



PHYSICIAN & SURGEON

REVENUE SECTION

PRINT NAME Phifer, Jamie

RETURN THIS PORTION
WITH CHECK & APPLICATION

1F 0252090000 00236

11 1797 11

\$166.00

1797-3/29/2013 7:33:31 AM-602



400

LIMITED PHYSICIAN



REVENUE SECTION

PRINT NAME

Phifer, Jamie

LF 0252140000 00335

3401

3401-4/26/2011 7:46:25 AM-604 5400-00

Medical Quality Assurance Commission Physician Application Worksheet

Name PHIFER, JAMIE DOB 8/25/1985

Date Received 3/29/13 Temp Issued ☐ Number 60359602 Closed ☐

4/4/13 WSP Check ☒ Fee ☒ Photo ☒ Data1-14 ☒ AIDS ☒ Attes ☒ SSN ☐ EBHAR

Chronology

MISSING

☒
Complete

to _____

4/4/13
FSMB

4/4/13
AMA

n/a
ECFMG

N/A
FBI REPORT

Personal Data "Yes"s

Documentation Received

Malpractice Cases

Synopsis

Disposition

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____

Medical School

Name UNIV OF FLORIDA Year of Degree 2011 3/29/13 Transcripts ☐ Translations

Examination Type ☐ National ☐ FLEX ☒ USMLE ☐ State Exam ☐ LMCC 7/3/13 Scores Received

Post Graduate

Training Programs

Received

6-11-13	SWEDISH 6/11-6/14

Post Graduate

Training Programs

Received

Received

State

<input type="checkbox"/>	_____
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Received

Hospital verification

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Received

Hospital verification

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Approved

Signature

Betty Elliott

Date

7-5-13

Comments:

Revenue 0252090000

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Medical Practice License Application for MDs only

- ☐ National Boards
 ☐ Other State Exam
 ☐ LMCC (Must have been obtained after 1969)
 ☐ Flex Examination
 ☒ USMLE Examination

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions.)

22 Licensee SSN

- ☐ Male
☒ Female

Name First Middle Last

Jamie

Michele

Phifer

Birth date (mm/dd/yyyy)

08/25/1985

Place of birth

City Atlanta

State GA

Country USA

Address

23 LicenseeAddress

City

23

LicenseeAddress

State

WA

Zip

23
LicenseeAddr

County

King

Country

USA

Phone

23 LicenseeAddress

Fax (206) 320-8173

Cell

23 LicenseeAddress

Email address

phifer.jamie@gmail.com

Mailing address (if different from above)

550 16th Ave Suite 100

City

Seattle

State

WA

Zip

98122

County

King

Country

USA

NOTE: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information with the department.

Have you ever been known under any other name(s)? ☐ Yes ☒ No If yes, list name(s):

Will documents be received in another name? ☐ Yes ☒ No

If yes, list name(s):

Medical Specialty

Medical school University of Florida

Year of graduation 2011

Medical specialty Family Medicine

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation..... ☐ ☒

"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, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☒

"Currently" means within the past two years.

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☒
4. Are you currently engaged in the illegal use of controlled substances?..... ☐ ☒

"Currently" means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ... ☐ ☒

Note: If you answered "yes" to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (Cont.)

Yes No

- a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction ☐ ☒

Note: If you answered "yes" to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.

- b. If you answered "yes" to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete? ☐ ☒
6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? ☐ ☒
- b. Diverted controlled substances or legend drugs? ☐ ☒
- c. Violated any drug law? ☐ ☒
- d. Prescribed controlled substances for yourself? ☐ ☒
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements? ☐ ☒
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? ☐ ☒
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? ☐ ☒
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? ☐ ☒
11. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied? ☐ ☒
12. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine? ☐ ☒
13. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application? ☐ ☒
14. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action? ☐ ☒

3. Medical Education and Experience

Provide a chronological listing of your educational preparation and post-graduate training. If you need more space, attach a piece of paper.

Schools attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Diploma or degree obtained (Quote titles in original language and translate to English.)	Number of years attended	Dates granted	
			Start mm/yyyy	End mm/yyyy
Medical education (list all medical schools attended) Univ. of Florida College of Medicine	MD	4	08/2007	05/2011
Post graduate training (list all programs attended)				
Cherry Hill Family Medicine Residency		2	06/2011	06/2014

4. Professional Experience

In chronological order list all professional experience received since graduation from medical school to the present. Exclude activities listed under other sections, identify any periods of time break of 30 days or more. If you need more space, attach a piece of paper.

Name and location of institution	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Nature of experience or specialty

5. Hospital Privileges (Excluding post-graduate training hospital privileges.)

Excluding post-graduate training, list hospitals where all privileges that have been granted within the past five years. If you need more space, attach a piece of paper.

Name of hospital	Dates attended	
	Start date mm/dd/yyyy	End date mm/dd/yyyy

6. Licenses in Other States

List all licenses to practice medicine in any state, territory, Canadian province or other country. Include active, inactive, temporary and training licenses. List in chronological order, starting with the most current.

State	Date license issued	License Number	Basis of License		Status of license	Any limitations on license
			Exam date passed	Endorsement		
WA	06/14/2011	ML60224778			Active	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes

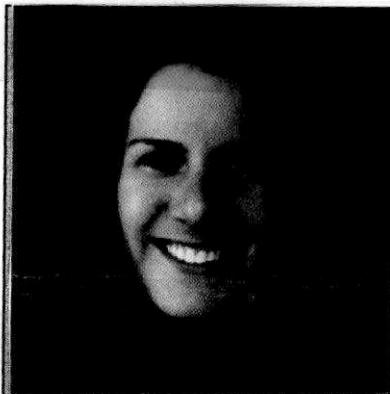
7. AIDS Education and Training Attestation

I certify that I have completed a minimum of four (4) hours of education in the prevention, transmission, and treatment of AIDS. This education included topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

Applicant's initials JP	Date 3/25/13
----------------------------	-----------------

8. Applicant's Photograph

Photo Here



Height 5' 7"
 Weight 130
 Hair color brown
 Color of eyes green

Signature [Handwritten Signature]
 Date of Photo 6/21/2012

9. Applicant's Attestation

I, Jamie Phifer, declare under penalty of perjury under the
(Print applicant name clearly)

laws of the state of Washington that the following is true and correct:

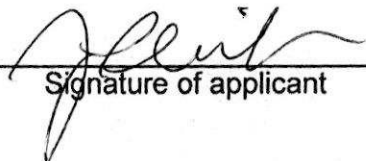
- I am the person described and identified in this application.
- I have read **RCW 18.130.170** and **RCW 18.130.180** of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated 3/25/2013 at Seattle, WA (city, state)

By: 
Signature of applicant



UNIVERSITY OF FLORIDA

Official Academic Transcript

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

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

Do Not Release to Third Party Without Student Permission

STUDENT NAME: JAMIE M PHIFER
SOCIAL SECURITY NUMBER: 22 Licensee UFID: 5822-3830
DATE OF BIRTH: AUGUST 25, 1985
GENDER: FEMALE
BASIS OF ADMISSION: HIGH SCHOOL
COLLEGE: MEDICINE
MAJOR: MEDICINE
RESIDENCY STATUS: FLORIDA RESIDENT
DATE PRINTED: MARCH 25, 2013
TYPE OF CREDIT: SEMESTER HOURS
COPIES REQUESTED: 01 COPY NUMBER: 01 PAGE NO.: 01

MEDICAL QUALITY ASSURANCE COMMISSION
P.O. BOX 47866
OLYMPIA WA
98504

This transcript is not valid without the university seal and signature of the University Registrar.

Stephen J. Fritz Jr.
University Registrar



Prefix & Course Number	Course Title	Course Notation	Grade	Credit	Credit Earned	Credit for GPA	Prefix & Course Number	Course Title	Course Notation	Grade	Credit	Credit Earned	Credit for GPA
SAT VRB MAT TSWE TOTAL DATE 660 710 1370 UNIVERSITY OF FLORIDA 4MD CLAST M 997 R 997 W 997 E 97 10/09/03 CREDIT BY EXAM - ADV PLACEMENT 2003 FALL AMH 2010 U S HISTORY P 3.00 3.00 AMH 2020 U S HISTORY P 3.00 3.00 ANL 2070 ENGLISH LIT/COMP P 3.00 3.00 BSC 2007 BIOLOGY P 3.00 3.00 BSC 2009 L BIOLOGY P 1.00 1.00 CHM 2045 CHEMISTRY P 3.00 3.00 CHM 2045 L CHEMISTRY P 1.00 1.00 ENC 1101 ENGLISH LANG/COMP P 3.00 3.00 MAC 2311 CALCULUS AB P 4.00 4.00 EARNED HRS 24.00 GRADE PTS 0 HRS CARRIED .00 UNIVERSITY OF FLORIDA 1LS 2003 FALL CHM 2046 GEN CHEM & QUAL ANALY B 3.00 3.00 3.00 CHM 2046 L GEN CHEM QUAL ANALY LB B 1.00 1.00 1.00 MAC 3512 CALCULUS 2 AP STUDENT B 4.00 4.00 4.00 PHI 2010 INTRO TO PHILOSOPHY A 3.00 3.00 3.00 WST 3015 INTERDIS PERSP WOMEN A 3.00 3.00 3.00 COMMUNICATION & COMPUTATION COMPLETE EARNED HRS 14.00 GRADE PTS 48.00 HRS CARRIED 14.00 UNIVERSITY OF FLORIDA 2LS 2004 SPRING ANT 2301 HUMAN SEXUALITY & CUL A 3.00 3.00 3.00 BSC 2010 INTEGRA PRINC BIOL 1 A 3.00 3.00 3.00 BSC 2010 L INTEG PRIN BIOL 1 LAB B+ 1.00 1.00 1.00 CHM 2210 ORGANIC CHEMISTRY B+ 3.00 3.00 3.00 GEO 2410 SOCIAL GEOGRAPHY A 3.00 3.00 3.00 PHI 2100 LOGIC A 3.00 3.00 3.00 EARNED HRS 16.00 GRADE PTS 62.00 HRS CARRIED 16.00 UNIVERSITY OF FLORIDA 2LS 2004 SUMMER MAY-AUGUST - 12 WEEKS BSC 2011 INTEGRA PRINC BIOL 2 A 3.00 3.00 3.00 BSC 2011 L INTEG PRIN BIOL 2 LAB A 1.00 1.00 1.00 CHM 2211 L ORGANIC CHEMISTRY LAB B 2.00 2.00 2.00 PHY 2053 PHYSICS 1 A 4.00 4.00 4.00 PHY 2053 L LAB FOR PHY 2053 A 1.00 1.00 1.00 EARNED HRS 11.00 GRADE PTS 42.00 HRS CARRIED 11.00 UNIVERSITY OF FLORIDA 2LS 2004 SUMMER JUNE-AUGUST - 6 WEEKS WITHDREW JUL 21 2004 CHM 2211 ORGANIC CHEMISTRY W 3.00 EARNED HRS 0.00 GRADE PTS 0.00 HRS CARRIED 0.00							UNIVERSITY OF FLORIDA 3LS 2004 FALL AGR 3303 GENETICS B+ 3.00 3.00 3.00 CHM 2211 ORGANIC CHEMISTRY A 3.00 3.00 3.00 PHY 2054 PHYSICS 2 A 4.00 4.00 4.00 PHY 2054 L LAB FOR PHY 2054 A 1.00 1.00 1.00 TPA 2202 C STAGECRAFT A 4.00 4.00 4.00 ELECTED GOLDEN KEY INTERNATL HONOR SOC EARNED HRS 15.00 GRADE PTS 58.50 HRS CARRIED 15.00 UNIVERSITY OF FLORIDA 3LS 2005 SPRING BCH 4024 INTR BIOCHM/MOLEC BIO B+ 4.00 4.00 4.00 MCB 3020 BAS BIOL MICROORGAN A 3.00 3.00 3.00 SPN 1130 BEGINNING SPANISH 1 A 5.00 5.00 5.00 ZOO 4926 SCIENCE ETHICS/VALUES A 2.00 2.00 2.00 EARNED HRS 14.00 GRADE PTS 54.00 HRS CARRIED 14.00 UNIVERSITY OF FLORIDA 4LS 2005 SUMMER MAY-AUGUST - 12 WEEKS ECO 2023 PRIN MICROECONOMICS B+ 3.00 3.00 3.00 MCB 3020 L LAB BAS BIOL MICROORG A 2.00 2.00 2.00 EARNED HRS 5.00 GRADE PTS 18.50 HRS CARRIED 5.00 UNIVERSITY OF FLORIDA 4LS 2005 FALL ACG 2021 C INTRO FINAN ACCOUNTNG A 4.00 4.00 4.00 BMS 4905 MED SCI SENIOR RES A 2.00 2.00 2.00 PCB 3134 EUKARYOTIC CELL STRU A 3.00 3.00 3.00 SPN 1131 BEGINNING SPANISH 2 A 5.00 5.00 5.00 EARNED HRS 14.00 GRADE PTS 56.00 HRS CARRIED 14.00 UNIVERSITY OF FLORIDA 4LS 2006 SPRING AEB 3341 SELLING STRATEGICALLY A 3.00 3.00 3.00 BMS 4905 MED SCI SENIOR RES A 3.00 3.00 3.00 CHM 4302 L LAB BIOCHEM MOLEC BIO B+ 2.00 2.00 2.00 GEB 3113 PRIN ENTREPRENEURSHIP A 4.00 4.00 4.00 PCB 4522 MOLECULAR GENETICS A 3.00 3.00 3.00 EARNED HRS 15.00 GRADE PTS 59.00 HRS CARRIED 15.00 UNIVERSITY OF FLORIDA 4LS 2006 SUMMER MAY-AUGUST - 12 WEEKS CHM 3120 INTRO ANALYTIC CHEM B+ 3.00 3.00 3.00 CHM 3120 L ANALYTICAL CHEM LAB B+ 1.00 1.00 1.00 FIN 3403 BUSINESS FINANCE B+ 4.00 4.00 4.00 EARNED HRS 8.00 GRADE PTS 28.00 HRS CARRIED 8.00 UNIVERSITY OF FLORIDA 4LS 2006 FALL BMS 4905 MED SCI SENIOR RES A 3.00 3.00 3.00 CHM 3400 PHYSICAL CHEMISTRY A 3.00 3.00 3.00 MCB 4403 PROKARYOTIC CELL STRU B+ 3.00 3.00 3.00 ZOO 3713 C FUNCT VERT ANATOMY A 4.00 4.00 4.00 EARNED HRS 13.00 GRADE PTS 50.50 HRS CARRIED 13.00 (SEE NEXT PAGE)						

UNIVERSITY OF FLORIDA TRANSCRIPT EXPLANATION

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, this transcript is released to you on the condition that it will not be made available to any other party without the written consent of the student.

Accreditation:

The University of Florida (UF) is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award the degrees of bachelor, master, specialist and engineer, as well as doctoral and professional degrees. UF is a member of the Association of American Universities and is recognized by the Carnegie Commission on Higher Education as one of the nation's leading research universities. Courses at the University of Florida, with the exception of specific foreign language courses, are taught in English.

History:

The university traces its origins to 1853 when the state-funded East Florida Seminary acquired the private Kingsbury Academy in Ocala. After the Civil War, the seminary was moved to Gainesville. It was consolidated with the state's land-grant Florida Agricultural College, then in Lake City, to become the University of Florida in 1906.

Calendar and Credit Hours:

Course credit hours are recorded in semester hours or quarter hours. Refer to the information box in the upper right-hand corner of the transcript to determine the type of credit hour. Before September 1967, the university operated on both the semester and trimester systems. The unit of credit was a semester hour, representing one hour per week of lecture and two or more laboratory hours per week for a 16-week semester or a 14-week trimester, or its equivalent in the summer terms. In September 1967, the university converted to the quarter system. The quarter hour represented one hour per week of lecture and two or more laboratory hours per week for an 11-week quarter. The summer quarter had a five-week and a 10-week session. In August 1981, the university adopted a modified semester system. The semester credit hour represents one hour of lecture or two or more laboratory hours per week for a 16-week semester. The summer term has two 6-week sessions and one overlapping 12-week session.

Academic Standing:

The student is in good standing and is eligible to reenter the University of Florida unless a statement appears on the transcript to indicate otherwise.

Course Numbering System:

1000 - 2999 Lower-level undergraduate courses
3000 - 4999 Upper-level undergraduate courses
5000 - 8999 Graduate and Professional courses

All UF courses are identified by prefixes and numbers that are assigned by Florida's Statewide Course Numbering System (SCNS). This common numbering system is used by all public postsecondary institutions in Florida and by participating non-public institutions.

Repeat Course Policy:

University of Florida course work that is repeated is counted in the computation of a student's UF grade point average as many times as grades for that course are recorded, although credit hours will be awarded only once. However, when a student earns a C or higher in a course, repeats that course and earns a C or higher on the subsequent enrollment, the new grade is neither computed into the UF grade point average nor awarded additional credits. Students who enter UF with credit by exam course equivalencies who then repeat the equivalent course at UF will receive a grade for the UF course and no credit for the prior work.

Transfer Credit:

Transfer credit may include courses that are not acceptable for certain degree programs.

Test Score Acronyms:

ACT/EACT = American College Test
CLAST = College Level Academic Skills Test
GMAT = Graduate Management Admissions Test
GRE = Graduate Record Exam
SAT/SATR/SATN = Scholastic Aptitude Test

SAT test scores printed on this transcript represent the best combination of scores received. CLAST is required by state statute (beginning in August 1984) of all students entering the upper division. The four subtests recorded on the transcript include essay (E), English language skills (W), reading (R) and mathematics (M). The CLAST exam was eliminated in July 2010. Students now meet the requirement through designated coursework and/or ACT/SAT scores.

Classification of Undergraduate and Graduate Students:

- 0 Non-degree students, including special transient and high school students
- 1 Freshmen with fewer than 30 credits
- 2 Sophomores with 30-59 credits
- 3 Juniors with 60-89 credits
- 4 Seniors with 90-120 credits
- 5 5th-year undergraduates in 10-semester degree programs
- 6 Post-baccalaureate students
- 7 Graduate students seeking a first master's degree
- 8 Graduate students with a master's degree, or 36 or more credit hours toward a graduate degree, who are not admitted to doctoral candidacy
- 9 Graduate students who are admitted to doctoral candidacy

Authentication:

The face of this transcript is printed on blue security paper with the name of the institution appearing in white type continuously over the face of the entire document. It also bears the university seal and the signature of the University Registrar on the face of the document. A raised seal is not required. When photocopied, the words COPY COPY COPY appear horizontally across the face of the entire document. A black and white document is not authentic and should not be accepted as an official University of Florida academic transcript. When this paper is touched by fresh liquid bleach, an authentic document will stain.

Colleges, Schools and Special Designations:

AC Fisher School of Accounting	JP Joint Program
AG Agricultural and Life Sciences	LW Levin College of Law
AR Design, Construction and Planning	LS Liberal Arts and Sciences
AS Arts and Sciences	MC Multiple Colleges
BA Warrington College of Business Administration	MD Medicine
BC M.E. Rinker Sr. School of Building Construction	NE School of Natural Resources and Environment
CD Concurrent Degree Program	ND Nursing Doctorate
CE Continuing Education	NR Nursing
DN Dentistry	PA Physician Assistant
ED Education	PD Pharmacy Doctorate
EG Engineering	PE Physical Education, Health and Recreation
FA Fine Arts	PH Pharmacy
FY School of Forest Resources and Conservation	PT Public Health and Health Professions - Physical Therapy Doctorate
HH Health and Human Performance	UC University College
HP Public Health and Health Professions	UF Lower Division
HS High School Dual Enrollment	UN Undecided
ID Interdisciplinary Studies	VM Veterinary Medicine
JM Journalism and Communications	

Grading (prior to May 11, 2009):

Passing Grades - Grade Points

Grade	Points	Description
A	4.00	Excellent
B+	3.50	
B	3.00	Good
C+	2.50	
C	2.00	Average
D+	1.50	
D	1.00	Poor
S	0.00	Satisfactory
S+	0.00	Law School Honors
P	0.00	Passing

Failing Grades - No Grade Points

Grade	Description
E	Failure
I	Incomplete
NG	No grade reported
U	Unsatisfactory
WF	Withdrew failing
EW	Dropped for nonattendance or unsatisfactory work
X	Absent from final exam

Sum Total	Cumulative hours earned
UF Cum GP	Cumulative UF grade points
UF Cum HC	Cumulative UF hours carried

Grading (beginning May 11, 2009):

Passing Grades - Grade Points

Grade	Points	Description
A	4.00	Excellent
A-	3.67	
B+	3.33	
B	3.00	Good
B-	2.67	
C+	2.33	
C	2.00	Average
C-	1.67	
D+	1.33	
D	1.00	Poor
D-	.67	
S	0.00	Satisfactory
S+	0.00	Law School Honors
P	0.00	Passing

Non-Punitive Grades and Symbols - No Grade Points/Not in GPA

Grade	Description
H	Deferred Grade
I*	Incomplete; not in GPA
N	No credit
N*	No grade reported
W	Withdrew from course
X*	Absent from final exam

The UF cumulative GPA is based on the student's most recent academic program of study. Satisfactory and unsatisfactory grades are not calculated into the UF grade point average. Beginning September 1978, the university's grading system has included plus grades. Effective Fall 2004, a grade of S is equivalent to a C or better. The GPA includes only UF work and is calculated by dividing the cumulative number of grade points by the cumulative number of hours carried. The UF GPA is displayed to the hundredths place and is not rounded. The College of Law implemented plus grades in Fall 1972. Law grade point averages for Fall 1972 through Fall 1978 must be obtained from the College of Law. Law faculty implemented a mandatory grade curve of 3.15 to 3.25 for first year law students in Spring 2003 and for the rest of the student body in Summer 2003. The prior suggested curve was 2.8 to 2.95.

Course Type Notations:

F	Grade forgiven	R	Repeated course; no credit
G	Not applicable to degree; no credit	V	Vocational course; no credit
L	Credit below acceptable level	Y	Advanced placement
M	Repeated course; credit allowed	Z	CLEP credit

Alteration and/or forgery of this document with the intent to deceive another party is a criminal offense.

The square on an original transcript is printed in thermochromic ink. When rubbed or breathed on, it will fade and then gradually return to normal.



875014 - 072312



UNIVERSITY OF FLORIDA

Official Academic Transcript

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

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

Do Not Release to Third Party Without Student Permission

STUDENT NAME: JAMIE M PHIEFER
SOCIAL SECURITY NUMBER: 22 Licensee UFID: 5822-3830
DATE OF BIRTH: AUGUST 25, 1985
GENDER: FEMALE
BASIS OF ADMISSION: HIGH SCHOOL
COLLEGE: MEDICINE
MAJOR: MEDICINE
RESIDENCY STATUS: FLORIDA RESIDENT
DATE PRINTED: MARCH 25, 2013
TYPE OF CREDIT: SEMESTER HOURS
COPIES REQUESTED: 01 COPY NUMBER: 01 PAGE NO.: 02

This transcript is not valid without the university seal and signature of the University Registrar.

Stephen J. Fritz Jr.
University Registrar



Prefix & Course Number	Course Title	Course Notation	Grade	Credit	Credit Earned	Credit for GPA	Prefix & Course Number	Course Title	Course Notation	Grade	Credit	Credit Earned	Credit for GPA
UNIVERSITY OF FLORIDA 4LS 2007 SPRING							UNIVERSITY OF FLORIDA 2MD 2009 SUMMER MAY-JUNE - 6 WEEKS						
GEB 4117	FUND NEW VENTURE PLAN		A	4.00	4.00	4.00	BMS 6404	PHARMACOLOGY		A	6.00	6.00	6.00
MCB 4905	UNDERGRAD RESEARCH		A	2.00	2.00	2.00	BMS 6823	EVIDENCE BASED MED		B+	3.00	3.00	3.00
PCB 4723 C	PHYS/MOL BIO OF ANIMS		B	5.00	5.00	5.00	UNIVERSITY OF FLORIDA 2MD 2009 SUMMER MAY-AUGUST - 12 WEEKS						
PCB 5235	IMMUNOLOGY		B	3.00	3.00	3.00	BMS 6811	CLINICAL DIAGNOSIS		B+	6.00	6.00	6.00
AWARDED BACHELOR OF SCIENCE GRADUATED MAY 05 2007 SUMMA CUM LAUDE MAJOR INTERDISCIPLINARY STUDIES CONCENTRATION INTEGRATIVE BIOLOGY MAJOR MICROBIOLOGY AND CELL SCIENCE MINOR CHEMISTRY MINOR ENTREPRENEURSHIP							BMS 6834	ESSEN PATIENT CARE 4		S	3.00	3.00	
EARNED HRS 14.00 GRADE PTS 48.00 HRS CARRIED 14.00							UNIVERSITY OF FLORIDA 3MD 2009 FALL						
UNIVERSITY OF FLORIDA 1MD 2007 FALL							BCC 7130	OBS & GYN CLERKSHIP		B+	6.00	6.00	6.00
ADMITTED TO COLLEGE OF MEDICINE							BCC 7150	PSYCHIATRY CLERKSHIP		B+	6.00	6.00	6.00
BMS 6100 C	CLINICAL HUMAN ANAT		A	8.00	8.00	8.00	UNIVERSITY OF FLORIDA 3MD 2010 SPRING						
BMS 6110 C	CELL & TISSUE BIOL		A	6.00	6.00	6.00	BCC 7120	NEUROLOGY CLERKSHIP		A	3.00	3.00	3.00
BMS 6828	INTERDIS FAM HLTH 1		S	2.00	2.00		BCC 7140	PEDIATRIC CLERKSHIP		A	8.00	8.00	8.00
UNIVERSITY OF FLORIDA 1MD 2008 SPRING							BCC 7170	FAMILY MED/GERIATRICS		A	9.00	9.00	9.00
BCC 6173	INTRO CLIN PRACTICE		S	3.00	3.00		UNIVERSITY OF FLORIDA 3MD 2010 SUMMER MAY-AUGUST - 12 WEEKS						
BMS 6015	ESSENTIALS PAT CARE 1		S	4.00	4.00		BCC 7110	MEDICINE CLERKSHIP		A	8.00	8.00	8.00
BMS 6020	MEDICAL NEUROSCIENCE		A	5.00	5.00	5.00	BCC 7160	SURGERY CLERKSHIP		B+	8.00	8.00	8.00
BMS 6190	ANAT DIAGNOST IMAGING		S	2.00	2.00		UNIVERSITY OF FLORIDA 4MD 2010 FALL						
BMS 6829	INTERDISC FAMILY HLTH		S	2.00	2.00		BCC 7174	SR COM HLTH FAM CLERK		A	4.00	4.00	4.00
UNIVERSITY OF FLORIDA 1MD 2008 SUMMER MAY-JUNE - 6 WEEKS							MEL 7937	ELECT TOP/PEDIATRICS		S	4.00	4.00	
BCC 6151	HUMAN BEHAVIOR		A	3.00	3.00	3.00	MEL 7947	ELECT TOP/COMMUNITY		S	2.00	2.00	
BMS 6003	ASPECT HUMAN GENETICS		S	2.00	2.00		MEL 7948	ELECT TOP/MEDICINE		S	2.00	2.00	
BMS 6204	BIO/MOLEC BIO DISEASE		A	6.00	6.00	6.00	MEL 7948	ELECT TOP/MEDICINE		S	4.00	4.00	
UNIVERSITY OF FLORIDA 1MD 2008 SUMMER MAY-AUGUST - 12 WEEKS							MEL 7948	ELECT TOP/MEDICINE		S	2.00	2.00	
BMS 6016	ESSENTIALS PAT CARE 2		S	4.00	4.00		UNIVERSITY OF FLORIDA 4MD 2011 SPRING						
BMS 6500	PRIN OF PHYSIOLOGY		A	6.00	6.00	6.00	BCC 7100	LIFE SUPPORT SKILLS		A	2.00	2.00	2.00
UNIVERSITY OF FLORIDA 2MD 2008 FALL							BCC 7115	GERIATRIC CLERKSHIP		B+	2.00	2.00	2.00
BMS 6300 C	MED MICR BIO/INFECTION DIS		A	5.00	5.00	5.00	BCC 7180	SR EMERG MED CLERKSHIP		B+	4.00	4.00	4.00
BMS 6601 C	GEN PATHOL & IMMUNOL		B+	6.00	6.00	6.00	MEL 7932	ELECT TOP OB/GYN		S	2.00	2.00	
BMS 6830	ESSENTIALS PAT CARE 3		S	4.00	4.00		MEL 7937	ELECT TOP/PEDIATRICS		S	4.00	4.00	
UNIVERSITY OF FLORIDA 2MD 2009 SPRING							MEL 7948	ELECT TOP/MEDICINE		S	4.00	4.00	
BMS 6191	INTRO CLINIC RADIOLOG		S	2.00	2.00		MEL 7953	INTERNSHIP 101		S	4.00	4.00	
BMS 6602 C	SYS PATHOL/LAB MED		A	9.00	9.00	9.00	AWARDED DOCTOR OF MEDICINE GRADUATED MAY 14 2011 CUM LAUDE MAJOR MEDICINE						
BMS 6630	CLINICAL ONCOLOGY		S	2.00	2.00		END OF TRANSCRIPT.						
BMS 6822	SOCIAL & ETHIC ISSUES		A	2.00	2.00	2.00							

UNIVERSITY OF FLORIDA TRANSCRIPT EXPLANATION

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, this transcript is released to you on the condition that it will not be made available to any other party without the written consent of the student.

Accreditation:

The University of Florida (UF) is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award the degrees of bachelor, master, specialist and engineer, as well as doctoral and professional degrees. UF is a member of the Association of American Universities and is recognized by the Carnegie Commission on Higher Education as one of the nation's leading research universities. Courses at the University of Florida, with the exception of specific foreign language courses, are taught in English.

History:

The university traces its origins to 1853 when the state-funded East Florida Seminary acquired the private Kingsbury Academy in Ocala. After the Civil War, the seminary was moved to Gainesville. It was consolidated with the state's land-grant Florida Agricultural College, then in Lake City, to become the University of Florida in 1906.

Calendar and Credit Hours:

Course credit hours are recorded in semester hours or quarter hours. Refer to the information box in the upper right-hand corner of the transcript to determine the type of credit hour. Before September 1967, the university operated on both the semester and trimester systems. The unit of credit was a semester hour, representing one hour per week of lecture and two or more laboratory hours per week for a 16-week semester or a 14-week trimester, or its equivalent in the summer terms. In September 1967, the university converted to the quarter system. The quarter hour represented one hour per week of lecture and two or more laboratory hours per week for an 11-week quarter. The summer quarter had a five-week and a 10-week session. In August 1981, the university adopted a modified semester system. The semester credit hour represents one hour of lecture or two or more laboratory hours per week for a 16-week semester. The summer term has two 6-week sessions and one overlapping 12-week session.

Academic Standing:

The student is in good standing and is eligible to reenter the University of Florida unless a statement appears on the transcript to indicate otherwise.

Course Numbering System:

1000 - 2999 Lower-level undergraduate courses
3000 - 4999 Upper-level undergraduate courses
5000 - 8999 Graduate and Professional courses

All UF courses are identified by prefixes and numbers that are assigned by Florida's Statewide Course Numbering System (SCNS). This common numbering system is used by all public postsecondary institutions in Florida and by participating non-public institutions.

Repeat Course Policy:

University of Florida course work that is repeated is counted in the computation of a student's UF grade point average as many times as grades for that course are recorded, although credit hours will be awarded only once. However, when a student earns a C or higher in a course, repeats that course and earns a C or higher on the subsequent enrollment, the new grade is neither computed into the UF grade point average nor awarded additional credits. Students who enter UF with credit by exam course equivalencies who then repeat the equivalent course at UF will receive a grade for the UF course and no credit for the prior work.

Transfer Credit:

Transfer credit may include courses that are not acceptable for certain degree programs.

Test Score Acronyms:

ACT/EACT = American College Test
CLAST = College Level Academic Skills Test
GMAT = Graduate Management Admissions Test
GRE = Graduate Record Exam
SAT/SATR/SATN = Scholastic Aptitude Test

SAT test scores printed on this transcript represent the best combination of scores received. CLAST is required by state statute (beginning in August 1984) of all students entering the upper division. The four subtests recorded on the transcript include essay (E), English language skills (W), reading (R) and mathematics (M). The CLAST exam was eliminated in July 2010. Students now meet the requirement through designated coursework and/or ACT/SAT scores.

Classification of Undergraduate and Graduate Students:

- 0 Non-degree students, including special transient and high school students
- 1 Freshmen with fewer than 30 credits
- 2 Sophomores with 30-59 credits
- 3 Juniors with 60-89 credits
- 4 Seniors with 90-120 credits
- 5 5th-year undergraduates in 10-semester degree programs
- 6 Post-baccalaureate students
- 7 Graduate students seeking a first master's degree
- 8 Graduate students with a master's degree or 36 or more credits toward a graduate degree, who are not admitted to doctoral candidacy
- 9 Graduate students who are admitted to doctoral candidacy

Authentication:

The face of this transcript is printed on a security paper with the name of the institution appearing in white type continuously over the face of the entire document. The University of Florida seal and the signature of the University Registrar on the face of the document. A raised seal is embossed on the back of the document. When photocopied, the words COPY COPY COPY appear horizontally across the face of the entire document. A black and white document is not authentic and should not be accepted as an official University of Florida academic transcript. When this paper is touched by fresh liquid bleach, an authentic document will stain.

Colleges, Schools and Special Designations:

AC Fisher School of Accounting	JP Joint Program
AG Agricultural and Life Sciences	LW Levin College of Law
AR Design, Construction and Planning	LS Liberal Arts and Sciences
AS Arts and Sciences	MC Multiple Colleges
BA Warrington College of Business Administration	MD Medicine
BC M.E. Rinker Sr. School of Building Construction	NE School of Natural Resources and Environment
CD Concurrent Degree Program	ND Nursing Doctorate
CE Continuing Education	NR Nursing
DN Dentistry	PA Physician Assistant
ED Education	PD Pharmacy Doctorate
EG Engineering	PE Physical Education, Health and Recreation
FA Fine Arts	PH Pharmacy
FY School of Forest Resources and Conservation	PT Public Health and Health Professions - Physical Therapy Doctorate
HH Health and Human Performance	UC University College
HP Public Health and Health Professions	UF Lower Division
HS High School Dual Enrollment	UN Undecided
ID Interdisciplinary Studies	VM Veterinary Medicine
JM Journalism and Communications	

Grading (prior to May 11, 2009):

Passing Grades - Grade Points

Grade	Points	Description
A	4.00	Excellent
B+	3.50	
B	3.00	Good
C+	2.50	
C	2.00	Average
D+	1.50	
D	1.00	Poor
S	0.00	Satisfactory
S+	0.00	Law School Honors
P	0.00	Passing

Failing Grades - No Grade Points

Grade	Description
E	Failure
I	Incomplete
NG	No grade reported
U	Unsatisfactory
WF	Withdrew failing
EW	Dropped for nonattendance or unsatisfactory work
X	Absent from final exam

Sum Total	Cumulative hours earned
UF Cum GP	Cumulative UF grade points
UF Cum HC	Cumulative UF hours carried

Grading (beginning May 11, 2009):

Passing Grades - Grade Points

Grade	Points	Description
A	4.00	Excellent
A-	3.67	
B+	3.33	
B	3.00	Good
B-	2.67	
C+	2.33	
C	2.00	Average
C-	1.67	
D+	1.33	
D	1.00	Poor
D-	.67	
S	0.00	Satisfactory
S+	0.00	Law School Honors
P	0.00	Passing

Non-Punitive Grades and Symbols - No Grade Points/Not in GPA

Grade	Description
H	Deferred Grade
I*	Incomplete; not in GPA
N	No credit
N*	No grade reported
W	Withdrew from course
X*	Absent from final exam

The UF cumulative GPA is based on the student's most recent academic program of study. Satisfactory and unsatisfactory grades are not calculated into the UF grade point average. Beginning September 1978, the university's grading system has included plus grades. Effective Fall 2004, a grade of S is equivalent to a C or better. The GPA includes only UF work and is calculated by dividing the cumulative number of grade points by the cumulative number of hours carried. The UF GPA is displayed to the hundredths place and is not rounded. The College of Law implemented plus grades in Fall 1972. Law grade point averages for Fall 1972 through Fall 1978 must be obtained from the College of Law. Law faculty implemented a mandatory grade curve of 3.15 to 3.25 for first year law students in Spring 2003 and for the rest of the student body in Summer 2003. The prior suggested curve was 2.8 to 2.95.

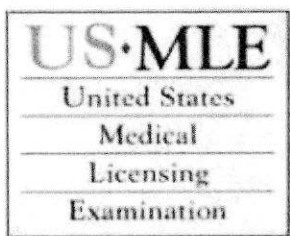
Course Type Notations:

F Grade forgiven	R Repeated course; no credit
G Not applicable to degree; no credit	V Vocational course; no credit
L Credit below acceptable level	Y Advanced placement
M Repeated course; credit allowed	Z CLEP credit

Alteration and/or forgery of this document with the intent to deceive another party is a criminal offense.

The square on an original transcript is printed in thermochromic ink. When rubbed or breathed on, it will fade and then gradually return to normal.





United States Medical Licensing Examination® (USMLE®)

Certified Transcript of Scores

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 -- Telephone (817) 868-4000

Date : 07/03/2013

Recipient:

Washington Medical Quality Assurance Commission
ATTN: MD Credentialing Unit
PO Box 47866
Olympia, WA 98504-7866

Examinee: Phifer, Jamie Michele
Alt Name(s):

Examinee ID#: 5-231-547-0
Date of Birth: 08/25/1985

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

USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
06/30/2009	Pass	243	(185)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
07/28/2010	Pass	260	(189)	

Clinical Skills (CS)*

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

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
WASHINGTON 05/07/2013	Pass	214	(190)	

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



Washington State Department of
Health
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866
M-L 360.236.2765
M-Z 360.236.2767

RECEIVED

JUN 17 2013

MD

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

To: Post Graduate Training Program Director

Facility name Cherry Hill Family Medicine Residency
Address 550 16th Ave Suite #100 / Seattle, WA 98122

RE: Verification/evaluation of training

I am applying for a license to practice medicine in the state of Washington and before my application can be reviewed, a verification and evaluation of the post-graduate training performed in your institution is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, **directly** to the address shown above. **All questions must be answered.**

Applicant Name (Print or type)

Jamie Phifer

Birth date (mm/dd/yyyy)

08/25/1985

Signature of applicant

1. Jamie Phifer is or was engaged in postgraduate training in our
Applicant Name (Print or type)

program Cherry Hill Family Medicine Resid

from Beginning date (month & year) June 2011 to Ending date (month & year) June 2014

in the field of Family Medicine Cherry Hill Fam

2. At the time this individual was in training, was this program accredited through the accreditation council for graduate medical education, the Royal College of Physicians and Surgeons, or the college of family Physicians of Canada? ☒ Yes ☐ No

If no, does this program qualify the applicant to become board certified? ☐ Yes ☐ No

3. Was the participant ever placed on probation, restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? ☐ Yes ☒ No

If yes, please explain _____

4. Did this applicant successfully complete this training program? ☐ Yes ☒ No

☒ in process OR ☒ expected date of completion June 2014

Return to address listed above.

Signature

Title

(Please type or print)

SWEDISH FAMILY MEDICINE

RESIDENCY PROGRAM

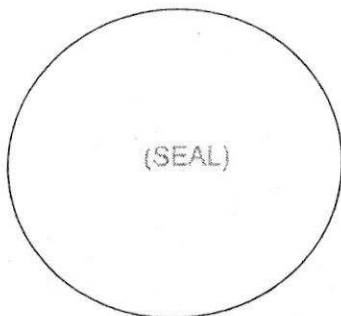
CHERRY HILL CAMPUS

Hospital

Address

550 16TH AVENUE #100
SEATTLE, WA 98122

Date 6-17-13 Telephone 206-320-2233





AMA Physician Profile

Name and Mailing Address:

JAMIE MICHELE PHIFER MD
STE 100
550 16TH AVE
SEATTLE WA 98122-5636

Primary Office Address:

SAME AS MAILING ADDRESS

Phone: UNKNOWN

Birthdate: 08/25/1985

Physician's Major Professional Activity: HOSPITAL BASED RESIDENTS - ALL YEARS

Practice Specialties Self Designated by the Physician*:

Primary Specialty: FAMILY MEDICINE

Secondary Specialty:

*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.

AMA membership: NON MEMBER

_____ **All Information from this Point Forward is Provided by the Primary Source** _____

Current and/or Historical Medical School:

UNIV OF FL COLL OF MED, GAINESVILLE FL 32610

Degree Awarded: Yes

Degree Year: 2011



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

Sponsoring Institution: SWEDISH MED CTR
Sponsoring State: WASHINGTON
Program Name: SWEDISH MEDICAL CENTER/CHERRY HILL PROGRAM
Specialty: FAMILY MEDICINE
Dates: 06/2011 - 06/2014 (VERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
WASHINGTON	MD	06/14/2011	07/31/2013	ACTIVE	LIMITED	03/01/2013

Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1154615185	06/07/2011	NOT RPTD	NOT RPTD	NOT RPTD	03/23/2013

ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.



AMA Physician Profile

Federal Drug Enforcement Administration:

** Only the last three characters of active DEA number(s) are displayed.*

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX842	22N 33N 4 5	03/31/2015	03/12/2013

Address: Ste 100, 550 16th Ave, Seattle, WA 98122-5636

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying Board: TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.

Certificate:

Certificate Type:

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification</u>	<u>Occurrence</u>	<u>Last Reported</u>
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Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2013 American Board of Medical Specialties. All right reserved.

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.



AMA Physician Profile

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the Physician Profile is intended to assist with credentialing. Appropriate use of the data contained in the AMA Physician Masterfile by an organization meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), and the American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification and Federal DEA registration.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60654
800- 665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

**The Federation of State Medical Boards
of the United States, Inc**
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

April 04, 2013

Attn: Maryella E. Jansen
Washington Medical Quality Assurance Commission
Maryella E. Jansen
PO Box 47866
Olympia, WA 98504-7866

Re: Board Action Query Dated: April 04, 2013
Your Reference Number:
FSMB Batch Number: BQ2232095

The following is a final report of the search results from the Board Action Data Bank as of April 04, 2013 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of April 04, 2013

<u>Item</u>	<u>Name</u>	<u>DOB</u>	<u>School</u>	<u>Yr/Grad</u>	<u>Request ID</u>
6	PHIFER, JAIME	08/25/1985	010010	2011	26513169

LICENSE HISTORY

State Board
WASHINGTON

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

Mihelich, Joe D (DOH)

From: Mihelich, Joe D (DOH)
Sent: Tuesday, April 09, 2013 4:16 PM
To: 'phifer.jamie@gmail.com'
Subject: Missing items Phifer

April 9, 2013

Dear Dr. Phifer,

This is to acknowledge receipt of your application for your physician and Surgeon licensure in the state of Washington.

MISSING ITEMS

USMLE SCORES

POST GRAD TRAINING VERIFICATION (We will accept the post graduate training after 6/15/13. This when you will reach 24 months.

If you choose to use email as your way of checking on your application, that may be done at any time.

Please note: while this information was contained in the application packet you had been sent and is stipulated in Washington Administrative Code (WAC) 246-12-020(3), let me reiterate that upon approval, your initial license will be issued *only* to your next birthday after the approval date – unless your birthday falls within 90 days of approval, in which case it will expire on your second birthday following approval.

If you have any further questions or need additional information, email me at joe.mihelich@doh.wa.gov, or write to me at Department of Health, Medical Quality Assurance Commission, P O Box 47866, Olympia, WA 98504-7866.

Sincerely,

Joe Mihelich
Customer Service Specialist III
Medical Quality Assurance Commission
PO BOX 47866
Olympia WA 98504
360-236-2767 phone
360-236-2795 Fax
Website: www.doh.wa.gov/hsqa/mqac
Email: joe.mihelich@doh.wa.gov

Medical Quality Assurance Commission Limited License Application Worksheet

Name PHIFER, JAMIE Date of Birth 8/25/1985

Date Received 4/26/11

☐ WSP Check ☒ Fee ☒ Photo ☒ Data 1-13 ☒ AIDS ☒ Attest ☒ SSN ☒ SS# letter

Chronology <input type="checkbox"/> Complete Missing: _____ to _____ _____ to _____ _____ to _____	<input checked="" type="checkbox"/> Residency <input type="checkbox"/> Institution <input type="checkbox"/> Fellowship <input type="checkbox"/> City/County <input type="checkbox"/> Teaching/Research	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4/28/11</div> FSMB <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> AMA
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Personal Data "Yes"s	Documentation Received	Malpractice Cases	Synopsis	Disposition
_____	_____	1 _____		
_____	_____	2 _____		
_____	_____	3 _____		
_____	_____	4 _____		

Medical School
 Name U OF FL Year of Degree 2011 6/13/11 Transcripts ☐ Translations

Post Graduate Training Programs	Post Graduate Training Programs
Received _____	Received _____
_____	_____
_____	_____
_____	_____

Received <input type="checkbox"/> State Licensure _____ _____	Received <input type="checkbox"/> Hospital Privileges _____ _____
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Received ☐ Program/Employment Verification

4/26/11

SWEDISH 6/21/11

Approved Betty Elliott 6-14-11
 Signature Date

Comments:

Background Check Processed
**Background
Check
Stamp
Here**
MAY 04 2011
NPDB/HIPDB
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

APR 26 2011 **Date
Stamp
Here**
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Revenue 0252140000

Limited Physician & Surgeons License Application

- ☒ Resident Physician ☐ Teaching/Research ☐ Institutional
☐ Fellowship (2 year limit) ☐ County/City Health Department

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions)

22 Licensee SSN

Name <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Ms.	First Jamie	Middle Michele	Last Phifer
Birth date (MM/DD/YYYY) 08/25/1985	City Atlanta	State GA	Country USA
Address 550 16 th Ave #100	City Seattle	State WA	County King
Phone # 904.307.4411	Fax #	Zip 98122	Cell #
Email Address: phifer.jamie@gmail.com			
Have you ever been known under any other name(s)? If yes, list name(s): <u>No</u>			
Will documents be received in another name? If yes, list name(s): <u>No</u>			

Institution or Training Program Information (Required)

Institution/Program Name	Swedish Family Medicine Cherry Hill		
Institution/Program Mailing Address	550 16 th Ave #100		
City Seattle,	State WA	County King	Zip 98122
Medical Specialty			
Medical school University of Florida College of Medicine	Year of Graduation 2011		
Medical Specialty Family Medicine			

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation..... ☐ ☒

"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.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☒

"Currently" means within the past two years.

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☒
4. Are you currently engaged in the illegal use of controlled substances? ☐ ☒

"Currently" means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ... ☐ ☒

Note: If you answered "yes" to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (Cont.)

Yes No

- a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction ☐ ☒

Note: If you answered "yes" to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.

- b. If you answered "yes" to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete? ☐ ☐
6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? ☐ ☒
- b. Diverted controlled substances or legend drugs? ☐ ☒
- c. Violated any drug law? ☐ ☒
- d. Prescribed controlled substances for yourself? ☐ ☒
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements? ☐ ☒
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? ☐ ☒
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? ☐ ☒
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? ☐ ☒
11. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied? ☐ ☒
12. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine? ☐ ☒
13. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application? ☐ ☒
14. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action? ☐ ☒

3. Medical Education and Experience

Provide a chronological listing of your educational preparation and post-graduate training. If you need more space, attach a piece of paper.

Schools attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Diploma or degree obtained (Quote titles in original language and translate to English.)	Number of years attended	Dates granted	
			Start (mm/yyyy)	End (mm/yyyy)
Medical education (list all medical schools attended) University of Florida College of Medicine	MD	4	08/2007	05/2011
Post graduate training (list all programs attended)				

4. Professional Experience

In chronological order list all professional experience received since graduation from medical school to the present. Exclude activities listed under other sections, identify any periods of time break of 30 days or more. If you need more space, attach a piece of paper.

Name and location of institution	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Nature of experience or specialty
N/A			

5. Hospital Privileges (Excluding post-graduate training hospital privileges.)

Excluding post-graduate training, list hospitals where all privileges that have been granted within the past five years. If you need more space, attach a piece of paper.

Name of hospital	Dates attended	
	Start date mm/dd/yyyy	End date mm/dd/yyyy
N/A		

6. Licenses in Other States

List all licenses to practice medicine in any state, territory, Canadian province or other country. Include active, inactive, temporary and training licenses. List in chronological order, starting with the most current.

State	Date license issued	License Number	Basis of License		Status of license	Any limitations on license
			Exam date passed	Endorsement		
N/A						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes

7. AIDS Education and Training Attestation

I certify that I have completed a minimum of four (4) hours of education in the prevention, transmission, and treatment of AIDS. This education included topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

Applicant's initials	Date
JP	4/5/2011

8. Applicant's Photograph

Photo Here



Height 5'7"
 Weight 125
 Hair color light brown
 Color of eyes green

9. Applicant's Attestation

I, Jamie Phifer, declare under penalty of perjury under the
(Print applicant name clearly)

laws of the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated 4/5/2011 at Ben Lomond, CA (city, state)

By: 
Signature of applicant

Medical Quality Assurance Commission
Resident Physician Limited License

This certifies the appointment of the following individual who is being recommended for a limited license in Washington State.

Name of Resident Physician*: Jamie Phifer

Name of training program/specialty: Family Medicine

Name of sponsoring institution: Swedish Family Medicine Cherry Hill

Beginning date 6/21/2011
mm/dd/yyyy

[Signature]
(Signature) Director of Program

Is this an ACGME Program? Yes ☒ No ☐

* Resident physician means an individual who has graduated from a school of medicine which meets the requirements set forth in RCW 18.71.055 and is serving a period of post graduate clinical medical training sponsored by a college or university in this state or by a hospital accredited by this state. The term shall include individuals designated as intern or medical fellow.

Note: The issuance of a limited license does not allow the individual to engage in the practice of medicine outside the supervision of the post-graduate clinical medical training program.

Return to:

Medical Quality Assurance Commission
P O Box 47866 Olympia, WA 98504-7866

Amelia Martensen

Amelia Martensen
Senior Registrar Officer
June 6, 2011

The University of Florida

has conferred on

Jamie Michele Phifer

the degree

Doctor of Medicine

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

Issued by the Board of Trustees upon recommendation of the Faculty of

The College of Medicine

at Gainesville, this fourteenth day of May, 2011. /

Ron Lewis
Governor

Benjamin
Chairman, Board of Trustees



J. Grand Maden
President

M. L. Good, MD
Dean



JUN 13 2011

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

The Federation of State Medical Boards
of the United States, Inc
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

April 28, 2011

Attn: Maryella E. Jansen
Washington Medical Quality Assurance Commission
Maryella E. Jansen
PO Box 47866
Olympia, WA 98504-7866

Re: Board Action Query Dated: April 28, 2011
Your Reference Number:
FSMB Batch Number: BQ1901586

The following is a report of the search results from the Board Action Data Bank as of April 28, 2011 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of April 28, 2011

Item	Name	DOB	School	Yr/Grad	Request ID
3	HILLIS NORTON, NADIA	05/18/1982	005050	2011	23694547
		LICENSE HISTORY <u>State Board</u> No License Information Available			
5	MONAGHAN, LINSEY	07/26/1983	026020	2011	23694557
		LICENSE HISTORY <u>State Board</u> No License Information Available			
1	PHIFER, JAMIE	08/25/1985	010010	2011	23694526
		LICENSE HISTORY <u>State Board</u> No License Information Available			
2	POTTER, AMY	07/30/1982	033090	2011	23694541
		LICENSE HISTORY <u>State Board</u> No License Information Available			
4	WELLS, JONATHAN	11/18/1982	034040	2011	23694552
		LICENSE HISTORY <u>State Board</u> No License Information Available			

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

Mihelich, Joe D (DOH)

From: Mihelich, Joe D (DOH)
Sent: Tuesday, May 24, 2011 12:10 PM
To: 'phifer.jamie@gmail.com'
Subject: missing item

May 24, 2011

Dear Dr. Phifer,

This is to acknowledge receipt of your application to obtain a license for a residency in the state of Washington.

Your application and fee of \$400.00 was received on April 26, 2011.

MISSING ITEMS

TRANSCRIPTS WITH DEGREE POSTED OR LETTER FROM THE SCHOOL STATING THAT YOU WILL BE GRADUATING OR HAVE GRADUATED

If you have any further questions or need additional information, please feel free to call me at (360) 236-2771 email me at joe.mihelich@doh.wa.gov, or write to me at Department of Health, Medical Quality Assurance Commission, P O Box 47866, Olympia, WA 98504-7866.

Sincerely,

Joe Mihelich
Customer Service Specialist II
Medical Quality Assurance Commission
PO BOX 47866
Olympia WA 98504
360-236-2771
360-236-2795 Fax
Website: www.doh.wa.gov/hsqa/mqac
Email: joe.mihelich@doh.wa.gov



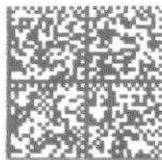
MAR 26 2013



UF UNIVERSITY of FLORIDA

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

PRESORTED
FIRST CLASS



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MAR 26 2013

MAILED FROM ZIP CODE 32611

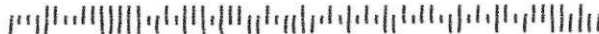
DEPARTMENT OF HEALTH
MEDICAL COMMISSION

MAR 29 2013

RECEIVED



14 BRUNAB 98504



Redaction Log

Total Number of Redactions in Document: 9

Redaction Reasons by Page

Page	Reason	Description	Occurrences
6	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
6	23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	5
12	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
14	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
25	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1

Redaction Log

Redaction Reasons by Exemption

Reason	Description	Pages (Count)
22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	6(1) 12(1) 14(1) 25(1)
23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	6(5)