

## Details for Jenna Renee Ingersoll

### License Information

Name:	Jenna Renee Ingersoll
City, State, Zip, Country:	ASHLAND WI 54806 United States
Profession:	Physician
License Type:	Physician & Surgeon
License Number:	10355275-1205
Obtained By:	Application
License Status:	Active
Original Issue Date:	05/09/2017
Expiration Date:	01/31/2022
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket Number:	N/A
Controlled Substance License	Yes View Controlled Substance License

### Education:

University of Wisconsin Medical School	2014-05-18	Doctorate of Medicine
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This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at <https://secure.utah.gov/bes/bes>. Additionally, this verification does not show a complete license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

\*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. [Click here for citations.](#)

## Details for Jenna Renee Ingersoll

### License Information

Name:	Jenna Renee Ingersoll
City, State, Zip, Country:	Boise ID 83702 United States
Profession:	Physician
License Type:	Physician/Surgeon CS Schedule 2-5
License Number:	10355275-8905
Obtained By:	Application
License Status:	Active
Original Issue Date:	06/16/2017
Expiration Date:	01/31/2022
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4- 106 AND 107
Docket Number:	N/A

### Education:

University of Wisconsin Medical School	2014-05-18	Doctorate of Medicine
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\*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. [Click here for citations.](#)

## Application Summary

Please review this information carefully to ensure it is correct. You may go back to any step in this process by clicking the corresponding link on the left.

### License Being Applied For

Profession: Physician License Type: Physician & Surgeon

### Personal Information

Name: Jenna Renee Ingersoll  
Date of Birth: [REDACTED] 12:00:00 AM  
SSN: [REDACTED]  
Gender: F

### Personal Address

Address: [REDACTED]  
[REDACTED]

### Mailing Address Information

The address that you are entering here is the mailing address. All correspondence regarding this license will be sent to this address or email address provided.

Address: [REDACTED]  
[REDACTED]  
Phone: [REDACTED]  
Email: [REDACTED]

### Specialty

Below listed all special requirements associated with this license

No Specialty records

### Additional Information

I am a United States citizen.  
Driver's License Number [REDACTED] Idaho  
U.S. Citizen - SSN or  
Qualified Alien - I-94 or  
Qualified Alien - Registration No  
Contact Name  
Contact Address  
Contact City, State and Zip  
Contact Phone Number  
Alternate Contact  
Alternate Contact Address  
Alternate City, State and Zip  
Alternate Contact Number  
Notify by Phone   
Notify by Mail?   
Notify by Person   
Other Notification Method  
Program Name  
Start Date  
Notified FCVS Packet complete  
Date License Verification Requested  
Issuing State  
License Status Idaho  
Issue Date Active  
Profession 09/13/2015  
License Number MD  
M-13044

### Question Responses

1. Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?	N
2. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?	N
3. Are you currently under investigation or is any disciplinary action pending against you now by any local, state or federal licensing, enforcement or regulatory agency?	N
4. Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?	N
5. Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental or sexual abuse?	N
6. Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?	N
7. Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?	N
8. Have you ever unlawfully used any drugs for which you have not successfully	

completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?	N
9. Do you currently have any criminal action pending?	N
10. Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years?	N
11. Have you ever pled guilty to, no contest to, entered into a plea in abeyance, or been convicted of a felony in any jurisdiction?	N
12. Have you ever been incarcerated for any reason in any correctional facility (domestic or foreign) in any jurisdiction or on probation/parole in any jurisdiction?	N
13. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by a hospital or health care facility?	N
14. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by Medicaid, Medicare or any other state or federal health care payment reimbursement program?	N
15. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by the Federal Drug Enforcement Administration or any state drug enforcement agency?	N
16. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by malpractice insurance coverage?	N
17. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by other entity?	N
18. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from a hospital or health care facility?	N
19. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from Medicaid, Medicare or any other state or federal health care payment reimbursement program?	N
20. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from the Federal Drug Enforcement Administration or any state drug enforcement agency?	N
21. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from malpractice insurance coverage?	N
22. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from another entity?	N
23. Is any action pending against you now by a hospital or health care facility?	N
24. Is any action pending against you now by Medicaid, Medicare or any other state or federal health care payment reimbursement program?	N
25. Is any action pending against you now by the Federal Drug Enforcement Administration or any state drug enforcement agency?	N
26. Is any action pending against you now by malpractice insurance coverage?	N
27. Is any action pending against you now by another entity?	N
28. Have you been named as a defendant in a malpractice suit?	N
29. Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?	N

### Affidavit and Release

By clicking the **Add to Cart** or **Pay Fees Now** button you hereby swear or affirm under the penalties of perjury the following:

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Please go back and correct any information that is necessary.

If all the above information is correct please press **Add to Cart** or **Pay Fees Now**. Clicking **Add to Cart** will allow you to pay for multiple license applications at one time, otherwise clicking **Pay Fees Now** will allow you to complete and pay for your transaction immediately.

### OPTIONAL CONTROLLED SUBSTANCE LICENSE

If your practice in the state of Utah will include administering, possession or prescribing of controlled substances, you must also apply for a Utah Controlled Substance License. You can start this application from the home page after

must also apply for a Utah Controlled Substance License. You can start this application from the home page after submitting this application. In addition to the Utah Controlled Substance License, you must hold a valid Federal Drug Enforcement Administration (DEA) registration.

**OPTIONAL TEMPORARY LICENSURE**

If you qualify for licensure by endorsement, you may apply for temporary licensure during the time required to complete your application for licensure. You can start this application from the home page after submitting this application.

**DESIGNATION OF CONTACT PERSON FOR ACCESS TO MEDICAL RECORDS**

Please list the primary and alternate contact person for access to medical records. *This information is considered public information.*

Primary Contact: Rebecca J. Clark Telephone: 801-581-2790

Address: U of U Hospital 30 N 1900 E Salt Lake City Utah 84132  
Street Address (including Apt/Unit/Ste #) and/or PO Box City State Zip

Alternate Contact: Alan G. Smith PhD MD Telephone: 801-581-2401

Address: U of U Hospital 30 N. 1900 E Salt Lake City Utah 84132  
Street Address (including Apt/Unit/Ste #) and/or PO Box City State Zip

**Note:** If a hospital, clinic or other facility is the owner of your patient's medical records, the facility's records department may be listed as the primary contact, but you must still list a second contact.

Please identify the method of notifying patients of location of records: (check all that apply):

Phone  Mail  In Person  Other: \_\_\_\_\_

**AFFIDAVIT OF UTAH RESIDENCY (OPTIONAL)**

This section is only required for applicants who are requesting licensure prior to completing 24 months of progressive resident training.

If you have not completed 24 months of post graduate training, you must have completed 12 months in an approved ACGME program and be currently enrolled in a progressive resident training program in Utah. Please list the program you are participating in:

Name of Hospital: \_\_\_\_\_ Date Began: \_\_\_\_\_

I certify that I have successfully completed 12 months of resident training in an ACGME approved program after receiving a degree of doctor of medicine. I am successfully participating in the ACGME progressive residency program listed above, and have no disciplinary action. I agree to surrender my license to DOPL without any proceedings under the Administrative Procedures Act and DOPL will automatically revoke my license as a physician and surgeon if I fail to continue in good standing in the program identified.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**TEMPORARY LICENSE (OPTIONAL)**

If you are applying for licensure by endorsement, you may also request an *optional* temporary license. To qualify, you must complete this section and submit all the items found on the checklist at the end of this application.

Employing Facility: \_\_\_\_\_ Expected Start Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box City State Zip

Please check one:

- I am applying for a Temporary Physician and Surgeon License
- I am applying for a Temporary Physician and Surgeon and a Temporary Controlled Substance License.

I certify that I meet all the qualifications for licensure outlined in U.C.A. 58-67-302 (2) and (3). I understand that I may not practice in Utah until I have been granted a temporary license. I also understand that a temporary license is non-renewable and it is my responsibility to ensure that all required documents to complete my full licensure process are submitted in a timely manner.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Date: 06/15/2017  
Receipt Number: 6917550  
Amount Paid: \$100.00

State of Utah  
Department of Commerce  
Division of Occupational and Professional Licensing

Official Use Only  
Number: 10355215-1205  
Date Approved/Denied: \_\_\_\_\_  
Approved/Denied By: \_\_\_\_\_

### Utah Controlled Substance

#### APPLICANT INFORMATION

Full Legal Name: Jenna Renee Ingersoll  
First Middle Last

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: [REDACTED] Date of Birth: [REDACTED] Gender:  Male  Female

Address: [REDACTED]  
Street Address (including Apt/Unit/Ste #) and/or PO Box

[REDACTED] City [REDACTED] State [REDACTED] ZIP Code

Phone: [REDACTED] Email: [REDACTED]

**Please Select ONE:**

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: \_\_\_\_\_

Driver License or State ID Card: Idaho [REDACTED] 12/16/2018  
State of Issue License Number Expiration Date

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

#### AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: Jenna Ingersoll Date: 6/19/17

RECEIVED  
JUN 15 2017  
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

## QUALIFYING QUESTIONNAIRE

**Read thoroughly, and answer each question. Do not leave any question blank.**

*A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.*

1.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
2.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
3.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are you currently under investigation or is any disciplinary action pending against you now by any local, state or federal licensing, enforcement or regulatory agency?
4.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
6.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?
8.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you currently have any criminal action pending?*
10.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *
11.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*
12.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you ever been incarcerated for any reason in any correctional facility ( <i>domestic or foreign</i> ) in any jurisdiction or on probation/parole in any jurisdiction?*

**\*NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered "Yes" to Questions 9,10,11 or 12 you must submit the following for **EACH** and **EVERY** incident:

- Personal account of the incident(s)
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

## PROFESSION

**Current Utah Licenses** (check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> APRN                    | <input type="checkbox"/> Naturopathic Physician ( <i>Testosterone Only</i> ) | <input type="checkbox"/> Physician Educator  |
| <input type="checkbox"/> APRN-CRNA               | <input type="checkbox"/> Optometrist ( <i>Schedules III, IV and V only</i> ) | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Certified Nurse Midwife | <input type="checkbox"/> Osteopathic Physician/Surgeon                       | <input type="checkbox"/> Podiatric Physician |
| <input type="checkbox"/> Dentist                 | <input checked="" type="checkbox"/> Physician/Surgeon                        | <input type="checkbox"/> Veterinarian        |

License Number: 10355275-1205 Status: Active



## MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:  
 Yes  No a hospital or health care facility  
 Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program  
 Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency  
 Yes  No malpractice insurance coverage  
 Yes  No other entity: \_\_\_\_\_
2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:  
 Yes  No a hospital or health care facility  
 Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program  
 Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency  
 Yes  No malpractice insurance coverage  
 Yes  No other entity: \_\_\_\_\_
3. Is any action pending against you now by:  
 Yes  No a hospital or health care facility  
 Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program  
 Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency  
 Yes  No malpractice insurance coverage  
 Yes  No other entity: \_\_\_\_\_
4.  Yes  No Have you been named as a defendant in a malpractice suit?  
Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?
5.  Yes  No

If you answered "Yes" to question 4 you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. NPDB website: <http://www/npdb.hrsa.gov>.

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

## UTAH CONTROLLED SUBSTANCE AFFIDAVIT

1. I have reviewed and understand that I must abide by the additional laws and rules that govern the practice of my profession as it pertains to controlled substances.
2. I understand that I may need a written delegation of services agreement or a written consultation and referral plan for prescribing controlled substances as outlined in statute.
3. I understand that there may be additional continuing education requirements for those who hold a controlled substance license.
4. I understand it is required that I hold a valid Federal Drug Enforcement Administration (DEA) registration.

Signature of Applicant: \_\_\_\_\_

Date

6/9/17

# JENNA R. INGERSOLL

Cell: [REDACTED] • Email: [REDACTED]

## EDUCATION

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July 2017 - July 2018 Anticipated participation.  
University of Utah Family Medicine Obstetric Fellowship

- Fellowship in Obstetrics focused on Cesarean section training.

July 2014 - present  
Family Medicine Residency of Idaho, Boise, ID

- Board Certified Family Medicine Physician, anticipated June 2017.
- HIV Training Track Participant.

August 2010 - June 2014  
University of Wisconsin School of Medicine and Public Health, Madison, WI

- Medical Doctor.
- Wisconsin Academy of Rural Medicine Graduate.

August 2004 - June 2008  
St. Olaf College, Northfield, MN

- Bachelor of Arts, Biology and Spanish.

## LEADERSHIP EXPERIENCE

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June 2016 - present  
Chief Resident

- Duties include facilitating conversations between faculty and residents, leading meetings, managing acute resident issues, assisting with scheduling. Team-based role shared with two colleagues.

July 2015 - July 2016  
Acute Care Clinic Scheduler

- Scheduled providers for twice-weekly clinic at FMRI.

## INTERNATIONAL EXPERIENCE

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November 2015  
International rotation in Peru via *Medics Away*

- Worked with OB/GYN residents and infectious disease specialist for 4 weeks in Cusco, Peru. Attended Spanish language classes several evenings per week.

Spring 2014

International rotation in Ecuador via Andean Health and Development

- Rotated for 6 weeks in a rural hospital in Ecuador, working with local family medicine residents in clinic, the ER, inpatient, and occasionally obstetrics.

Summer 2011

International rotation in Uganda

- Spent 11 weeks in Uganda. 3 weeks of public health-oriented coursework, 4 weeks at a rural hospital, and 4 weeks at a rural clinic completing and teaching a MCH curriculum to rural community health educators.

Spring 2007

Semester abroad in Costa Rica

- Participated in a research-based study abroad program through Associated Colleges of the Midwest. Completed research project surrounding attitudes, education, and behaviors related to HIV in a college-student population.

Fall 2003

Semester abroad in Spain

- Spent 5 months in rural village in Spain; attended local high school while living with host family.

## EMPLOYMENT

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August 2009 - August 2010

SeaMar Community Health Center, Seattle, WA

- AmeriCorps Community HealthCorps; "Patient Navigator" position included providing health education and networking patients with social services in the community, combined with a public health-focused training curriculum.

Summer 2008; Summer 2009

Courage North Camp; Lake George, MN

- Camp counselor and Adventure Camp trip leader. Camp hosted sessions and trips for people with TBI, cerebral palsy, autism spectrum disorders, deaf and hard-of-hearing, and clotting disorders.

August 2008 - June 2009

Audubon Center of the North Woods, Sandstone, MN

- Naturalist intern at environmental learning center providing out-of-classroom learning experiences for Minnesota's middle-schoolers.

## VOLUNTEER EXPERIENCE

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June 2016 - present

Friendship Clinic, Boise, ID

- Volunteer or precept medical students approximately one evening per month at this free clinic in Boise.

August 2010 - June 2012

MEDiC, Madison, WI

- Volunteered for free clinic system in Madison, Wisconsin, first as a general medical student volunteer and Spanish interpreter, and then as a referral coordinator. Volunteer position complete when transitioned to rural training track.

August 2011-June 2012

Allied United for Health, Madison, WI

- Taught monthly health topics to Welcomers, a small group of neighborhood community health promoters in a low-income area of Madison.

## PUBLICATIONS

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Co-authored FPIN HelpDesk Answer regarding metformin and vitamin B12.  
Publication pending.

## CERTIFICATIONS

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Advanced Cardiac Life Support.

Advanced Trauma Life Support.

External Fetal Monitoring.

Neonatal Resuscitation Program.

Buprenorphine Waiver.

ALSO scheduled for March 2017.

PALS scheduled for February 2017.

Summary

Name	Address	License Type	License Number	License Status
Jenna Renee Ingersoll	[REDACTED]	Physician & Surgeon	10355275-1205	Active

Fees

[Details](#)

Fee Type [Complaint#]	Date Posted	Date Due	Fee Amount	Status	Balance
Application Fee	04/26/2017		\$200.00	Paid in Full	\$0.00
Application Fee	06/16/2017		\$100.00	Paid in Full	\$0.00
Renewal Fee	10/23/2019	01/31/2020	\$183.00	Paid in Full	\$0.00
Renewal Fee	10/23/2019	01/31/2020	\$78.00	Paid in Full	\$0.00

Payments

[Details](#)

Receipt Number	Receipt Total	Date Received	Manual Receipt No	Balance	Refunded Amount
6861382	\$200.00	04/26/2017		\$200.00	\$0.00
6861383	\$200.00	04/26/2017		\$0.00	\$0.00
6917550	\$100.00	06/15/2017		\$0.00	\$0.00
8086818	\$261.00	10/29/2019	0010355275-1205	\$0.00	\$0.00

[Back](#)