



# STATE OF IOWA

KIM REYNOLDS, GOVERNOR  
ADAM GREGG, LT. GOVERNOR

IOWA BOARD OF MEDICINE  
KENT M. NEBEL, J.D., EXECUTIVE DIRECTOR  
kent.nebel@iowa.gov

July 14, 2020

Jenna Renee Ingersoll, MD  
[REDACTED]  
[REDACTED]

Dear Dr. Ingersoll:

Congratulations! This is a letter of confirmation informing you that you have been issued license number **MD-47602** with an effective date of **July 14, 2020** authorizing you to practice medicine and surgery in the state of Iowa. This license will expire on **December 1, 2021**. Enclosed you will find your certificate of license. *Please keep this letter for proof of your expiration date as you will not receive a wallet-sized card until the first renewal of your license.*

Your license was issued via the Interstate Medical Licensure Compact (IMLC) and is a full and unrestricted license to practice medicine in the state of Iowa. You are expected to conform to the rules and regulations of the Iowa Board of Medicine.

Renewals of Compact licenses must be completed on the IMLC website [www.imlcc.org](http://www.imlcc.org) prior to expiration. A renewal reminder will be sent by the Iowa Board of Medicine by e-mail or regular mail. Failure to receive the notice does not relieve you of your responsibility for renewing the license.

Every practitioner who administers, prescribes, or dispenses any controlled substance must be registered under both state and federal controlled substance acts. For more information, contact the Iowa Board of Pharmacy at (515) 281-5944.

Per Iowa Administrative Code 653-9.12(1), licensees shall notify the board within one month of any change to home address, address of the place of practice, home or practice telephone number, or personal e-mail address regularly used by the applicant or licensee for correspondence with the board within one month of the change. Prompt updates to contact information will ensure that communications from this office will reach you.

Please contact the Board office to update your information.

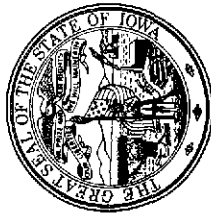
Sincerely,

A handwritten signature in black ink that reads "Jaime Dunbar".

Jaime Dunbar  
Licensing Specialist  
Iowa Board of Medicine

cc: file

# State of Iowa



## Iowa Board of Medicine

Hereby Authorizes And Licenses

**Jenna Renee Ingersoll, M.D.**

to practice Medicine and Surgery in the State of Iowa under and pursuant to the provisions of Chapter one hundred forty seven, Iowa Statutes Annotated and acts amendatory thereof and supplemental thereto.

Given under the hands and seal of the Iowa Board of Medicine  
this 14th day of July, A.D. 2020

License No. MB-47602



*Warren E. Gall, M.D.*

Warren E. Gall, M.D.,  
Chair

---

**Iowa Medical License Issued**

1 message

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**Jaime.Dunbar@iowa.gov** <Jaime.Dunbar@iowa.gov>

Tue, Jul 14, 2020 at 6:24 PM

To: [REDACTED]  
Cc: Jaime.Dunbar@iowa.gov

Dr. Ingersoll:

Congratulations! This serves to confirm that you have been issued a permanent Iowa medical license via the Interstate Medical Licensure Compact. Please find the details below.

**License Number:** MD-47602  
**Original Issue Date:** 07/14/2020  
**Expiration Date:** 12/01/2021

You will receive your license certificate and official confirmation letter within two weeks at the mailing address designated on your application.

Your renewal date is based on your birth month and birth year. In order to bring you in line with the proper renewal date, you may experience an irregular initial licensure period. However, your first renewal fee and continuing education requirement will automatically be prorated to reflect this, if applicable. After you renew for the 1st time, you will always renew by the first day of your birth month, always in an even or odd numbered year depending on the year you were born.

The license is a full and unrestricted license to practice medicine in the state of Iowa. You are expected to conform to the rules and regulations of the Iowa Board of Medicine. Additional information on administrative rules, continuing medical education requirements, mandatory trainings, and more can be found on the Board's website [www.medicalboard.iowa.gov](http://www.medicalboard.iowa.gov)

Renewals of Compact licenses must be completed on the IMLC website [www.imlcc.org](http://www.imlcc.org) prior to expiration. A renewal reminder will be sent by the Iowa Board of Medicine by e-mail or regular mail. Failure to receive the notice does not relieve you of your responsibility for renewing the license.

You must update your contact information for both home and work within one month of a change. Please call the Board office at 515-281-6641 to update your information.

Jaime Dunbar  
Jaime.Dunbar@iowa.gov  
515-281-6917

# PHYSICIAN'S CORE DATA SHEET

(Must be the physician's accurate information to avoid delay or rejection)

Full Legal Name Jenna, Renee, Ingersoll  
(Exactly as on DL or Passport) First Middle Last Suffix(Sr., Jr.)

Other names used( maiden, birth) \_\_\_\_\_  
First Middle Last

Mailing address \_\_\_\_\_  
Mailing address City State(XX) Zip

Office address \_\_\_\_\_  
Office address City State(XX) Zip

Date of Birth \_\_\_\_\_ Gender: Male Female    
(mm/dd/yyyy)

Physician's office or practice telephone number of public record \_\_\_\_\_  
(###-###-####)

Physician's cellular or alternative telephone number \_\_\_\_\_  
(###-###-####)

Email address delegated by applicant to receive correspondence \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(###-##-####)

Physician's National Provider Identifier Number \_\_\_\_\_

Medical Degree Received: M.D.  D.O.

(Medical school must be accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or be listed in the International Medical Education Directory or its equivalent.)

Medical School University of Wisconsin - School of Medicine and Public Health

Date of Degree Issued 05/18/2014 Name of School (no abbreviations or acronyms)  
(mm/dd/yyyy)

Physicians must have successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association. (NOTE: One-year transitional residencies do not meet this requirement)

Residency Program Family Medicine Residency of Idaho Completion Date 06/30/2017  
Full Program Name (no abbreviations or acronyms) (mm/dd/yyyy)

What is the specialty of the program Family Medicine

Qualifying Licensing exam taken: USMLE  COMLEX  Other \_\_\_\_\_  
Must specify by name

Number of attempts taken to pass the USMLE:

Step 1: 1 Step 2 CS: 1 Step 2 CK: 2 Step 3: 1

Number of attempts taken to pass the COMLEX:

Step 1: \_\_\_\_\_ Step 2 PE: \_\_\_\_\_ Step 2 CE: \_\_\_\_\_ Step 3: \_\_\_\_\_

Number of attempts taken to pass other licensing exam:

Step 1: \_\_\_\_\_ Step 2: \_\_\_\_\_ Step 3: \_\_\_\_\_

Specialty Board Certification must be by an ABMS or AOABOS board.

Specialty Board Certification: American Board of Family Medicine  
Full Specialty Board Name (i.e. American Board of Pediatrics)(no abbreviations or acronyms)

Expiration of Specialty Board Certification:

Lifetime:

Time limited:  Expiration date of time limited \_\_\_\_\_  
(mm/dd/yyyy)

Physicians must possess a full and unrestricted medical license issued by an IMLC Member Board.

License # [REDACTED] Date of Original Licensure 01/24/2018 (not renewal)  
(mm/dd/yyyy)

Expiration Date 10/31/2019 Status of License: Current:  Not Current:   
(mm/dd/yyyy)

*Thank you for applying through the Interstate Medical Licensure Compact.*

*The state will contact you to give instructions on obtaining your fingerprints for a criminal background check. **YOU HAVE 60 DAYS TO COMPLY WITH REQUESTS FROM THE STATE** to avoid automatic withdraw. Background checks may take some time, so please be patient. If you have any concerns contact your SPL. SPL contact numbers can be found at [www.IMLCC.org](http://www.IMLCC.org). You will receive an email regarding the status of your qualification. Be sure to check your spam folder and set your email to accept messages from the @docusign.net and @docusign.com domains.*

<b>FOR USE OF STATE OF PRINCIPAL LICENSE</b>	
I have conducted the verification process of this physician's application.	
State Authorized Signature	DocuSigned by: <u>Melinda Boyle-Prior</u> 3D676EF097174ED...
Warning: The signature tab will default to your Board's name. Please change it to your name in Adopt and Sign.	Type Name <u>Melinda Boyle-Prior</u>
	Title <u>Program and Policy Analyst</u>

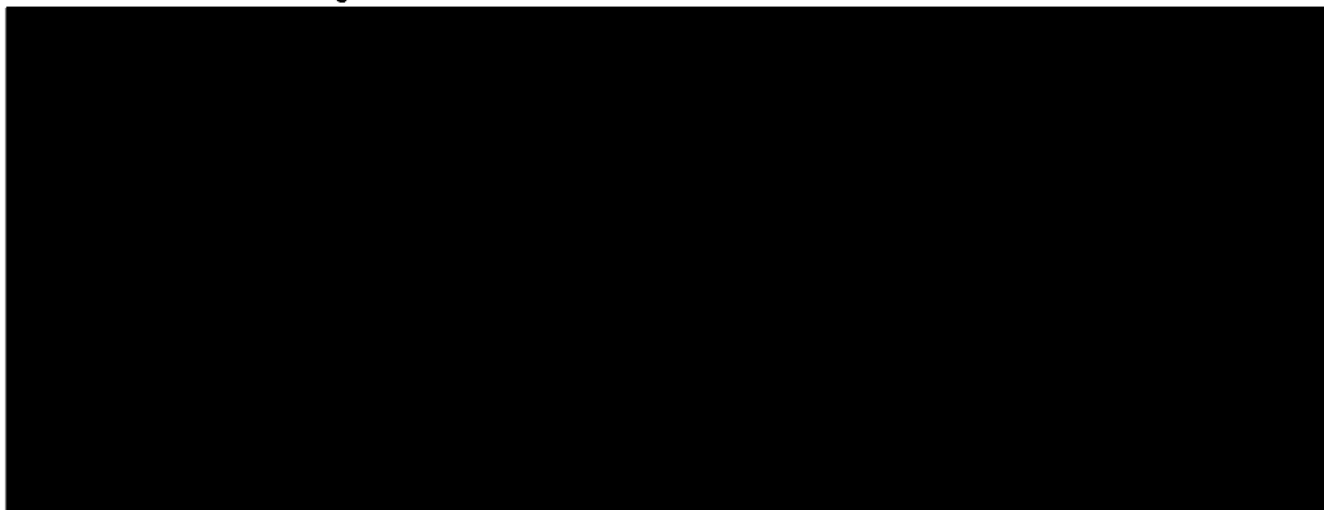
### CORE DATA CORRECTION SHEET

To process corrections please use the below freeform text boxes. The corrections will be passed to the Member Boards selected to issue licenses. If you use this sheet there is no need to send any correction emails.

Core Data to be changed

Incorrect data

Correction



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**Core Data Correction - Jenna Renee Ingersoll**

1 message

**Dunbar, Jaime**

To: Dave Clark

Tue, Jul 14, 2020 at 6:22 PM

Hi Dave,

Please correct the Board certification from Lifetime to MOC with an expiration date of 2/15/2021

Thank you,

**MS. JAIME DUNBAR**

LICENSING SPECIALIST

IOWA BOARD OF MEDICINE

400 SW EIGHTH STREET, SUITE G | DES MOINES, IOWA 50309

OFFICE: 515-281-6917 | FAX: 515-242-5908

[www.medicalboard.iowa.gov](http://www.medicalboard.iowa.gov) | [Facebook](#)

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# AMA Physician Profile

PREPARED FOR

Iowa Board of Medicine, Des Moines, IA

**Name and Mailing Address**

JENNA RENEE INGERSOLL

[REDACTED]

**Primary Office Address**

SAME AS MAILING ADDRESS

**Birth date**

[REDACTED]

**Phone**

[REDACTED]

**Physician's major professional activity**

OFFICE BASED PRACTICE

**Self-designated practice specialty**

FAMILY MEDICINE (primary)

UNSPECIFIED (secondary)

*Self-designated practice specialties (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 verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.*

**AMA membership status**

NON MEMBER

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All information from this point forward is provided by the primary source

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**Current and/or historical NPI information**

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
[REDACTED]	05/08/2014	NOT RPTD	NOT RPTD	NOT RPTD	06/19/2020

**Current and/or historical medical school**

UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE & PUBLIC HEALTH

Degree Awarded: YES  
Degree Year: 2014



**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.*

*Beginning with the 2016/2017 cycle of the National GME Census post-graduate training segments will include a training type of specialty (residency) or subspecialty (fellowship). Training types for programs reported prior to 2016 will not include this designation.*

*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.*

*If a segment below is indicated as "being re-verified", it typically means that the physician is a current resident and the AMA is confirming with the residency program that the physician is still enrolled - this standard process occurs on an annual basis.*

**Sponsoring Institution:** FAMILY MEDICINE RESIDENCY OF IDAHO  
**Sponsoring State:** IDAHO  
**Program name:** FAMILY MEDICINE RESIDENCY OF IDAHO PROGRAM  
**Specialty:** FAMILY MEDICINE  
**Training Type:** SPECIALTY  
**Dates:** 7/2014 - 6/2017 (Verified)

**NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 0**

**Specialty Board Certification**

*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:** AMERICAN BOARD OF FAMILY MEDICINE  
**Certificate:** FAMILY MEDICINE



Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC <sup>+</sup>	Active	07/01/2017	n/a	02/15/2021	INITIAL	03/19/2020	Y

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.

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+The above certifying board has implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Only certificates issued by a MOC participating board will reflect a reverification date.

#### Current and/or historical medical licensure

License No. MD / DO	Jurisdiction	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported
103552751205	MD UT	05/09/2017	01/31/2022		ACTIVE	UNLTD	07/08/2020
0068702	MD WI	01/24/2018	10/31/2021	10/31/2021	ACTIVE	UNLTD	07/09/2020
M-13044	MD ID	09/03/2015	10/31/2020		ACTIVE	UNLTD	07/01/2020
MR-1395	MD ID	05/08/2014	06/30/2016		INACTIVE	RES	10/02/2015

#### Action Notifications

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.

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 Department of Justice.

#### U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration Date	Last Reported Date	Address
[REDACTED]	[REDACTED]	11/30/2021	07/07/2020	[REDACTED]



DEA number      Schedule      Expiration Date      Last Reported Date      Address

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*Only the last three characters of active DEA numbers are displayed*

*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.*

### ECFMG Certification

Applicant Number:

*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 online at <https://cvsonline2.ecfm.org/>*

### Profile Information

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile 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 Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.

If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

**PRACTITIONER PROFILE**

Prepared for: Iowa Board of Medicine As of Date:7/13/2020

**PRACTITIONER INFORMATION**

Name: Ingersoll, Jenna Renee  
 DOB: [REDACTED]  
 Medical School: University of Wisconsin Medical School  
 Madison, Wisconsin, UNITED STATES  
 Year of Grad: 2014  
 Degree Type: MD  
 NPI: [REDACTED]

**BOARD ACTIONS**

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

**NATIONAL PROVIDER IDENTIFIER (NPI)**

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
[REDACTED]	Individual			06/04/2018

**LICENSE HISTORY**

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
IDAHO	M-13044	09/03/2015	10/31/2020	07/06/2020
UTAH	10355275-1205	05/09/2017	01/31/2022	06/25/2020
WISCONSIN	68702-20	01/24/2018	10/31/2021	07/01/2020

**US DRUG ENFORCEMENT ADMINISTRATION (DEA)**

DEA Number	Schedule	Address	Expiration Date	Last Reported
[REDACTED]	[REDACTED]	[REDACTED]	11/30/2021	06/12/2020

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**PRACTITIONER PROFILE**

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Prepared for: Iowa Board of Medicine As of Date: 7/13/2020  
 Practitioner Name: Ingersoll, Jenna Renee

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**ABMS® CERTIFICATION HISTORY**

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

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	07/01/2017		02/15/2021	Initial	06/25/2020

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**AOA® CERTIFICATION HISTORY**

No AOA Certifications found.

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

### QUALIFICATIONS APPLICATION

If you do not complete the application process you will be sent an email with a link to log back in to complete the documents. Be sure to look in your SPAM and JUNK folders. To apply for a Letter of Qualification for licensure through the Interstate Medical Licensure Compact please answer the questions below.

IS THIS A RE-APPLICATION(earned an LOQ in the past and now is reapplying)? YES NO X

1. Which IMLC Member State do you want to serve as your State of Principal License (SPL)?  
WISCONSIN

2. Do you hold a full and unrestricted medical license to engage issued by a medical licensing board in the SPL (SPL Board) WISCONSIN MEDICAL EXAMINING BOARD? Yes X No

3. What is the license number issued to you by the SPL board? 68702-20

4. Which of the following apply to you(at least one must apply)?

a. Your primary residence is in the SPL [redacted]: Yes X No

If yes, provide the following:

Residence Street address [redacted]

Residence City State Zip [redacted] WI [redacted]  
City St Zip

b. At least 25% of your practice of medicine occurs in the SPL WISCONSIN Yes X No

If yes, describe your current practice Broad-spectrum rural family medicine in an FQHC called NorthLakes and hospital work at MMC in Ashland

c. Your employer is located in the SPL WISCONSIN: Yes X No

If Yes, Employer name NorthLakes Community Clinic

Employer street address 7665 US Hwy 2

Employer City State Zip Iron River WI 54847  
City St Zip

d. You have designated the SPL WISCONSIN as your state of residence for U.S. federal income tax purposes: Yes X No

If yes, give Tax ID # (SS#, EIN) [redacted] (must be most recent return)

5. Are you a graduate of a medical school accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent? Yes  No

6. Have you passed each component of the United State Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three (3) attempts, or any of their predecessor examinations accepted by your SPL medical board as an equivalent examination for licensure purposes(if in question contact your SPL)? Yes  No

7. Have you successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association? Yes  No

8. Do you hold specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOABOS)? Yes  No

***(Please note that answering any of the following questions with a "YES" will result in your application being denied per eligibility Rule 5.4. If eligibility is in question please contact the state board directly for information regarding application through the traditional method.)***

9. Have you ever been convicted, received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction? Yes No

10. Have you ever held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to non-payment of fees related to a license? Yes No

11. Have you ever had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? Yes No



Physician's Signature: Jenna Renee Ingersoll  
Type Name: Jenna Renee Ingersoll  
Date: 8/30/2019 | 1:58 CDT

**AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION FOR AN  
IMLC LETTER OF QUALIFICATION AND MEDICAL LICENSES IN IMLC MEMBER STATES**

I, Jenna Renee Ingersoll (Type in full legal name) the undersigned, being duly sworn, hereby certify under oath that I am the person named in this Application for an IMLC Letter of Qualification and Medical Licenses in IMLC Member States ("Application"), that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my Application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Interstate Medical Licensure Compact ("Compact") and the Application, and have answered all questions contained in the Application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to disciplinary action against one or more medical licenses or permits I hold, as well as my being prosecuted under appropriate federal and state laws.

I hereby apply to WISCONSIN as my State of Principal License ("SPL") for a Letter of Qualification ("LOQ") to be issued a medical license in one or more Compact Member States. To permit the SPL to process my application for an LOQ, I hereby authorize and request every person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the SPL any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the SPL or any of its agents or representatives to inspect and make, or receive, copies of such documents, records, and other information in connection with this Application. I also authorize the SPL to perform or obtain a criminal history background check with law enforcement on me as part of the determination of my eligibility to be licensed through the Compact.

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

I also hereby apply to the Compact Member States' medical boards ("Member Boards") I have designated in this Application, and further authorize the SPL to process my application for medical licensure by one or more Member Boards including, but not limited to, personally-identifiable information including my Social Security Number to be used for querying the National Practitioner Data Bank and in child support enforcement actions. I hereby release, discharge, and exonerate the SPL and the Commission, and their employees, agents, or representatives, of any, and all liability of every nature and kind arising out of any disclosure to the Member Boards.

I will immediately notify the SPL and the Commission in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a medical license being issued by one or more of the Member Boards.

I understand my failure to answer questions contained in this Application truthfully and completely may lead to denial of my application for a Letter of Qualification, and revocation, or other disciplinary sanction, of my license(s) or permit(s) to practice medicine in one or more Compact Member States.

DocuSigned by:  
**Applicant Signature** Jenna Renee Ingersoll  
4813447E6DD344B...  
Type Applicant's Name Jenna Renee Ingersoll  
Applicant's NPI [REDACTED]  
DATE 8/30/2019 | 1:58 CDT

# Letter of Qualification

IS THIS A RE-APPLICATION? YES NO

Date 10/31/2019  
mm/dd/yyyy

Name: Jenna Renee Ingersoll

Address: [REDACTED]

CityStZip [REDACTED] [REDACTED] [REDACTED]

Dear Dr. Ingersoll:

RE: Your application for IMLC Letter of Qualification

The WISCONSIN MEDICAL EXAMINING BOARD ("Board"), on behalf of the State of Principal Licensure ("SPL") you selected, has received and reviewed your application for a Letter of Qualification ("LOQ") for licensure through the Interstate Medical Licensure Compact ("IMLC").

Based upon the information you submitted with your application, data in the Board's files regarding your licensure by the Board, verifications of your credentials, and the results of the check of national databases, the Board has determined that you are ELIGIBLE to be licensed through the IMLC. Therefore, this notice will serve as your LOQ for licensure in IMLC Member States through the IMLC, and will remain in effect for 365 days from date of issuance, set out above.

An email has been sent to you with instructions regarding how to select the IMLC Member State(s) where you wish to be licensed. After you make your selection(s) and make payment for each license, your information will be forwarded to the selected board(s) ("Member Boards") for issuance of a medical license in by each.

All medical licenses issued by Member Boards through the IMLC are full and unrestricted licenses. You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions including, but not limited to, each Member Board's continuing medical education requirements. It is also your obligation to keep your SPL, the Member Boards which have licensed you, and the IMLC Commission informed of any changes in your contact information or qualifications and eligibility for licensure through the IMLC.

Authorized Signature from SPL Melinda Boyle-Prior  
Type Name Melinda Boyle-Prior

Title of Authorized SPL Program and Policy Analyst

DATE 10/31/2019 | 3:28 CDT



# MEDICAL LICENSE ISSUANCE INFORMATION

Physician's Name Jenna Renee Ingersoll  
First Name Middle Name Last Name

Please fill in your respective Member Board's information for the qualified Physician named above.

National Provider Identifier Number [REDACTED]

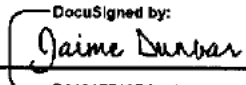
Medical Board Name Iowa Board of Medicine

Member Board License Number MD-47602

Date License Issued 07/14/2020  
mm/dd/yyyy

Date of Expiration 12/01/2021  
mm/dd/yyyy

*Warning: The signature tab will default to your Board's name. Please change it to your name in Adopt and Sign*

Member Board Signature   
DocuSigned by: D9191F788EC1450...

Type Name Jaime Dunbar

DATE 7/14/2020 | 6:26 CDT