201901174599; \$425 license fee, receipt no. 201901174599
11-12-19 Application, complete w/ photo/notary, malpractice list, and hospital privileges list. _____
11-12-19 Authorization for Release of Records
10-09-2019 (FCVS) Exam Scores (specify exam type USMLE, FLEX, NBME, COMLEX, NBPME, State, etc.): USMLE
 For State exam: _____ (State) Active License? _____ Passed med/sci subjects? yes
10-09-2019 (FCVS) Medical School Diploma Transcript Translation: _____ Accredited by: AAMC
 (AAMC, AOA, Calif. Llist, etc)
10-09-2019 (FCVS) Verification from Medical School: University of Florida College of Medicine Graduation Date: 06-15-2011 5:14-11
10-09-2019 (FCVS) Internship/Residency Certificates: Swedish Cherry Hill Family Medicine Residency 11-14 Accredited by: ACGME # 540481
 Accredited by: _____
 Accredited by: _____
10-09-2019 (FCVS) Verification from Internship/Residency Programs: PGY1 PGY2 PGY3
 _____ Graduated BEFORE 01/01/1995 – One Year PG Training Required
 Graduated AFTER 01/01/1995 – Two Years PG Training Required
 _____ International Grad. – ECFMG **Required**, plus one of the following: ECFMG No. _____
 Three Years accredited PG training (check all that apply)
 Year for Year Substitution as faculty: No. of years claimed _____ (Max. 3)
 ABMS Board Certification (current): _____ (Board)
 Current active license in other State for 3 years: _____ (State)
11-13-19 Verification of acceptable education in pain management and opioid use and addiction; Accredited by: AMA PRA Cat-1
11-07-19 Verifications of Licensure: any licenses suspended or revoked? No
 State WA Rec'd 10-11-19 State KY Rec'd 10-11-19 State NJ Rec'd 11-1-19 State _____ Rec'd _____
 State FL Rec'd 10-11-19 State MA Rec'd 10-21-19 State WA Res Rec'd 10-11-19 State _____ Rec'd _____
 State IL Rec'd 11-07-19 State MD Rec'd 10-11-19 State _____ Rec'd _____ State _____ Rec'd _____
 Licenses not listed on application N/A Discovered where? _____
N/A Hospital privileges verifications (for past 5 years)
 Hosp _____ Rec'd _____ Hosp _____ Rec'd _____ Hosp _____ Rec'd _____ Hosp _____ Rec'd _____
 Hosp _____ Rec'd _____ Hosp _____ Rec'd _____ Hosp _____ Rec'd _____ Hosp _____ Rec'd _____
 Hosp _____ Rec'd _____ Hosp _____ Rec'd _____ Hosp _____ Rec'd _____ Hosp _____ Rec'd _____
11-26-19 DEA Clearance Report
10-09-2019 (FCVS) FSMB Report
10-10-19 AMA/AOA Physician Profile
12-04-19 NPDB Report
N/A Irregularities, Malpractice, "Yes" Responses, or Other Adverse Information Noted in Application. Specify:

N/A Examiner's Notes: _____
11-15-19 Status Letter Sent: 11-14-19, 11-15-19
 Application Complete 12-4-19 Checklist/File to Exec Admin Steven Alvarado Lic. Examiner

BOARD MEMBER / DESIGNEE REVIEW FOR TEMPORARY PERMIT

APPROVED HOLD FOR BOARD INTERVIEW REQUIRED
 Comments: _____
 Signed: Rebecca Powers Date 12-6-19 Temporary Permit No. 154344
 Date Issued: _____ **VALID FOR 6 MONTHS**

FINAL BOARD REVIEW AND APPROVAL

APPROVED DENIED TABLED (see notes/comments)
 Comments: _____
 Signed: _____ Date _____

From: support@veridoc.org
To: [Board, Medical \(CED sponsored\)](#)
Subject: License Verification Statement - Phifer, Jamie (Dr.)
Date: Friday, October 11, 2019 8:13:55 AM
Attachments: [v727916AA.pdf](#)
[v727916BA.pdf](#)
[v727916CA.pdf](#)

Verification of Licensure Status

The attached verification reports have been sent to you by the VeriDoc.org website. This email can be verified as coming from this site by clicking on the link below.

[Validate Verifications](#)

Physician: Phifer, Jamie

Transaction ID: 727916

Confirmation Number: 89248235115620319223

This email contains 3 PDF attachments. If any are missing please contact support@veridoc.org

Information from the attached verifications can be refreshed for up to 6 months. To view an updated copy, click on a link below.

[Florida Board of Medicine](#)

[Kansas State Board of Healing Arts](#)

[Washington Medical Commission](#)

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

Alaska State Medical Board
550 W Seventh Ave., Ste 1500
Anchorage, AK 99501

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

Alaska State Medical Board
550 W Seventh Ave., Ste 1500
Anchorage, AK 99501

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


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

Disciplinary Action: None

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

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

Verified by:



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



October 11, 2019

ALASKA STATE MEDICAL BOARD
550 W SEVENTH AVE., STE 1500
ANCHORAGE, AK 99501

Subject: Credential Verification

To Whom It May Concern:

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

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

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

October 11, 2019

ALASKA STATE MEDICAL BOARD
550 W SEVENTH AVE., STE 1500
ANCHORAGE, AK 99501

Subject: Credential Verification

To Whom It May Concern:

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

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

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

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

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



Kimberly M. Romero, Licensing Manager



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.

From: [IL Department of Financial/Professional Regulation](#)
To: [Jamie Phifer MD; Board, Medical \(CED sponsored\)](#)
Subject: IDFPR Official Certification of Licensure
Date: Thursday, November 7, 2019 5:38:08 AM
Attachments: [License Certificate Print - 036.150427.pdf](#)

To whom it may concern,

Attached to this email is the Illinois Department of Financial and Professional Regulation's Official *Certification of Licensure* for:

Board: Illinois Medical Board

Profession: LICENSED PHYSICIAN AND SURGEON

Licensee Name: Jamie Phifer MD

License Number: 036.150427

As of: 10/11/2019

Thank you and please contact the Department if any questions may arise.

Illinois Department of Financial and Professional Regulation

Phone: 1 (800) 560-6420

<https://www.idfpr.com/>



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) 876-8383

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

RECEIVED
Juneau

OCT 21 2019

Division of Corporations, Business
and Professional Licensing

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.

ORIGINAL

Staff Member, Board of Registration in Medicine

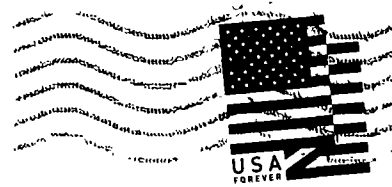
Tammi McManus

SEAL

Commonwealth of Massachusetts
BOARD OF REGISTRATION IN MEDICINE
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

BOSTON MA 021

17 OCT 2019 PM 6 L



Alaska state Medical Board
PO BOX 110806
Juneau, AK 99811

99811-080606



LIC-056



MARYLAND Department of Health Board of Physicians

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

October 11, 2019

Alaska State Medical Board
P.O. Box 110806

Juneau AK 99811-0806

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



4201 Patterson Avenue – Baltimore, Maryland 21215
Toll Free 1-800-492-6836 – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.mbp.state.md.us

From: MarylandBoardofPhysicians_DoNotReply@maryland.gov
To: [Board, Medical \(CED sponsored\)](#)
Subject: Maryland Online License Verification
Date: Friday, October 11, 2019 9:30:37 AM

Date: 10/11/2019

This is confirmation that a request for verification was emailed to: Alaska State Medical Board.

Please click on the link below to download the verification request submitted 10/11/2019.

Invoice#: 31520

Practitioner Name: Jamie Michele Phifer

License#: D87604

Requester Individual: Olena Ziuba

Requester Email: olena.ziuba@alaska.gov

For problems or concerns, please contact the requesting party.

* Disciplinary Actions can be found on our website. Go to www.mbp.state.md.us and select Search Practitioner Profiles

Please click the link below to activate the encrypted verification pdf document.

[Please click to download and view the verification \(.pdf Format\)](#)



PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

MED NO #

New Jersey Office of the Attorney General

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

RECEIVED
Anchorage
NOV 01 2019

CBPL



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

Alaska State Medical Board
550 West Seventh Ave., Suite 1500
Anchorage, AK 99501-3567

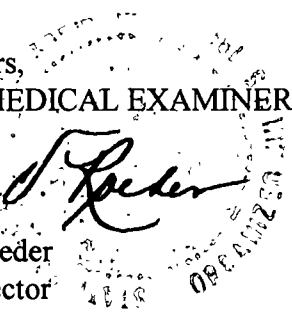
To Whom It May Concern:

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



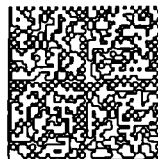
WVR/sdp

ORIGINAL



NJ Office of the Attorney General

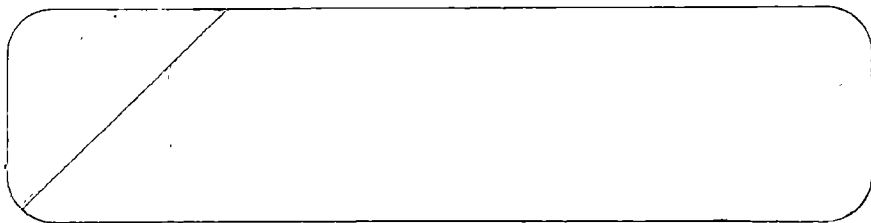
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS
P.O. BOX 183
TRENTON, NJ 08625



U.S. POSTAGE » PITNEY BOWES



ZIP 08628 \$ 000.50⁰
02 1W
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9950133567 0094



From: [Alvarado, Guy S \(CED\)](#)
To: [REDACTED]
Subject: Temporary Permit
Date: Friday, December 6, 2019 1:40:00 PM
Attachments: [Phifer, Jamie Md Temporary Permit Certificate.pdf](#)

Hello Dr. Phifer

It brings me great pleasure to inform you that your temporary permit to practice medicine in the State of Alaska has been issued. It will be mailed to you in the next 2-3 business days. In the meantime, you may view your license information on our web site: <https://www.commerce.alaska.gov/cbp/main/search/professional>

This is only a temporary permit pending final review by the Medical Board. Your application file will be going to the next regularly-scheduled Board meeting for review and approval of your permanent license. Upon approval by the Board, if there are no questions, concerns, or comments, your permanent license will be issued within 5-10 business days after the Board meeting. You may view the board meeting schedule and details for public comment on the website: <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard/BoardBusiness.aspx>

Please review our Medical Statutes & Regulations on our website, they are updated frequently, and are published on our web site: <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>

You are required by law to ensure your address is current at all times with the State Medical Board, and keep copies of all certificates for continuing medical education requirements.

NOTIFICATION OF PROPOSED REGULATIONS CHANGES: If you would like to receive notices of all proposed medical regulation changes, please send a written request to add your name to the 'Medical Interested Parties List', Attention: Regulations Specialist with the Division of Corporations, Business & Professional Licensing at PO Box 110806 Juneau, AK 99811-0806

ALL ALASKA HEALTHCARE PRACTITIONERS WHO HAVE A DEA REGISTRATION VALID TO USE IN ANY STATE: You must register with the Alaska Prescription Drug Monitoring Program (PDMP). Registration with the Alaska PDMP is required, even if you are registered with another state PDMP, and even if you do not intend to prescribe controlled substances to Alaska patients. You would only need to access the PDMP to review a patient's records each time before prescribing a federally scheduled II or III controlled substance. Visit PDMP.Alaska.Gov for information and registration instructions. **Failure to comply with PDMP requirements may result in disciplinary sanctions.**

Thank you

Steven Alvarado
Occupational Licensing Examiner
Alaska State Medical Board
Division of Corporations, Business & Professional Licensing
Phone: 907.465.1077
Steven.alvarado@alaska.gov



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From: [Alvarado, Guy S \(CED\)](#)
To: [REDACTED]
Subject: Application Complete
Date: Wednesday, December 4, 2019 10:07:00 AM

Your application file for a Physician Temporary Permit license to practice in the state of Alaska is complete. The initial review may take up to 20-25 business days. Please note that any discrepancies on your initial application may cause a delay or require additional review or action by the Board.

While an application is in review, we are unable to provide status updates. You will be contacted by our office if further information is required.

Upon approval, your permit may be issued and you will be notified by mail or email. Once the permit is issued, you may verify the information by doing a license search on the Division web site: <https://www.commerce.alaska.gov/cbp/main/search/professional>

We understand that you are anxious to receive your license and appreciate your continued cooperation and patience. Please call or email me anytime if you need assistance.

Thank you

Steven Alvarado
Occupational Licensing Examiner
Alaska State Medical Board
Division of Corporations, Business & Professional Licensing
Phone: 907.465.1077
Steven.alvarado@alaska.gov



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License #: 154344
Effective: 12/6/2019
Expires: 06/06/2020

State of Alaska

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing

State Medical Board

Licensee: **Jamie Michele Phifer**

License Type: **Physician Temporary Permit**

Status: **Active**

Physical Address: 701 5TH AVE STE 2300, SEATTLE, WA 98104

Commissioner: Julie Anderson

Relationships

No relationships found.

Designations

Type	Group
DEA Registered	DEA Registration
Family Practice	Specialties

Jamie Michele Phifer
701 5TH AVE STE 2300
SEATTLE, WA 98104

Wallet Card

State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business, and Professional Licensing State Medical Board Jamie Michele Phifer As Physician Temporary Permit		
License 154344	Effective 12/6/2019	Expires 06/06/2020