

Jessica Woodruff Hamilton

File Number

Nevada Business License
Number

Date of Birth

/1981

Public Address

Street

PO Box7406

Address Line 2

None

City

Tahoe City

State

California

Postal Code

96145

Mailing Address

Street

PO Box 7406

Address Line 2

Employer Addresses

No active employers.

Licensure

License Type: Medical Doctor

License Number: 21478

Status: Active

None

City

Tahoe City

State

California

Postal Code

96145

Telephone

E-mail Address

Demographic Details

First Name

Jessica

Middle Name

Woodruff

Last Name *

Hamilton

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased

Do you have a Nevada Business License in your individual name?

Yes No

Nevada BIN

Historical File Number

Gender

Female 

Date of Birth

1981 

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

Military Detail

Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes No

Discipline / SPL


Disciplinary Action?

Yes No

SPL?

Yes No

Date of SPL Issuance



Contact Information

Primary Phone

#

Primary Phone Extension

Primary E-mail Address



Cell Phone

#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to

Fax

#

Public Address

Street Address

PO Box7406

Address Line 2

City

Tahoe City

County

Placer County

ZIP / Postal Code

96145

State / Province

California

Country

United States

Is your physical address different from your mailing address?

Yes No

Public Phone

(510) 746-4700

Mailing Address

Street Address

PO Box 7406

Address Line 2

ZIP / Postal Code (Mailing)

96145

City (Mailing)

Tahoe City

State / Province (Mailing)

California

County (Mailing)

County (Mailing)

Placer County

Application Status

Applicant *

Application Number

License Issued?

Yes No

Application Status

Assigned To

Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Obtained By

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

Expected Expiration Date

Application Details

Application Type

Application Date *

Submitted Date

Application Step

Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes No

Reviewed Date

Decision Date

Approved Date

Expiration Date

Is Simultaneous Application


Yes No

Are you the spouse of an active duty member or surviving spouse of a veteran? 98

Yes No

Invoices

Application Invoice

- Paid in Full 

Licensure Invoice

- Paid in Full 

Application Payment Date



Licensure Payment Date



Attestations

I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Yes No

I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.

Yes No

The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice medicine in the state of Nevada.

Yes No

I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.

Yes No

I consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States.

Yes No

Child Support Attestation Type

Not subject to a court order 

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Yes No

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

Yes No

Licensee / Applicant	Certifying Board	Other Certifying Board	Specialty	Initial Certification Date	Recertification Date
Hamilton, Jessica Woodruff	American Board	N/A	Family Medicine	Jul-01-2014	N/A

Board Certification Details

Licensee / Applicant

Hamilton, Jessica Woodruff  

Specialty

Family Medicine  

Other Certifying Board

Initial Certification Date

Jul-01-2014 

Recertification Date



Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application - - Hamilton, Jessica Woodruff  

Activities

Licensee / Applicant	Name of Organization / Institution	Start Date ↑	End Date	Percent Clinical
Hamilton, Jessica N/A	Planned Parenthood Northern California	Dec-01-2013	Apr-21-2021	100
Hamilton, Jessica N/A	Contra Costa Health Services	Jul-01-2014	May-03-2021	60
Hamilton, Jessica N/A	Planned Parenthood Mar Monte	May-03-2021	Jul-21-2021	40

Application Activity Details

Licensee / Applicant

Hamilton, Jessica Woodruff



Name of Organization / Institution

Planned Parenthood Northern California

Start Date

Dec-01-2013



End Date

Apr-21-2021



Percent Clinical *

100

Position

Application

Application - - Hamilton, Jessica Woodruff



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

Country

United States



City

Oakland


State / Province

California

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Hamilton, Jessica Woodruff 

Name of Organization / Institution

Contra Costa Health Services

Start Date

Jul-01-2014 

End Date

May-03-2021 

Percent Clinical *

60

Position

Application

Application - - Hamilton, Jessica Woodruff 

Activity Type

Medical Practice/Physician 

Location Details

Street Address 1

Country

United States 

City

Martinez

State / Province


California

Zip / Postal Code

94553

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *

#

Application


Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Declarations

Ordinal †	Licensee/Applicant	Declaration Question	Answer
N/A	Jessica Hamilton	MD – Q9 – Medical License Revoked	No
N/A	Jessica Hamilton	MD – Q8 – Denied License / Permission to Practice Medicine	No
N/A	Jessica Hamilton	MD, PA – Q1 – Medical Condition Impair Safe Practice	No
N/A	Jessica Hamilton	MD – Q13 – Investigation – Respond To/Notify Of	No
N/A	Jessica Hamilton	MD – Q12 – Denied Membership	No
N/A	Jessica Hamilton	MD, PA, LL – Q4 – Performance of Public Service Requirement	No
N/A	Jessica Hamilton	ALL – Q6 – Malpractice Claim Paid	No
N/A	Jessica Hamilton	ALL – Q5 – Named Defendant Respond to Legal Action	No
N/A	Jessica Hamilton	ALL – Q7 – Arrest Question	No
N/A	Jessica Hamilton	MD – Investigation Disciplinary during Training Program	No
N/A	Jessica Hamilton	MD, PA – Q2 – Medical Condition Field of Practice	No
N/A	Jessica Hamilton	MD, PA, CCP, Hospital Privileges Denied, Suspended	No
N/A	Jessica Hamilton	MD, PA – Q10 – Controlled Substance Registration	No
N/A	Jessica Hamilton	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No
N/A	Jessica Hamilton	MD, Previously applied for licensure in Nevada.	No
N/A	Jessica Hamilton	MD – Q11 – Voluntarily Surrendered a License	No

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To †	Graduation Date
Hamilton, Jessica Woodruff	College/University	Rutgers University	Bachelor Degree	Aug-01-1999	Dec-30-2003	Dec-30-2003
Hamilton, Jessica Woodruff	Medical School	Jefferson Medical College	Medical Doctor Degree	Aug-07-2006	Jun-02-2011	Jun-02-2011

Education Details

Licensee/Applicant *

Hamilton, Jessica Woodruff 

Address

City

New Brunswick

State / Province

New Jersey

Zip / Postal Code

08901

Country

United States 

Application

Application - - Hamilton, Jessica Woodruff 

Specialty Type



Name of School

Rutgers University

Education Type

College/University 

Degree Attained

Bachelor Degree 

Date From

Aug-01-1999 

Date To

Dec-30-2003 

Did you graduate from the program?

Yes No


Graduation Date

Dec-30-2003 

Major Program

Education Details

Licensee/Applicant *

Hamilton, Jessica Woodruff 

Address

City

Philadelphia

State / Province

Pennsylvania

Zip / Postal Code

19107

Country

United States 

Application

Application - - Hamilton, Jessica Woodruff 

Specialty Type



Name of School

Jefferson Medical College

Education Type

Medical School 


Degree Attained

Medical Doctor Degree 

Date From

Aug-07-2006 

Date To

Jun-02-2011 

Did you graduate from the program?

Yes No

Graduation Date


Jun-02-2011 

Major Program

Licensee / Applicant	Examination Type	Attended Date ↑
Hamilton, Jessica Woodruff	United States Medical Licensing Examination (USMLE)	Jun-25-2008
Hamilton, Jessica Woodruff	United States Medical Licensing Examination (USMLE)	Jun-10-2009
Hamilton, Jessica Woodruff	United States Medical Licensing Examination (USMLE)	Nov-01-2010
Hamilton, Jessica Woodruff	United States Medical Licensing Examination (USMLE)	Dec-07-2011

Examination Details

Licensee / Applicant *

Hamilton, Jessica Woodruff 

Attended Date

Jun-25-2008 

Number of Attempts

1

Application


Application - - Hamilton, Jessica Woodruff 

Location

Result

247

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

1

Certificate Number

Exam Date




Expiration Date



Examination Details

Licensee / Applicant *

Hamilton, Jessica Woodruff 

Attended Date

Jun-10-2009 

Number of Attempts

1

Application

Application - - Hamilton, Jessica Woodruff 

Location

Result

Pass

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

2 CS

Certificate Number

Exam Date




Expiration Date



Examination Details

Licensee / Applicant *

Hamilton, Jessica Woodruff 

Attended Date

Nov-01-2010 

Number of Attempts

1

Application


Application - - Hamilton, Jessica Woodruff 

Location

Result

229

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

2 CK

Certificate Number

Exam Date




Expiration Date




Examination Details

Licensee / Applicant *

Hamilton, Jessica Woodruff 

Attended Date

Dec-07-2011 

Number of Attempts

1

Application


Application - - Hamilton, Jessica Woodruff 

Location

Result

210

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

3

Certificate Number

Exam Date



Expiration Date




Hospitals

Licensee / Applicant	Name of Organization	Start Date	End Date
Hamilton, Jessica Woodruff	Contra Costa Regional Medical Center	Jun-25-2013	Jul-31-2021

Hospital Details

Licensee / Applicant

Name of Organization

Application

Start Date

End Date

Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code

City

Country



 

Other Licenses

Licensee/Applicant	▼	License Number	▼	License Type	▼	Issue Date	▼	Expiration Date	▼	State / Province
Hamilton, Jessica Woodruff		A123206		N/A		Oct-01-2014		Sep-30-2022		California

Other License Details

Licensee/Applicant

Hamilton, Jessica Woodruff  

Licensing Board or Regulatory Authority

Medical Board of California

License Number

A123206

State / Province

California

Country

United States  

Application

Application - - Hamilton, Jessica Woodruff  

License Type

License Status

Active

Issue Date

Oct-01-2014 

Expiration Date

Sep-30-2022 

Notes

Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ▼	Date To ↑ ▼	Program Type ▼
Hamilton, Jessica Woodruff	Kaiser Permanente	Obstetrics	Jul-01-2011	Jun-30-2012	Internship
Hamilton, Jessica Woodruff	Contra Costa Family Medicine Residency Program	Family Medicine	Jul-01-2012	Jun-27-2014	Residency

Postgraduate Training Details

Licensee / Applicant *

Program Type *

Date From

Name of School or Institution

Specialty Type

Other (Specialty)

Training Status *

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

County

Street Address 1

Zip / Postal Code

Country

Postgraduate Training Details

Licensee / Applicant *

Hamilton, Jessica Woodruff  

Program Type *

Residency  

Date From

Jul-01-2012 

Name of School or Institution

Contra Costa Family Medicine Residency Program

Specialty Type



Family Medicine  

Other (Specialty)

Training Status *

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)  

Date To

Jun-27-2014 

Application

Application - - Hamilton, Jessica Woodruff  

Historical Major Program

Historical Degree Attained

Location Details

City

Martinez

State / Province

California

County

Street Address 1

Zip / Postal Code

Country


 

Specialties

Licensee / Applicant	▼ Specialty Type	▼ Primary Specialty?	▼ Effective Date	▼ End Date
Hamilton, Jessica N/A	Family Medicine	Yes	Jul-01-2012	Jul-21-2021

Specialty Details

Licensee / Applicant *

Hamilton, Jessica Woodruff 

Effective Date

Jul-01-2012 

Application

Application - - Hamilton, Jessica Woodruff 

Primary Specialty?

Yes No

Specialty Type *

Family Medicine 

Other (Specialty)

End Date

Jul-21-2021 

RECEIVED
AUG 18 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

ATTENTION APPLICANT! RESPONSIBILITY STATEMENT

Please sign and return this statement with your application for licensure to:
The Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Because you are applying for the privilege of practicing medicine in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Via FBI fingerprinting and other investigative modalities, our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete; therefore, you must answer all questions truthfully and completely. Specifically, this includes any sanctions or disciplinary actions you may have experienced during your training, or any involvement you may have had with the legal system, either civil or criminal — criminal to include charges that may have ultimately been expunged, lessened, or dismissed, and no matter how long ago the event(s) occurred.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your veracity before the entire Board of Medical Examiners due to inconsistencies between your application and incongruent input from outside sources.

ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.

If you have *any* questions about your application, ASK YOUR LICENSING SPECIALIST. Our licensing specialists are here to help you.

o o o o o

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Print your name Jessica Hamilton

Sign your name _____

Date 8/13/2021

Note: It is your responsibility to keep the Board informed of any circumstance or event that would require a change to your initial responses provided to the Board in your application for licensure, and which occurs prior to you being granted licensure to practice medicine in the state of Nevada.

