



Oklahoma State Board of Medical Licensure and Supervision

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June 27, 2024 ~ 9:00 a.m.

Pg. 2	...	AID TO THE BOARD
	...	<p>a) Approval of Minutes of the May 16, 2024 Board Meeting (<i>pg. 10</i>)</p> <p>b) Ratification of licensure applications previously approved via Board Secretary or circularization (<i>Attachment #1 to agenda</i>)</p> <p>c) Ratification of re-registration applications previously approved pursuant to 59 O.S. § 495a.1 (<i>Attachment #2 to agenda</i>)</p> <p>d) Ratification of MD Compact licenses (initial and renewal) issued from *** to *** (<i>Attachment #3 to agenda</i>)</p> <p>e) Medical Board Proposed 2025 Meeting Dates:</p> <ul style="list-style-type: none"> • January 23-24, 2025 • March 20-21, 2025 • May 29-30, 2025 • June 26-27, 2025 • July 31-August 1, 2025 • September 25-26, 2025 • November 20-21, 2025 <p style="text-align: center;">*** End of Consent Agenda***</p>
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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

MOTIONS

SAMPLE MOTIONS:

- 1) The Board may *approve, table or deny* an application for licensure.
- 2) An application may be presented by staff with an *Agreement* for monitoring or the Board may ask the applicant if they would enter into an Agreement. An Agreement is similar to probation and is public information; however, *it is not disciplinary action*.
- 3) A motion to *table* must contain the conditions/requirements the applicant must meet in order to be re-considered (i.e. a personal appearance, additional information, evaluation, resolution of another state action).
- 4) A motion to *deny* must contain a *reason for the denial*.

EXAMPLES:

I move the application of _____ (license # _____) for a full/training/temporary medical license be approved.

I move the application of _____ (license # _____) for a full/training/temporary medical license be tabled pending _____.

I move the application of _____ (license # _____) for a full/training/temporary medical license be denied based on _____.

Possible reasons for denial:

- Lack of good moral character
- Inability to practice with reasonable skill and safety
- Use of false or fraudulent information
- Suspension or revocation of a license in another state unless that license has been reinstated
- Refusal of licensure in another state other than for examination failure
- Multiple examination failures - even below the 3 strikes and no board certification

SAMPLE MOTIONS:

Not Guilty

The Board must find that the State did not meet proof of violation(s) by *clear and convincing evidence*.

EXAMPLE:

I move that the case of _____ (license #_____) be dismissed as the State did not prove by clear and convincing evidence the allegations in the complaint.

Guilty - Requires TWO Motions:

- 1) *A finding of guilt* using clear and convincing evidence of one or more violations listed in the Complaint (list the corresponding paragraph letters).

EXAMPLE:

I move to find in the case of _____ (license #_____) the State has proven by clear and convincing evidence the allegations in paragraph(s) _____ of the Verified Complaint.

- 2) *Disciplinary action imposed* upon the finding of guilt. (See Actions Below)

EXAMPLE:

I move to find in the case of _____ (license #_____) based on any or all of the findings of guilt, to _____ .

Disciplinary Actions That May Be Imposed: (one or combination)

- Revocation of license with or without the right to reapply
- Suspension ~ can be indefinite with requirement such as obtaining an assessment
- Probation ~ 1-5 years (violation of probation can be changed to indefinite)
- Stipulations/Limitations/Restrictions/Conditions relating to practice
- Censure, including specific redress, if appropriate
- Public Reprimand
- Free Public or Charity Service (usually mentioned in total # of hours)
- Satisfactory Completion of Educational/Training, and/or Treatment Program(s)
- Administrative Fines of up to \$5,000 per violation

GENERAL TERMS ~ (recommended for inclusion in all orders)

- 1) Defendant will conduct his/her practice in compliance with the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act as interpreted by the Board. Any question of interpretation regarding the Act or this order shall be submitted in writing to the Board, and no action based on the subject of the question will be taken by Defendant until clarification of interpretation is received by Defendant from the Board or its designee.
- 2) Defendant will furnish a copy of this order to each and every state in which he/she holds licensure or applies for licensure and to all hospitals, clinics or other facilities in which he/she holds or anticipates holding any form of staff privileges or employment.
- 3) Defendant will not supervise allied health professionals that require surveillance of a licensed physician.
- 4) Defendant will keep the Board informed of his/her current address.
- 5) Defendant will keep current payment of all assessment by the Board for prosecution, investigation and monitoring of his/her case, unless Defendant affirmatively obtains a deferment of all or part of said fees upon presentation of evidence that is acceptable to the Board Secretary.
- 6) Until such time as all indebtedness to the Board has been satisfied, Defendant will reaffirm said indebtedness in any and all bankruptcy proceedings.
- 7) Defendant shall make himself/herself available for one or more personal appearances before the Board or its designee upon request.
- 8) Defendant shall submit any required reports and forms on a timely and prompt basis to the Compliance Coordinator or designee.
- 9) Defendant will execute such releases of medical and psychiatric records during the entire term of probation as necessary for use by the Compliance Coordinator to obtain medical records and discuss Defendant's case with Defendant's treating physicians and/or any physicians holding Defendant's records.
- 10) Failure of Defendant to meet any of the terms of Board Order will constitute cause for the Board to initiate additional proceedings to suspend, revoke or modify license after due notice and hearing.

SPECIFIC TERMS PER CASE ~ (to be chosen by Board Members or presented by the State)

CDS VIOLATIONS

- 1) Defendant will not prescribe, administer, dispense or possess any drugs in Schedule II, III, IV or V.

- 2) Defendant will not prescribe, administer, dispense or possess any drugs in Schedules _____ except to hospital inpatients or emergency room patients. No controlled dangerous substances or addictive drugs will be prescribed, administered or dispensed to outpatients.
- 3) Defendant will surrender his/her registration for state and federal controlled dangerous substances to the proper authorities on _____ and will not apply for state and federal registration for controlled dangerous substances until the term of his/her probation has expired unless authorized to do so by the Board.
- 4) Defendant will not authorize any personnel under his/her supervision to initiate an order for a prescription to be issued.

IMPAIRMENT

- 1) Upon request of the Board or its designee, Defendant will submit for analysis biological fluid specimens including, but not limited to, blood and urine, and Defendant will pay for the costs attendant thereto.
- 2) Defendant will not prescribe, administer or dispense any medications for personal use.
- 3) Defendant will take no medication except that which is authorized by a physician treating him/her for a legitimate medical need. Defendant has the affirmative duty to inform any and every doctor treating him/her of this Board Order immediately upon initiation or continuation of treatment.
- 4) Defendant will have the affirmative duty not to ingest any substance which will cause a body fluid sample to test positive for prohibited substances.
- 5) Defendant will place himself/herself in a rehabilitation program approved by the Board or its designee for inpatient evaluation and subsequent treatment. Defendant will authorize in writing the release of any and all information regarding said treatment to the Board.
- 6) Defendant will abide by the post-care contract from the Board-approved treatment center.
- 7) Defendant will attend _____ meetings of Alcoholics Anonymous, Narcotics Anonymous and/or another 12-step program and will attend _____ meetings per week of the Caduceus group in Oklahoma.
- 8) Defendant shall promptly notify the Board of any relapse, including any entry, or re-entry, into a treatment program for substance abuse.
- 9) Defendant shall promptly notify the Board of any citation or arrest for traffic or for criminal offenses involving substance abuse.
- 10) Defendant will execute such releases of medical and psychiatric records during the entire term of probation as necessary for use by the Compliance Coordinator to obtain medical records and discuss Defendant's case with Defendant's treating physicians and/or any physicians holding Defendant's records.

MENTAL HEALTH

- 1) Defendant will enter and continue counseling, therapy or psychiatric treatment with a therapist approved by the Board Secretary and will authorize in writing the release of any and all records of that treatment to the Board or its designee.
- 2) Defendant will execute such releases of medical and psychiatric records during the entire term of probation as necessary for use by the Compliance Coordinator to obtain medical records and discuss Defendant's case with Defendant's treating physicians and/or any physicians holding Defendant's records.

QUALITY OF CARE

- 1) Defendant will practice in a controlled environment approved by the Board Secretary and will limit his/her practice to (specialty): _____.
- 2) Defendant will request all hospitals, clinics and other facilities in which he/she practices to furnish to the Board a written statement monitoring his/her practice.
- 3) Defendant will do open or invasive surgical procedures only under the direct supervision of and in the immediate presence of a licensed medical doctor practicing in the same specialty as Defendant and will submit to the Board a document authored by the supervising physician stating his/her intention to accept this supervisory responsibility.

UNAUTHORIZED PRACTICE

- 1) Defendant will not allow the independent practice of medicine by any personnel under his/her supervision or employment.
- 2) Defendant will not allow the initiation of any therapeutic regimen by any personnel under his/her supervision unless Defendant is in the immediate geographic vicinity of said personnel.

Order Language (Effective Immediately):

This Order is not subject to review and approval by the Oklahoma Attorney General and, therefore, this Order is hereby effective immediately pursuant to Executive Order 2019-17.

Order Language (Review): This Order is subject to review and approval by the Oklahoma Attorney General, and this Order shall become final upon completion of the review by the Oklahoma Attorney General unless disapproved, in which case this Order shall be null and void.

"No-show" Applicants: The motion will be to table the application pending receipt of a request from applicant to personally appear before the Board. Receipt of said request is required at least seven (7) days *prior* to the scheduled board meeting.

When Requiring a Personal Appearance:

The motion should include the reason(s) for personal appearance.

485. Organization - Officers

The State Board of Medical Licensure and Supervision shall elect a president and a vice-president each year. If either office becomes vacant during that year, an election to fill the vacancy shall be held at the next regularly scheduled meeting of the Board.

**OKLAHOMA STATE MEDICAL BOARD
OF LICENSURE & SUPERVISION**

Minutes

The Board of Medical Licensure and Supervision met on May 16, 2024, in accordance with the Oklahoma Open Meeting Act and the Administrative Procedures Act. This meeting was held in the Board Office at 101 NE 51st Street, Oklahoma City, Oklahoma. Advance notice of this meeting was transmitted to the Oklahoma Secretary of State on December 1, 2023, and posted on the Board's website on May 14, 2024, at 2:50 p.m. pursuant to 25 O.S. § 311.A.9.

Members present:

Steven Katsis, MD, President
Mr. Trevor Nutt, Vice-President
Mr. Clayton Bullard
Susan Chambers, MD
Louis Cox, MD
Mr. Jeremy Hall
Tim Holder, MD
Ms. Bridget Keast
Jessica Keller, MD
Ross Vanhooser, MD
Don Wilber, MD

Others present included:

Lyle Kelsey, Executive Director
Sandra Harrison, JD, Deputy Director
Billy Stout, MD, Board Secretary
Emery Reynolds, MD, Medical Advisor
Robert C. Margo, JD, Board Legal Advisor
Patricia Parrish, General Counsel
Barbara Smith, Executive Secretary
Lisa Cullen, Director of Licensing
Joseph L. Ashbaker, AAG
Alex Pedraza, AAG
Jason Fennell, I.T. Administrator

Dr. Katsis, having noted a quorum, called the meeting to order at 9:00 a.m. Barbara Smith, Executive Secretary, called roll to establish quorum for purposes of the record.

Lyle Kelsey, Executive Director, made brief opening remarks. Mr. Kelsey introduced Katie L. Templeton, JD, Chair, Federation of State Medical Boards, and Member, Oklahoma State Board of Osteopathic Examiners. Mr. Kelsey provided Ms. Templeton's curriculum vitae and stated that Ms. Templeton is the first Oklahoman to serve as Chair of FSMB. Ms. Templeton thanked the Board for their recognition. The Board congratulated Ms. Templeton on her accomplishments.

Mr. Kelsey advised the audience that the Board operates under the Oklahoma Open Meeting Act and that the audio of the meeting is being recorded. Mr. Kelsey asked that the board

members please use their microphones when speaking so that we have a clearly audible record. Mr. Kelsey went on to state that executive sessions are held in private, with no staff in attendance, and are for the purposes of deliberations only. All board actions will take place in open session. Upon the advice of the Oklahoma Attorney General's office, all votes need to be cast via roll call. Mr. Kelsey advised that each item on the agenda is of equal importance and will be treated as such.

Robert C. Margo, JD, Board Advisor, advised the Board that it is governed by Executive Order 2023-13 which does not require the Attorney General's review and approval of "qualified orders," including Voluntary Submittals to Jurisdiction and Surrenders in Lieu of Prosecution. Mr. Margo stated that this Executive Order allows for boards to contact the Oklahoma Attorney General's office to seek determination if a question regarding submission arises. Further, Executive Order 2023-13 allows for expedited orders to be entered by the Board in the event there is an immediate concern for health and safety. Mr. Margo reminded the Board that this is a statutory board which has quasi-judicial powers. The Board is governed by statutes and rules of the Board, the Open Meeting Act, and the Administrative Procedures Act.

Mr. Margo stated that the audio recording of the meeting is the official record and that all findings of fact and conclusions of law will be stated on the record. He asked that the board members making motions, and the seconds on those motions, please be cognizant that they are making a record and to state their name for purposes of the record. He also stated the importance of each speaker identifying themselves each time they speak. This is again for purposes of the record. Mr. Margo further advised that when the Board goes into executive session, no formal action (vote) will be taken during that time. Additionally, all board members must remain in executive session once it commences so any breaks or recesses will be taken prior to going into executive session.

Next, following presentation of the Consent Agenda by Dr. Katsis, Dr. Holder moved to adopt the Consent Agenda as presented (see below). Dr. Wilber seconded the motion and the vote was unanimous in the affirmative.

- a) Approval of **Minutes of the February 22, 2024 Special Meeting of the Board**
- b) Approval of **Minutes of the March 7, 2024 Board Meeting**
- c) Ratification of **licensure applications** previously approved via Board Secretary or circularization (*Attachment #1 to agenda*)
- d) Ratification of **re-registration applications** previously approved pursuant to 59 O.S. § 495a.1 (*Attachment #2 to agenda*)
- e) Ratification of **MD Compact licenses** (initial and renewal) issued from March 1, 2024 to April 30, 2024 (*Attachment #3 to agenda*)
- f) Ratification of the **Physical Therapy Advisory Committee recommendations**
- g) Ratification of the **Occupational Therapy Advisory Committee recommendations**
- h) Ratification of the **Physician Assistant Advisory Committee recommendations**
- i) Ratification of the **Respiratory Care Advisory Committee recommendations**
- j) Ratification of the **Therapeutic Recreation Specialists Advisory Committee recommendations**

***** End of Consent Agenda*****

ASHLEY ALDRICH, MD, appeared virtually in support of her request to supervise two (2) additional mid-level practitioners. All witnesses expected to testify were sworn. She is the medical director of a clinic and there are currently five mid-levels who are working under her license. The other physician in the organization is leaving and Dr. Aldrich is requesting to absorb the two mid-levels supervised by that physician. Following review and discussion, Dr. Holder moved to grant permission to supervise two (2) additional mid-level practitioners. Dr. Wilber seconded the motion and the vote was unanimous in the affirmative.

DAVID BISHOP, MD, appeared virtually in support of his request to supervise up to eight (8) mid-level practitioners. All witnesses expected to testify were sworn. Dr. Bishop is currently on staff at McCurtain Hospital in Idabel, Oklahoma and is the emergency room director. He is currently supervising six mid-level practitioners. He is requesting permission to supervise a total of eight (8) mid-levels in anticipation of an increased workload. Following review and discussion, Dr. Holder moved to grant permission to supervise up to eight (8) mid-level practitioners. Prior to the vote, Dr. Bishop's written request and board summary sheet were entered as Exhibit #1 without objection. Mr. Hall seconded the motion and the vote was unanimous in the affirmative.

JAMES BRETT KRABLIN, MD, appeared virtually in support of his request to supervise up to twelve (12) mid-level practitioners.

MS. KEAST and MR. BULLARD RECUSED. Hearing no objection to the members remaining in the board room, they remained seated but did not participate in this matter.

All witnesses expected to testify were sworn. Dr. Krablin stated he currently supervises six (6) mid-level practitioners and practices solely long-term care medicine. He is requesting permission to supervise up to twelve (12) mid-level practitioners. He is currently the chief medical officer for Total Wound Care. Following review and discussion, Mr. Hall moved to approve the request to supervise up to twelve (12) mid-level practitioners. Dr. Wilber seconded the motion and the vote was unanimous in the affirmative with Mr. Bullard and Ms. Keast having RECUSED.

HEATHER LYNCH, MD, appeared virtually in support of her request to supervise up to five (5) additional mid-level practitioners. All witnesses expected to testify were sworn. Dr. Lynch is currently the medical director for First Medical. She currently supervises six (6) mid-level practitioners and is requesting an additional five (5) for a total of eleven (11) mid-level practitioners. Following review and discussion, Dr. Holder moved to approve the request to supervise up to eleven (11) mid-level practitioners. Prior to the vote, Dr. Lynch's written request and board summary sheet were entered as Exhibit #1 without objection. Dr. Wilber seconded the motion and the vote is recorded below:

Steven Katsis, MD, President	Yes
Mr. Trevor Nutt, Vice-President	Yes
Mr. Clayton Bullard	Yes
Susan Chambers, MD	Yes
Louis Cox, MD	Yes
Mr. Jeremy Hall	Yes
Tim Holder, MD	Yes
Ms. Bridget Keast	Yes
Jessica Keller, MD	No
Ross Vanhooser, MD	No
Don Wilber, MD	Yes

The motion carried.

Next, the Board called the request for approval of the **SOUTHERN NAZARENE UNIVERSITY PA PROGRAM** and welcomed presenters Mark Moran, DMS, PA-C, Program Director, and Allison Garrison, MHS, PA-C, Assistant Professor. All witnesses expected to testify were sworn. Following the presentation and discussion, Mr. Nutt moved to approve the Southern Nazarene University PA Program pending accreditation. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

The Board then called the request for approval of **OKLAHOMA STATE UNIVERSITY FORENSIC PSYCHIATRY RESIDENCY PROGRAM** and welcomed presenter Lesley VanVolkinburg, Ed.D. All witnesses expected to testify were sworn. Following the presentation and discussion, Dr. Chambers moved to approve the residency program. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

JEREMY A. MOORE, MD, appeared personally in support of his request for approval to advertise as board certified in **Otolaryngology** by the **National Board of Physicians and Surgeons (NBPAS)**. All witnesses expected to testify were sworn. Following review and discussion, the Board indicated that they would like NBPAS to make a presentation and discuss board certification through this organization being recognized in Oklahoma. Mr. Hall moved to approve the request of Dr. Moore to advertise as board certified in **Otolaryngology** by the **National Board of Physicians and Surgeons (NBPAS)**. Dr. Chambers seconded the motion and the vote is recorded below:

Steven Katsis, MD, President	Yes
Mr. Trevor Nutt, Vice-President	Yes
Mr. Clayton Bullard	Yes
Susan Chambers, MD	Yes
Louis Cox, MD	Yes
Mr. Jeremy Hall	Yes
Tim Holder, MD	Yes
Ms. Bridget Keast	Yes
Jessica Keller, MD	Yes
Ross Vanhooser, MD	No
Don Wilber, MD	No

The motion carried.

The Board took a brief recess.

Upon returning, roll was called for the purpose of establishing quorum on the record. Dr. Katsis issued a Staff Directive to arrange a NBPAS presentation by the end of the year.

STEPHEN BLANK, MD, appeared virtually in support of his application for full medical license. The connection was inadequate and the Board reordered the agenda to allow Dr. Blank to establish a proper virtual connection.

DAVID BOREN, MD, appeared personally in support of his application for full medical license. All witnesses expected to testify were sworn. Dr. Boren responded to questions from various board members regarding his education and employment history. He is currently

employed as an employment health physician and performs physicals for the Department of Transportation. Oftentimes those drivers will continue to see him at this clinic after their DOT physicals. Following review and discussion, Dr. Chambers moved to approve the application. Dr. Holder seconded the motion and the vote is recorded below:

Steven Katsis, MD, President	Yes
Mr. Trevor Nutt, Vice-President	Yes
Mr. Clayton Bullard	Yes
Susan Chambers, MD	Yes
Louis Cox, MD	Yes
Mr. Jeremy Hall	Yes
Tim Holder, MD	Yes
Ms. Bridget Keast	Yes
Jessica Keller, MD	Yes
Ross Vanhooser, MD	No
Don Wilber, MD	Yes

The motion carried.

MARILYN CALDERON, MD, appeared personally in support of her application for full medical license. All witnesses expected to testify were sworn. The applicant responded to questions from the Board. Following review and discussion, Mr. Bullard moved to approve the application. Dr. Vanhooser seconded the motion and the vote was unanimous in the affirmative.

STEPHEN BLANK, MD, appeared virtually in support of his application for full medical license. All witnesses expected to testify were sworn. Following review and discussion, questions, Dr. Vanhooser moved to table the application pending receipt of additional information to include, but not limited to, supervising physician for mid-levels participating in research projects in Oklahoma and a personal appearance before the Board. Dr. Keller seconded the motion and the vote was unanimous in the affirmative.

CHRISTOPHER CALIXTE, MD, appeared virtually in support of his application for full medical license. All witnesses expected to testify were sworn. Following responses to questions of the Board regarding the Pennsylvania Medical Board's investigation, Mr. Bullard moved to approve the application. Dr. Vanhooser seconded the motion and the vote was unanimous in the affirmative.

JAIME SCHWARTZ, MD, appeared virtually in support of his application for full medical license. All witnesses expected to testify were sworn. The applicant answered questions regarding an incident in California and his practice plans for Oklahoma. He treats lipedema and by getting licensed in Oklahoma, he can have a more collaborative relationship with Oklahoma patients following their cancer treatment. Dr. Vanhooser moved to approve the application. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

ERIC WRIGHT, MD, appeared virtually in support of his application for full medical license. All witnesses expected to testify were sworn. The applicant answered questions of the Board regarding a traffic incident five years ago. Following review and discussion, Dr. Vanhooser moved to approve the application. Dr. Wilber seconded the motion and the vote was unanimous in the affirmative.

AZIZ GHALY, MD, appeared personally in support of his application for a special license.

Dr. Katsis recused but, hearing no objection, remained in the board room during the presentation and vote on this matter.

All witnesses expected to testify were sworn. Ryan Parker, MD, Chief Medical Officer, Yale Campus, St. Francis Hospital, and Hope Darrow, System Vice-President for Heart and Vascular for St. Francis Health System appeared with the applicant. Because Dr. Ghaly did not pass the qualifying medical examinations pursuant to Oklahoma law, he does not qualify for a full medical license pursuant to law and wishes to be considered for a special license instead. Mr. Margo advised that the statute and law is clear and there is no waiver for taking and passing the examinations within 10 years. The applicant is a board certified cardiothoracic surgeon specializing in heart transplant and he will practice at St. Francis Hospital as an advanced heart failure surgeon. A special license is only for one year after which the Board Secretary would review those qualifications for the next year. Following review and considerable discussion, Dr. Holder moved to grant a special license to the applicant to practice cardiovascular surgery at the Yale Campus of the St. Francis Health System. Dr. Wilber seconded the motion and the vote was unanimous with Dr. Vanhooser ABSTAINING.

A staff directive was issued to Mr. Kelsey to obtain information within the next six months regarding the requirement to pass all steps of the USMLE within a ten (10) year time period for discussion regarding a possible law change.

MUHAMMAD JANJUA, MD appeared personally in support of his application for a special license. Andrew Jea, MD, Interim Chair of Dept of Neurosurgery at the University of Oklahoma appeared with the applicant. Because Dr. Janjua does not meet the qualifications for full medical licensure, he wishes to be granted a special license as a neurosurgeon. He stated that he would not practice any pediatric neurosurgery. Dr. Vanhooser expressed his concern that applying for a special license might be used as a way to circumvent the law. Following review and considerable discussion, Dr. Chambers moved to approve the special license. Dr. Cox seconded the motion and the vote was unanimous in the affirmative with Dr. Vanhooser ABSTAINING.

GEORGE SAMAR ALHAJ, MD, appeared in person in response to allegations of unprofessional conduct. Joseph L. Ashbaker, Assistant Attorney General, appeared on behalf of State. Danny Shadid, JD, appeared on behalf of the Defendant. All witnesses expected to testify were sworn. Mr. Ashbaker gave a brief history of the matter and presented a Voluntary Submittal to Jurisdiction for the Board's review and consideration. Dr. Holder pointed out to Mr. Ashbaker a typo in the Board President's last name. Mr. Ashbaker apologized and stated he would correct the mistake. Dr. Holder moved to accept the Voluntary Submittal to Jurisdiction. Dr. Wilber seconded the motion and the vote was unanimous in the affirmative.

KAYLA BOSTON, RC, appeared virtually in response to allegations of unprofessional conduct. All witnesses expected to testify were sworn. Joseph L. Ashbaker, Assistant Attorney General, appeared on behalf of State. Mr. Ashbaker gave a brief history of the matter and presented a Voluntary Submittal to Jurisdiction for the Board's review and consideration. Following review and discussion, Mr. Hall moved to accept the Voluntary Submittal to Jurisdiction. Dr. Vanhooser seconded the motion and the vote was unanimous in the affirmative.

STEVEN WAYNE POWELL, MD, did not appear for presentation of Surrender in Lieu of Prosecution. Joseph L. Ashbaker, Assistant Attorney General, appeared on behalf of the State and presented a Surrender in Lieu of Prosecution for Board review and consideration. Mr. Ashbaker confirmed that the defendant was notified this matter would be presented to the Medical Board at this meeting. Following review and discussion, Mr. Nutt moved to accept the Surrender in Lieu of Prosecution. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

RODNEY SOSA, MD, did not appear for presentation of Surrender in Lieu of Prosecution. Joseph L. Ashbaker, Assistant Attorney General, appeared on behalf of the State and presented a Surrender in Lieu of Prosecution for Board review and consideration. Mr. Ashbaker confirmed that the defendant was notified this matter would be presented to the Medical Board at this meeting. Dr. Holder moved to accept the Surrender in Lieu of Prosecution. Dr. Chambers seconded the motion and the vote was unanimous in the affirmative.

HAZEM HUSSEIN SOKKAR, MD, appeared pursuant to Board Order dated April 3, 2024, requiring a personal appearance before the Board for the presentation of a compliance report by Board Secretary at that time. Joseph L. Ashbaker, Assistant Attorney General, appeared on behalf of the State. Kaylee Davis-Mady appeared on behalf of Defendant. All witnesses expected to testify were sworn. Billy H. Stout, MD, Board Secretary, presented a status report on the matter pursuant to terms of the Order. Dr. S. Martin will serve as preceptor for Dr. Sokkar and their first session is scheduled for Tuesday, May 21, 2024. The Board thanked Dr. Stout for the information.

STANLEY KAPLAN, MD, did not appear in response to allegations of unprofessional conduct. Alex Pedraza, Assistant Attorney General, appeared on behalf of the State and gave a brief history of the matter. He then presented a Surrender in Lieu of Prosecution for Board review and consideration. The copy presented was not notarized due to the defendant being incarcerated. Mr. Pedraza advised the Board that the Defendant and his attorney, Rachel Klubeck, will sign the original document prior to filing. Dr. Wilber moved to accept the Surrender in Lieu of Prosecution. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

OKEY NWOKOLO, MD, did not appear in response to allegations of unprofessional conduct. Alex Pedraza, Assistant Attorney General, appeared on behalf of the State. Ed Bonzie, attorney for the Defendant, did not appear. After providing a brief history of the matter, Mr. Pedraza presented a Voluntary Submittal to Jurisdiction for the Board's review and consideration. Dr. Chambers moved to accept the Voluntary Submittal to Jurisdiction. Dr. Vanhooser seconded the motion and the vote was unanimous in the affirmative.

DONALD RAE SIMMONS, MD, did not appear in response to allegations of unprofessional conduct. All witnesses expected to testify were sworn. Lauren Lindsey, JD, appeared on behalf of the Defendant. Alex Pedraza, Assistant Attorney General, appeared on behalf of the State. Mr. Pedraza presented a Voluntary Submittal to Jurisdiction for the Board's review and consideration. Dr. Holder moved to approve the Voluntary Submittal to Jurisdiction. Dr. Wilber seconded the motion and the vote was unanimous in the affirmative.

LARRY SIDNEY TANNER, PT, did not appear in response to allegations of unprofessional conduct. Alex Pedraza, Assistant Attorney General, appeared on behalf of the State. All witnesses expected to testify were sworn. Mr. Pedraza presented evidence of proper notice of this matter to the Defendant and its hearing set before the Board today. Dr. Holder moved to find that the Defendant was properly served with the Complaint and Citation and properly

notified of the date, time and substance of this hearing. Dr. Vanhooser seconded the motion and the vote was unanimous in the affirmative.

Mr. Margo advised the Board that, based on the Board's finding that Defendant was properly served and because neither the Defendant nor his representative appeared today, he is in default. Dr. Wilber moved to find Defendant in default. Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

Mr. Margo advised the Board that by virtue of Defendant being found in default, all of the allegations in the complaint are, by law and rule, admitted as true and correct.

State called the following witnesses:

State's Witnesses:

Jimmy Stokes, Interim Chief of Investigations

Madeline Brownlie, Complainant

State's Exhibits:

Exhibit #1 Affidavit of Service

Exhibit #2 Google Chat messages

After hearing testimony of witnesses and reviewing evidence presented, Dr. Vanhooser moved to adopt the proposed Findings of Fact and Proposed Conclusions of Law as provided as a "Board Aid" by Mr. Pedraza.

Further, that the Proposed Order as provided in the "Board Aid" be as follows:

1. First paragraph. Add "by clear and convincing evidence" after "default" at the end of the sentence.
2. Add a second paragraph: "Assessment of costs and attorney's fees as provided by law."
3. Third paragraph: Add "without the right to reapply" after REVOKED at the end of the sentence.

Dr. Holder seconded the motion and the vote was unanimous in the affirmative.

This Order is subject to review and approval by the Oklahoma Attorney General, and this Order shall become final upon completion of the review by the Oklahoma Attorney General unless disapproved, in which case this Order shall be null and void.

Next, Assistant Attorney General, Mady Martin, provided a report advising that the following litigation matters have concluded:

- *State of Oklahoma, ex rel. Oklahoma State Board of Medical Licensure and Supervision v. Michael, Case No. 120,534; and*
- *State of Oklahoma, ex rel. Oklahoma State Board of Medical Licensure and Supervision v. Melton, Case No. 121,008*

The Board took a 10-minute recess.

Following the break, a continued quorum was established for purposes of the record.

Lyle Kelsey, Executive Director, then presented the **Executive Director's Report:**

- **Legislative Update** – Sandra Harrison provided a handout for the Board's review and advised that all of our bills have been passed and executed by the Governor.

The Board's sunset has been extended to June 30, 2025, and the bill which allows us to have our investigators obtain personnel records and allows us additional administrative remedies to other professions we license also passed. Additionally, a Physician Assistant Licensure Compact was passed into law. That will go into effect November 1st of this year but it will be approximately two years before the Compact is up and running. Additionally, Senate Bills 1231 and 1234 have passed extending the Podiatry and Perfusion Boards to 2027.

- **Federation of State Boards of Medical Boards Annual Meeting** – Dr. Holder reported on breakout sessions which he attended while at the Annual Meeting. He found “Alternate Models for Licensure” particularly interesting, including updates on Artificial Intelligence, IV Therapy and use of Ketamine in medicine. He also found “Should Regulation be Kinder” of particular interest. Ms. Harrison reported on meetings she attended and said she found attending the Annual Meeting to be very helpful. Mr. Kelsey reported that Med Spas, IV Therapy Clinics, and Ketamine Clinics will start discussion regarding delegation, supervision and who is properly trained in Oklahoma to provide services in these clinics. The joint session between the Federation and the Federation of Physician Health Plans was very informative.

Dr. Holder moved to go into **Executive Session** as authorized by 25 O.S. § 307(B)(1) for the discussion of the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee (Executive Director and Deputy Director). Mr. Hall seconded the motion and the vote was unanimous in the affirmative.

**Executive Session*

Dr. Holder moved to return to Open Session. Dr. Vanhooser seconded the motion and the vote was unanimous in the affirmative.

**Open Session*

Dr. Katsis stated there would be no action taken related to the Executive Session and there being no further business, the meeting was adjourned. The time was 2:47 p.m.



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Certified Mail and via email [REDACTED]

June 3, 2024

Richardo Rodriguez, MD Applicant 43297
[REDACTED]

9489 0090 0027 6310 9287 26

REQUEST FOR BOARD APPEARANCE

Your application for a full medical license to practice in the State of Oklahoma was reviewed by the members of the Board of Medical Licensure and Supervision. One or more Board Members have requested a personal appearance before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **June 27, 2024, at 9:00a.m.** You may appear in person at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, OK 73104 or via Zoom. Oklahoma Administrative Code 435:10-4-10(a) states that "Any Board member may require an applicant to make a personal appearance before the Board or the Secretary prior to action on an application."

Be prepared to answer questions relating to your application, including but not limited to your medical education and practice history, any civil or criminal matters filed against you, any state medical board disciplinary matters filed against you, and your current practice plans for Oklahoma.

This is your opportunity to answer questions asked by the Board. This is to assure the Board that requirements for licensure have been met through the content of your application as provided for in accordance with the law and rules of the Board.

59 O.S. § 492.1(B): *No person shall be licensed to practice medicine and surgery in this state except upon a finding by the Board that such a person has fully complied with all applicable licensure requirements of this act, and has produced satisfactory evidence to the Board of the ability of the applicant to practice medicine and surgery with reasonable skill and safety.*

59 O.S. § 493.1(I): *Upon request by the Board, the applicant shall make a personal appearance before the Board or a representative thereof for interview, examination, or review of credentials. At the discretion of the Board, the applicant shall be required to present his or her original medical education credentials for inspection during the personal appearance.*

OAC 435:10-4-4(c): *Any Board member may request an applicant to provide any additional information the Board member feels is necessary or useful to determine the applicant's ability to practice medicine and surgery in the application process which is raised by any response by an applicant to any question or request for information on the application form.*

Confirm your attendance at this meeting, either in person or via Zoom.

Sincerely,

Billy H. Stout, M.D.
Board Secretary

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	43297	RICARDO ARTURO RODRIGUEZ
MEDICAL DOCTOR		

Incomplete Information (due to space limitations on this page, this may not be a complete list)

Last Medical School Attended:

654-01 American Univ Of The Caribbean, Sch Of Med, St Maarten, Netherlands Antille

Number of Licenses Previously Granted to Graduates of this Medical School:172

Application for: Resident _____ **Full License** _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

- 1) **AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS** Not 5-30-24
- 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____
 - Passed USMLE
 - No DUIs or Legal Issues
 - No Malpractice Issues
 - US Graduate
 - Graduated Medical School in 4 years or less
- 3) HAS ISSUED A TEMPORARY LICENSE THROUGH ___ / ___ / ___
- 4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE _____

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43297 RICARDO ARTURO RODRIGUEZ
 MEDICAL DOCTOR

Practice Address:
 March 08, 2024
 ACCELERATED URGENT CARE
 9710 BRIMHALL RD

BAKERSFIELD, CA 93312
 NOT OKLAHOMA

Status:

Endorsed By: USMLE

Res: MD

Received: 03/08/2024

Entered: 03/08/2024

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec: 04/02/2024

AMA Rec: 04/02/2024

Board Action:

License #: 43297

Sex: M

Ethnic Origin: 1

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 3	PASS	11/19/08	4/1/24	1
Test 2:	USMLE 1	PASS	12/22/04	4/29/24	1
Test 3:	USMLE 2CS	PASS	3/20/06	4/29/24	1
	USMLE 2CK	PASS	8/30/06	4/29/24	1
Test AV:	Note: PASS means higher than 75				
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION

School Name: UNIVERSITY OF ILLINOIS AT CHICAGO

City: CHICAGO

State: IL **Country:** UNITED STATES

Degree: BS BIOLOGY

From: 8/1998 **To:** 5/2002 **Verified:**

School Name: BROWARD COLLEGE

City: WESTON

State: FL **Country:** UNITED STATES

Degree: BA ARCHITECTURE

From: 7/1994 **To:** 8/1998 **Verified:**

MEDICAL SCHOOL EDUCATION

Name: American Univ Of The Caribbean, Sch Of Med, St Maarten, Netherlands Antille

Foreign Name:

City: St Maarten

State/Country: Netherlands Antilles

Degree: DOCTOR OF MEDICINE

From: 8 / 2002

To: 12 / 2006

Diploma Ver'd:

Y

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43297 RICARDO ARTURO RODRIGUEZ
 MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility:EMORY UNIVERSITY SCHOOL OF MEDICINE **Specialty:**FAMILY MEDICINE
 PROGRAM

Res. Fellowship:

City: DUNWOODY

State:GA **Country:**UNITED STATES OF AM

Verified: 04/29/2024

From: 2 / 2012 **To:** 7 / 2014

ACGME Ver'd: 04/29/2024

Comments:

Facility:MEDICAL COLLEGE OF GEORGIA PROGRAM **Specialty:**OBSTETRICS & GYNECOLOGY

Res. Fellowship: Residency

City: AUGUSTA

State:GA **Country:**UNITED STATES

Verified: 04/29/2024

From: 7 / 2009 **To:** 4 / 2010

ACGME Ver'd: 04/29/2024

Comments: PER FCVS, DID NOT COMPLETE

Facility:MEDICAL COLLEGE OF GEORGIA PROGRAM **Specialty:**OBSTETRICS AND GYNECOLOGY

Res. Fellowship: Residency

City: AUGUSTA

State:GA **Country:**UNITED STATES OF AM

Verified: 04/29/2024

From: 7 / 2008 **To:** 6 / 2009

ACGME Ver'd: 04/29/2024

Comments:

Facility:ASCENSION PROVIDENCE/MSUCIM PROGRAM **Specialty:**OBSTETRICS AND GYNECOLOGY

Res. Fellowship: Internship

City: SOUTHFIELD

State:MI **Country:**UNITED STATES OF AM

Verified: 04/29/2024

From: 7 / 2007 **To:** 6 / 2008

ACGME Ver'd: 04/29/2024

Comments:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43297 RICARDO ARTURO RODRIGUEZ
 MEDICAL DOCTOR

PRACTICE HISTORY					
Employed: ACCELERATED URGENT CARE					
City: BAKERSFIELD		State: CA		Country: UNITED STATES	
Specialty: REGIONAL MEDICAL DIRECTOR, PHYSICIAN		From: 11/ 2017	To: /	Verified:	
Comments: 4/17/2024 CURRENTLY EMPLOYED HERE, TS					
Employed: CENTRIC URGENT CARE					
City: BAKERSFIELD		State: CA		Country: UNITED STATES	
Specialty: MD		From: 8/ 2016	To: 11/ 2017	Verified:	
Comments: **PERM CLOSED** / PHYSICIAN					
Employed: PHYSICIANS IMMEDIATE MED N PNT					
City: ALPHARETTA		State: GA		Country: UNITED STATES	
Specialty: MEDICAL DIRECTOR		From: 8/ 2014	To: 7/ 2016	Verified:	
Comments: FAMILY MEDICINE,					
Employed: DOCTORS MEDICAL CENTER					
City: AUGUSTA		State: GA		Country: UNITED STATES	
Specialty: BUSINESS OFFICE MANAGER		From: 6/ 2010	To: 1/ 2012	Verified:	
Comments:					
Employed: NONE					
City: SOUTHFIELD		State: MI		Country: UNITED STATES	
Specialty: UNEMPLOYED		From: 12/ 2006	To: 7/ 2007	Verified:	
Comments: GRAD MED SCHOOL/					
Employed: BROWARD MEDICAL CENTER OF DAVIE					
City: FORT LAUDERDALE		State: FL		Country: UNITED STATES	
Specialty: OFFICE MANAGER		From: 1/ 1991	To: 12/ 1997	Verified:	
Comments: FAMILY PRACTICE					

Other Licenses						
State	Lic Type and Number		Status	Issued	Exp	Verif
GA	MD 64065		A	4/1/10	7/31/25	4/2/24
MI	MD 4301090494		I	7/1/07	6/30/08	4/2/24
FL	MD ME138707		A	12/13/18	1/31/25	4/2/24
GA	MD 2923		I	5/8/08	6/30/14	4/2/24
CA	MD A-136989		A	6/12/15	7/31/24	4/2/24

DEFICIENCIES

Ricardo Arturo Rodriguez
As of March 7, 2024, 10:18 am

J.. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)

Yes No

In 2008, during my second year of residency at the Medical College of Georgia I treated my supervising resident for kidney stones and prescribed him pain medication. Over the course of the year I also treated him for asthma and prescribed antibiotics for an infection. I later learned that he had sought and obtained prescriptions from many other residents, attending physicians and wrote several prescriptions for controlled substances for himself. Our department was notified and all of us received a verbal reprimand and a training class.
In August of 2010, in direct relation to these events at the MCG, I was charged in the Superior Court of Richmond County with Unlawfully Dispensing a Controlled Substance, and my contract was not renewed. A report on this was also filed with the NPDB. I entered a plea for a conditional discharge which was granted and on November 22, 2011 all charges were discharged.

M.. Have you ever surrendered a license or had a license revoked?

Yes No

In 2008, during my second year of residency at the Medical College of Georgia I treated my supervising resident for kidney stones and prescribed him pain medication. Over the course of the year I also treated him for asthma and prescribed antibiotics for an infection. I later learned that he had sought and obtained prescriptions from many other residents, attending physicians and wrote several prescriptions for controlled substances for himself. Our department was notified and all of us received a verbal reprimand and a training class.
In August of 2010, in direct relation to these events at the MCG, I was charged in the Superior Court of Richmond County with Unlawfully Dispensing a Controlled Substance, and my contract was not renewed. A report on this was also filed with the NPDB. I entered a plea for a conditional discharge which was granted and on November 22, 2011 all charges were discharged. I voluntarily surrendered my license as I was not actively practicing during this time. As a direct result of events above, when I applied for my first DEA license there was a temporary restriction on Schedule 2 medications which was lifted after graduation. Although the charges were discharged, there is no conviction, there was complete exoneration, and this may not be used to disqualify from employment and in no way considered a criminal conviction I always disclose this to employers and licensing bodies.

P.. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?

Yes No

Regarding questions relating to licensure, background, and DEA registration.
In 2008, during my second year of residency at the Medical College of Georgia I treated my supervising resident for kidney stones and prescribed him pain medication. Over the course of the year I also treated him for asthma and prescribed antibiotics for an infection. I later learned that he had sought and obtained prescriptions from many other residents, attending physicians and wrote several prescriptions for controlled substances for himself. Our department was notified and all of us received a verbal reprimand and a training class.
In August of 2010, in direct relation to these events at the MCG, I was charged in the Superior Court of Richmond County with Unlawfully Dispensing a Controlled Substance, and my contract was not renewed. A report on this was also filed with the NPDB. I entered a plea for a conditional discharge which was granted and on November 22, 2011 all charges were discharged. I voluntarily surrendered my license as I was not actively practicing during this time. As a direct result of events above, when I applied for my first DEA license there was a temporary restriction on Schedule 2 medications which was lifted after graduation. Although the charges were discharged, there is no conviction, there was complete exoneration, and this may not be used to disqualify from employment and in no way considered a criminal conviction I always disclose this to employers and licensing bodies.

The information above has not changed since my initial licensure in 2008.

Ricardo Arturo Rodriguez
As of March 7, 2024, 10:18 am

State of: GA

County of: IL

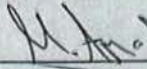
RECEIVED 3/11/2024
MD43297
SJ

The person or persons whose signature appears below personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the 9 day of MARCH, 2024, and acknowledged the execution of foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.

Seal



Signature of Applicant



Notary

05-10-2026

My Commission Expires

See Attached Notary
Acknowledgment Certificate

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
County of Kern }

On 03-08-2024, before me, Morgan A. Amaya, Notary Public
personally appeared Ricardo Arturo Rodriguez

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their authorized capacity(ies), and that by his/~~her~~/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of State of California that the foregoing paragraph is true and correct.



WITNESS my hand and official seal.

SIGNATURE M. Amaya

PLACE NOTARY SEAL ABOVE

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of attached document

Title or type of document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other than Named Above: _____

Licensee Details

Please see below for details for the licensee you selected.

Name: Ricardo Arturo Rodriguez **Designation:** MD
Lic #: 64065 **Profession:** Physician **Subtype:** Full
Status: Active **Issued:** 4/1/2010 **Expires:** 7/31/2025

Specialties

Specialty/Subspecialty	Board Certified in Specialty?	Certifying Board	Primary Specialty?
Family Medicine	Yes	ABFM	Y

Disclaimer: Please note that many valid certifying specialty boards do not participate in the American Board of Medical Specialties (1-866-ASK-ABMS or www.abms.org) and actual verification of a physician's board certification is best accomplished by contacting the individual certifying specialty board.

Practice Address

Street Address: 2400 K street
 BAKERSFIELD CA 93301
County: Kern
Country: United States

RECEIVED

APR 02 2024

OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

Related Licenses

Relationship/Name	Dates	License Details
-------------------	-------	-----------------

Public Documents

04-64065

Document Type: Public Board Order

PRIMARY SOURCE

Physician Profile

Disclaimer: This information has been provided by the physician and has not been verified by the Board. The Patient Right to Know Act requires physicians licensed to practice in the State of Georgia to provide certain information to the Board that is to be made available to the public. The Board relies upon information provided by the physicians to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or completeness of physician profiles.

For sections where there is no data, the Physician has not provided any information pertaining to that section.

Date of Profile Submission or Latest Update

Final Disciplinary Action

Agency Name	Discipline Date	Violation Description	Action Type	Action Description
-------------	-----------------	-----------------------	-------------	--------------------

Initial Licensure

Initial License State	Initial License Issue Date	Malpractice Coverage	Exempt from Max PA
-----------------------	----------------------------	----------------------	--------------------

43297
LCC

**PRIMARY
SOURCE****Practice Location History**

City	State/Province	Country	From	To
------	----------------	---------	------	----

Medicaid/Medicare

Currently Accepting Medicaid Patients?	Currently Accepting Medicare Patients?
N	Y

Medical Education and Training**Education/Certifications**

School Type	From	To	Graduated	School Name
College	10/01/1999	05/01/2002	05/01/2002	University of Illinois
Medical School	05/01/2003	12/16/2006	12/16/2006	American University of the Caribbean SOM

Graduate Medical Education

Program Type/Specialty	GME/Hospital Name	From	To	City/State/Zip	Country	Graduated
OB Gyn	Medical College of Georgia			Augusta GA 30912		
Ob Gyn	Providence Hospital			Southfield MI 48075		
	St John Hospital System	07/01/2008	06/30/2010	Southfield MI	US	
	MCG School of Medicine	02/12/2012	07/31/2014	Augusta GA	US	
	Emory University	02/12/2012	07/31/2014	Atlanta GA	US	

Current Hospital Privileges

Hospital Name	City/State/Zip
Medical College of Georgia	Augusta GA 30912
Providence Hospital	Southfield MI 48075

Hospital Privilege Revocations

Hospital Name	Discipline Date	Violation Description	Action Type	Action Description
---------------	-----------------	-----------------------	-------------	--------------------

Criminal Offenses

Date of Offense	Jurisdiction	Description of Offense
08/16/2010	Richmond County	OCGA 16-13-2 discharged without adjudication of guilt

Medical Malpractice Information

List of medical malpractice court judgment and/or arbitration awards against this physician entered on or after April 11, 2001 that was in excess of \$100,000 limited to the most recent 10 years.

Date Awarded	Amount Awarded
--------------	----------------

Disclaimer: Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Medical Malpractice Settlement Amounts

- Minimum four (4) settlements (regardless of amount).
- Three (3) settlements with at least one (1) settlement over \$100,000.00.

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APR 02 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION43297
KCC

C. Any settlement in which at least one (1) payment is in excess of \$300,000.00.

Settlement Date	Settlement Amount
-----------------	-------------------

Disclaimer: Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

List of physician's articles, journals, or publications limited to the most recent ten years

Date	Publication	Title
------	-------------	-------

List of professional organizations, community service organization memberships or activities

Organization	Type	Description
Community Service	Activities	ACOG Junior Fellow
Community Service	Activities	Southern Medical Association Junior Fellow
Community Service	Activities	American Academy of Family Physicians
Community Service	Activities	Academy of Integrative Health and Medicine

Awards

Organization	Award/Honor
St John Hospital System	Teacher of the Year
Emory University	Emory University Research Award

List of all languages excluding English used the by physician to communicate with patients and/or translation services available to their patients at the primary place of practice

Language
Spanish

List of Appointments to Medical School Faculties (Not hospital affiliations or privileges)

School	Position
Emory University Adjunct Faculty	
Morehouse University Adjunct Faculty	
Mercer University Preceptor	

Physician's Comments

--

PRIMARY SOURCE

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APR 02 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

43297
UKC

Lisa Cullen

From: GCMB.OpenRecords <GCMB.OpenRecords@dch.ga.gov>
Sent: Friday, April 26, 2024 6:52 AM
To: Lisa Cullen
Subject: [EXTERNAL] RE: Ricardo Arturo Rodriguez MD License 64065
Attachments: April 1, 2010 Minutes.pdf; October 7-8, 2010 Minutes.pdf; February 2-3, 2012 Minutes.pdf; March 6, 2014 Minutes.pdf

This message was sent securely using Zix®

Good morning, Lisa,

Attached is the Georgia history for Dr. Rodriguez. I hope this helps.

- April 1, 2010 – Approved for initial physician licensure.
- October 7-8, 2010 – Board accepted a voluntary surrender of the issued physician license.
- February 2-3, 2012 – Dr. Rodriguez appeared before the Board to request reconsideration of the denial of his residency training permit application. The Board reversed the denial and allowed Dr. Rodriguez to reenter a residency program.
- March 6, 2014 – Dr. Rodriguez appeared before the Board’s Physician Licensure Committee regarding an application for reinstatement of his physician license. The Board approved Dr. Rodriguez’s application with no other action.

Best regards,

Kimberly A. Emm
Deputy Executive Director & Legal Officer
Georgia Composite Medical Board
<https://medicalboard.georgia.gov/>
Kimberly.Lemieux@dch.ga.gov
O: 404-656-3913
C: 470-599-0064

PRIMARY SOURCE

Upcoming Unavailability:

April 29: PTO
May 2: Limited availability/GCMB Meeting
May 9-13: PTO
May 27: State Holiday
May 30: Limited availability/GCMB Meeting

Reader Advisory Notice: Email to and from a Georgia state agency is generally public record, except for content that is confidential under specific laws. Security by encryption is applied to all emails sent from the Georgia Department of Community Health email accounts.

From: Lisa Cullen <lcullen@okmedicalboard.org>
Sent: Monday, April 22, 2024 9:34 AM
To: GCMB.OpenRecords <GCMB.OpenRecords@dch.ga.gov>
Subject: RE: Ricardo Arturo Rodriguez MD License 64065

43297
UCC

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thank you so much! I appreciate that. My Executive and Deputy Director were also attending the FSMB annual conference. I appreciate your response and look forward to hearing from you soon.

Have a wonderful day!

Thank you for your email, it has been received. Please be advised that applications, email, and items received by mail are processed in the order they are received. We appreciate your patience as our volume is extremely high now. Please do not resend documents as this will further delay the process.

Lisa K. Cullen, Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105
Licensing (405) 962-1470
licensing@okmedicalboard.org
Direct (405) 962-1453
Visit our website www.okmedicalboard.org



From: GCMB.OpenRecords <GCMB.OpenRecords@dch.ga.gov>
Sent: Thursday, April 18, 2024 5:21 PM
To: Lisa Cullen <lcullen@okmedicalboard.org>
Subject: [EXTERNAL] RE: Ricardo Arturo Rodriguez MD License 64065

This message was sent securely using Zix®

Good afternoon Ms. Cullen:

Thank you for contacting the Georgia Composite Medical Board. The Executive Director and I are currently attending the FSMB annual conference in Nashville this week. I understand your concerns and request additional time to discover what happened in this matter. In just a cursory review without access to records from that time period, it appears that Dr. Rodriguez surrendered his license and then reinstated a residency training permit from 2012 – 2014. That is all I can see in posted minutes, let me try to gather additional information and I will get back to you.

Best regards,

Kimberly A. Emm
Deputy Executive Director & Legal Officer
Georgia Composite Medical Board
<https://medicalboard.georgia.gov/>
Kimberly.Lemieux@dch.ga.gov
O: 404-656-3913

C: 470-599-0064

Upcoming Unavailability:

April 16-19: Out-of-State Conference

April 29: PTO

May 2: Limited availability/GCMB Meeting

May 9-13: PTO

May 27: State Holiday

May 30: Limited availability/GCMB Meeting

Reader Advisory Notice: Email to and from a Georgia state agency is generally public record, except for content that is confidential under specific laws. Security by encryption is applied to all emails sent from the Georgia Department of Community Health email accounts.

From: Lisa Cullen <lcullen@okmedicalboard.org>
Sent: Tuesday, April 16, 2024 1:47 PM
To: GCMB.OpenRecords <GCMB.OpenRecords@dch.ga.gov>
Subject: Ricardo Arturo Rodriguez MD License 64065
Importance: High

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello my name is Lisa Cullen and I am the Director of Licensing at the Oklahoma State Medical Board. I am in receipt of an application for licensure for Ricardo Arturo Rodriguez, MD. Per the Federation and your website it appears that Dr. Rodriguez's license was surrendered voluntarily on October 7, 2010. This is also reflected on the NDPB report. Upon further review it appears that Dr. Rodriguez has a full active license currently, but there is no evidence when the license was reinstated.

Our Board Secretary is reviewing the application and is requesting any information you can provide.

Your time and assistance is greatly appreciated!

Lisa K. Cullen, Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision

101 NE 51st Street

Oklahoma City, OK 73105

Licensing (405) 962-1470

licensing@okmedicalboard.org

Direct (405) 962-1453

Visit our website www.okmedicalboard.org



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GEORGIA COMPOSITE MEDICAL BOARD
MINUTES
April 1, 2010

5

**PRIMARY
SOURCE**

Other Business:

1. Yasmeen Imran – Approved to accept a certified copy of her medical school transcript from the Tennessee Board
2. Lisa Jacobs. – Advise the qualifications for licensure cannot be determined based on the information provided, and more information needs to be provided or submit an application for licensure.
3. Thomas Kennedy - Advise the Board does not approve CME; he will have to contact the AMA and get confirmation that the CME is accredited by the AMA.
4. Nelson Kazie – Approved to waive the 7 year rule.
5. Placed on Administrative hold for failure to complete physician profile:
62881 62894 63160 63342
6. A.K. – Advised physician to get an OMPE and complete a Clinical Skills assessment.
7. Invite A. S. and D.S. for an interview.
8. Sonia Smith – Advised the medical school is not on the California List of Approved Medical Schools and applicant will have to complete three years of training, or ABMS certification.
9. L.S. - Advised physician to complete and provide the results of the SPEX.
10. C. T. – Advised physician to complete and provide the results of an OMPE.

Approved Applicants for licensure:

64048	Pappas, Stephanie Dorene	MD
64049	Park, Daniel Kwangwon MD	MD
64050	Payne, Christina Elizabeth, MD	MD
64051	Pei, Huiping , MD	MD
64052	Popler, Jonathan MD	MD
64053	Powell, David Jason MD	MD
64054	Prempeh, Maxwell Agyemang MD	MD
64055	Quayle, Sejal Soni MD	MD
64056	Quiros, Melissa MD	MD
64057	Ramjit, Ruan MD	MD
64058	Randall, David Awrey MD	MD
64059	Reyes, Ingrid Vivian MD	MD
64060	Reyes, John MD	MD
64061	Rimler, Eva Rachel MD	MD
64062	Robach, Eric Michael MD	MD
64063	Robertson, Katina MD	MD
64064	Robinson, Andre Marcel MD	MD
64065	Rodriguez, Ricardo Arturo MD	MD
64066	Rosen, Leslie Bruce MD	MD
64067	Schaffer, David Ian MD	MD
64068	Shah, Mobin MD	MD
64069	Shanker, Pradheep Jothi MD	MD

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PRIMARY
SOURCE

GEORGIA COMPOSITE MEDICAL BOARD
MINUTES
October 7-8, 2010

4

Ms. Kunes moved to approve the following recommendations. Dr. Lee seconded and it carried.

1. US HHS, Office of Inspector General requested a copy of the Board's investigative file 20071498. Approved request.
2. The Texas Medical Board requested a copy of the investigative file and application file pertaining to investigative file 20110183. Approved request.
4. Ricardo Rodriguez, MD – Accepted Voluntary Surrender.
5. Laura Bayani, PA – Approved Non-disciplinary Consent Agreement for Licensure
6. Julian Thigpin, RCP - Approved Public Consent Order.
7. 20091526 – Approved Amendment to Private Consent Order.
8. Allen Williams – Approved Public Consent Order for reinstatement.
9. Rajesh Rangaraj, MD – Approved Public Consent Order.
11. 20110268 - Close
12. 20070948 and 20071461 – close with a Letter of Concern
13. 20030801 – Respondent requested a copy of the investigative report be sent to the Texas Board. Approved request to provide a copy of investigative report to Texas Board when request is received.
14. Attorney Jeyaram requested on behalf of Dennis Doherty, DO, a correction to the physician's profile. Board approved the request.
15. Mark Adams, MD – Approved Order for Indefinite suspension pending resolution of the criminal charges.
16. Harvey Leslie, MD – Approved Final Decision.
17. 20100323 – Approved Private Consent Order.

Dr. House moved to go into Executive Session to conduct Investigative Interviews, Dr. Retterbush seconded the motion and it carried unanimously. Dr. Gross then declared the meeting would be open session upon completion of the investigative interviews for the purpose of holding committee meetings.

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GEORGIA COMPOSITE MEDICAL BOARD
MINUTES
February 2-3, 2012

**PRIMARY
SOURCE**

The Board discussed plans to develop criteria for approval of foreign medical schools. Additional information will be gathered for the next meeting.

APPEARANCE BEFORE THE BOARD

Ricardo Rodriguez, MD requested an appearance before the Board for the denial of the Post-Graduate Residency Training Permit. Dr. Rodriguez was represented by his attorney, Mel Goldstein. Wayne Blount, MD appeared with Dr. Rodriguez as a representative from the Emory Family Medicine Residency Program. Dr. Rodriguez presented oral arguments. The Board members asked questions.

CLOSED SESSION

Dr. Gross made a motion, seconded by Dr. Summers, to go into closed session to discuss disciplinary matters. Dr. White declared the meeting in open session.

OPEN SESSION

Dr. Gross made a motion, seconded by Ms. Kinlaw, to approve the Post-Graduate Residency Training Permit for Dr. Rodriguez. The motion carried.

APPEARANCE BEFORE THE BOARD

Seth Pope, MD requested an appearance before the Board for the denial of the Reinstatement of his Physician license. Dr. Pope was represented by his attorney, Tony Cochran. Mr. Matt Crouch appeared with Dr. Pope as a representative from Peachford Hospital. Dr. Pope presented oral arguments. The Board members asked questions.

CLOSED SESSION

Dr. Gross made a motion, seconded by Ms. Kunes, to go into closed session to discuss disciplinary matters. Dr. White declared the meeting in open session.

OPEN SESSION

Ms. Kunes made a motion, seconded by Dr. Summers, to uphold the denial of Dr. Pope's reinstatement application. The motion carried.

There being no further business to conduct, Dr. Retterbush moved that the February 2-3, 2012 GCMB meeting be adjourned at 12:40 pm. Dr. Antalis seconded and it carried unanimously.

Charles White, D.O., Chairperson

LaSharn Hughes, MBA, Executive Director

Recorded by Carol Dorsey
Board Secretary

**PRIMARY
SOURCE**

**GEORGIA COMPOSITE MEDICAL BOARD
MINUTES
March 6, 2014**

4

ADVISORY COMMITTEE REPORTS

PHYSICIAN LICENSING COMMITTEE

Dr. House presented the report of the Physician Licensing Committee as a motion. Dr. White seconded the motion as amended, and it carried unanimously. The Board took the following actions

Approved Reinstatement Applications:

- 40720 Lee, Susan Clarke MD
- 20876 Mantovani, Raymond MD
- 63259 Lieberman, Daniel MD
- 48955 Ziering, Craig MD
- 58686 Edwards, Chad MD
- 17420 Funk, Gregory DO

Other Business:

1. Zielinski, Julie-Deny Petition for Waiver of Rule 360-2-01(b)
2. Vergara, Leonardo – Deny Petition for Waiver of Rule 360-2-.02
3. Moses, Wendell – Deny Petition for Waiver of Rule 360-2-.01(b)
4. Muralles, Arnulfo – Deny request for sponsorship to sit for USMLE Step 3
5. Agboste, Francis – Deny request for sponsorship to sit for USMLE Step 1.
6. Singh, Shalini—Approved request to forward a true and correct copy of medical school transcript to PA Medical Board
7. Ahmadzia, Shabir—Advise applicant the she will be required to complete 1 year
8. Gertz, Dale – Deny request to waive reinstatement application fee
9. Discussed Wellness/PHP policy

Interviews:

1. LaBorde, David- Request additional information.
2. Rodriguez, Ricardo – Approved.

Revisit:

1. D.K. - Clinical Skills Assessment required
2. J.R. –Pending additional information..

Tabled Applications:

1. S.C.S.- Additional information
2. R. R. – Additional information
3. L.L. - Refer to Wellness

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APR 02 2024

GEORGIA COMPOSITE MEDICAL BOARD

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION BEFORE A COMPOSITE MEDICAL BOARD

IN THE MATTER OF:

Ricardo Rodriguez
License No. 064065

OCT 07 2010

DOCKET NUMBER

20110012

VOLUNTARY SURRENDER

Ricardo Rodriguez, MD, holder of License No. 064065 to practice as a physician in the State of Georgia, hereby freely, knowingly, and voluntarily surrender said license to the Board. I hereby acknowledge that this surrender shall have the same effect as a revocation of my license, and I knowingly forfeit and relinquish all right, title and privilege to practice this profession in the State of Georgia, unless and until such time as my license may be reinstated, in the sole discretion of the Board.

I understand that I have a right to a hearing in this matter, and I freely, knowingly, and voluntarily waive such right. I also understand that should any request for reinstatement be entertained by the Board, the Board shall have access to the entire investigative file in this matter.

This surrender shall become effective immediately upon acceptance thereof by the Board. I understand that this document will be considered to be a public record entered as the final disposition of disciplinary proceedings presently pending or which could be brought against me, and that this action shall be considered to be and may be recorded as a final order of the Board.

Sworn to and subscribed before me this 15th day of SEPTEMBER 20 10.

[Signature]

NOTARY PUBLIC

Commission Expires: MAY 13th 2012

[Signature]
Ricardo Rodriguez



ACCEPTANCE OF SURRENDER

The Voluntary Surrender of License No. 064065 is hereby accepted by the Board, this 7th day of October, 20 10.

BY: *[Signature]*
President
Georgia Composite Medical Board

ATTEST: *[Signature]*
LaSharn Hughes, Executive Director
Georgia Composite Medical Board

(BOARD SEAL)

43297
50

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/08/2024

Foreign Graduate

Applicant Name: RODRIGUEZ, RICARDO ARTURO

MD 43297

Date Of Birth: [REDACTED]

Place Of Birth (City, State): COCHABAMBA, BOLIVIA

Sex: M

Race: Caucasian

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	UNIVERSITY OF ILLINOIS AT CHICAGO	CHICAGO	IL		8/1998	5/2002	BS BIOLOGY		

Medical School Name	City	State	Country	Comments	From	To
American Univ Of The Caribbean, Sch Of Med, St Maarten, Netherlands Antille	St Maarten		Netherlands A		8/2002	12/2006

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	To
EMORY UNIVERSITY SCHOOL OF MEDICINE PROGRAM	DUNWOODY	GA	UNITED S'	FAMILY MEDICINE		1/2012	7/2014
MEDICAL COLLEGE OF GEORGIA PROGRAM	AUGUSTA	GA	UNITED S'	OBSTETRICS AND GYNECOLOGY		7/2008	6/2010
ASCENSION ST. JOHN HOSPITAL PROGRAM	DETROIT	MI	UNITED S'	OBSTETRICS AND GYNECOLOGY		7/2007	6/2008

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
ACCELERATED URGENT CARE	REGIONAL MEDICAL DIRECTOR, PHYSICIAN		BAKERSFIELD	CA		11/2017	0/0	
CENTRIC URGENT CARE	PHYSICIAN		BAKERSFIELD	CA		8/2016	11/2017	
PHYSICIANS IMMEDIATE MED N PNT	FAMILY MEDICINE, MEDICAL DIRECTOR		ALPHARETTA	GA		8/2014	7/2016	

Other/ Out-Of-State Licenses						
State	License #	Profession	Status	Issue Date	Exp Date	
GA	64065		U	4/1/10	7/31/25	
MI	4301090494		U	7/1/07	6/30/08	
FL	ME138707		U	12/13/18	1/31/25	
GA	2923		U	5/8/08	6/30/14	
CA	A-136989		U	6/12/15	7/31/24	

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received: 03/08/2024

Foreign Graduate

Questions Answered 03/05/2024	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third-party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D. Have you ever been denied or had removed or suspended hospital staff privileges?	N
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	Y
<p>In 2008, during my second year of residency at the Medical College of Georgia I treated my supervising resident for kidney stones and prescribed him pain medication. Over the course of the year I also treated him for asthma and prescribed antibiotics for an infection. I later learned that he had sought and obtained prescriptions from many other residents, attending physicians and wrote several prescriptions for controlled substances for himself. Our department was notified and all of us received a verbal reprimand and a training class. In August of 2010, in direct relation to these events at the MCG, I was charged in the Superior Court of Richmond County with Unlawfully Dispensing a Controlled Substance, and my contract was not renewed. A report on this was also filed with the NPDB. I entered a plea for a conditional discharge which was granted and on November 22, 2011 all charges were discharged.</p>	
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	N
M. Have you ever surrendered a license or had a license revoked?	Y
<p>In 2008, during my second year of residency at the Medical College of Georgia I treated my supervising resident for kidney stones and prescribed him pain medication. Over the course of the year I also treated him for asthma and prescribed antibiotics for an infection. I later learned that he had sought and obtained prescriptions from many other residents, attending physicians and wrote several prescriptions for controlled substances for himself. Our department was notified and all of us received a verbal reprimand and a training class. In August of 2010, in direct relation to these events at the MCG, I was charged in the Superior Court of Richmond County with Unlawfully Dispensing a Controlled Substance, and my contract was not renewed. A report on this was also filed with the NPDB. I entered a plea for a conditional discharge which was granted and on November 22, 2011 all charges were discharged. I voluntarily surrendered my license as I was not actively practicing during this time. As a direct result of events above, when I applied for my first DEA license there was a temporary restriction on Schedule 2 medications which was lifted after graduation. Although the charges were discharged, there is no conviction, there was complete exoneration, and this may not be used to disqualify from employment and in no way considered a criminal conviction I always disclose this to employers and licensing bodies.</p>	
N. Has any disciplinary action been taken on any license?	N
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	Y
<p>Regarding questions relating to licensure, background, and DEA registration. In 2008, during my second year of residency at the Medical College of Georgia I treated my supervising resident for kidney stones and prescribed him pain medication. Over the course of the year I also treated him for asthma and prescribed antibiotics for an infection. I later learned that he had sought and obtained prescriptions from</p>	

Foreign Graduate

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/08/2024

Foreign Graduate

many other residents, attending physicians and wrote several prescriptions for controlled substances for himself. Our department was notified and all of us received a verbal reprimand and a training class. In August of 2010, in direct relation to these events at the MCG, I was charged in the Superior Court of Richmond County with Unlawfully Dispensing a Controlled Substance, and my contract was not renewed. A report on this was also filed with the NPDB. I entered a plea for a conditional discharge which was granted and on November 22, 2011 all charges were discharged. I voluntarily surrendered my license as I was not actively practicing during this time. As a direct result of events above, when I applied for my first DEA license there was a temporary restriction on Schedule 2 medications which was lifted after graduation. Although the charges were discharged, there is no conviction, there was complete exoneration, and this may not be used to disqualify from employment and in no way considered a criminal conviction I always disclose this to employers and licensing bodies.

The information above has not changed since my initial licensure in 2008.

Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/08/2024

Foreign Graduate

If licensed, where do you intend to locate?

OK

Why do you seek Licensure in the state of Oklahoma?

Join Established Practice

In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:

Describe the manner in which you intend to practice medicine across state lines in Oklahoma:

Have you executed or been offered a contract in connection with practice in the state of Oklahoma?

Yes

If 'Yes', Name of practice:

Norman Regional Health System

If so, Please identify with which category:

Free Standing Urgent Care Clinic

Name of Previous Carrier and Policy Holder

NorCal Mutual

Emergency Physicians Urgent Care

Name of Current Carrier and policy Holder

Norman Regional Health System

Will your professional liability insurance policy cover your practice in Oklahoma

Yes

If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma

I attest that all the above information is accurate as of March 07, 2024: _____ (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

RECEIVED

APR 17 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the application and credentials 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 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 my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

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

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.



[Handwritten signature]

Applicant's signature (must be signed in the presence of a notary)

RODRIGO RODRIGUEZ

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

4/16/2024

Date of signature (must correspond to the date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left]

NOTARY

State of California, County of Kern

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 16 day of April, 2024

Notary Public Signature (see attached for Notary) My Notary Commission Expires 12/16/2027

*MD 43207
TS*

FCVS

**FEDERATION CREDENTIALS
VERIFICATION SERVICE**

**PRIMARY
SOURCE**

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Rodriguez, Ricardo Arturo**

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

FID#: **203102033**

Recipient: **OK - Oklahoma State Board
of Medical Licensure &
Supervision**

Delivery Date: **04/26/2024**

RECEIVED

APR 29 2024

**OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.

**43297
MA**



**FEDERATION OF
STATE MEDICAL BOARDS**

FCVS

FEDERATION CREDENTIALS VERIFICATION SERVICE

Affidavit and Release



I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor 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 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 me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service 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 Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.



Applicant's Signature (must be signed in the presence of a notary)
Applicant's Printed Last Name
Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)
Date of Signature (must correspond to date of notarization)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____, County of _____
I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on _____

Date MM/DD/YYYY

Notary Public Signature: _____

My Notary Commission Expires: 9/27/2024

Notary Stamp Here:



State of CA
County of Kern
Subscribed and sworn to (or affirmed) before me,
on this 12 day of February, 2024
by Ricardo Alvarez Rodriguez
proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.
Notary Public Signature Seal

400 FULLER WISER ROAD EULESS, TX 76039 TEL (817) 868-5000

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Identity



Biographic Information

Medical professional Name(s): **Rodriguez, Ricardo Arturo**

Date of Birth:



Place of Birth:

Cochabamba, Cochabamba, BOLIVIA, PLURINATIONAL STATE OF

Contact Information

Home Address:



Mobile Phone:

Email:

Email:

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public Is Required

Applicant Full Legal Name: RODRIGUEZ ALONSO ARMANDO
Last First Middle

Applicant: 

1. **COMPLETE** this document in the presence of a Notary.
2. **SELECT** the identity document used:
 - Birth Certificate
 - Passport
3. **ATTACH** a photocopy of the identity document presented to the Notary.

Notary Public: Please complete the section below.

Notary Exception – A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of CA County of Kern

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Valid Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a government issued photo identification presented by the applicant.

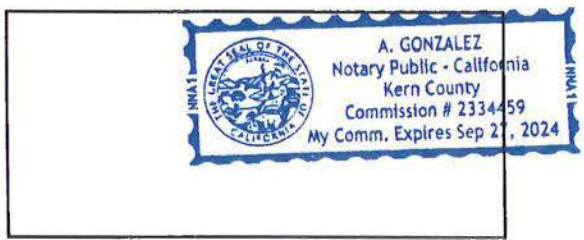
(Day) _____, of (Month) _____, (Year) _____.

Notary Public Signature: _____

Commission Expiration Date* (Month) 09 / (Day) 27 / (Year) 2024

***The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', and explanation must be provided. If you are in California, the notary may attach an** A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Notary Stamp Here



State of CA Kern
County of Kern
Subscribed and sworn to (or affirmed) before me on this 26 day of February, 2024
by Ricardo Armando Rodriguez
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public Signature Seal
FID Number
203102033

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Chronology of Activities**

The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
08/15/2002	12/16/2006	Medical Education	American University Of The Caribbean Cupecoy Sint Maarten SINT MAARTEN
01/01/2007	07/01/2007	Vacation	Coming back to US for PGT training
07/01/2007	06/30/2008	Postgraduate Training	Ascension Providence/MSUCHM Program Southfield Michigan UNITED STATES
07/01/2008	04/14/2010	Postgraduate Training	Medical College of Georgia Program Augusta Georgia UNITED STATES
07/01/2010	01/01/2012	Work	Doctors Medical Center 3455 Ptree Ind Blvd Ste Atlanta, Georgia UNITED STATES
01/16/2012	07/31/2014	Postgraduate Training	Emory University School of Medicine Program Dunwoody Georgia UNITED STATES

End of Chronology of Activities report for: Rodriguez, Ricardo Arturo



FEDERATION CREDENTIALS
VERIFICATION SERVICE

Medical Education



Medical Education

Medical School: American University Of The Caribbean

Location: Cupecoy, SX
SINT MAARTEN

Credentials Analysis Information for Medical Education

Issue:

FCVS has identified a Medical Education Discrepancy at American University Of The Caribbean.

Attendance Dates

Solution:

FCVS does not follow up when the Verification of Medical Education Form matches the information reported on the Certified Transcript.



Educational Commission for Foreign Medical Graduates (ECFMG®)
VERIFICATION OF MEDICAL EDUCATION
 (This form must be completed by the medical school)

INSTRUCTIONS TO THE DEAN

The individual identified on the attached *Medical School Release Request* or Certification Statement from an ECFMG Application has authorized your medical school to provide to the Educational Commission for Foreign Medical Graduates (ECFMG) any and all information pertaining to his/her education at your institution. Please complete this VERIFICATION OF MEDICAL EDUCATION form and return it to ECFMG with the accompanying medical diploma and final medical school transcript in the enclosed, addressed envelope.

VERIFICATION OF MEDICAL EDUCATION

RE: Ricardo Arturo Rodriguez
 0-671-435-6

AMERICAN UNIVERSITY OF THE CARIBBEAN SCHOOL OF MEDICINE
 1 UNIVERSITY DRIVE AT JORDAN ROAD
 CUPECOY, NETHERLANDS ANTILLES

If name of institution was different when this individual attended, please note this name below:

Premedical Education:

Years of education required for admission to your medical school: 90 semesters college years

Credential/degree presented by the applicant for admission to your medical school: BS

Enrollment and Participation: Our records indicate that Ricardo Arturo Rodriguez attended our medical school for total of 144 weeks of medical education on the following dates:

From 05/05/03 (dd/mm/yy)

To 16/12/06 (dd/mm/yy)

This individual (please check one):

was conferred/issued the degree of Doctor of Medicine on 16/12/06 (dd/mm/yy)

was NOT awarded a degree (please attach an explanation)

Please check one:

I hereby certify that the attached medical diploma for the individual noted above is authentic and correct and that I am authorized to certify this on behalf of this institution.

OR

I cannot certify that the medical diploma for the individual noted above is authentic and correct because:

(attach additional sheets if necessary)

Certification: By my signature, I, Mollie King certify that the above information is an accurate account of the above named individual's official records maintained in this medical school and is true and correct to my knowledge.



Signature: Mollie King

Title: Associate Registrar

Date of Signature: 18/12/06

Phone: 305 444 6000 Fax: 305 444 6791

Email: graduat@ecmed.edu



Educational Commission for Foreign Medical Graduates (ECFMG®)
VERIFICATION OF MEDICAL EDUCATION
 (continued)

VERIFICATION OF MEDICAL EDUCATION

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please check the appropriate response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation (attach additional pages as necessary).

1. Does this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education? YES () NO

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>	<u>Approved</u>	<u>Unapproved</u>
Personal/Family			()	()
Academic remediation			()	()
Health			()	()
Financial			()	()
Participation in joint degree Program (e.g., MD/PhD)			()	()
Participation in non-research special study (e.g., fellowship, international experience)			()	()
Participation in non-degree research			()	()
Other			()	()
Please Specify: _____				

2. Does this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? YES () NO

If YES, please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>
Academic Probation		
Probation for unprofessional conduct/behavioral		
Probation for other reason		
Please specify reason: _____		

3. Does this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? YES () NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

4. Does this individual's official records reflect that he/she was ever the subject of negative reports or an investigation by the medical school or



Educational Commission for Foreign Medical Graduates (ECFMG®)
VERIFICATION OF MEDICAL EDUCATION
(continued)

parent university? YES () NO (X)

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

5. Does this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES () NO (X)

If YES, please provide detailed documentation/information about the nature of the limitations or special requirements.



FEDERATION CREDENTIALS
VERIFICATION SERVICE

Applicant Reported Unusual Circumstances



Medical School

Medical Professional Name: Rodriguez, Ricardo Arturo

American University Of The Caribbean

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education?	No
Were you ever placed on probation?	No
Were you ever disciplined or placed under investigation?	No
Were any negative reports for behavioral reasons ever filed by instructors?	No
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	No

End of Applicant Reported Unusual Circumstances report for: Rodriguez, Ricardo Arturo

American University of the Caribbean School of Medicine

Transcript of Academic Records

#1 University Drive at Jordan Road • Cupecoy, St. Maarten, Netherlands Antilles

Student Name		72041 Rodriguez, Ricardo Arturo		Citizenship		Bolivia		Sex		M			
Place of Birth		Bolivia											
Entrance Date		May 5, 2003		Graduation Date		12/16/2006		Degree Conferred				DOCTOR OF MEDICINE	
Course #	Title	Sem. Hrs.	Grade	Course #	Title	Weeks	Grade						
May 2003 Semester				January 2005 Semester:									
100	Anatomy		10 P	Psychiatry			8 weeks	P					
109	Embryology		2 P	May 2005 Semester:									
113	Biochemistry		7 P	Medicine			9 weeks	P					
120	Biostatistics		1 P	September 2005 Semester									
September 2003 Semester				Medicine			3 weeks	P					
208	Cell Biology & Histology		7 P	Surgery			12 weeks	P					
220	Genetics		4 P	January 2006 Semester									
221	Physiology I		5 P	Pediatrics			8 weeks	P					
253	Immunology		4 P	Medicine (Fam Practice)			4 weeks	P					
January 2004 Semester				(Neurology)			4 weeks	H					
323	Physiology II		5 P	Obstetrics/Gynecology			2 weeks	P					
330	Neuroscience		5 P	May 2006 Semester:									
342	General Pathology		5 P	Obstetrics/Gynecology			6 weeks	P					
354	Medical Microbiology		6 P	Obstetrics/Gynecology (Sub-I)			4 weeks	H					
May 2004 Semester				September 2006 Semester:									
415	Pharmacology		4 P	Family Practice			4 weeks	H					
450	Pathology II		8 P	Medicine (Subinternship)			4 weeks	H					
462	Medical Psychology		6 P	Medicine (Radiology)			4 weeks	H					
480	Medical Ethics		1 H										
September 2004 Semester:													
534	Introduction to Clinical Medicine		8 P										
591	Biological Basis of Clinical Medicine		8 P										

THIS ORIGINAL SEAL

INTERIM REGISTRAR

KEY: H-HONOR 100 - 90% P-PASS 89-70% F-FAIL 69-0% R-REPEAT W-WITHDRAW

This transcript does not require a raised seal and is printed on white safety paper with fluorescent fibers and a blue colored screened background. The back of this document has an artificial watermark - hold at an angle to view.

American University of the Caribbean School of Medicine

0-671-435-6

by the authority granted to it by the governments of
Montserrat and the Netherlands Antilles,
and on recommendation of the Faculty, hereby confers upon

Ricardo Arturo Rodriguez

the degree of

Doctor of Medicine



with all the Rights, Honors and Privileges thereunto appertaining.

Dated this 16th day of December, 2006
at St. Maarten, Netherlands Antilles

12/12/2006 2:39PM (GMT-05:00)

Paul S. Tien
Chancellor



Paul T. ...
Chief Academic Officer

Al...
ORIGINAL SEAL

DEC-12-2006 15:35 From:

To: 12153869767

P. 2/2



EDUCATIONAL COMMISSION FOR
FOREIGN MEDICAL GRADUATES

3624 Market Street
Philadelphia, PA 19104-2685 USA
215-386-5900 | 215-386-9767 FAX
www.ecfm.org

Issue Date: 17 Apr 2024

To: STATE BOARD OF LICENSURE & SUPERVISION
LISA CULLEN
DIRECTOR OF LICENSING
P.O. BOX 18256
OKLAHOMA CITY, OK 73154-0256

State Board Code:
037

Please include this number on
all requests.

ECFMG® CERTIFICATION STATUS REPORT

USMLE®/ECFMG Identification Number: 0-671-435-6

Applicant's Name: Ricardo Arturo Rodriguez

Applicant's Date of Birth: [REDACTED]

ECFMG Certified: Yes

Certificate Issue Date: 19 Dec 2006

English Test Valid Through: Valid Indefinitely

Clinical Skills Assessment Valid Through: Valid Indefinitely

Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	22 Dec 2004	*	*
USMLE Step 2 CK	30 Aug 2006	*	*

Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date
USMLE Step 2 CS	20 Mar 2006

Name of Medical School and Country: American University of the Caribbean School of Medicine, Cupecoy, SINT

Degree Year: 2006 MAARTEN

Medical Education Credentials Status[†]: Complete

How to Verify the Authenticity of this Report:

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit <https://cvsonline2.ecfm.org/verify/verify.asp> and enter the unique verification code listed below. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report.

Report Verification Code: VB5MSBCQO2

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

* To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

[†]Since July 1986, ECFMG has verified medical school credentials directly with the issuing medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Postgraduate Training****fsmb****Postgraduate Training**

Accreditation ID: 2202521148
Institution: Ascension Providence/MSUCHM Program
Location: Southfield, MI
 UNITED STATES

Accreditation ID: 2201221078
Institution: Medical College of Georgia Program
Location: Augusta, GA
 UNITED STATES

Accreditation ID: 1201221562
Institution: Emory University School of Medicine Program
Location: Dunwoody, GA
 UNITED STATES

Credentials Analysis Information for Postgraduate Training

Program Code: 2201221078

Issue:

FCVS has identified a Post Graduate Training Discrepancy at Medical College of Georgia Program, Department of Obstetrics & Gynecology.

Unusual Circumstances**Solution:**

FCVS does not follow up with the Medical Professional or Institution for inconsistent information on Unusual Circumstance questions.



FEDERATION CREDENTIALS
VERIFICATION SERVICE



Verification of Postgraduate Medical Education

Accreditation Code: 2202521148

Institution Name: Ascension Providence/MSUCHM Program

Affiliated University: Ascension Providence/MSUCHM

City: Southfield

State: Michigan

Country: United States

Verification For: Ricardo Arturo Rodriguez

Date of Birth: XXXXXXXXXX

Program Participation:

PGY: 1	Accredited By: ACGME	Status: Complete
Specialty: Obstetrics & Gynecology		
From: 07/01/2007	To: 06/30/2008	Program Type: Internship

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

To report additional training, include training as an attachment at the end of page 2.

Unusual Circumstances

- 1. Did this individual ever take a leave of absence from his/her training? Yes No Not Available

- 2. Was this individual ever placed on probation? Yes No Not Available

- 3. Was this individual ever disciplined or placed under investigation? Yes No Not Available

- 4. Were any negative reports for behavioral reasons ever filed by instructors? Yes No Not Available

- 5. Were any limitations or special requirements placed upon this individual because of academic incompetence, disciplinary problems, or any other reason? Yes No Not Available

Attestation of Person completing Verification of Postgraduate Training document (Program Director): I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Kristina VanderMark, MD	
	Title: Program Director	Degree: MD
	Signature: 	
	Date of Signature: 4/17/2024	

Would you like to upload an additional attachment (e.g. Rotation Schedule)? Yes No
 If reporting additional years in the attachment, include PGY year, specialty, start date, end date, status and program type.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****Graduate Medical Education**

Medical Professional Name: Rodriguez, Ricardo Arturo

Accreditation ID: 2202521148

Institution: Ascension Providence/MSUCHM Program

Specialty: Obstetrics & Gynecology

Unusual Circumstances

Training Period: 7/1/2007 - 6/30/2008 Internship

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Rodriguez, Ricardo Arturo



Verification of Postgraduate Medical Education

Accreditation Code: 2201221078

Institution Name: Medical College of Georgia Program

Affiliated University: Medical College of Georgia

City: Augusta

State: Georgia

Country: United States

Verification For: Ricardo Arturo Rodriguez

Date of Birth: [REDACTED]

Program Participation:

PGY: 2	Accredited By: ACGME	Status: Complete
Specialty: Obstetrics & Gynecology		
From: 07/01/2008	To: 06/30/2009	Program Type: Residency

PGY: 3	Accredited By: ACGME	Status: Not Complete
Specialty: Obstetrics & Gynecology		
From: 07/01/2009	To: 04/14/2010	Program Type: Residency

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

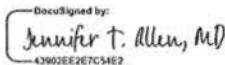
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

To report additional training, include training as an attachment at the end of page 2.

Unusual Circumstances

- 1. Did this individual ever take a leave of absence from his/her training?
Please see attached letter of explanation Yes No Not Available
- 2. Was this individual ever placed on probation? Yes No Not Available
- 3. Was this individual ever disciplined or placed under investigation? Yes No Not Available
- 4. Were any negative reports for behavioral reasons ever filed by instructors? Yes No Not Available
- 5. Were any limitations or special requirements placed upon this individual because of academic incompetence, disciplinary problems, or any other reason? Yes No Not Available

Attestation of Person completing Verification of Postgraduate Training document (Program Director): I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Jennifer T. Allen, MD	
	Title: Program Director	Degree: MD
	Signature: 	
	Date of Signature: 3/25/2024	

Would you like to upload an additional attachment(e.g. Rotation Schedule)? Yes No
If reporting additional years in the attachment, include PGY year, specialty, start date, end date, status and program type.





**Georgia Health
Sciences University**

Department of Obstetrics and Gynecology

November 22, 2011

RE: Ricardo Rodriguez, M.D. – Final Resident Evaluation

Residency Program
1120 15th St., BA-7310
Augusta, Georgia 30912
P: 706-721-2541
www.georgiahealth.edu

This final evaluation is to confirm that Ricardo Rodriguez, M.D., began a PGY-2 in the Department of Obstetrics and Gynecology at the Medical College of Georgia, in Augusta Georgia, on July 1, 2008. Dr. Rodriguez was promoted to a PGY-3 on July 1, 2009. He completed 9 months during his 3rd year. The following information is based on my personal observation and his accumulative evaluations filed in his portfolio.

The following evaluation scale was used: (1.0) – Performance unsatisfactory, (2.0) = Falls short of expectations, (3.0) = Meets expectations for year of training, (4.0) = Always above expected level, (5.0) = Far exceeds expectations.

The residents are evaluated in the following 6 general competencies.

Patient Care – Dr. Rodriguez’s average faculty score was a 4.2, with 15 evaluations. He received comments from faculty that said “His surgical skills are good and he is very committed to his patients”. “He has an excellent bedside manner and work ethic”.

Medical Knowledge – His average faculty score was a 4.0, with 15 evaluations. This category included 6 subsets like “demonstrates investigatory and analytical thinking”, “demonstrates knowledge and application of literature” and “able to differentiate normal from abnormal tests”. “Rich did a great job on Night Float – thorough and prepared”. “Excellent knowledge about his patients problems”. “Good procedural and surgical skills”.

Practice Based Learning and Improvement – Comments were “He is generally well prepared on patients and is able to develop his own plan of treatment”.

Interpersonal and Communication Skills and Professional Behavior – Rich’s average faculty score was a 4.4, with 15 evaluations. Comments from faculty were “Dr. Rodriguez is very professional, is well prepared when he presents to faculty”. “Great Job”.

System Based Practice – Dr. Rodriguez’s average faculty score was 4.0. His comments were “Practices cost-effective healthcare without compromising quality”.

In summary, Dr. Rodriguez did not complete his training in the Obstetrics and Gynecology residency program. Rich left the program on April 14, 2010 for personal reasons.

Sincerely,

Chadburn Ray, M.D.

Program Director,

Department of Obstetrics and Gynecology



Department of Obstetrics and Gynecology

Residency Program
 1100 15th St., BA-510
 Augusta, Georgia 30912
 P: 706-721-2541
 www.georgiahealth.edu

November 22, 2011

Re: Ricardo Rodriguez, M.D.

To Whom It May Concern:

This letter is to verify that Ricardo Rodriguez, M.D., began as a PGY-2 resident in the Department of Obstetrics and Gynecology at the Medical College of Georgia, Augusta, Georgia, on July 1, 2008. He completed his PGY-2 on June 30, 2009. He was promoted to a PGY-3 on July 1, 2009. He completed 9 months while a PGY-3.

Dr. Rodriguez completed the following rotations while in the Obstetrics and Gynecology residency:

2008-09

July 1st – August 10th – Obstetrics, 6 week rotation
 August 11th – September 28th – Night Float, 6 week rotation
 September 29th – November 9th – Gynecology, 6 week rotation
 November 10th – December 21st – Reproductive Endocrinology, 6 week rotation
 January 5th – February 15th – Obstetrics, 6 week rotation
 February 16th – March 29th – Elective, 6 week rotation
 March 30th – May 15th – Gynecologic Oncology, 6 week rotation
 May 16th – June 30th – Reproductive Endocrinology, 6 week rotation

2009-10

July 1st – August 15th – Urogynecology, 6 week rotation
 August 16th – October 3rd – Night Float, 6 week rotation
 October 4th – December 20th – Maternal Fetal Medicine, 12 week rotation
 January 3rd – February 14th – Trinity Hospital, 6 week rotation
 February 15th – April 14th – Maternal Fetal Medicine

Should you need any additional information, please feel free to contact me at (706) 721-2541.

Sincerely,

A handwritten signature in blue ink that reads "Chadburn Ray".

Chadburn Ray, M.D.
 Program Director
 Department of Obstetrics and Gynecology

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****Graduate Medical Education**

Medical Professional Name: Rodriguez, Ricardo Arturo

Accreditation ID: 2201221078

Institution: Medical College of Georgia Program

Specialty: Obstetrics & Gynecology

Unusual Circumstances

Training Period: 7/1/2008 - 4/14/2010 Residency

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Rodriguez, Ricardo Arturo

FCVS**FEDERATION CREDENTIALS
VERIFICATION SERVICE****Verification of Postgraduate Medical Education****Accreditation Code:** 1201221562**Institution Name:** Emory University School of Medicine Program**Affiliated University:** Emory University School of Medicine**City:** Dunwoody**State:** Georgia**Country:** United States**Verification For:** Ricardo Arturo Rodriguez**Date of Birth:** [REDACTED]**Program Participation:**

PGY: 1	Accredited By: ACGME	Status: Complete
Specialty: Family Medicine		
From: 02/13/2012	To: 07/31/2012	Program Type: Residency
PGY: 2	Accredited By: ACGME	Status: Complete
Specialty: Family Medicine		
From: 08/01/2012	To: 07/31/2013	Program Type: Residency
PGY: 3	Accredited By: ACGME	Status: Complete
Specialty: Family Medicine		
From: 08/01/2013	To: 07/31/2014	Program Type: Residency
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

FID: 203102033

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

To report additional training, include training as an attachment at the end of page 2.

Unusual Circumstances

- 1. Did this individual ever take a leave of absence from his/her training? Yes No Not Available


- 2. Was this individual ever placed on probation? Yes No Not Available

- 3. Was this individual ever disciplined or placed under investigation? Yes No Not Available

- 4. Were any negative reports for behavioral reasons ever filed by instructors? Yes No Not Available

- 5. Were any limitations or special requirements placed upon this individual because of academic incompetence, disciplinary problems, or any other reason? Yes No Not Available

Attestation of Person completing Verification of Postgraduate Training document (Program Director): I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Jose M. Villalon Gomez, MD, MPH	
	Title: Program Director	Degree: MD
	Signature: 	
	Date of Signature: 3/11/2024	

Would you like to upload an additional attachment (e.g. Rotation Schedule)? Yes No
 If reporting additional years in the attachment, include PGY year, specialty, start date, end date, status and program type.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****Graduate Medical Education**

Medical Professional Name: Rodriguez, Ricardo Arturo

Accreditation ID: 1201221562

Institution: Emory University School of Medicine Program

Specialty: Family Medicine

Unusual Circumstances

Training Period: 1/16/2012 - 7/31/2014 Residency

Did you have any interruption(s) or extension(s) in your medical education?	No
Were you ever placed on probation?	No
Were you ever disciplined or placed under investigation?	No
Were any negative reports for behavioral reasons ever filed by instructors?	No
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	No

End of Applicant Reported Unusual Circumstances report for: Rodriguez, Ricardo Arturo

Emory University

School of Medicine

Department of Family and Preventive Medicine

Certifies That

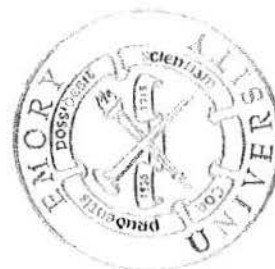
Ricardo A. Rodriguez, M.D.

has completed requirements for

Resident in Family Medicine

January 16, 2012 through July 31, 2014

Paulina P. Hargis
Chair



MLL
Dean, School of Medicine
J. James Sack
Residency Program Director

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Licensure / Examinations



Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



United States Medical Licensing Examination® (USMLE®)
Certified Transcript of Scores

This document was prepared by
 Federation of State Medical Boards of the United States, Inc. (FSMB)
 400 Fuller Wisser Road, Eules, TX 76039-3856 - Telephone (817) 868-4000

Date: 04/25/2024

Federation Credentials Verification Service
 ATTN: FCVS

FCVSIID: 857358

Examinee: Rodriguez, Ricardo Arturo
Alt Name(s):

Examinee ID: 0-671-435-6

Date of Birth: [REDACTED]

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. 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, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
12/22/2004	Pass	202	(182)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/30/2006	Pass	211	(182)	

Clinical Skills (CS)

Test Date	Pass/Fail	Comments
03/20/2006	Pass	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
11/19/2008	Pass	203	(187)	

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals information on this examinee. The Physician Data Center Report is enclosed.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

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

Examinee: Rodriguez, Ricardo Arturo

Examinee ID: 0-671-435-6

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.



EDUCATIONAL COMMISSION FOR
FOREIGN MEDICAL GRADUATES

3624 Market Street
Philadelphia, PA 19104-2685 USA
215-386-5900 | 215-386-9767 FAX
www.ecfm.org

Issue Date: 17 Apr 2024

To: STATE BOARD OF LICENSURE & SUPERVISION
LISA CULLEN
DIRECTOR OF LICENSING
P.O. BOX 18256
OKLAHOMA CITY, OK 73154-0256

State Board Code:

037

Please include this number on
all requests.

ECFMG® CERTIFICATION STATUS REPORT

USMLE®/ECFMG Identification Number: 0-671-435-6

Applicant's Name: Ricardo Arturo Rodriguez

Applicant's Date of Birth: [REDACTED]

ECFMG Certified: Yes

Certificate Issue Date: 19 Dec 2006

English Test Valid Through: Valid Indefinitely

Clinical Skills Assessment Valid Through: Valid Indefinitely

PRIMARY
SOURCE

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APR 18 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	22 Dec 2004	*	*
USMLE Step 2 CK	30 Aug 2006	*	*

Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date
USMLE Step 2 CS	20 Mar 2006

Name of Medical School and Country: American University of the Caribbean School of Medicine, Cupecoy, SINT

Degree Year: 2006 MAARTEN

Medical Education Credentials Status†: Complete

How to Verify the Authenticity of this Report:

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit <https://cvsonline2.ecfm.org/verify/verify.asp> and enter the unique verification code listed below. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report.

Report Verification Code: VB5MSBCQ02

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

* To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

† Since July 1986, ECFMG has verified medical school credentials directly with the issuing medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.

Wesley



AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

PRIMARY SOURCE

Name and Mailing Address

RICARDO ARTURO RODRIGUEZ

[Redacted]

Primary Office Address

3701 ACADIA CIR
BAKERSFIELD, CA 93311-8762

Phone [Redacted]

Birth date [Redacted]

Physician's major professional activity

OFFICE BASED PRACTICE

Self-designated practice specialty

FAMILY MEDICINE (primary)
UNSPECIFIED (secondary)

RECEIVED
APR 02 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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

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

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1265637698	06/16/2007	NOT RPTD	NOT RPTD	NOT RPTD	03/15/2024

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

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On the profile, **enrollment date** is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. **Degree date** is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: AMERICAN UNIVERSITY OF THE CARIBBEAN SCHOOL OF MEDICINE

Degree Awarded:	YES	Degree Type:	MD
Enrollment Date:	NOT REPORTED	Degree Date:	2006

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. **Completed** indicates that the training has been completed in its entirety and verified with the program. **Training in Progress** indicates the training has a future completion date and is verified as in progress. **Verification of Completion in Progress** indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. **Partially Completed** indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:	EMORY UNIVERSITY SCHOOL OF MEDICINE
Sponsoring State:	GEORGIA
Program name:	EMORY UNIVERSITY SCHOOL OF MEDICINE PROGRAM
Specialty:	FAMILY MEDICINE
Dates:	02/13/2012 - 07/28/2014
Status:	VERIFICATION OF COMPLETION IN PROGRESS

Sponsoring Institution:	MEDICAL COLLEGE OF GEORGIA
Sponsoring State:	GEORGIA
Specialty:	OBSTETRICS & GYNECOLOGY
Dates:	07/01/2008 - 03/30/2010
Status:	PARTIALLY COMPLETED

Sponsoring Institution:	ASCENSION PROVIDENCE/MSUCHM
Sponsoring State:	MICHIGAN



Specialty: OBSTETRICS & GYNECOLOGY
Dates: 07/01/2007 - 06/30/2008
Status: PARTIALLY COMPLETED

Specialty board certification

This section provides specialty board certification data specific to one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the 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 ⁺	Active	08/01/2014	n/a	02/15/2025	INITIAL	03/26/2024	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.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2024 American Board of Medical Specialties. All rights reserved.

+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 Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
64065	MD	GA	04/01/2010	07/31/2025		ACT	UNL	03/18/2024	Rodriguez, Ricardo A
138707	MD	FL	12/13/2018	01/31/2025		ACT	UNL	03/05/2024	RICARDO A RODRIGUEZ



License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
A-136989	MD	CA	06/12/2015	07/31/2024		ACT	UNL	03/07/2024	RICARDO ARTURO RODRIGUEZ
2923	MD	GA	05/08/2008	06/30/2014		INA	RES	03/18/2024	Rodriguez, Ricardo A
4301090494	MD	MI	07/01/2007	06/30/2008		INA	RES	09/18/2008	NRT

Abbreviation key: ACT = Active, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA

- ▶ **Medical Licensing Boards:** ***ACTION REPORTED.*** Contact the state board for GEORGIA.
- Medicare/Medicaid Sanctions from DHHS:** NO ACTIONS REPORTED AT THIS TIME
- US DOJ Drug Enforcement Administration:** NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
██████	C-0	22N 33N 4 5	Active	04/30/2026	Paid	03/21/2024	Accelerated Urgent Care 2400 K St Bakersfield, CA 93301-4030

* Only the last three characters of DEA numbers are displayed

† Business Activity key: C-0 = Practitioner, C-2 = Practitioner–Military, C-7 = Practitioner–Department of Defense Contractor, C-Q = Practitioner–Federal

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: 06714356



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://evsonline2.ecfmg.org/>

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional Data™, formerly known as AMA Physician Masterfile, meets select 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 Professional Data 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 AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician 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, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

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

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET
OKLAHOMA CITY OK 73105
EVIDENCE OF STATUS – PART A

RECEIVED
APR 15 2024
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Full Legal Name: Ricardo Arturo Rodriguez
First Middle Last Maiden (if applicable)

Mailing Address: [Redacted]
Street Address or Post Office Box

[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]
City State Zip Code Telephone Number Social Security #

PRIMARY EVIDENCE OF CITIZENSHIP
(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
- United States passport** (except limited passports, which are issued for periods of less than five years)
- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)
- Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State
- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
- American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
- Alien Lawfully Admitted for Permanent Residence: INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- Alien Lawfully Admitted for Permanent Residence: Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature [Handwritten Signature] Date 2/22/2024

Subscribed and sworn before me this 22 day of February, 2024.

Notary Public [Handwritten Signature]
Commission Number 2334459
My commission expires 9/27/2024

NOTARY SEAL



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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04/02/2024

RICARDO ARTURO RODRIGUEZ



Check Your Application Status Online at:
<http://www.okmedicalboard.org>
Username:AP53634031
Password:Last 4 SSN

RE: MD Application #43297

Dear RICARDO RODRIGUEZ,

YOU CANNOT PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

This deficiency list may or may not contain all required deficiencies. Please **allow 30 business days** for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. If you have further questions at that time, you may email the Licensing Staff at licensing@okmedicalboard.org or call (405) 962-1470.

Review of your application for licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

Evidence of Status
 Visa Type (if non-US citizen)
 Visa Expiration Date (if non-US citizen)
 Application Instructions
 OATH
 Extended Background Check
 Time Deficiency Form for: 7/1992-8/1998, 12/2006-7/2007, 6/2010-1/2012 MUST USE TIME DEFICIECNY FORM FOR EXPLANATIONS
 OTHER DEFICIENCIES: FCVS/ NEED CHRONOLOGICAL LIST OF US ROTATIONS AND AND FORM 4 * OR* EVAL FOR EACH IF NOT INCLUDED IN TRANSCRIPT/ ARE YOU CURRENTLY WORKING FOR ACCELERATED URGENT CARE?
 Exam verification date
 US Customs and Immigration Service (USCIS)
 Translations
 ECFMG
 MedSchool-Transcript American Univ Of The Caribbean, Sch Of Med, St Maarten, Netherlands Antille
 MedSchool-Form 1 American Univ Of The Caribbean, Sch Of Med, St Maarten, Netherlands Antille
 PostGrad - Form 2 ASCENSION ST. JOHN HOSPITAL PROGRAM
 PostGrad - Form 2 MEDICAL COLLEGE OF GEORGIA PROGRAM
 PostGrad - Form 2 EMORY UNIVERSITY SCHOOL OF MEDICINE PROGRAM
 USMLE Exams Incomplete

If a "Time Deficiency" is listed, please e-mail licensing@okmedicalboard.org with your activities during the specified time frame.

Any of the required forms in the list above may be downloaded from our website:

<http://www.okmedicalboard.org/resources>

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP53634031 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please email licensing@okmedicalboard.org or call (405) 962-1470.

Sincerely,

Seema Jayachand

Seema Jayachand

Dept. of Licensing

Encl

RECEIVED

Name:	Dr. Ricardo Rodriguez	APR 17 2024	Application #	43297
-------	-----------------------	-------------	---------------	-------

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

We must account **for any/all time from your 18th birthday to present.** Please complete this form to the best of your recollection for the times indicated.

EDUCATION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
07	94	08	98	Broward College	Weston	FL	BA Architecture

WORK HISTORY							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
01	91	12	97	Broward Medical Center of Davie (now Broward Health Medical Center)	Fort Lauderdale	FL	Family Practice office manager
06	10	01	12	Doctors Medical Center	Augusta	GA	Business office manager
11	17	12	24	Accelerated Urgent Care	Bakersfield	CA	Regional Medical Director, Physician

OTHER ACTIVITY							
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State	
07	92	12	93	work at Discount Auto Parts	Chicago	IL	
12	06	07	07	graduated medical school, spent time with family until residency started	Southfield	MI	

7/92-8/98, 12/06-7/07, 6/10-1/12

MD 43297
TS



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Certified Mail and via email [REDACTED]

May 24, 2024

9489 0090 0027 6310 9287 02

Jamie Smith, MD Applicant 43401
[REDACTED]

REQUEST FOR BOARD APPEARANCE

Your application for a full medical license to practice in the State of Oklahoma was reviewed by the members of the Board of Medical Licensure and Supervision. One or more Board Members have requested a personal appearance before the Oklahoma Medical Board at its next regularly scheduled meeting. The meeting has been scheduled for **June 27, 2024, at 9:00a.m.** You may appear in person at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, OK 73104 or via Zoom. Oklahoma Administrative Code 435:10-4-10(a) states that "Any Board member may require an applicant to make a personal appearance before the Board or the Secretary prior to action on an application."

Be prepared to answer questions relating to your application, including but not limited to your medical education and practice history, any civil or criminal matters filed against you, any state medical board disciplinary matters filed against you, and your current practice plans for Oklahoma.

This is your opportunity to answer questions asked by the Board. This is to assure the Board that requirements for licensure have been met through the content of your application as provided for in accordance with the law and rules of the Board.

59 O.S. § 492.1(B): *No person shall be licensed to practice medicine and surgery in this state except upon a finding by the Board that such a person has fully complied with all applicable licensure requirements of this act, and has produced satisfactory evidence to the Board of the ability of the applicant to practice medicine and surgery with reasonable skill and safety.*

59 O.S. § 493.1(l): *Upon request by the Board, the applicant shall make a personal appearance before the Board or a representative thereof for interview, examination, or review of credentials. At the discretion of the Board, the applicant shall be required to present his or her original medical education credentials for inspection during the personal appearance.*

OAC 435:10-4-4(c): *Any Board member may request an applicant to provide any additional information the Board member feels is necessary or useful to determine the applicant's ability to practice medicine and surgery in the application process which is raised by any response by an applicant to any question or request for information on the application form.*

Confirm your attendance at this meeting, either in person or via Zoom.

Sincerely,

Billy H. Stout, M.D.
Board Secretary

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
MD	43401	JAMIERE YOLANDE SMITH
MEDICAL DOCTOR		

Incomplete Information (due to space limitations on this page, this may not be a complete list)

Last Medical School Attended:

021-06 LSU Sch Of Med in Shreveport, Shreveport La 71130

Number of Licenses Previously Granted to Graduates of this Medical School:183

Application for: Resident _____ **Full License** _____ Reinstatement _____

The Secretary of the Board has reviewed this application and:

- 1) **AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS** But 5-20-24
- 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _____
 - Passed USMLE
 - No DUIs or Legal Issues
 - No Malpractice Issues
 - US Graduate
 - Graduated Medical School in 4 years or less
- 3) HAS ISSUED A TEMPORARY LICENSE THROUGH ___ / ___ / ___
- 4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE _____

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43401 JAMIERE YOLANDE SMITH
 MEDICAL DOCTOR

Practice Address:

March 27, 2024
 NEO HEALTH
 129 E. MAIN STREET
 5312 S INGLESIDE AVE
 HULBERT, OK 74441
 CHEROKEE

Status:

Res: MD
Received: 03/27/2024
Entered: 03/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec: 04/05/2024
AMA Rec: 04/05/2024
Board Action:
License #: 43401
Sex: F
Ethnic Origin: 2

Endorsed By: FLEX

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	FLEX 1	75	12/6/88	3/14/24	4
Test 2:	FLEX 2	75	12/6/88	3/14/24	4
Test 3:	Note: <i>PASS</i> means higher than 75				
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION	
School Name: OKLAHOMA UNIVERSITY City: NORMAN Degree: BS	State: OK Country: UNITED STATES From: 8/1975 To: 8/1978 Verified:
School Name: SPELMAN COLLEGE City: ATLANTA Degree: TRANSFERRED AFTER FIRST YEAR	State: GA Country: UNITED STATES From: 8/1974 To: 8/1975 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43401 JAMIERE YOLANDE SMITH
 MEDICAL DOCTOR

Employed: TRINITY HOSPITAL City: CHICAGO Specialty: OBGYN Comments:	Supervisor: State: IL Country: UNITED STATES From: 7/ 1997 To: 11/ 2002 Verified:
Employed: NEAR NORTH HEALTH CENTER City: CHICAGO Specialty: OB/GYN Comments: OB/GYN MULTISPECIALTY FEDERAL QUALIFIED CLINIC	Supervisor: State: IL Country: UNITED STATES From: 8/ 1993 To: 7/ 1997 Verified:
Employed: NEAR NORTH HEALTH ASSOC City: CHICAGO Specialty: OBGYN Comments:	Supervisor: State: IL Country: UNITED STATES From: 7/ 1993 To: 8/ 1997 Verified:
Employed: SUNLIFE OBGYN City: ALEXANDRIA Specialty: OB HOSPITALIST Comments:	Supervisor: State: VA Country: UNITED STATES From: 7/ 1992 To: 7/ 1993 Verified:
Employed: PRINCE GEORGE'S HOSPITAL CENTER CONTRACTED WITH SU City: CHEVERLY Specialty: OB/GYN Comments: OB/GYN SERVICE THAT TOOK CARE OF UNASSIGNED PTS AND ASSISTED WITH MAJOR SURGERIES	Supervisor: State: MD Country: UNITED STATES From: 10/ 1991 To: 7/ 1992 Verified:
Employed: ALEXANDRIA HOSPITAL CONTRACTED BY SUNLIFE OB/GYN City: ALEXANDRIA Specialty: OB/GYN Comments: OB/GYN SERVICE THAT TOOK CARE OF UNASSIGNED PTS AND ASSISTED WITH MAJOR SURGERIES	Supervisor: State: VA Country: UNITED STATES From: 10/ 1990 To: 10/ 1991 Verified:
Employed: NONE City: WASHINGTON DC Specialty: VACATION Comments:	Supervisor: State: DC Country: UNITED STATES From: 6/ 1990 To: 10/ 1990 Verified:
Employed: POISON CONTROL CENTER City: SHREVEPORT Specialty: STOCKER Comments:	Supervisor: State: LA Country: UNITED STATES From: 12/ 1985 To: 6/ 1986 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 MD 43401 JAMIERE YOLANDE SMITH
 MEDICAL DOCTOR

Other Licenses						
State	Lic Type and Number	Status	Issued	Exp	Verif	
DC	MD MD17797	A	4/6/89	12/31/24	4/5/24	
IL	MD 036087325	A	9/1/93	7/31/26	4/5/24	
VA	MD 0101045908	A	10/1/90	2/28/26	4/5/24	
IN	MD 01041991A	A	10/28/93	10/31/25	4/5/24	
MD	MD D0038336	A	5/4/89	9/30/25	4/5/24	

<u>DEFICIENCIES</u>						

JAMIERE YOLANDE SMITH
As of March 26, 2024, 2:07 am

C.. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?

Yes No

The consent order was signed due to accusations of mid level ambulatory issues within my office. At the time, I was not in the office, unknown to me members of my staff engaged in direct patient care without my knowledge. The accusations were then made to the IDPR and I was found guilty of not properly supervising my staff. The Attorney General refused to pursue any actions against me. I accepted the recommendation of the one month suspension and one year mandatory probation with supervision from the state of Illinois. I have not had any other disciplinary actions from the state of Illinois since the 2016 occurrence. It did not involve inpatient care to patients. You have the statement from my attorney on January 29, 2020.

D.. Have you ever been denied or had removed or suspended hospital staff privileges?

Yes No

During the time of my suspension and probation, I had an administrative suspension because I didn't meet membership criteria

H.. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?

Yes No

I have malpractice cases that have been settled. The last one was 2016. All are closed. I can submit my insurance run/loss hx if requested

J.. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)

Yes No

report sent via FCV credentialing

L.. Have you ever failed any part of a licensure/certification/registration examination?

Yes No

yes my ABOG boards

N.. Has any disciplinary action been taken on any license?

Yes No

RECEIVED

APR 02 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

The consent order was signed due to accusations of mid level ambulatory issues within my office. At the time, I was not in the office, unknown to me members of my staff engaged in direct patient care without my knowledge. The accusations were then made to the IDPR and I was found guilty of not properly supervising my staff. The Attorney General refused to pursue any actions against me. I accepted the recommendation of the one month suspension and one year mandatory probation with supervision from the state of Illinois. I have not had any other disciplinary actions from the state of Illinois since the 2016 occurrence. It did not involve inpatient care to patients. You have the statement from my attorney on January 29, 2020.

JAMIERE YOLANDE SMITH

As of March 26, 2024, 2:07 am

State of:

Illinois

County of:

Cook

*43401
B*

The person or persons whose signature appears below personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the *27th* day of *March*, 20 *24*, and acknowledged the execution of foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that

they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.

Seal



Jamere Y. Smith
 Signature of Applicant

Rochelle Closure-Stanford
 Notary

8-23-2025
 My Commission Expires

RECEIVED

APR 02 2024

OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

43401
 W



Illinois Department of Financial and Professional Regulation

RECEIVED

APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

**PRIMARY
SOURCE**

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
JAMIERE Y SMITH MD	Chicago, IL 60615	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
036087325	LICENSED PHYSICIAN AND SURGEON	ACTIVE	09/01/1993	05/29/2023	07/31/2026	Y

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
33*****73	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V)	ACTIVE	10/15/1993	06/01/2023	07/31/2026	N

Disciplinary Actions

Click here (<https://www.idfpr.com/licenselookup/discipline.asp>) for definitions of the different types of disciplinary actions the Department may impose.

The Reason For Action from this Lookup dates back to January 1, 1990. Any actions and/or Reason For Action taken against a license prior to 1990 may not be displayed. Note that the Reason For Action is extracted from the Monthly Disciplinary Report. Therefore, the text in this column may not begin appearing until the report for the month/year the discipline was issued has been compiled.

Please Note: Reason for disciplinary actions which occurred for Real Estate professions prior to February 1, 2008 will not be listed here. Please contact the department for information regarding past Real Estate disciplines.

Case Number	License Number	Action	Discipline Start Date	Discipline End Date	Reason for Action
2012008388	036087325	Fine	10/09/2020		physician and surgeon license continued on indefinite probation for a minimum of one year, fined \$1,000 and prior fine of \$20,000 dated 10/13/2016 is null & void.
2012008388	036087325	Probation	01/01/2017	01/24/2018	For allowing unlicensed individual to hold herself out as a physician to the patients of OB/GYN practice.
2012008388	036087325	Probation	08/16/2019	10/09/2020	license restored to indefinite probation for a minimum of one year.
2012008388	036087325	Probation	10/09/2020	10/28/2021	physician and surgeon license continued on indefinite probation for a minimum of one year, fined \$1,000 and prior fine of \$20,000 dated 10/13/2016 is null & void.
2012008388	036087325	Suspension	01/24/2018	08/16/2019	for violations of terms of her current Department's Probation.
2012008388	036087325	Suspension	12/01/2016	12/31/2016	For allowing unlicensed individual to hold herself out as a physician to the patients of OB/GYN practice.

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4340
WB

Kenna L. Shaw

From: FPR.FOIA <FPR.FOIA@Illinois.gov>
Sent: Friday, April 5, 2024 3:52 PM
To: Kenna L. Shaw
Subject: [EXTERNAL] IDFPR FOIA Response RE: Need all records on Jamiere Y Smith - Illinois MD license #036087325 -
Attachments: K. Shaw Response 4.5.24.pdf; J. Smith 201908-020-001.pdf; J. Smith 202010-003-001.pdf; J. Smith 202110-023-001.pdf; J. Smith 201610-006-001.pdf; J. Smith 201802-004-001.pdf

Good afternoon, Ms. Shaw,
Attached please find a letter and all responsive documents regarding this request.
If you need anything else, please feel free to contact me.

Sincerely,

Kathleen Anderson
FOIA Officer
IDFPR
555 W. Monroe
Chicago, IL
312-793-6602

RECEIVED

APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PRIMARY
SOURCE

From: Kenna L. Shaw <kshaw@okmedicalboard.org>
Sent: Friday, April 5, 2024 2:31 PM
To: FPR.FOIA <FPR.FOIA@Illinois.gov>
Subject: [External] Need all records on Jamiere Y Smith - Illinois MD license #036087325 -
Importance: High

I need information & records on the following case numbers for Jamiere Y Smith IL license 036087325:

2012008388

Thank you,

Thank you for your email, it has been received. Please be advised that applications, email, and items received by mail are processed in the order they are received. We appreciate your patience as our volume is extremely high now. Please do not resend documents as this will further delay the process.



Kenna Shaw, Application Analyst
LICENSING DEPARTMENT
OKLAHOMA STATE MEDICAL BOARD OF LICENSURE AND SUPERVISION
101 NE 51ST ST
OKLAHOMA CITY OK 73105
(405) 962-1423 kshaw@okmedicalboard.org
M-F 8AM-4:30PM CST

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

In Re Petition for Restoration of)
) No. 2012-08388-2
Jamiere Y. Smith, M.D.,)
License No. 036-087325,)
Petitioner)

CONSENT ORDER

The Department of Financial and Professional Regulation, Division of Professional Regulation, of the State of Illinois, by Vladimir Lozovskiy, one of its attorneys, (hereinafter the "Department") and Jamiere Y. Smith, M.D. (hereinafter "Petitioner"), through Jason A. Parson and Michael J. Borree, her attorneys, agree to the following:

STIPULATIONS

Jamiere Y. Smith, M.D. is licensed as a Physician and Surgeon in the State of Illinois, holding Illinois Physician and Surgeon License No. 036-087325. Presently, Petitioner's Illinois Physician and Surgeon License is indefinitely suspended for her failure to comply with the terms and conditions of the Department's Probation that she was placed on in 2016 for allegedly allowing an unlicensed individual to hold herself out as a physician to the patients of Petitioner's OB/GYN practice. At all times material to the matter(s) set forth in this Consent Order, the Department of Financial and Professional Regulation, Division of Professional Regulation, of the State of Illinois had jurisdiction over the subject matter and parties herein.

In 2017, the Department filed a Complaint against Petitioner arising out of her failure to timely order a c-section for a patient who was showing signs and symptoms of fetal distress during labor, which led to the demise of the newborn. The allegation(s) as set forth therein, if proven to be true, would constitute grounds for suspending, revoking or other discipline of

Respondent's license as a Physician and Surgeon, on the authority 225 Illinois Compiled Statutes, Paragraph 60/22(A)(5).

In January 2019, Petitioner filed a Petition for Restoration of her Illinois Physician and Surgeon License. As a result of the pending Petition, as well as the Department's pending 2017 Complaint, the Department held an Informal Conference on May 1, 2019. Dr. Sarita Massey appeared on behalf of the Medical Disciplinary Board, and Vladimir Lozovskiy, Staff Attorney, appeared on behalf of the Department's Medical Prosecutions Unit. Petitioner appeared in person along with her attorneys, Jason A. Parson and Michael J. Borree. During the informal conference, Petitioner discussed her care and treatment of the patient-in-question, described her rehabilitative efforts, and discussed her plans for the future.

Petitioner has been advised of the right to a hearing on her Petition for Restoration and the pending Complaint and the right to Administrative Review of any Order resulting from a hearing. Petitioner knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Director or the Medical Disciplinary Board. Petitioner acknowledges that she has freely and willingly entered into this Consent Order without any threat or coercion by any person. Petitioner has not relied upon any representation by or on behalf of the Department other than those set forth herein.

The Petitioner and the Department have agreed, in order to resolve her pending Petition and the Department's Complaint, that Petitioner be allowed to enter into a Consent Order with the Department, providing for restoration of her Illinois Physician and Surgeon License with the following terms and conditions.

CONDITIONS

WHEREFORE, the Department, through Vladimir Lozovskiy, its attorney, and Jamiere Y. Smith, M.D., Petitioner, through Jason A. Parson and Michael J. Borree, her attorneys

agree:

A. Upon the effective date of this Consent Order, the Illinois Physician and Surgeon License of Jamiere Y. Smith, M.D., License No. 036-087325, is hereby restored and placed on indefinite probation for a minimum of one (1) year;

B. During Probation, Petitioner shall provide the Department with quarterly reports which include: (i) current residential address and contact telephone number as well as current practice location address and contact telephone number; (ii) address and contact information for each healthcare entity where Petitioner has admitting privileges and/or is employed; (iii) description of job duties, responsibilities and name of immediate supervisor and/or Department's Chairperson; (iv) copy of any and all incident reports within the prior quarter filed against Petitioner; and (v) information, regarding any arrests, criminal, or civil actions and/or complaints filed, including DUI and/or other similar offenses against Petitioner; (vi) Petitioner shall notify the Department of any adverse action taken against her related to the practice of medicine by another entity including, but not limited to, licensing authorities, insurance companies, and state and federal agencies, within ten (10) days of said adverse action; and (vii) Petitioner shall notify the Department when she is the subject of any investigation initiated by another entity, including but not limited to, licensing authorities, insurance companies, and state and federal agencies, within ten (10) days of her being placed on notice of said investigation;

C. Petitioner shall notify the Department's Chief of Probation Investigations in writing of any change in employment and/or home address and/or telephone number within ten (10) days;

D. Within 60 days of the final approval of this Consent Order, Petitioner shall obtain a

practice monitor, who is a licensed Physician and Surgeon in the State of Illinois. If Petitioner is employed by a group practice, said practice monitor cannot be affiliated with Petitioner's practice. If Petitioner is employed by a hospital, said practice monitor may be on staff at said hospital. Said practice monitor shall have an unrestricted Illinois Physician and Surgeon License that has never been disciplined by any state and/or federal agencies. The practice monitor shall be hired at the expense of Petitioner and shall be pre-approved by the Chief Medical Coordinator of the Department. Petitioner shall request that her practice monitor submit quarterly reports about scope and performance appraisals. On a quarterly basis the practice monitor shall meet with Petitioner and randomly select and review ten (10) charts of patients who have been seen by Petitioner during the quarter. The practice monitor shall review the charts of those patients and submit independent quarterly reports to the Department evaluating the scope, appropriateness, and quality of medical care rendered by Petitioner;

E. The practice monitor shall agree to inform the Department immediately if there is evidence of inappropriate behavior, professional misconduct, a violation of Petitioner's probation or any violation of the laws and rules governing the practice of medicine;

F. Petitioner shall notify the Department's Probation Unit within 10 (ten) days should her relationship with any practice monitor cease. Within 30 days of this notice, Respondent shall submit to the Department's Chief Medical Coordinator the name of a new practice monitor as described in paragraph D within 30 days from the date of notice to the Department.

G. Petitioner shall not be allowed to practice medicine in a solo setting. Petitioner can only work in a group-setting which has to be pre-approved in writing by the Department's Chief Medical Coordinator;

H. Petitioner shall request her employer to submit quarterly reports to the Department

regarding any issues arising out of Petitioner's employment and practice of medicine. If Petitioner is employed by a hospital to provide services as a hospital-based, in house practitioner, then said reports may come from the chair-person of Petitioner's clinical department or similar person;

I. Petitioner's employer shall agree to inform the Department immediately if there is evidence of inappropriate behavior, professional misconduct, a violation of Petitioner's probation or any violation of the laws and rules governing the practice of medicine;

J. Petitioner agrees that prior to changing her practice, Petitioner shall obtain a written pre-approval from the Department's Chief Medical Coordinator;

K. During Probation, Petitioner shall submit to the Department proof of completion of ten (10) Category I CMEs related to patient safety and quality. The Department agrees that the aforementioned CMEs are allowed to be counted towards required Category I CMEs for the next reporting period;

L. Petitioner shall ensure that all the reports required to be submitted under the terms of this Probation shall be filed with the Department no later than 1/20, 4/20, 7/20 and 10/20 of each year during the full term of the Probation;

M. Petitioner agrees that a violation of the terms and conditions of this Consent Order or a violation of the terms of probation is a violation of 225 ILCS 60/22(A)(15);

N. Petitioner shall not violate the Illinois Medical Practice Act of 1987, any other federal and state laws related to the practice of medicine as well as any other federal and state laws;

O. If Petitioner violates any of the terms and conditions of this Order, the Director of the Division of Professional Regulation may issue an Order forthwith mandating the automatic, immediate, indefinite suspension of Petitioner's Illinois Physician License

036-087325 for a minimum of twelve (12) months. This indefinite suspension shall not preclude the Department from taking any other disciplinary or other actions it deems appropriate. In the event Petitioner contests in writing (by the filing of an appropriate petition with the Department) the factual basis underlying said indefinite suspension within thirty (30) days of the imposition thereof, then Petitioner shall be afforded a hearing on the merits within thirty (30) days from filing of said petition;

P. Petitioner shall provide a copy of this Consent Order to her employer, her practice monitor and designated person from every healthcare entity where Petitioner is practicing medicine;

Q. This Consent Order shall become effective immediately after it is approved by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation

6/20/19
DATE

Vladimir Lozovskiy
Vladimir Lozovskiy, Attorney for the Department

6/17/19
DATE

Jacmire Y. Smith
Jacmire Y. Smith, M.D., Petitioner

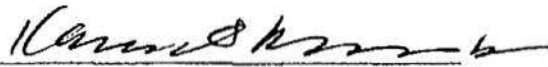
6/18/19
DATE

Jayson A. Parson
Jayson A. Parson, Attorney for Petitioner

6/18/19
DATE

Michael J. Borree
Michael J. Borree, Attorney for Petitioner

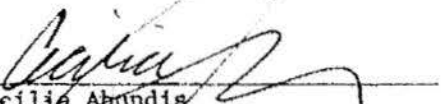
7/3/19
DATE


Member, Medical Disciplinary Board

The foregoing Consent Order is approved in full.

DATED THIS 11th day of August, 2019.

**DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION of
the State of Illinois, Deborah Hagan, Secretary
Division of Professional Regulations**


Cecilia Abundis
Acting Director

REF: Case No. 2012-08388-2/License No. 036-087325

In August 2020, Petitioner filed a Petition for Removal of Probation of her Illinois Physician and Surgeon License along with a request to relieve her of the Fine in the amount of \$10,000,000 that was assessed pursuant to October 13, 2016, Consent Order in the Case No. 2012-08388. Petitioner has outlined in great detail her dire financial circumstances and a lengthy ICU hospitalization for Covid-19 in April 2020. As a result of the pending Petition, the Department and Petitioner, through her attorney, Jason Parson, engaged in negotiations for amicable resolution of this pending Petition.

Petitioner has been advised of the right to a hearing on his Petition for Restoration and the right to Administrative Review of any Order resulting from a hearing. Petitioner knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Director or the Medical Disciplinary Board. Petitioner acknowledges that she has freely and willfully entered into this Consent Order without any threat or coercion by any person. Petitioner has not relied upon any representation by or on behalf of the Department other than those set forth herein.

The Petitioner and the Department have agreed, in order to resolve this matter, that Petitioner be allowed to enter into a Consent Order with the Department, providing for restoration and renewal of her Illinois Physician and Surgeon License with the following terms and conditions.

CONDITIONS

WHEREFORE, the Department, through Vladimir Lozovskiy, its attorney, and Jamiere Y Smith, M.D., Petitioner, through Jason A. Parson, her attorney agree:

- A. Upon effective date of this Consent Order, Illinois Physician and Surgeon License of Jamiere Y Smith, M.D., License No. 036-087325, is hereby continued on the indefinite probation for a minimum of one (1) year;
- B. Petitioner agrees to withdraw her pending Petition to Restore;

C. The fine in the amount of \$10,000.00 (ten thousand dollars) issued pursuant to October 13, 2016, Consent Order is hereby null and void. Petitioner agrees to pay a Fine in the amount of \$1,000.00 dollars (one thousand dollars), which shall be due no later than within twelve (12) months from the effective date of this Consent Order. Respondent shall submit a check in the amount of \$1,000 payable to "Illinois Department of Financial and Professional Regulation." Said fine shall be mailed to:

Illinois Dept. of Financial and Professional Regulation
Attention:CMU/Accounts Receivable - Fine Payments
320 W. Washington St., 3rd Floor,
Springfield, Illinois 62786.

D. During Probation, Petitioner shall provide the Department with quarterly reports, which shall include: (i) current residential address and contact telephone number and current practice location, address, and contact telephone number; (ii) address and contact information for each healthcare entity where Petitioner has admitting privileges and/or is employed; (iii) description of job duties, responsibilities, and name of immediate supervisor and/or Department's Chairperson; (iv) copy of any and all incident reports within the prior quarter filed against Petitioner; and (v) information, regarding any arrests, criminal, or civil actions and/or complaints filed, including DUI and/or other similar offenses against Petitioner; (vi) Petitioner shall notify the Department of any adverse action taken against her related to the practice of medicine by another entity including but not limited to licensing authorities, insurance companies, and state and federal agencies, within ten (10) days of said adverse action; and (vii) Petitioner shall notify the Department when she is the subject of any investigation initiated by another entity, including but not limited to licensing authorities, insurance

companies, and state and federal agencies, within ten (10) days of said investigation;

E. Petitioner shall notify the Department's Chief of Probation Investigations in writing of any change in employment and/or home address and/or telephone number within ten (10) days;

F. Within 60 days of the final approval of this Consent Order, Petitioner shall obtain a practice monitor, who is a licensed Physician and Surgeon in the State of Illinois. If Petitioner is employed by a group practice, said practice monitor cannot be affiliated with Petitioner's practice. If Petitioner is employed by a hospital, said practice monitor may be on staff at said hospital. Said practice monitor shall have an unrestricted Illinois Physician and Surgeon License that has never been disciplined by any state and/or federal agencies. The practice monitor shall be hired at the expense of Petitioner and shall be pre-approved by the Chief Medical Coordinator of the Department. Petitioner shall request that her practice monitor submit quarterly reports about scope and performance appraisals. On a quarterly basis the practice monitor shall meet with Petitioner and randomly select and review ten (10) charts of patients who have been seen by Petitioner during the quarter. The practice monitor shall review the charts of those patients and submit independent quarterly reports to the Department evaluating the scope, appropriateness, and quality of medical care rendered by Petitioner;

G. The practice monitor shall agree to inform the Department immediately if there is evidence of inappropriate behavior, professional misconduct, a violation of Petitioner's probation or any violation of the laws and rules governing the practice of medicine;

H. Petitioner shall notify the Department's Probation Unit within 10 (ten) days should his relationship with any practice monitor cease. Respondent shall submit to the Department's Chief Medical Coordinator a name of a new practice monitor within 30 days from the date

of the Notice as described in paragraph F:

I. Petitioner shall not be allowed to practice medicine in a solo setting. Petitioner can only work in a group-setting which has to be pre-approved in writing by the Department's Chief Medical Coordinator;

J. Petitioner shall request her employer to submit quarterly reports to the Department regarding any issues arising out of Petitioner's employment and practice of medicine. If Petitioner is employed by a hospital to provide services as a hospital-based, in-house practitioner, then said reports may come from the chairperson of Petitioner's clinical department or similar person;

K. Petitioner's employer shall agree to inform the Department immediately if there is evidence of inappropriate behavior, professional misconduct, a violation of Petitioner's probation or any violation of the laws and rules governing the practice of medicine;

L. Petitioner agrees that prior to changing her practice, Petitioner shall obtain a written pre-approval from the Department's Chief Medical Coordinator;

M. During Probation, Petitioner shall submit to the Department a proof of completion of ten (10) Category 1 CMEs related to patient safety and quality. The Department agrees that aforementioned CMEs are allowed to be counted towards required Category 1 CMEs for the next reporting period;

N. Petitioner shall ensure that all the reports required to be submitted under the terms of this Probation shall be filed with the Department no later than 1/20, 4/20, 7/20 and 10/20 of each year during the full term of the Probation;

O. Petitioner agrees that a violation of the terms and conditions of this Consent Order or a violation of the terms of probation is a violation of 225 ILCS 60/22(A)(15);

P. Petitioner shall not violate the Illinois Medical Practice Act of 1987, any other federal

and state laws related to the practice of medicine as well as any other federal and state laws;

Q. If Petitioner violates any of the terms and conditions of this Order, the Director of the Division of Professional Regulation may issue an Order forthwith mandating the automatic, immediate, indefinite suspension of Petitioner's Illinois Physician License 036-087325 for a minimum of twelve (12) months. This indefinite suspension shall not preclude the Department from taking any other disciplinary or other actions it deems appropriate. In the event Petitioner contests in writing (by the filing of an appropriate petition with the Department) the factual basis underlying said indefinite suspension within thirty (30) days of the imposition thereof, then Petitioner shall be afforded a hearing on the merits within thirty (30) days from filing of said petition;

R. Petitioner shall provide a copy of this Consent Order to her employer, her practice monitor and designated person from every healthcare entity where Petitioner is practicing medicine;

S. Upon the final approval of this Consent Order by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, the Probation's terms and conditions set out by this Consent Order shall supersede all the terms and conditions the IDFPR Consent Order No. 2012-09036 approved by the Director of the Division of Professional Regulation on October 13, 2016 and IDFPR Consent Order No. 2012-09036 approved by the Director of the Division of Professional Regulation on August 16, 2019;

T. This Consent Order shall become effective immediately after it is approved by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.

10/2/2020

DATE

Vladimir Lozovskiy
Vladimir Lozovskiy, Attorney for the Department

10/1/2020
DATE

Jamiera Y Smith
Jamiera Y Smith, M.D., Petitioner

10/01/2020
DATE

Jason A. Parson
Jason A. Parson, Attorney for Petitioner

10/7/2020
DATE

[Signature]
Member, Medical Disciplinary Board

The foregoing Consent Order is approved in full.

DATED THIS 9th day of October, 2020.

DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION of
the State of Illinois, Deborah Hagan, Secretary
Division of Professional Regulations

Cecilia Abundis
Cecilia Abundis
Acting Director

REF: Case No. 2012-08388-3/license No. 036-087325

illness. On October 9, 2020, Petitioner's Indefinite Probation was extended for minimum of one (1) year and her fine was decreased to \$1,000.00 pursuant to agreed Consent Order.

In August 2021, Petitioner filed her 3rd Petition to Restore along with the her personal statement and supporting documents and reference letters, including the letters from Julie Taylor, M.D., Medical Staff President at Advocate Trinity Hospital and Dakisha Lewis, M.D., Chairperson of OB/GYN Department at Advocate Trinity Hospital where Petitioner is currently practicing. As a result of the pending Petition, the Department and Petitioner, through her attorney, Jason Parson, engaged in negotiations for amicable resolution of this pending Petition. During negotiations, the Department confirmed Petitioner's compliance with the terms of her Probation. Finally, Petitioner's documents were reviewed and discussed with Peter Hoffman, member of the Illinois Medical Disciplinary Board.

Petitioner has been advised of the right to a hearing on her Petition for Restoration and the right to Administrative Review of any Order resulting from a hearing. Petitioner knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Director or the Medical Disciplinary Board. Petitioner acknowledges that she has freely and willfully entered into this Consent Order without any threat or coercion by any person. Petitioner has not relied upon any representation by or on behalf of the Department other than those set forth herein.

The Petitioner and the Department have agreed, in order to resolve this matter, that Petitioner be allowed to enter into a Consent Order with the Department, providing for restoration of her Illinois Physician and Surgeon License.

CONDITIONS

WHEREFORE, the Department, through Vladimir Lozovskiy, its attorney, and Jamiere Y Smith, M.D., Petitioner, through Jason A. Parson, her attorney agree:

A. Upon effective date of this Consent Order, the Indefinite Probation of the Illinois Physician and Surgeon License of Jamiere Y Smith, M.D., License No. 036-087325, is hereby terminated:

B. Upon effective date of this Consent Order, Illinois Physician and Surgeon License of Jamiere Y Smith, M.D., License No. 036-087325, is hereby restored to full unencumbered status:

C. This Consent Order shall become effective immediately after it is approved by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.

9/20/2021
DATE

Vladimir Lozovskiy
Vladimir Lozovskiy, Attorney for the Department

9/17/2021
DATE

Jamiere Y. Smith
Jamiere Y. Smith, M.D., Petitioner

09/15/2021
DATE

Jason A. Parson
Jason A. Parson, Attorney for Petitioner

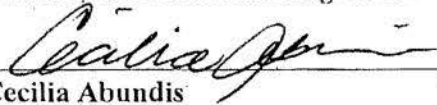
10/7/2021
DATE

S. P. O. D.
Member, Medical Disciplinary Board

The foregoing Consent Order is approved in full.

DATED THIS 28th day of October, 2021.

**DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION of
the State of Illinois, Mario Treto, Jr., Acting Secretary
Division of Professional Regulation**


Cecilia Abundis
Acting Director

REF: Case No. 2012-08388-3/License No. 036-087325

**STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION**

DEPARTMENT OF FINANCIAL AND)
PROFESSIONAL REGULATION)
of the State of Illinois, Complainant,)
v.) No. 2012-08388-2
Jemiere Y Smith, M.D.,)
License No. 036-087325, Respondent.)

CONSENT ORDER

The Department of Financial and Professional Regulation, Division of Professional Regulation, of the State of Illinois, by Vladimir Lozovskiy, one of its attorneys, (hereinafter the "Department") and Jemiere Y Smith, M.D., (hereinafter the "Respondent"), hereby agree to the following:

STIPULATIONS

Jemiere Y Smith, M.D. is licensed as a Physician and Surgeon in the State of Illinois, holding Illinois Physician and Surgeon License No. 036-087325. Said license is in Active status. At all times material to the matter(s) set forth in this Consent Order, the Department of Financial and Professional Regulation, Division of Professional Regulation, of the State of Illinois had jurisdiction over the subject matter and parties herein.

Information has come to the attention of the Department that alleges that Respondent allowed unlicensed individual, [REDACTED], to hold herself out as a physician to the patients of Respondent's OB/GYN practice. The allegation(s) as set forth herein, if proven to be true, would constitute grounds for suspending, revoking or other discipline of Respondent's license as a Physician and Surgeon, on the authority 225 Illinois Compiled Statutes, Paragraph 60/22(A)(5).

Subsequently, the Department held an Informal Conference in this matter on November 4, 2015. Dr. Maria Laporta was present on behalf of the Medical Disciplinary Board and Laura Forester, Chief of Medical Prosecution, and Vladimir Lozovskiy, Staff Attorney, were present for the Department. Jemiére Y Smith, M.D. was present along with her attorney, Robert Orman. During the Informal Conference, Respondent provided detailed information regarding her personal, educational and clinical background, her current practice style and her plans for the future as well as information regarding changes that were implemented in her private practice.

For purposes of this Consent Order only, Respondent acknowledges that should this matter proceed to a contested hearing, the Illinois Medical Disciplinary Board (the "Board") could find a violation of the Medical Practice Act. The Department and Respondent stipulate that the above acknowledgement is made only for the purposes of this Consent Order. In the event that this Consent Order is not approved by the Board or is not approved by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Director"), this acknowledgement shall not be admissible in any proceeding and the matter will be set for an evidentiary hearing on the merits as if this Consent Order had not been submitted. In addition, upon approval of this Consent Order, neither this acknowledgement nor this Consent Order may be utilized in any other proceeding, except one to enforce this Agreement.

Respondent has been advised of the right to have pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of this Consent Order. Respondent knowingly waives each of these rights, as well as the right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Medical Disciplinary Board or the Director of the

Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent, Jemiere Y. Smith, M.D., be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable under the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Department, through Vladimir Lozovskiy, its attorney, and Jemiere Y Smith, M.D., Respondent, through Robert Orman, her attorney, agree:

- A. Illinois Physician and Surgeon License of Jemiere Y. Smith, M.D., license No. 036-087325, is hereby suspended for thirty (30) days and thereafter placed on indefinite probation for minimum of two (2) years;
- B. Respondent shall pay a Fine in the amount of \$10,000.00 (ten thousand) to be paid within 24 months;
- C. Respondent shall provide the Department with quarterly reports which include: (i) current residential address and contact telephone number as well as current practice location address and contact telephone number; (ii) address and contact information for each healthcare entity where Respondent has admitting privileges and/or employed; (iii) description of job duties, responsibilities and name of immediate supervisor and/or Department's Chairperson; (iv) copy of any and all incident reports within the prior quarter filled against Respondent; and (v) information, regarding any arrests, criminal, or civil actions filed, including DUI and/or other similar offenses against the Respondent;
- D. While Respondent's Illinois Physician and Surgeon License is on Probation, Respondent

shall notify the Department's Chief of Probation Investigations in writing of any change in employment and/or home address and/or telephone number within ten (10) days;

E. Respondent shall request the Department's Chairperson from any health-care institution(s), where Respondent is holding admitting privileges, to submit quarterly reports to the Department regarding Respondent's clinical performance, attendance record and any and all other issues arising out of Respondent's practice of medicine;

F. Respondent shall obtain a practice monitor, who is a licensed Physician and Surgeon in the State of Illinois. Said practice monitor cannot be affiliated with Respondent's practice. Said practice monitor shall have an unrestricted Illinois Physician and Surgeon License that has never been disciplined by any state and/or federal agencies. Said practice monitor shall be a Board-Certified OB/GYN. The practice monitor shall be hired at the expense of Respondent and shall be pre-approved by the Chief Medical Coordinator of the Department. Respondent shall request that his practice monitor submit quarterly reports about scope and performance, appraisals. On a quarterly basis the practice monitor shall meet with Respondent and randomly select and review ten (10) charts of patients who have been treated at Respondent's practice during the quarter. The practice monitor shall review the charts of those patients and submit independent quarterly reports to the Department evaluating the scope, appropriateness, and quality of medical care rendered to said patients;

G. The practice monitor shall agree to inform the Department immediately if there is evidence of inappropriate behavior, professional misconduct, a violation of Respondent's probation or any violation of the laws and rules governing the practice of medicine;

H. Respondent shall immediately notify the Department should his relationship with any practice monitor cease and immediately take actions to select a new monitor and obtain the approval of the Chief Medical Coordinator;

I. Respondent shall take and pass all 5 topic areas Ethics and Boundaries Post-Licensure ("EBAS") Essay Examination within twelve (12) months of the effective date of this Consent Order. Information regarding how to take and pass EBAS Essay Examination is available at www.ebas.org.

J. All the reports required to be submitted under the terms of this Probation shall be filed with the Department no later than 1/10, 4/10, 7/10 and 10/10 of each year during the full term of the Probation;

K. Respondent agrees that a violation of the terms and conditions of this Consent Order or a violation of the terms of probation is a violation of 225 ILCS 60/22(A)(15);

L. Respondent shall not violate the Illinois Medical Practice Act of 1987, any other federal and state laws related to the practice of medicine as well as any other federal and state laws;

M. If Respondent violates any of the terms and conditions of this Order, the Director of the Division of Professional Regulation may issue an Order forthwith mandating the automatic, immediate, indefinite suspension of Respondent's Illinois Physician License 036-087325 for a minimum of twelve (12) months. This indefinite suspension shall not preclude the Department from taking any other disciplinary or other actions it deems appropriate. In the event Respondent contests in writing (by the filing of an appropriate petition with the Department) the factual basis underlying said indefinite suspension within fifteen (15) days of the imposition thereof, then Respondent shall be afforded a hearing on the merits within fifteen (15) days from filing of said petition;

N. This Consent Order shall become effective on December 1, 2016 after it is approved by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.

10/4/16
DATE

Vladimir Lozovski
Vladimir Lozovski, Attorney for the Department

10/4/16
DATE

Jemere Y Smith
Jemere Y Smith, M.D., Respondent

10/4/16
DATE

Robert Orman
Robert Orman, Attorney for Respondent

10-5-16
DATE

Richard R. Fay
Member, Medical Disciplinary Board

The foregoing Consent Order is approved in full.

DATED THIS 13 day of October, 2016.

**DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION of
the State of Illinois, Bryan A. Schneider, Secretary
Division of Professional Regulations**

Jessica Baer
Jessica Baer
ACTING DIRECTOR

REF: Case No. 2012-08388/ License No. 036-087325

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND)
PROFESSIONAL REGULATION of the)
State of Illinois, Complainant,)
v.) No. 2012-08388-2
Jemiere Y. Smith, M.D.)
License No. 036-087325, Respondent.)

ORDER

This matter having come before the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, for the automatic, indefinite and immediate Suspension of the Illinois Physician and Surgeon License No. 036-087325 of Jemiere Y. Smith, M.D., for a minimum period of twelve (12) months.

NOW, THEREFORE, I, JESSICA BAER, DIRECTOR OF THE DIVISION OF PROFESSIONAL REGULATION OF THE ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, after reviewing this matter and the exhibits attached hereto and referenced herein, do hereby find:

1. I have jurisdiction of the parties and subject matter herein;
2. On October 13, 2016, Respondent’s Illinois Physician and Surgeon License was suspended for thirty (30) days (effective December 1, 2016) and thereafter placed on indefinite probation for minimum of two (2) years for allowing unlicensed individual, [REDACTED], to hold herself out as a physician to the patients of Respondent’s OB/GYN practice. A copy of said Consent Order is attached hereto and incorporated by reference herein as Department’s Exhibit 1;
3. As a condition of said October 2016 Consent Order, Respondent was required to take and pass all 5 topic areas Ethics and Boundaries Post-Licensure (“EBAS”) Essay Examination within twelve (12) months of the effective date of this Consent Order. See Department’s Exhibit 1, paragraph I

4. As a condition of said October 2016 Consent Order, Respondent agreed to the following:

If Respondent violates any of the terms and conditions of this Order, the Director of the Division of Professional Regulation may issue an Order forthwith mandating the automatic, immediate, indefinite suspension of Respondent's Illinois Physician License 036-087325 for a minimum of twelve (12) months. This indefinite suspension shall not preclude the Department from taking any other disciplinary or other actions it deems appropriate. In the event Respondent contests in writing (by the filing of an appropriate petition with the Department) the factual basis underlying said indefinite suspension within fifteen (15) days of the imposition thereof, then Respondent shall be afforded a hearing on the merits within fifteen (15) days from filing of said petition. See Department's Exhibit 1, paragraph M.

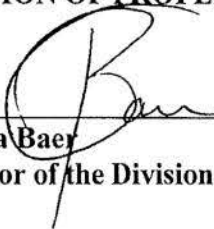
5. On January 23, 2018, Ronald Romano, Investigator of Probation Compliance Unit of the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, reviewed the file of Respondent's compliance with the terms and conditions of October 2016 IDFPR Consent Order No. 2012-08388-2 and concluded that Respondent has violated Paragraph I of the aforementioned Consent Order. A copy of Affidavit of Ronald Romano, is attached hereto and incorporated by reference herein as Department's Exhibit 2;

IT IS THEREFORE ORDERED that Illinois Physician License No. 036-087325 issued to Jemiere Y. Smith, M.D. to practice as a Physician and Surgeon in the State of Illinois is hereby Indefinitely Suspended for a minimum period of twelve (12) months.

IT IS FURTHER ORDERED that Jemiere Y. Smith, M.D. immediately surrender said Illinois Physician and Surgeon License No. 036-087325 and all other indicia of licensure to the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation. Upon failure to do so, the Department shall seize said License.

DATED THIS 23 DAY OF January, 2018.
EFFECTIVE 24 DAY OF January, 2018

**DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION of the State of Illinois;
BRYAN A. SCHNEIDER, Secretary
DIVISION OF PROFESSIONAL REGULATION**



Jessica Baer
Director of the Division of Professional Regulation

REF: License No. 036-087325/ IDFPR Case No. 2012-08388-2

**STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION**

DEPARTMENT OF FINANCIAL AND)	
PROFESSIONAL REGULATION)	
of the State of Illinois, Complainant,)	
v.)	No. 2012-08388-2
Jemiere Y Smith, M.D.,)	
License No. 036-087325, Respondent.)	

CONSENT ORDER

The Department of Financial and Professional Regulation, Division of Professional Regulation, of the State of Illinois, by Vladimir Lozovski, one of its attorneys, (hereinafter the "Department") and Jemiere Y Smith, M.D., (hereinafter the "Respondent"), hereby agree to the following:

STIPULATIONS

Jemiere Y Smith, M.D. is licensed as a Physician and Surgeon in the State of Illinois, holding Illinois Physician and Surgeon License No. 036-087325. Said license is in Active status. At all times material to the matter(s) set forth in this Consent Order, the Department of Financial and Professional Regulation, Division of Professional Regulation, of the State of Illinois had jurisdiction over the subject matter and parties herein.

Information has come to the attention of the Department that alleges that Respondent allowed unlicensed individual, [REDACTED], to hold herself out as a physician to the patients of Respondent's OB/GYN practice. The allegation(s) as set forth herein, if proven to be true, would constitute grounds for suspending, revoking or other discipline of Respondent's license as a Physician and Surgeon, on the authority 225 Illinois Compiled Statutes, Paragraph 60/22(A)(5).



Subsequently, the Department held an Informal Conference in this matter on November 4, 2015. Dr. Maria Laporta was present on behalf of the Medical Disciplinary Board and Laura Forester, Chief of Medical Prosecution, and Vladimir Lozovskiy, Staff Attorney, were present for the Department. Jemiery Y Smith, M.D. was present along with her attorney, Robert Orman. During the Informal Conference, Respondent provided detailed information regarding her personal, educational and clinical background, her current practice style and her plans for the future as well as information regarding changes that were implemented in her private practice.

For purposes of this Consent Order only, Respondent acknowledges that should this matter proceed to a contested hearing, the Illinois Medical Disciplinary Board (the "Board") could find a violation of the Medical Practice Act. The Department and Respondent stipulate that the above acknowledgement is made only for the purposes of this Consent Order. In the event that this Consent Order is not approved by the Board or is not approved by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Director"), this acknowledgement shall not be admissible in any proceeding and the matter will be set for an evidentiary hearing on the merits as if this Consent Order had not been submitted. In addition, upon approval of this Consent Order, neither this acknowledgement nor this Consent Order may be utilized in any other proceeding, except one to enforce this Agreement.

Respondent has been advised of the right to have pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of this Consent Order. Respondent knowingly waives each of these rights, as well as the right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Medical Disciplinary Board or the Director of the

Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent, Jemiere Y. Smith, M.D., be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable under the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Department, through Vladimir Lozovskiy, its attorney, and Jemiere Y Smith, M.D., Respondent, through Robert Orman, her attorney, agree:

- A. Illinois Physician and Surgeon License of Jemiere Y. Smith, M.D., license No. 036-087325, is hereby suspended for thirty (30) days and thereafter placed on indefinite probation for minimum of two (2) years;
- B. Respondent shall pay a Fine in the amount of \$10,000.00 (ten thousand) to be paid within 24 months;
- C. Respondent shall provide the Department with quarterly reports which include: (i) current residential address and contact telephone number as well as current practice location address and contact telephone number; (ii) address and contact information for each healthcare entity where Respondent has admitting privileges and/or employed; (iii) description of job duties, responsibilities and name of immediate supervisor and/or Department's Chairperson; (iv) copy of any and all incident reports within the prior quarter filled against Respondent; and (v) information, regarding any arrests, criminal, or civil actions filed, including DUI and/or other similar offenses against the Respondent;
- D. While Respondent's Illinois Physician and Surgeon License is on Probation, Respondent

shall notify the Department's Chief of Probation Investigations in writing of any change in employment and/or home address and/or telephone number within ten (10) days;

E. Respondent shall request the Department's Chairperson from any health-care institution(s), where Respondent is holding admitting privileges, to submit quarterly reports to the Department regarding Respondent's clinical performance, attendance record and any and all other issues arising out of Respondent's practice of medicine;

F. Respondent shall obtain a practice monitor, who is a licensed Physician and Surgeon in the State of Illinois. Said practice monitor cannot be affiliated with Respondent's practice. Said practice monitor shall have an unrestricted Illinois Physician and Surgeon License that has never been disciplined by any state and/or federal agencies. Said practice monitor shall be a Board-Certified OB/GYN. The practice monitor shall be hired at the expense of Respondent and shall be pre-approved by the Chief Medical Coordinator of the Department. Respondent shall request that his practice monitor submit quarterly reports about scope and performance, appraisals. On a quarterly basis the practice monitor shall meet with Respondent and randomly select and review ten (10) charts of patients who have been treated at Respondent's practice during the quarter. The practice monitor shall review the charts of those patients and submit independent quarterly reports to the Department evaluating the scope, appropriateness, and quality of medical care rendered to said patients;

G. The practice monitor shall agree to inform the Department immediately if there is evidence of inappropriate behavior, professional misconduct, a violation of Respondent's probation or any violation of the laws and rules governing the practice of medicine;

H. Respondent shall immediately notify the Department should his relationship with any practice monitor cease and immediately take actions to select a new monitor and obtain the approval of the Chief Medical Coordinator;

I. Respondent shall take and pass all 5 topic areas Ethics and Boundaries Post-Licensure ("EBAS") Essay Examination within twelve (12) months of the effective date of this Consent Order. Information regarding how to take and pass EBAS Essay Examination is available at www.ebas.org.

J. All the reports required to be submitted under the terms of this Probation shall be filed with the Department no later than 1/10, 4/10, 7/10 and 10/10 of each year during the full term of the Probation;

K. Respondent agrees that a violation of the terms and conditions of this Consent Order or a violation of the terms of probation is a violation of 225 ILCS 60/22(A)(15);

L. Respondent shall not violate the Illinois Medical Practice Act of 1987, any other federal and state laws related to the practice of medicine as well as any other federal and state laws;

M. If Respondent violates any of the terms and conditions of this Order, the Director of the Division of Professional Regulation may issue an Order forthwith mandating the automatic, immediate, indefinite suspension of Respondent's Illinois Physician License 036-087325 for a minimum of twelve (12) months. This indefinite suspension shall not preclude the Department from taking any other disciplinary or other actions it deems appropriate. In the event Respondent contests in writing (by the filing of an appropriate petition with the Department) the factual basis underlying said indefinite suspension within fifteen (15) days of the imposition thereof, then Respondent shall be afforded a hearing on the merits within fifteen (15) days from filing of said petition;

N. This Consent Order shall become effective on December 1, 2016 after it is approved by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.

10/4/16
DATE

Vladimir Lozovski
Vladimir Lozovski, Attorney for the Department

10/4/16
DATE

Jemere Y Smith
Jemere Y Smith, M.D., Respondent

10/4/16
DATE

Robert Orman
Robert Orman, Attorney for Respondent

10-5-16
DATE

Richard R. Fay
Member, Medical Disciplinary Board

The foregoing Consent Order is approved in full.

DATED THIS 13 day of October, 2016.

**DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION of
the State of Illinois, Bryan A. Schneider, Secretary
Division of Professional Regulations**

Jessica Baer
Jessica Baer
ACTING DIRECTOR

REF: Case No. 2012-08388/ License No. 036-087325

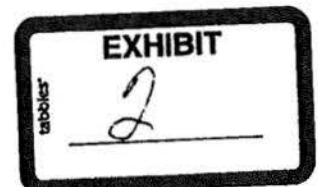
STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND)
PROFESSIONAL REGULATION of the)
State of Illinois, Complainant,)
v.) No. 2012-08388-2
Jemiere Y. Smith, M.D.)
License No. 036-087325, Respondent.)

Affidavit of Ronald Romano

I, Ronald Romano, being duly sworn on oath, depose and make this affidavit on my personal knowledge and, if sworn as a witness in this matter, I would competently testify to the following facts:

1. I am currently an Investigator with the Probation Compliance Unit of the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation ("Department"). I have been employed by the Department for four (4) years.
2. On October 13, 2016, pursuant to an agreed Consent Order, Respondent was suspended for thirty (30) days (effective December 1, 2016) and thereafter placed on indefinite probation for minimum of two (2) years for allowing unlicensed individual, [REDACTED], to hold herself out as a physician to the patients of Respondent's OB/GYN practice.
3. Paragraph I of the Consent Order specifies that Respondent shall take and pass all 5 topic areas Ethics and Boundaries Post-Licensure ("EBAS") Essay Examination within twelve (12) months of the effective date of this Consent Order.
4. Paragraph N of the Consent Order indicates that this Consent Order shall become effective on December 1, 2016 after it is approved by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.
5. As I part of my duties, I learned that Respondent failed to take and pass EBAS Essay Examination within twelve (12) months of the effective date of this Consent Order. I have reviewed Respondent's file and concluded that Respondent is in violation of Paragraph I of the Consent Order.



Ronald Romano

Affiant

Subscribed and sworn to before me

This 23rd day of January 2018

Taruj Khan NOTARY PUBLIC



State of Indiana

DEMOGRAPHIC INFORMATION

Name: Jamiere Yolande Smith

PRIMARY SOURCE

RECEIVED

APR 05 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

ADDRESS INFORMATION

City/State/Zip: Chicago IL 60615
County: Cook

LICENSE INFORMATION

Lic #: 01041991A Profession: Medical Licensing Board Type: Physician Secondary:
Status: Active Issued: 10/28/1993 Expiration: 10/31/2025
Method: Endorsement

DISCIPLINE INFORMATION

Violation Code: 25.1.9.4a.7 Status Date: 12/4/2017	Description: Out of State Discipline Status: Reporting Cause No: 2017MLB0030
Violation Code: 25.1.9.4a.7 Status Date: 12/4/2017	Description: Out of State Discipline Status: Reporting Cause No: 2017MLB0030
Violation Code: 25.1.9.4a.7 Status Date: 12/4/2017	Description: Out of State Discipline Status: Probation Cause No: 2017MLB0030
Violation Code: 25.1.9.4a.10 Status Date: 3/27/2018	Description: Failure to Comply with Order Status: No Discipline Cause No: 2017MLB0030

RELATED LICENSES

Lic #: 01041991B License Type: CSR-Physician	Name: Smith, Jamiere Yolande License Status: Expired	Relationship: Same Licensee
---	---	-----------------------------

43401
vs

PRIMARY SOURCE

License Litigation Search Results

Advanced Search for First Name jamiere, Last Name smith.

Last Name	First Name	MI	License	Board	Date	Type
Smith	Jamiere	Y	01041991A	Medical Licensing Board of Indiana	12/31/2001	Findings of Fact and Order 81k
Smith	Jamiere	Y	01041991A	Medical Licensing Board of Indiana	03/11/2002	Findings of Fact and Order 113k
Smith	Jamiere	Y	01041991A	Medical Licensing Board of Indiana	07/26/2017	Complaint 123k
Smith	Jamiere	Y	01041991A	Medical Licensing Board of Indiana	12/04/2017	Findings of Fact and Order 360k
Smith	Jamiere	Y	01041991A	Medical Licensing Board of Indiana	03/27/2018	Findings of Fact and Order 114k
Smith	Jamiere	Y	01041991A	Medical Licensing Board of Indiana	11/16/2021	Findings of Fact and Order 498k

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

BEFORE THE MEDICAL LICENSING
BOARD OF INDIANA
CAUSE NO. 2001 MLB 0025

JAMIERE Y. SMITH, M.D.,)
License No. 01041991A,)
)
Petitioner,)
)
v.)
)
STATE OF INDIANA,)
)
Respondent.)

PRIMARY
SOURCE

FILED

DEC 31 2001

HEALTH PROFESSIONS
BUREAU

ADMINISTRATIVE LAW JUDGE'S ORDER

Comes now N. Stacy Lankford, M.D., the Administrative Law Judge designated by the Board in this proceeding, and hearing having been held, now issues and files his order. Notice is hereby given that any objection to the Administrative Law Judge's Order must be filed with the Board, identifying the basis of the objection with reasonable particularity, no later than eighteen days from the date of issuance of this order unless such date is a Saturday, a Sunday, a legal holiday under state statute or a day that the Health Professions Bureau's offices are closed during regular business hours in which case the deadline would be the first day thereafter that is not a Saturday, a Sunday, a legal holiday under state statute or a day that the Health Professions Bureau's offices are closed during regular business hours. This Administrative Law Judge's Order is not the final order of the Board in this proceeding. However, in the absence of any objection, the Board either will affirm the Administrative Law Judge's Order as its final order or will serve notice of its intent to review any issue related to the Administrative Law Judge's Order.

FINDINGS OF FACT

1. This matter is pending before the Board on Jamiere Y. Smith, M.D.'s [hereinafter "petitioner"] petition for review of the Board's denial of her application to renew her license to practice medicine in Indiana.
2. The petitioner responded positively to the question on the renewal application concerning staff privileges. The Board in its initial determination denied renewal of the petitioner's license because of this response for which a further explanation had not been received and her failure to appear at the September 27, 2001 meeting as requested by the Board. She stated she did not get notice of that personal appearance request until the morning of September 27, 2001.
3. The petitioner's positive response concerned a less than thirty day suspension of her staff privileges at the Chicago hospital where she practices. She had three charts go to peer review. However, after that short suspension she was reinstated without restriction with full privileges.

RECEIVED

APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PRIMARY
SOURCE

CONCLUSIONS OF LAW

1. Subsections (g) through (j) of Indiana Code Section 25-21-5-4 establish a procedure by which the Board may consider whether an applicant for renewal of a license has committed an act for which the applicant may be disciplined. The statute gives the Board various options at the conclusion of this procedure.

2. Because the petitioner has now established that there is not a basis to take any action other than renewal of her license, her application for renewal of her license to practice medicine may be granted.

ORDER

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the petitioner's application to renew her license to practice medicine in Indiana is granted.

ISSUED this 31st day of December, 2001.

N. Stacy Lankford, M.D.
N. Stacy Lankford, M.D.
Administrative Law Judge (cc)

Copies to:

Jamiere Y. Smith, M.D.

[Redacted]

33117

Certified Mail No. 7000 1670 0003 0264 2419

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APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PRIMARY
SOURCE

BEFORE THE MEDICAL LICENSING
BOARD OF INDIANA
CAUSE NO. 2001 MLB 0025

JAMIERE Y. SMITH, M.D.,)
License No. 01041991A,)
)
Petitioner,)
)
v.)
)
STATE OF INDIANA,)
)
Respondent.)

FILED

MAR 11 2002

HEALTH PROFESSIONS
BUREAU

FINAL ORDER

This proceeding is pending before the Medical Licensing Board of Indiana on Jamiere Y. Smith's petition for review of the Board's denial of her application to renew her license to practice medicine in Indiana. On December 31, 2001, N. Stacy Lankford, M.D., the Administrative Law Judge designated by the Board, issued his Administrative Law Judge's Order a copy of which is attached hereto as Exhibit A and made a part hereof. There having been no objection to said Administrative Law Judge's Order filed and no notice of intent to review any issue related to said Administrative Law Judge's Order issued by the Board, pursuant to IC 4-21.5-3-29(c) the Board hereby affirms said Administrative Law Judge's Order and adopts it as its final order in this proceeding.


Accordingly, Jamiere Y. Smith's application to renew her license to practice medicine in Indiana is granted.

ISSUED this 11th day of March, 2002.

MEDICAL LICENSING BOARD
OF INDIANA

By: Lisa Hayes
Lisa Hayes
Executive Director
Health Professions Bureau

Copies to:

Jamiere Y. Smith, M.D.


Certified Mail No. 7000 167 000030264 2013

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PRIMARY SOURCE

APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

BEFORE THE MEDICAL LICENSING
BOARD OF INDIANA
CAUSE NO. 2001 MLB 0025

JAMIERE Y. SMITH, M.D.,)
 License No. 01041991A,)
)
 Petitioner,)
)
 v.)
)
 STATE OF INDIANA,)
)
 Respondent.)

FILED

DEC 31 2001

HEALTH PROFESSIONS
BUREAU

ADMINISTRATIVE LAW JUDGE'S ORDER

Comes now N. Stacy Lankford, M.D., the Administrative Law Judge designated by the Board in this proceeding, and hearing having been held, now issues and files his order. Notice is hereby given that any objection to the Administrative Law Judge's Order must be filed with the Board, identifying the basis of the objection with reasonable particularity, no later than eighteen days from the date of issuance of this order unless such date is a Saturday, a Sunday, a legal holiday under state statute or a day that the Health Professions Bureau's offices are closed during regular business hours in which case the deadline would be the first day thereafter that is not a Saturday, a Sunday, a legal holiday under state statute or a day that the Health Professions Bureau's offices are closed during regular business hours. This Administrative Law Judge's Order is not the final order of the Board in this proceeding. However, in the absence of any objection, the Board either will affirm the Administrative Law Judge's Order as its final order or will serve notice of its intent to review any issue related to the Administrative Law Judge's Order.

FINDINGS OF FACT

1. This matter is pending before the Board on Jamiere Y. Smith, M.D.'s [hereinafter "petitioner"] petition for review of the Board's denial of her application to renew her license to practice medicine in Indiana.
2. The petitioner responded positively to the question on the renewal application concerning staff privileges. The Board in its initial determination denied renewal of the petitioner's license because of this response for which a further explanation had not been received and her failure to appear at the September 27, 2001 meeting as requested by the Board. She stated she did not get notice of that personal appearance request until the morning of September 27, 2001.
3. The petitioner's positive response concerned a less than thirty day suspension of her staff privileges at the Chicago hospital where she practices. She had three charts go to peer review. However, after that short suspension she was reinstated without restriction with full privileges.

Exhibit A

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APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

CONCLUSIONS OF LAW

1. Subsections (g) through (j) of Indiana Code Section 25-21-5-4 establish a procedure by which the Board may consider whether an applicant for renewal of a license has committed an act for which the applicant may be disciplined. The statute gives the Board various options at the conclusion of this procedure.

2. Because the petitioner has now established that there is not a basis to take any action other than renewal of her license, her application for renewal of her license to practice medicine may be granted.

ORDER

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the petitioner's application to renew her license to practice medicine in Indiana is granted.

ISSUED this 31st day of December, 2001.

N. Stacy Lankford, M.D.
N. Stacy Lankford, M.D.
Administrative Law Judge (adj)

Copies to:

Jamie Y. Smith, M.D.



33117

Certified Mail No. 7000 1670 0003 0264 2419

PRIMARY SOURCE

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APR 05 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

BEFORE THE INDIANA STATE MEDICAL LICENSING BOARD

CAUSE NUMBER: 2017 MLB 0030

IN THE MATTER OF THE LICENSE OF:)
JAMIERE YOLANDE SMITH, M.D.,)
LICENSE NO: 01041991A)

FILED

JUL 26 2017

Indiana Professional Licensing Agency

ADMINISTRATIVE COMPLAINT

The State of Indiana ("Petitioner"), by counsel, Deputy Attorney General Timothy M. Weber, on behalf of the Office of the Attorney General, and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5, Ind. Code § 25-23-1-7, the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3, and Ind. Code § 25-1-9, files its Administrative Complaint against the Indiana medical license of Jamiere Yolande Smith, M.D. ("Respondent"), and in support alleges and states the following:

FACTS

- 1. Respondent is a medical doctor ("M.D.") in the State of Indiana having been issued license number 01041991A on October 28, 1993.
2. Respondent's address on file with the Indiana Professional Licensing Agency is [REDACTED].
3. On October 13, 2016, Respondent and the Illinois Department of Financial and Professional Regulation ("IDFPR") entered into a Consent Order restricting Respondent's Illinois license. The Consent Order indicates that the discipline is based on the fact that an individual employed by Respondent who was not a medical doctor performed several pap smears and signed a prescription while working in Respondent's office.
4. Pursuant to the Consent Order, Respondent's license was suspended for thirty (30) days. Following the suspension, Respondent's license was to be placed on probation for two

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APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

(2) years. Respondent was also fined, required to complete quarterly personal reports, required to cause to be submitted quarterly reports from institutions where Respondent has admitting privileges, required to obtain a practice monitor, and complete and pass the Ethics and Boundaries Post Licensure Essay Examination.

5. The Consent Order indicates that Respondent allowing an individual to hold themselves out as a physician in her practice is grounds for discipline pursuant to 225 Illinois Compiled Statutes, Paragraph 60/22(A)(5).

6. 225 Illinois Compiled Statutes, Paragraph 60/22(A)(5) states:

[IDFPR] may revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action as [IDFPR] may deem proper with regard to the license or permit of any person issued under this Act, including imposing fines not to exceed \$10,000 for each violation, upon any of the following grounds:

Engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public.

7. Ind. Code § 25-1-9-4(a)(1)(B) states, "A practitioner ... is subject to the exercise of ... disciplinary sanctions ... if, after a hearing, the board finds a practitioner has committed fraud or material deception in the course of professional services or activities."

VIOLATION

8. By Respondent's conduct in her Illinois medical license being disciplined for her allowing a non-physician to hold themselves out as a physician while working in her practice pursuant to 225 Illinois Compiled Statutes, Paragraph 60/22(A)(5), Respondent's license is subject to discipline in accordance with Ind. Code § 25-1-9-4(a)(7) because Respondent has had disciplinary action taken against his license to practice in Illinois on grounds similar to Ind. Code § 25-1-9-4(a)(1)(B).

ACCORDINGLY, Petitioner demands an order against the Respondent that:

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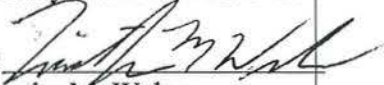
APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

1. subjects Respondent to discipline in accordance with Ind. Code § 25-1-9-4(a)(7);
2. imposes an appropriate disciplinary sanction;
3. directs Respondent to immediately pay all the costs incurred in the prosecution of
this case; and
4. provides any other relief the Board deems just and proper.

Respectfully submitted,

CURTIS T. HILL, JR.
Attorney General of Indiana
Attorney Number: 13999-20

By: 
Timothy M. Weber
Deputy Attorney General
Attorney Number: 31559-49

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing "Administrative Complaint" has been served upon the Respondent listed below, by United States mail, first class postage prepaid, on this 26th day of July, 2017.

Jamiere Yolande Smith, M.D.



Manuel Flores
ARNSTEIN & LEHR LLP
120 South Riverside Plaza, Suite 1200
Chicago, IL 60606

Timothy M. Weber
Deputy Attorney General

Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
Phone: (317) 234-4782
Fax: (317) 233-4393
Timothy.Weber@atg.in.gov

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APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PRIMARY
SOURCE

BEFORE THE MEDICAL LICENSING
BOARD OF INDIANA
CAUSE NUMBER: 2017 MLB 0030

IN THE MATTER OF THE LICENSE OF:)
)
JAMIERE YOLANDE SMITH, M.D.)
)
LICENSE NO: 01041991A)

FILED
DEC 04 2017
Indiana Professional
Licensing Agency

**FINAL ORDER ACCEPTING PROPOSED FINDINGS OF FACT,
CONCLUSIONS OF LAW, AND ORDER**

The State of Indiana ("Petitioner"), by counsel Timothy M. Weber, Deputy Attorney General, and Jamiere Yolande Smith, M.D. ("Respondent"), by counsel Manuel Flores, signed a Proposed Settlement Agreement ("Agreement") which purports to resolve all issues involved in the action regarding Respondent's license before the Medical Licensing Board ("Board"), and which Agreement has been submitted to the Board for approval.

The Board, after reviewing the Agreement at the October 26, 2017 meeting held in Room W064 of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana, now finds it has been entered into fairly and without fraud, duress, or undue influence, and is fair and equitable between the parties. The Board hereby incorporates the Agreement which is attached hereto and incorporated herein as **Exhibit A** and approves and adopts in full the Agreement as a resolution of this matter. The Board approved this Agreement by a vote of 6-0-0. Incorporated into the Agreement was the consensus of both parties to Findings of Fact, Conclusions of Law, and Order.

WHEREFORE, the Board hereby accepts and approves the Agreement, settling all matters in this case consistent with the terms of the Agreement between the parties, and Respondent is hereby **ORDERED** to abide by all the terms of the Agreement as set forth below:

1. Respondent's license shall be placed on **INDEFINITE PROBATION**.

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2. Respondent may petition for withdrawal of her probation when her license to practice medicine in Illinois is free of all encumbrances.
3. While on probation, Respondent shall:
 - a. Keep the Board apprised of her personal contact information, including her address, email address, and telephone number.
 - b. Keep the Board apprised on her employment information, including where she is practicing and the contact information of her supervisor.
 - c. Notify the Board of any further discipline in Illinois or any other state within ten (10) days of receiving notice of said proceedings.
 - d. Provide the Board with written quarterly updates regarding her compliance with her Illinois probation.
4. Within **NINETY (90) DAYS** of the final order in this matter, Respondent shall, pursuant to Ind. Code § 4-6-14-10(b), pay a **FEE** in the amount of **FIVE DOLLARS** (\$5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid by check or money order payable to the State of Indiana, and submitted to the following address:

Office of the Indiana Attorney General
Attn: Teresa Henson
302 West Washington Street, 5th Floor
Indianapolis, IN 46204
5. A violation of this Final Order, any non-compliance with the statutes or regulations regarding the practice of medicine may result in an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, and or all of which could lead to additional sanctions.

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APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

SO ORDERED, this 4th day of December 2017.

MEDICAL LICENSING BOARD

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By: Maureen Bennett
for Kirk Masten, D.O.
Board President

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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CERTIFICATE OF SERVICE

I certify that a copy of the "Final Order Accepting Proposed Findings of Fact, Conclusions of Law, and Order" has been duly served upon:

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APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Jamiere Yolande Smith



Service by U.S. Mail

Manuel Flores
ARNSTEIN & LEHR LLP
120 South Riverside Plaza, Suite 1200
Chicago, IL 60606

Service by US Mail

Timothy M. Weber
OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
Service by Email: timothy.weber@atg.in.gov

12-4-17

Date

D

Donna Moran, Litigation Specialist

Medical Licensing Board
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: 317-234-2060
Fax: 317-233-4236
Email: pla3@pla.in.gov

Explanation of Service Methods

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

BEFORE THE MEDICAL LICENSING BOARD OF INDIANA

CAUSE NUMBER: 2017 MLB-0030

FILED

OCT 10 2017

Indiana Professional Licensing Agency

IN THE MATTER OF THE LICENSE OF:)
JAMIERE YOLANDE SMITH, M.D.,)
LICENSE NO: 01041991A)

PROPOSED SETTLEMENT AGREEMENT

The State of Indiana ("Petitioner"), by counsel Timothy M. Weber, Deputy Attorney General, and Jamiere Yolande Smith, M.D. ("Respondent"), by counsel Manuel Flores, hereby execute this Proposed Settlement Agreement ("Agreement") to a disposition of the Administrative Complaint filed in this cause. This Agreement is subject to the review and approval of the Board pursuant to Ind. Code § 25-1-9 *et seq.* and the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 *et seq.*

STIPULATED FACTS

1. Respondent is a medical doctor ("M.D.") in the State of Indiana having been issued license number 01041991A on October 28, 1993.
2. Respondent's address on file with the Indiana Professional Licensing Agency is [REDACTED].
3. On October 13, 2016, Respondent and the Illinois Department of Financial and Professional Regulation ("IDFPR") entered into a Consent Order restricting Respondent's Illinois license. The Consent Order indicates that the discipline is based on the fact that an individual employed by Respondent who was not a medical doctor performed several pap smears and signed a prescription while working in Respondent's office.
4. Pursuant to the Consent Order, Respondent's license was suspended for thirty (30) days. Following the suspension, Respondent's license was to be placed on probation for two

Exhibit A

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(2) years. Respondent was also fined, required to complete quarterly personal reports, required to cause to be submitted quarterly reports from institutions where Respondent has admitting privileges, required to obtain a practice monitor, and complete and pass the Ethics and Boundaries Post Licensure Essay Examination.

5. The Consent Order indicates that Respondent allowing an individual to hold themselves out as a physician in her practice is grounds for discipline pursuant to 225 Illinois Compiled Statutes, Paragraph 60/22(A)(5).

6. 225 Illinois Compiled Statutes, Paragraph 60/22(A)(5) states:

[IDFPR] may revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action as [IDFPR] may deem proper with regard to the license or permit of any person issued under this Act, including imposing fines not to exceed \$10,000 for each violation, upon any of the following grounds:

Engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public.

7. Ind. Code § 25-1-9-4(a)(1)(B) states, "A practitioner ... is subject to the exercise of ... disciplinary sanctions ... if, after a hearing, the board finds a practitioner has committed fraud or material deception in the course of professional services or activities."

STIPULATED CONCLUSIONS OF LAW

Respondent's conduct in her Illinois medical license being placed on probation for Respondent allowing a non-physician to hold themselves out as a physician while working in her practice pursuant to 225 Illinois Compiled Statutes, Paragraph 60/22(A)(5) subjects her license to discipline pursuant to Ind. Code § 25-1-9-4(a)(7) because Respondent has had disciplinary action taken against her license to practice in Illinois on grounds similar to those available in Indiana.

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MEDICAL LICENSURE
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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISIONAGREED DISPOSITION

It is now therefore agreed by Respondent and Petitioner as follows:

1. The Board has jurisdiction over Respondent and the subject matter in this disciplinary action.
2. The parties execute this Agreement voluntarily.
3. Both parties voluntarily waive their rights to a public hearing on the Administrative Complaint.
4. Petitioner agrees the terms of this Agreement will resolve any and all pending claims or allegations relating to disciplinary action against Respondent's license.
5. Respondent's license shall be placed on **INDEFINITE PROBATION**.
6. Respondent may petition for withdrawal of her probation when her license to practice medicine in Illinois is free of all encumbrances.
7. While on probation, Respondent shall:
 - a. Keep the Board apprised of her personal contact information, including her address, email address, and telephone number.
 - b. Keep the Board apprised on her employment information, including where she is practicing and the contact information of her supervisor.
 - c. Notify the Board of any further discipline in Illinois or any other state within ten (10) days of receiving notice of said proceedings.
 - d. Provide the Board with written quarterly updates regarding her compliance with her Illinois probation.
8. Within **NINETY (90) DAYS** of the final order in this matter, Respondent shall, pursuant to Ind. Code § 4-6-14-10(b), pay a **FEE** in the amount of **FIVE DOLLARS (\$5.00)** to

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be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid by check or money order payable to the State of Indiana, and submitted to the following address:

Office of the Indiana Attorney General
Attn: Teresa Henson
302 West Washington Street, 5th Floor
Indianapolis, IN 46204

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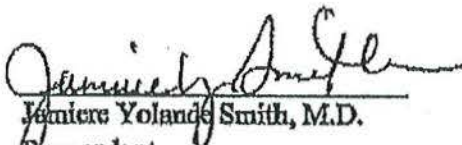
APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION


9. Respondent has carefully read and examined this agreement and fully understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

10. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of medicine, or any violation of this Agreement may result in Petitioner requesting a summary suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

11. The parties agree to the continuing jurisdiction of the Board and that the discipline agreed to, terms of discipline, and licensure status will apply even if the Board renews Respondent's license at a later date.

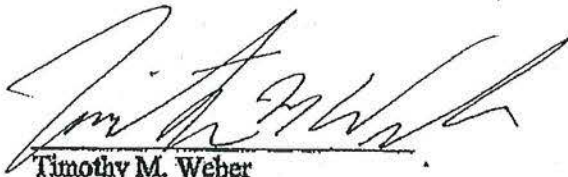

Janiere Yolande Smith, M.D.
Respondent

9/29/17
Date


Manuel Flores
Counsel for Respondent

9/30/17
Date

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Timothy M. Weber
Deputy Attorney General
Attorney No. 31559-49

10/10/17

Date

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MEDICAL LICENSURE
AND SUPERVISION

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

STATE OF Illinois)
) SS:
COUNTY OF Cook)

Before me a Notary Public for said County and State, personally appeared **Jamiera Yolande Smith, M.D.**, first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 29th day of September 2017.

Catherine Zebell
Signature

CATHERINE ZEBELL
Printed

My Commission Expires: 2/17/2019

County of Residence: Cook



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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

BEFORE THE MEDICAL LICENSING BOARD OF INDIANA CAUSE NO: 2017 MLB 0030

IN THE MATTER OF THE LICENSE OF:)
JAMIERE YOLANDE SMITH, M.D.)
LICENSE NO: 01041991A)

FILED MAR 27 2018 Indiana Professional Licensing Agency

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

The Medical Licensing Board of Indiana ("Board") held an administrative hearing on March 22, 2018, in Room W064 of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana concerning the Order to Show Cause issued by the Board as to why Jamiere Yolande Smith, M.D., should not be disciplined for failure to comply with the terms of probation on her license.

Dr. Smith appeared in person and waived her right to be represented by counsel. Robert Watkins, Deputy Attorney General, represented the state of Indiana.

The Board, after taking official notice of its file in this matter, voted to issue the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

- 1. Dr. Smith, whose mailing address is [redacted] is licensed to practice medicine in Illinois and Indiana.
2. The Illinois authorities disciplined her license in 2016 and in December 2017 this Board placed her license on probation.
3. One of the terms of probation on her Indiana license was that she must, "[n]otify the Board of any further discipline in Illinois . . . within ten (10) days of receiving notice of said proceedings."

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4. The Illinois authorities suspended her license on January 24, 2018 because she allegedly did not comply with the terms and conditions on her license in that state.

5. Dr. Smith maintained that she did notify this Board of the latest action on her Illinois license and presented a copy of a letter she said she sent to this Board on January 27, 2018.

6. This Board's files do not contain that letter although they do contain a follow up letter dated February 23, 2018.

7. The Board concludes that Dr. Smith did not comply with the terms of probation on her Indiana license.

8. The Board, however, will not impose further discipline on her license. She has been dealing with numerous stressful personal and family issues recently. It also appears that she is now complying with the terms and conditions on her Illinois license and made an attempt to notify this Board in a timely manner of the status of her license in Illinois.

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

CONCLUSIONS OF LAW

1. The terms of Dr. Smith's probation clearly provide that "any violation of this Agreement may result in Petitioner requesting a summary suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license."

2. Untimely notice of the suspension of her Illinois license was a clear violation of the terms and conditions on Dr. Smith's license.

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ORDER

Under the unique circumstances of this case, the Board will not impose further discipline on Dr. Smith's license, but her license will remain on **PROBATION**.

SO ORDERED, this 27th day of March 2018.

MEDICAL LICENSING BOARD OF INDIANA

By: Maureen Bennett
John Strobel, M.D.
President

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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CERTIFICATE OF SERVICE

I certify that a copy of the "Findings of Fact, Conclusions of Law and Order" has been duly served upon the following.

Dr. Jamiere Smith



Service by U.S. Mail

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APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Deputy Attorney General Robert Watkins
OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204
Service by Email: robert.watkins@atg.in.gov

3-27-18
Date

Donna Moran
Donna Moran, Litigation Specialist

Medical Licensing Board of Indiana
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: 317-234-2043
Fax: 317-233-4236
Email: pla3@pla.in.gov

Explanation of Service Methods

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

BEFORE THE INDIANA
MEDICAL LICENSING BOARD
CAUSE NO. 2017 MLB 0030

IN THE MATTER OF THE LICENSE OF)
JAMIERE SMITH, M.D.)
LICENSE NO. 01041991A)

FILED
NOV 16 2021
Indiana Professional
Licensing Agency

ORDER WITHDRAWING PROBATION

The Indiana Medical Licensing Board (“Board”), having held a hearing on October 28, 2021 regarding a petition for withdraw of probation filed by licensee, Jamiere Smith (“Petitioner”), now issues its CONDITIONAL Order Withdrawing Probation by a unanimous (7-0) affirmative vote.

FINDINGS OF FACT

1. This matter is before the Board on Petitioner’s “Petition to Withdraw Probation.”

2. On October 13, 2016, Petitioner and the Illinois Department of Financial and Professional Regulation (“IDFPR”) entered into a Consent Order restricting Respondent’s Illinois license. The Consent Order indicated that the discipline was based on the fact that an individual employed by Petitioner who was not a medical doctor performed several pap smears and signed a prescription while working in Petitioner’s office.

3. Pursuant to the Consent Order, Petitioner’s license was suspended for thirty (30) days. Following the suspension, Petitioner’s license was placed on probation for two (2) years. Petitioner was also fined, required to complete quarterly personal reports, required to cause to be submitted quarterly reports from

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APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

institutions where Petitioner has admitting privileges, required to obtain a practice monitor, and complete and pass the Ethics and Boundaries Post Licensure Essay Examination.

4. In a Final Order issued on December 4, 2017, the Indiana Board accepted a Proposed Settlement Agreement (“Agreement”) whereby Petitioner agreed to pay a FEE of FIVE DOLLARS (\$5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund and for Petitioner’s license to be placed on INDEFINITE PROBATION until probation was withdrawn from Petitioner’s Illinois medical license and that license restored to an “active” status free of encumbrances and subject to the following TERMS and CONDITIONS:

- a. Petitioner shall keep the Board apprised of Petitioner’s personal contact information, including Petitioner’s address, email address, and telephone number.
- b. Petitioner shall keep the Board apprised of Petitioner’s employment information, including Petitioner’s location of practice and contact information for the employment supervisor.
- c. Petitioner shall notify the Board of any further discipline in Illinois or any other state within ten (10) days of receiving notice of said proceedings.

APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

d. Petitioner shall provide the Board with written quarterly updates regarding Petitioner's compliance with the Illinois probation.

5. On January 24, 2018, the Illinois authorities suspended Petitioner's license due to a lack of compliance with the probationary terms on her license in that state. On March 27, 2018, at an Order to Show Cause hearing, it was determined that Petitioner failed to timely notify the Board of the additional action taken against their Illinois license. However, the Board did not impose any additional sanctions or terms on probation.

6. Sometime in October 2020, the Illinois Board extended probation on Petitioner's Illinois license so that Petitioner could accumulate more work experience prior to coming off of probation.

7. At the October 28, 2021 hearing, Petitioner established that the deficiencies which resulted in the term of probation are remedied pursuant to the following CONDITION:

a. Removal of Petitioner's probation shall be effective on the date which the IDFPR director signs an order officially releasing Petitioner's Illinois license from probationary status.

8. Petitioner has complied with all other conditions of probation.

9. Further, Petitioner established that Petitioner has complied with all statutes and rules governing the practice of medicine in accordance with the Board's Order.

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SOURCE

As such, the Board now determines that Petitioner has complied with the terms placed on Petitioner's probationary license to practice as a Physician.

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

CONCLUSIONS OF LAW

1. Indiana Code Section 25-1-9-9(b) states that:

The board may withdraw or modify the probation under subsection (a)(5) if it finds, after a hearing, that the deficiency that required disciplinary action has been remedied, or that changed circumstances warrant a modification of the order.

2. Because Petitioner has established that the deficiency which required disciplinary action has been remedied pursuant to Ind. Code Section 25-1-9-9(b), the Board has determined that it is appropriate to grant Petitioner's request to withdraw the indefinite probation status placed on Petitioner's medical license.

3. The Board hereby finds that Petitioner's request to withdraw probation is appropriate, and issues this Order as set forth below.

ORDER

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED that Petitioner's petition for withdraw of probation is granted and, therefore, Petitioner's license is to return to "Active" status, free and clear from any term of probation **automatically effective on the date that the IDFPR officially ORDERS** Petitioner's Illinois licensure to "Active" status, free and clear of any probationary terms.

ISSUED this 16th day of November, 2021.

INDIANA MEDICAL LICENSING
BOARD

PRIMARY
SOURCE

By: Laura A. Turner, J.D.
Dr. John Strobel, Board President

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CERTIFICATE OF SERVICE

I certify that a copy of the "Order Withdrawing Probation" has been duly served upon:

Jamiere Smith, M.D.



Service by U.S. Mail

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AND SUPERVISION

11.16.2021

Date

Caitlin R. McCarty
Caitlin R. McCarty, Litigation Specialist

Indiana Medical Licensing Board
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: 317-234-2060
Fax: 317-233-4236
Email: pla4@pla.in.gov

Explanation of Service Methods

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

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License Information

License Number	PRIMARY SOURCE	0101045908
Occupation		Medicine
Name		JAMIERE Y SMITH
Address		chicago, IL 60615
Initial License Date		10/01/1990
Expire Date		02/28/2026
License Status		Current Active
Additional Public Information*	Yes	

[Back to License Lookup Result](#)

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

* "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.H of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.

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Public Documents

JAMIERE SMITH
License Number: 0101045908
Medicine

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
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Documents associated with the most recent case may not yet be available for viewing.

Date	Type	File Size	View Document
7/22/2021	Order	196 kb	Click Here
5/19/2021	Notice	367 kb	Click Here
12/12/2016	Order	391 kb	Click Here
10/8/2004	Order	33 kb	Click Here
8/24/2004	Order	129 kb	Click Here
7/9/2004	Notice	94 kb	Click Here

All files are in .PDF format and require [Adobe Acrobat Reader](#) for viewing.

Files larger than 500 KB may take a while to open.

After viewing the document you can return to this page hit the BACK button on your Browser

What is an Order? An Order is the document issued by the Board indicating the Board's decision that the practitioner is or is not in violation of law or regulation. Typically, an order resolves the allegations in the Notice, and contains findings of fact and conclusions of law. It may impose a sanction or require some action by the practitioner. In some cases, the Board's decision is to dismiss the allegations in the Notice and such a decision is usually stated in a letter. "Order" also applies to "Consent Orders" which are agreed to by the practitioner.

A "Notice and/or "Statement of Particulars" contains a statement of charges that have not been proven. The Board will meet with the named practitioner to discuss these charges and make a decision, or settle the charges with a consent order. After the meeting, the Board may decide to exonerate the practitioner or dismiss the charges. Or, the Board may decide that some or all of the charges are proven and a violation of law or regulation occurred. If the evidence supports a violation, the Board may take appropriate action against the license of the practitioner. Until the Board issues a decision (by letter, order or consent order) that contains findings about these charges, they are not proven.

Pending: This could be a notice that has not been resolved by the Board or an order that is not yet final.

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION**BEFORE THE VIRGINIA BOARD OF MEDICINE**

IN RE: JAMIERE YOLANDE SMITH, M.D., Reinstatement Applicant
License Number: 0101-045908
Case Number: 209402

ORDER

JURISDICTION AND PROCEDURAL HISTORY

Pursuant to Virginia Code §§ 2.2-4020, 2.2-4024(F), and 54.1-2400(11), a panel of the Virginia Board of Medicine ("Board") held a formal administrative hearing on June 25, 2021, in Henrico County, Virginia, to receive and act upon the petition for reinstatement of the license of Jamiere Yolande Smith, M.D., to practice medicine in the Commonwealth of Virginia and to inquire into evidence that grounds exist to deny said petition.

Jamiere Yolande Smith, M.D. appeared at this proceeding and was not represented by legal counsel.

Upon consideration of the evidence, the Board adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

FINDINGS OF FACT

1. On October 1, 1990, the Board issued License Number 0101-045908 to Jamiere Yolande Smith, M.D. to practice medicine in the Commonwealth of Virginia. Said license was mandatorily suspended by Order of the Virginia Department of Health Professions, entered December 12, 2016.
2. By Consent Order of the Board, entered August 24, 2004, Dr. Smith was ordered to pay a monetary penalty of \$1,500.00.
3. Dr. Smith's license to practice medicine has been restricted.

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ORDER – Jamiere Yolande Smith, M.D.
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MEDICAL LICENSURE
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a. By Consent Order entered October 13, 2016, the Illinois Department of Financial and Professional Regulation (“IDFPR”) suspended Dr. Smith’s license to practice as a physician and surgeon in the State of Illinois for 30 days for allegedly allowing an unlicensed individual to hold herself out as a physician, as described in paragraph 4. Thereafter, the license was placed on indefinite probation for a minimum of 2 years. Dr. Smith was ordered to pay a monetary penalty of \$10,000, obtain a practice monitor, submit quarterly reports, and pass all five topic areas of Ethics and Boundaries Post-Licensure Essay Exam.

b. By Order entered January 23, 2018, the IDFPR indefinitely suspended Dr. Smith’s license for a minimum of 12 months due to her failure to comply with the terms of probation set forth in the October 13, 2016 Order.

c. By Consent Order entered August 16, 2019, Dr. Smith’s license to practice as a physician and surgeon in Illinois was reinstated and placed on probation for a minimum of 1 year. The terms and conditions of said probation included: submission of quarterly reports, obtaining a practice monitor, not practicing in a solo setting, and completion of 10 hours of continuing education in the subject of patient safety and quality.

d. By Order entered December 4, 2017, the Medical Licensing Board of Indiana placed Dr. Smith’s license to practice medicine in the State of Indiana on indefinite probation, and provided that she may petition for withdrawal of probation when her license to practice medicine in the State of Illinois is free of all encumbrances.

4. For an unspecified period prior to 2014, Dr. Smith allowed Individual A, the unlicensed manager of her office in Chicago, Illinois, to perform medical tests/invasive procedures (to include Pap tests, group B streptococcus tests, tests for sexually transmitted infections, insertion of intrauterine devices, pelvic exams, etc.). Additionally, Individual A provided instruction to medical students, made

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ORDER – Jamiere Yolande Smith, M.D.
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entries in patients' charts, prescribed a medication, and signed Dr. Smith's name. Patients, medical students, and others sharing office space with Dr. Smith believed Individual A to be a doctor and/or heard her referred to as such.

5. Dr. Smith adamantly denied knowledge of Individual A practicing medicine in her office, and Dr. Smith stated that she was not in the office when it occurred. Although Dr. Smith stated she took responsibility for what occurred in her office, Dr. Smith declared no one told her Individual A was practicing medicine and she never saw Individual A's signature on patient charts or records or billing for patients who were not seen by a licensed provider.

6. Dr. Smith testified that her license in Illinois is on probation until September 2021 and that she desires to have a Virginia license in order to work in the Commonwealth in the future, and she would like to receive board certification again.

7. Dr. Smith stated she is currently practicing in Illinois as an OB/GYN. She told the Board that she always puts her patients first and will not allow poor care to be delivered to her patients. Dr. Smith testified that she has learned that she has to make sure everything is done appropriately.

8. Dr. Smith submitted numerous letters supporting her application for reinstatement.

CONCLUSIONS OF LAW

1. Finding of Fact No. 3 constitutes a violation of Virginia Code § 54.1-2915(A)(5).
2. Finding of Fact No. 4 constitutes a violation of Virginia Code § 54.1-2915(A)(3), (11), and (13).

ORDER

WHEREFORE, the Virginia Board of Medicine, by affirmative vote of at least three-fourths of the members of the Board at the proceeding, effective upon entry of this Order, ORDERS as follows:

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MEDICAL LICENSURE
AND SUPERVISIONORDER – Jamiere Yolande Smith, M.D.
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1. The license issued to Jamiere Yolande Smith, M.D., to practice medicine in the Commonwealth of Virginia is REINSTATED.

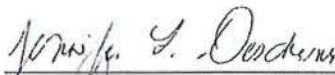
2. Dr. Smith shall comply with the terms and conditions of all Orders issued by the Illinois Department of Financial and Professional Regulation, and the Order of the Medical Licensing Board of Indiana dated December 4, 2017. Dr. Smith shall advise this Board, in writing, of any change in those Orders or in her status with any other medical licensing authority within 10 calendar days of such change. Dr. Smith shall authorize free communication between the Virginia Board, and any other licensing authority.

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of medicine shall constitute grounds for further disciplinary action.

4. Upon receipt of evidence that Dr. Smith has complied with the foregoing terms of this Order, the Executive Director is authorized to close this matter, or refer it to a special conference committee for review.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD



Jennifer Deschenes, J.D., M.S.
Deputy Executive Director
Virginia Board of Medicine

ENTERED AND MAILED ON: 7/22/2021

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

ORDER – Jamiere Yolande Smith, M.D.
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NOTICE OF RIGHT TO APPEAL

As provided by Rule 2A:2 of the Supreme Court of Virginia, you have 30 days from the date you are served with this Order in which to appeal this decision by filing a Notice of Appeal with William L. Harp, Executive Director, Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233. The service date shall be defined as the date you actually received this decision or the date it was mailed to you, whichever occurred first. In the event this decision is served upon you by mail, three days are added to that period.

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COMMONWEALTH of VIRGINIA

David E. Brown, D.C. Director

Department of Health Professions Perimeter Center 9960 Mayland Drive, Suite 300 Henrico, Virginia 23233-1463

www.dhp.virginia.gov TEL (804) 367-4400 FAX (804) 527-4475

May 19, 2021

Jamiere Yolande Smith, M.D.



UPS OVERNIGHT MAIL

RE: Case Number 209402

Dear Jamiere Yolande Smith:

Attached is a Notice of Formal Hearing and Statement of Allegations.

Information regarding the following may be found at www.dhp.virginia.gov/medicine/medicine_Hearings.htm:

- Frequently Asked Questions about Disciplinary Proceedings; Directions to the Department of Health Professions Conference Center; Instructions for Requesting Subpoenas; The text of the Administrative Process Act; The text of all statutes and regulations cited herein.

If you have any questions, you may contact Jennie F. Wood, Discipline Case Manager, at (804) 367-4571 or jennie.wood@dhp.virginia.gov. Please notify the Board office of your intent to attend this proceeding.

Sincerely,

Jennifer L. Deschenes, J.D., M.S. Deputy Executive Director Virginia Board of Medicine

cc: Lori L. Pound, J.D., Adjudication Consultant, Administrative Proceedings Division Lorraine McGehee, Deputy Director, Administrative Proceedings Division Matthew Halphen, Senior Investigator, Division of Enforcement Wayne T. Halbleib, Senior Assistant Attorney General

APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: JAMIERE YOLANDE SMITH, M.D., REINSTATEMENT APPLICANT
License Number: 0101-045908
Issue Date: October 1, 1990
Suspension Date: December 12, 2016
Case Number: 209402

**NOTICE OF FORMAL ADMINISTRATIVE HEARING
AND STATEMENT OF ALLEGATIONS**

You are hereby notified that a Formal Hearing has been scheduled before the Board of Medicine ("Board") regarding your application for reinstatement of your license to practice medicine in the Commonwealth of Virginia following its mandatory suspension by the Department of Health Professions.

TYPE OF PROCEEDING:	This is a formal administrative hearing before a panel of the Board.
DATE AND TIME:	June 25, 2021 9:00 AM
PLACE:	Virginia Department of Health Professions Perimeter Center - 9960 Mayland Drive 2 nd Floor - Virginia Conference Center Henrico, Virginia 23233

LEGAL AUTHORITY AND JURISDICTION:

1. This formal hearing is being held pursuant to Virginia Code §§ 2.2-4020, 2.2-4024(F), and 54.1-2400(11). This proceeding will be convened as a public meeting pursuant to Virginia Code § 2.2-3700.
2. The burden rests on you, as the applicant, to demonstrate that you are prepared to resume the safe and competent practice of medicine.
3. In considering your application, the Board will consider evidence that grounds exist to deny your application for reinstatement of your license to practice medicine, as more fully set out in the enclosed Statement of Allegations.
4. At the conclusion of the proceeding, the Board is authorized to take any of the following actions:
 - Approve your application and issue an unrestricted license to practice medicine;
 - Approve your application and issue a reprimand, a monetary penalty, and/or a restricted license subject to terms and conditions;

Jamiere Yolande Smith, M.D., Reinstatement Applicant – NOTICE OF FORMAL HEARING
 Case Number 209402
 May 19, 2021
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OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

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- Deny your application;
- Deny your application and continue your license on indefinite suspension or revoke your license.

ABSENCE OF APPLICANT AND APPLICANT’S COUNSEL:

If you and/or your legal counsel do not appear at the formal hearing, the Board may proceed to hear this matter in your absence and may take any of the actions outlined above.

APPLICANT’S LEGAL RIGHTS:

You have the following rights:

- The right to the information on which the Board will rely in making a decision;
- The right to be represented by counsel at this proceeding;
- The right to subpoena witnesses and/or documents;
- The right to present relevant evidence on your behalf.

COMMONWEALTH’S EXHIBITS:

- The Commonwealth’s exhibits serve as the basis for the allegations against you. The Board will consider these materials at the formal hearing.
- These materials have been sent to you via UPS OVERNIGHT MAIL
- Bring this Notice and the Commonwealth’s exhibits with you to the formal hearing.

FILING DEADLINES:

- If you want to submit evidence on your behalf or use expert witnesses, deadlines are below.
- Deadlines for filing any motions or objections to exhibits or expert witness lists are listed below.
- Submit all exhibits, motions, or objections to **Jennie F. Wood, Discipline Case Manager, at Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233.**
- Include the case number in all correspondence.

I. Exhibit Submission	DEADLINE DATE
Applicant’s Submission of Documents for Evidence (including expert witness reports) (Submit 12 copies)	June 1, 2021
Commonwealth’s Deadline to Respond to Applicant’s Submission	June 4, 2021
Applicant’s Deadline to Respond to Commonwealth’s Objection	June 9, 2021

Jamiere Yolande Smith, M.D., Reinstatement Applicant – NOTICE OF FORMAL HEARING
 Case Number 209402
 May 19, 2021
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II. Objections to Commonwealth's Exhibits	DEADLINE DATE
Applicant's Objections to Commonwealth's Exhibits	June 1, 2021
Commonwealth's Response to Applicant's Objections	June 4, 2021

NOTE: If no objections have been received by **June 1, 2021**, the exhibits will be distributed to the Board members for their review.

III. Motions/Continuance Requests	DEADLINE DATE
Applicant's Motions	June 1, 2021
Commonwealth's Response to Motions	June 4, 2021

IV. Expert Witness Identification	DEADLINE DATE
Applicant's Expert Witnesses	June 1, 2021
Commonwealth's Deadline to Object to Expert Witness	June 4, 2021

NOTE: If supplementation of expert witness lists is necessary, parties should transmit such supplement to the Board at least five (5) days in advance of the scheduled administrative proceeding. Objections to expert witnesses submitted on a supplemental list may be made prior to or at the hearing for consideration by the Panel Chair.

OTHER IMPORTANT INFORMATION:

Pursuant to Virginia Code § 54.1-2409(D); reinstatement of your license requires the affirmative vote of three-fourths of the members of the Board in attendance at the hearing.

If the Board denies your application for licensure, the Department of Health Professions may be required to report that denial to the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, the Federation of State Medical Boards, and other applicable reporting entities.

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STATEMENT OF ALLEGATIONS

The Board alleges that grounds exist to refuse to reinstate the license of Jamiere Yolande Smith, M.D. (“Applicant”) to practice medicine in the Commonwealth of Virginia in that:

1 Dr. Smith violated Virginia Code § 54.1-2915(A)(5) in that her license to practice medicine has been restricted. Specifically:

a. By Consent Order entered October 13, 2016, the Illinois Department of Financial and Professional Regulation (“IDFPR”) suspended Dr. Smith’s license to practice as a physician and surgeon in the State of Illinois for thirty (30) days for allowing an unlicensed individual to hold herself out a physician, as described in paragraph 2, *infra*. Thereafter, the license was placed on indefinite probation for a minimum of two (2) years. Dr. Smith was ordered to pay a monetary penalty of \$10,000, obtain a practice monitor, submit quarterly reports, and pass all five topic areas of Ethics and Boundaries Post-Licensure Essay Exam.

b. By Order entered January 23, 2018, the IDFPR indefinitely suspended Dr. Smith’s license for a minimum of twelve (12) months due to her failure to comply with the terms of probation set forth in the October 13, 2016 Order.

c. By Consent Order entered August 16, 2019, Dr. Smith’s license to practice as a physician and surgeon in Illinois was reinstated and placed on probation for a minimum of one (1) year. The terms and conditions of said probation included: submission of quarterly reports, obtaining a practice monitor, not practicing in a solo setting, and completion of ten (10) hours of continuing education in the subject of patient safety and quality.

d. By Order entered December 4, 2017, the Medical Licensing Board of Indiana placed Dr. Smith’s license to practice medicine in the State of Indiana on indefinite probation, and

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Jamiere Yolande Smith, M.D., Reinstatement Applicant – NOTICE OF FORMAL HEARING
Case Number 209402
May 19, 2021
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MEDICAL LICENSURE
AND SUPERVISION

provided that she may petition for withdrawal of probation when her license to practice medicine in the State of Illinois is free of all encumbrances.

2. Dr. Smith violated Virginia Code § 54.1-2915(A)(1), (3), (11), (12), (13), (16), and (18) and 18 VAC 85-20-29(A)(1) of the Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic in that for an unspecified period prior to 2014, Dr. Smith allowed Individual A, the unlicensed manager of her office in Chicago, Illinois, to perform medical tests/invasive procedures (to include Pap tests, group B streptococcus tests, tests for sexually transmitted infections, insertion of intrauterine devices, pelvic exams. etc.). Additionally, Individual A provided instruction to medical students, made entries in patients' charts, prescribed a medication, and signed Dr. Smith's name. Patients, medical students, and others sharing office space with Dr. Smith believed Individual A to be a doctor and/or heard her referred to as such.

3. Dr. Smith violated Virginia Code § 54.1-2915(A)(4) and (13) in that she is incompetent to practice medicine with safety to her patients, and her practice is likely to be a danger to the health and welfare of her patients. Specifically:

a. Dr. Smith allowed an unlicensed individual to hold herself out as a medical professional and perform invasive procedures, as discussed in paragraph 2, *supra*.

b. IDFPR found such conduct warranted a restriction of Dr. Smith's practice, to include practicing under a monitor and not practicing in a solo setting.

c. Dr. Smith failed to comply with the initial order from IDFPR, necessitating the suspension of her license and, once reinstated, continued restrictions on her practice.

d. Five payments have been made on Dr. Smith's behalf in the amounts of \$685,000, \$900,000, \$500,000, \$350,000, and \$35,000, to settle malpractice claims arising between August 2007

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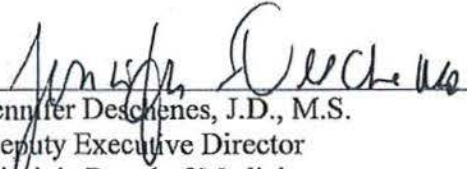
and May 2014. The final three payments related to claims occurring within a three-month period between August and October 2007.

4. Dr. Smith violated Virginia Code § 54.1-2915(A)(1) and (16) in that she made false or misleading statements on her Petition for Reinstatement of License to Practice Medicine & Surgery, dated December 18, 2019 (“Petition”). Specifically, Dr. Smith answered “No” to Question 7 on the Petition, which asked, “Have you ever been suspended/revoked, denied privileges; ever voluntarily surrendered your clinical privileges; been censured or warned, or requested to withdraw from the staff of any medical school, residency or fellowship training, hospital, nursing home, or other health care facility, or health care provider/entity?” However:

a. In an interview with a Senior Investigator for the Virginia Department of Health Professions (“Investigator”) on February 9, 2021, Dr. Smith stated she was employed by Advocate Trinity Hospital, Chicago, Illinois, from 1997 – 2019, and “was placed on administrative suspension in November 2019.”

b. On March 15, 2021, the Medical Staff President at St. Bernard Hospital, Chicago, Illinois, advised the Investigator that Dr. Smith “was dismissed from the hospital in 2018 due to her conduct and disciplinary actions taken against her medical license in Illinois.” However, Dr. Smith told the Investigator, “the facility was closed down due to COVID.”

See Confidential Attachment for the name of the individual referenced above.



Jennifer Deschenes, J.D., M.S.
Deputy Executive Director
Virginia Board of Medicine

5/19/21
Date

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BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: JAMIERE YOLANDE SMITH, M.D.
License Number: 0101-045908
Case Number: 177553

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MEDICAL LICENSURE
AND SUPERVISION

ORDER OF MANDATORY SUSPENSION


In accordance with Virginia Code § 54.1-2409, I, David E. Brown, D.C., Director of the Virginia Department of Health Professions, received and acted upon evidence that Jamiere Yolande Smith, M.D., consented to the suspension of her license to practice medicine and surgery in the State of Illinois by the Illinois Department of Financial and Professional Regulation. A certified copy of the Consent Order is attached hereto as Commonwealth's Exhibit 1.

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the right of Jamiere Yolande Smith, M.D., to renew her license practice medicine and surgery in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the license of Jamiere Yolande Smith, M.D., will be recorded as suspended. Should Jamiere Yolande Smith, M.D., seek reinstatement of her license pursuant to Virginia Code § 54.1-2409, she shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.

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David E. Brown, D.C., Director
Virginia Department of Health Professions

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CERTIFICATION OF DUPLICATE RECORDS

I, David E. Brown, D.C., Director of the Department of Health Professions, hereby certify that the attached Consent Order entered October 13, 2016, regarding Jamiere Yolande Smith, M.D., is a true copy of the records received from the Illinois Department of Financial and Professional Regulation.



David E. Brown, D.C.

Date: 12/12/16

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STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

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DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, Complainant, v. Jemiere Y Smith, M.D., License No. 036-087325, Respondent.))) No. 2012-08388-2))

CONSENT ORDER

The Department of Financial and Professional Regulation, Division of Professional Regulation, of the State of Illinois, by Vladimir Lozovskiy, one of its attorneys, (hereinafter the "Department") and Jemiere Y Smith, M.D., (hereinafter the "Respondent"), hereby agree to the following:

STIPULATIONS

Jemiere Y Smith, M.D. is licensed as a Physician and Surgeon in the State of Illinois, holding Illinois Physician and Surgeon License No. 036-087325. Said license is in Active status. At all times material to the matter(s) set forth in this Consent Order, the Department of Financial and Professional Regulation, Division of Professional Regulation, of the State of Illinois had jurisdiction over the subject matter and parties herein.

Information has come to the attention of the Department that alleges that Respondent allowed unlicensed individual, [REDACTED], to hold herself out as a physician to the patients of Respondent's OB/GYN practice. The allegation(s) as set forth herein, if proven to be true, would constitute grounds for suspending, revoking or other discipline of Respondent's license as a Physician and Surgeon, on the authority 225 Illinois Compiled Statutes, Paragraph 60/22(A)(5).

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MEDICAL LICENSURE
AND SUPERVISION

Subsequently, the Department held an Informal Conference in this matter on November 4, 2015. Dr. Maria Laporta was present on behalf of the Medical Disciplinary Board and Laura Forester, Chief of Medical Prosecution, and Vladimir Lozovskiy, Staff Attorney, were present for the Department. Jemiery Y Smith, M.D. was present along with her attorney, Robert Orman. During the Informal Conference, Respondent provided detailed information regarding her personal, educational and clinical background, her current practice style and her plans for the future as well as information regarding changes that were implemented in her private practice.

For purposes of this Consent Order only, Respondent acknowledges that should this matter proceed to a contested hearing, the Illinois Medical Disciplinary Board (the "Board") could find a violation of the Medical Practice Act. The Department and Respondent stipulate that the above acknowledgement is made only for the purposes of this Consent Order. In the event that this Consent Order is not approved by the Board or is not approved by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Director"), this acknowledgement shall not be admissible in any proceeding and the matter will be set for an evidentiary hearing on the merits as if this Consent Order had not been submitted. In addition, upon approval of this Consent Order, neither this acknowledgement nor this Consent Order may be utilized in any other proceeding, except one to enforce this Agreement.

Respondent has been advised of the right to have pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of this Consent Order. Respondent knowingly waives each of these rights, as well as the right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Medical Disciplinary Board or the Director of the

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AND SUPERVISION

Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent, Jemiere Y. Smith, M.D., be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable under the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Department, through Vladimir Lozovskiy, its attorney, and Jemiere Y Smith, M.D., Respondent, through Robert Orman, her attorney, agree:

- A. Illinois Physician and Surgeon Licensee of Jemiere Y. Smith, M.D., license No. 036-087325, is hereby suspended for thirty (30) days and thereafter placed on indefinite probation for minimum of two (2) years;
- B. Respondent shall pay a Fine in the amount of \$10,000.00 (ten thousand) to be paid within 24 months;
- C. Respondent shall provide the Department with quarterly reports which include: (i) current residential address and contact telephone number as well as current practice location address and contact telephone number; (ii) address and contact information for each healthcare entity where Respondent has admitting privileges and/or employed; (iii) description of job duties, responsibilities and name of immediate supervisor and/or Department's Chairperson; (iv) copy of any and all incident reports within the prior quarter filed against Respondent; and (v) information, regarding any arrests, criminal, or civil actions filed, including DUI and/or other similar offenses against the Respondent;
- D. While Respondent's Illinois Physician and Surgeon License is on Probation, Respondent

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MEDICAL LICENSURE
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shall notify the Department's Chief of Probation Investigations in writing of any change in employment and/or home address and/or telephone number within ten (10) days;

E. Respondent shall request the Department's Chairperson from any health-care institution(s), where Respondent is holding admitting privileges, to submit quarterly reports to the Department regarding Respondent's clinical performance, attendance record and any and all other issues arising out of Respondent's practice of medicine;

F. Respondent shall obtain a practice monitor, who is a licensed Physician and Surgeon in the State of Illinois. Said practice monitor cannot be affiliated with Respondent's practice. Said practice monitor shall have an unrestricted Illinois Physician and Surgeon License that has never been disciplined by any state and/or federal agencies. Said practice monitor shall be a Board-Certified OB/GYN. The practice monitor shall be hired at the expense of Respondent and shall be pre-approved by the Chief Medical Coordinator of the Department. Respondent shall request that his practice monitor submit quarterly reports about scope and performance, appraisals. On a quarterly basis the practice monitor shall meet with Respondent and randomly select and review ten (10) charts of patients who have been treated at Respondent's practice during the quarter. The practice monitor shall review the charts of those patients and submit independent quarterly reports to the Department evaluating the scope, appropriateness, and quality of medical care rendered to said patients;

G. The practice monitor shall agree to inform the Department immediately if there is evidence of inappropriate behavior, professional misconduct, a violation of Respondent's probation or any violation of the laws and rules governing the practice of medicine;

H. Respondent shall immediately notify the Department should his relationship with any practice monitor cease and immediately take actions to select a new monitor and obtain the approval of the Chief Medical Coordinator;

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MEDICAL LICENSURE

I. Respondent shall take and pass all 5 topic areas Ethics and Boundaries Post-Licensure ("EBAS") Essay Examination within twelve (12) months of the effective date of this Consent Order. Information regarding how to take and pass EBAS Essay Examination is available at www.ebas.org.

J. All the reports required to be submitted under the terms of this Probation shall be filed with the Department no later than 1/10, 4/10, 7/10 and 10/10 of each year during the full term of the Probation;

K. Respondent agrees that a violation of the terms and conditions of this Consent Order or a violation of the terms of probation is a violation of 225 ILCS 60/22(A)(15);

L. Respondent shall not violate the Illinois Medical Practice Act of 1987, any other federal and state laws related to the practice of medicine as well as any other federal and state laws;

M. If Respondent violates any of the terms and conditions of this Order, the Director of the Division of Professional Regulation may issue an Order forthwith mandating the automatic, immediate, indefinite suspension of Respondent's Illinois Physician License 036-087325 for a minimum of twelve (12) months. This indefinite suspension shall not preclude the Department from taking any other disciplinary or other actions it deems appropriate. In the event Respondent contests in writing (by the filing of an appropriate petition with the Department) the factual basis underlying said indefinite suspension within fifteen (15) days of the imposition thereof, then Respondent shall be afforded a hearing on the merits within fifteen (15) days from filing of said petition;

N. This Consent Order shall become effective on December 1, 2016 after it is approved by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.

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10/4/16
DATE

Vladimir Lozovski
Vladimir Lozovski, Attorney for the Department

10/4/16
DATE

Jemere Y Smith
Jemere Y Smith, M.D., Respondent

10/4/16
DATE

Robert Orman
Robert Orman, Attorney for Respondent

10-5-16
DATE

Richard R. Fay
Member, Medical Disciplinary Board

The foregoing Consent Order is approved in full.

DATED THIS 13 day of October, 2016.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, Bryan A. Schneider, Secretary
Division of Professional Regulations

Jessica Baer
Jessica Baer
ACTING DIRECTOR

REF: Case No. 2012-08388/ License No. 036-087325

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STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
of the State of Illinois,
v.
Jamiere Y. Smith, M.D.,
License No. 036-087325, Respondent.

Complainant,

)
)
) No. 2012-08388
)
)

CLERK OF THE COURT
15 MAR 23 AM 9:11

ILL. DEPT. OF FINANCIAL AND
PROFESSIONAL REGULATION

COMPLAINT

Now comes DIVISION OF PROFESSIONAL REGULATION of the
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State
of Illinois, by its Chief of Medical Prosecutions, Laura E. Forester, and as its
COMPLAINT against Jamiere Y. Smith, M.D., Respondent, complains as follows:

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AND SUPERVISION

COUNT I

1. Jamiere Y. Smith, M.D., is presently the holder of a Certificate of Registration as a Physician and Surgeon in the State of Illinois, License No. 036-087325, issued by the Division of Professional Regulation of the Department of Financial and Professional Regulation of the State of Illinois. Said license is presently in Active Status.
2. The Department has jurisdiction to investigate complaints and to bring this action pursuant to 225 ILCS 60/36.
3. At all relevant times, Respondent was a physician and surgeon practicing obstetrics and gynecology (OB/GYN) at 9951 S. Halstead Avenue, Chicago, IL 60628.

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4. At all relevant times, Respondent employed [REDACTED], an unlicensed individual under the Illinois Medical Practice Act and Illinois Physician Assistant Practice Act (Shepherd), as a part of her physician practice at 9951 S. Halstead Avenue, Chicago, IL 60628.
5. While Respondent employed [REDACTED], Respondent allowed [REDACTED] to hold herself out to the patients of her practice as a licensed healthcare provider.
6. While Respondent employed [REDACTED] Respondent allowed [REDACTED] to perform invasive medical procedures on multiple patients of her practice, including but not limited to:
 - a. Performing Papanicolaou tests (Pap smears) on patient T.T. on or about June 8, 2012 and on or about October 9, 2012;
 - b. Performing a Pap smear on patient V.W. on or about September 14, 2012;
 - c. Performing an invasive vaginal examination on patient J.C. on or about June 18, 2012.
7. While Respondent employed [REDACTED], Respondent allowed [REDACTED] to prescribe Lovenox, a legend drug, to patient K.G. on or about July 16, 2012.
8. While Respondent employed [REDACTED], Respondent allowed [REDACTED] to evaluate and examine patients of her practice in the presence of medical students, including but not limited to:
 - a. Between January 2012 and March 2012, [REDACTED] was assigned to do an OB/GYN rotation with Respondent at her practice locations;

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MEDICAL LICENSURE
AND SUPERVISION

b. During the aforementioned 2012 OB/GYN rotation, [REDACTED] was evaluating, examining and treating patients of Respondent's practice in the presence of [REDACTED];

c. Between January 2012 and March 2012, [REDACTED] was assigned to do an OB/GYN rotation with Respondent at her practice locations;

d. During the aforementioned 2012 OB/GYN rotation, [REDACTED] was evaluating, examining and treating patients of Respondent's practice in the presence of [REDACTED];

e. Between February 2012 and March 2012, [REDACTED] was assigned to do an OB/GYN rotation with Respondent at her practice locations;

f. During the aforementioned 2012 OB/GYN rotation, [REDACTED] was evaluating, examining and treating patients of Respondent's practice in the presence of [REDACTED];

g. Between July 2012 and September 2012, [REDACTED] was assigned to do an OB/GYN rotation with Respondent at her practice locations;

h. During the aforementioned 2012 OB/GYN rotation, [REDACTED] was evaluating, examining and treating patients of Respondent's practice in the presence of [REDACTED].

9. While Respondent was responsible for the care and treatment of patients of her private OB/GYN practice, Respondent delegated her responsibility for

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delivery of patient care to [REDACTED] who was not licensed and not properly supervised.

- 10. While Respondent was responsible for care and treatment of patients of her private OB/GYN practice, Respondent delegated her responsibility for delivery of patient care to [REDACTED] who was not licensed and not competent to assume such responsibility.
- 11. The foregoing acts and/or omissions are grounds for revocation or suspension of a Certificate of Registration pursuant to 225 Illinois Compiled Statutes, Section 60/22 (A), paragraph(s) (5) of the Medical Practice Act, relying on the Rules for the Administration of the Medical Practice Act, Title 68, Chapter VII, Subchapter b, Part 1285-240 (a) and 20 ILCS 2105/2105-130.

WHEREFORE, based on the foregoing allegations, the Division of Professional Regulation of the Department of Financial and Professional Regulation of the State of Illinois, by Laura E. Forester, its Chief of Medical Prosecutions, prays that the Illinois Physician and Surgeon License of Jamiere Y. Smith, M.D., be suspended, revoked, or otherwise disciplined.

**DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
of the State of Illinois
Division of Professional Regulation**

BY: 

Laura E. Forester
CHIEF OF MEDICAL PROSECUTIONS

NOV 22 2016



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

BRUCE RAUNER
Governor

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BRYAN A. SCHNEIDER
Secretary

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JESSICA BAER
Acting Director
Division of Professional Regulation

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AND SUPERVISION

Certification of Records

I, Jeffie Smith, Keeper of Records, Clerk of Chicago Records Services, Department of Financial & Professional Regulations of the State of Illinois do hereby certify that a search of the records was conducted and state that this is the true and correct copy of the disciplinary record for Jamiere Smith, Physician and Surgeon license number 036.087325, in case 2012-08388, to the best of my knowledge.

IN WITNESS THEREOF, I have hereunto set my hand and caused to be affixed the seal of the Department of Professional & Financial Regulations of the State of Illinois

Date: November 7, 2016

Jeffie L. Smith
Keeper of Record
Clerk of Chicago Records

SEAL

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION



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SOURCE

COMMONWEALTH of VIRGINIA

Robert A. Nebiker
Director

Department of Health Professions
6603 West Broad Street, 5th Floor
Richmond, Virginia 23230-1712

www.dhp.virginia.gov
TEL (804) 662-9900
FAX (804) 662-9943
TDD (804) 662-7197

October 8, 2004

Jamiere Yolanda Smith, M.D.



CERTIFIED MAIL
7160 3901 9848 3152 7503

RE: License No.: 0101-045908

Dear Dr. Smith:

This letter is official notification that the Virginia Board of Medicine ("Board") has received verification that you paid the monetary penalty of One Thousand Five Hundred Dollars (\$1,500.00) in full on September 24, 2004. Therefore, your full compliance has been noted with the Board's Order entered August 24, 2004. This matter has been closed effective this date and the records of the Board indicate that you have a full and unrestricted license.

Pursuant to §54.1-2400.2 of the *Code of Virginia*, a signed copy of this letter shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

The Board wishes you well in your future endeavors.

Sincerely,

William L. Harp, M.D.
Executive Director

cc: Kathleen Nosbisch, Deputy Executive Director, Practitioner Information
Reneé S. Dixon, Discipline Case Manager, Board of Medicine [93405]
Tamika Hines, CCA Case Manager
Patricia Hanchey, Senior Administrative Assistant
Office Manager, Enforcement Division

Board of Audiology & Speech - Language Pathology - Board of Dentistry - Board of Funeral Directors & Embalmers - Board of Medicine - Board of Nursing
Board of Nursing Home Administrators - Board of Optometry - Board of Pharmacy - Board of Counseling
Board of Physical Therapy - Board of Psychology - Board of Social Work - Board of Veterinary Medicine
Board of Health Professions

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

VIRGINIA:

BEFORE THE BOARD OF MEDICINE

IN RE: JAMIERE YOLANDE SMITH, M.D.
License No.: 0101-045908

CONSENT ORDER

By letter dated July 9, 2004, the Virginia Board of Medicine ("Board") noticed Dr. Smith for an informal conference to inquire into allegations that she may have violated certain laws governing the practice of medicine and surgery in the Commonwealth of Virginia.

In lieu of proceeding to this informal conference, the Board and Dr. Smith, as evidenced by their signatures affixed below, agree to enter into this Consent Order affecting the license of Dr. Smith to practice medicine in Virginia.

FINDINGS OF FACT

The Board adopts the following findings and conclusions in this matter:

1. Jamiere Yolande Smith, M.D., was issued license number 0101-045908 by the Board to practice medicine and surgery in the Commonwealth of Virginia on October 1, 1990. Said license is currently active and will expire on February 28, 2006, unless renewed or otherwise restricted.

2. By letter dated March 23, 2001, and sent by first class mail on March 26, 2001, the Board notified Dr. Smith of the requirement to file certain information with the Board, as provided in Section 54.1-2910.1 of the Code of Virginia (1950), as amended ("Code"). This letter indicated that the information could be provided via completion of an online questionnaire or the practitioner could request a paper questionnaire. Further, this letter advised that the information must be submitted within thirty (30) days, and that failure to do so may subject the practitioner to disciplinary action by the Board. This letter was not returned to the Board.

APR 05 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

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3. By letter dated and mailed by first class mail on or about April 20, 2001, the Board notified Dr. Smith that the Board could not ascertain that the questionnaire had been completed online or that a paper questionnaire had been requested. Further, this letter advised that the collection period was drawing to a close, and again reminded Dr. Smith that failure to provide the required information could result in disciplinary action by the Board. This letter was not returned to the Board.

4. By letter dated and mailed by first class mail on or about June 5, 2001, the Board notified Dr. Smith that the deadline for submission had passed, and that as of May 31, 2001, the Board had not received any contact regarding completion of the questionnaire. This letter again reminded Dr. Smith that failure to provide the required information could result in disciplinary action by the Board. This letter was not returned to the Board.

5. By letter dated and sent by certified mail on September 6, 2001, the Board notified Dr. Smith that the required information had not been submitted. Further, this letter advised it would be the last letter from the Board, and that failure to comply would cause this matter to be referred for disciplinary action by the Board. The Board received a receipt for certified mail from the United States Postal Service, dated September 7, 2001. On September 17, 2001, the Board received a signed return receipt for certified mail, signed by [REDACTED]."

6. All of the above-referenced letters were sent to Dr. Smith's official address of record with the Board at the time of the mailings. As provided in 18 VAC 85-20-21 of the Board's General Regulations, all notices shall be validly given when mailed to the latest address given by the licensee.

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7. As of January 1, 2002, Dr. Smith had not provided the information required by Section 54.1-2910.1 of the Code and 18 VAC 85-20-280 et seq. of the Board’s General Regulations.

8. Board records indicate that Dr. Smith provided the information required by Section 54.1-2910.1 of the Code and 18 VAC 85-20-280 et seq. of the Board’s General Regulations on May 15, 2003.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes that Dr. Smith is in violation of Sections 54.1-2910.1 and 54.1-2915(3) [formerly Section 54.1-2915.A(3)], as further defined in Section 54.1-2914.A(13) of the Code, and Part VII of the Board’s General Regulations, “Practitioner Profile System” (18 VAC 85-20-280 et seq.).

CONSENT

I, Jamiere Yolande Smith, M.D., by affixing my signature hereto, acknowledge that:

1. I have been advised specifically to seek the advice of counsel prior to signing this document;

2. I am fully aware that without my consent, no legal action can be taken against me, except pursuant to the Virginia Administrative Process Act, § 2.2-4000.A et seq. of the Code of Virginia;

3. I have the following rights, among others:

- a. the right to an informal conference before the Board;
- b. the right to representation by counsel; and
- c. the right to cross-examine witnesses against me.

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MEDICAL LICENSURE
AND SUPERVISION

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- 4. I waive all rights to an informal conference;
- 5. I admit the truth of the above Findings of Fact; and
- 6. I consent to the following Order affecting my license to practice medicine and surgery in the Commonwealth of Virginia.

ORDER

WHEREFORE, based on the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED that a MONETARY PENALTY in the amount of one thousand five hundred dollars (\$1,500.00) be imposed upon Jamiere Yolande Smith, M.D. This monetary penalty shall be paid to the Board within thirty (30) days of the entry of this Order.

Violation of this Consent Order shall constitute grounds for the revocation of the license of Dr. Smith. In the event Dr. Smith violates any of the terms and conditions of this Consent Order, a formal administrative hearing shall be convened to determine whether her license shall be revoked.

Pursuant to Section 54.1-2400.2(F) of the Code, the signed original of this Consent Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD:

Karen L. Perrone
 William L. Harp, M.D.
 Executive Director
 Virginia Board of Medicine

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OKLAHOMA STATE BOARD OF
MEDICAL PROFESSIONS
AND SUPERVISION

ENTERED: *August 24, 2004*

Consent Order -- Jamiere Yolande Smith, M.D.
Page 5 of 5

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SEEN AND AGREED TO:

Jamiere Yolande Smith
Jamiere Yolande Smith, M.D.

STATE OF Illinois
COUNTY/CITY OF Cook/Chgo TO WIT:

Subscribed and sworn to before me, the undersigned Notary Public, in and for the State of Illinois at large, this 28 day of July, 2004, by Jamiere Yolande Smith, M.D.

Toddee T. Smith
Notary Public

My commission expires: 11/2/07



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MEDICAL LICENSURE
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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

COMMONWEALTH of VIRGINIA

Robert A. Nebiker
DirectorDepartment of Health Professions
6603 West Broad Street, 5th Floor
Richmond, Virginia 23230-1712www.dhp.state.va.us/
TEL (804) 662-9900
FAX (804) 662-9943
TDD (804) 662-7197

July 9, 2004

Jamiere Yolande Smith, M.D.

CERTIFIED MAIL

7160 3901 9848 3160 6659

RE: License No.: 0101-045908

Dear Dr. Smith:

This letter is official notification that an informal conference of the Virginia Board of Medicine ("Board") will be held on **Wednesday, August 11, 2004, at 2:15 p.m., at the Williamsburg Marriott, 50 Kingsmill Road, Williamsburg, Virginia.** The conference will be conducted pursuant to Sections 54.1-2400(10), 2.2-4019 and 2.2-4021 of the Code of Virginia (1950), as amended ("Code").

A Special Conference Committee ("Committee") will inquire into allegations that you may have violated certain laws and regulations governing the practice of medicine and surgery in Virginia. Specifically, you may have violated Section 54.1-2915.A (3), as further defined in Section 54.1-2914.A (13), and Section 54.1-2910.1 of the Code, and Part VII of the Board's General Regulations, "Practitioner Profile System" (18 VAC 85-20-280 et seq.), in that you failed to provide, in a timely manner, the information required by Section 54.1-2910.1 of the Code and Part VII of the Board's General Regulations, "Practitioner Profile System" (18 VAC 85-20-280 et seq.).

After consideration of all information presented, the Committee may:

1. exonerate you;
2. issue you a reprimand;
3. impose a monetary penalty pursuant to Section 54.1-2401;
4. place your license on probation with such terms as it may deem

appropriate.

Notice of Informal Conference - Jamiere Yolande Smith, M.D.
July 9, 2004
Page 2 of 3

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Further, the Committee may refer this matter for a formal administrative proceeding when it has failed to dispose of a case by consent pursuant to Section 2.2-4020 of the Code.

To facilitate this proceeding, you must submit eight (8) copies of any documents you wish for the Committee to consider to Renée S. Dixon, Discipline Case Manager, Board of Medicine, 6603 West Broad Street, Fifth Floor, Richmond, Virginia 23230-1712, by **12 noon on July 23, 2004**. Your documents may not be submitted by facsimile or e-mail. Should you or Senior Adjudication Analyst Grant E. Kronenberg wish to submit any documents for the Committee's consideration after July 23, 2004, such documents shall be considered only upon a ruling by the Chair of the informal conference committee that good cause has been shown for late submission.

An attorney may represent you at the informal conference. If you obtain counsel, you should do so as soon as possible, because absent good cause to support a request for a continuance, the informal conference will be held on August 11, 2004. A request to continue this proceeding must state in detail the reason for the request and must establish good cause. Such request must be made, in writing, to me at the address listed on this letter and must be received by **12:00 noon on July 19, 2004**. Only one such motion will be considered. Absent exigent circumstances, such as personal or family illness, a request for a continuance after July 19, 2004, will not be considered.

Relevant sections of the Administrative Process Act, which govern proceedings of this nature, as well as laws relating to the practice of medicine and other healing arts in Virginia cited in this notice can be found on the internet at <http://leg1.state.va.us>. To access this information, please click on the *Code of Virginia* for statutes and *Virginia Administrative Code* for regulations.

In its deliberations, the Committee may utilize the Sanction Reference Points System, as contained in the Sanction Reference Manual. The manual, which is a guidance document of the Board, may be accessed at <http://www.dhp.virginia.gov/medicine>. Please click on *Guidance Documents*, then select #85-11. You may also request a paper copy from the Board office by calling (804) 662-7009.

Please advise the Board, in writing, of your intention to be present. Should you fail to appear at the informal conference, the Committee will convene the informal conference and make a determination regarding this matter.

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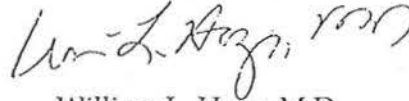
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Notice of Informal Conference – Jamiere Yolande Smith, M.D.
July 9, 2004
Page 3 of 3

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If you have any questions regarding this notice, please contact Grant E. Kronenberg, Senior Adjudication Analyst, at (804) 662-7416.

Sincerely,



William L. Harp, M.D.
Executive Director
Virginia Board of Medicine

GEK/Smith05NIC.doc

Enclosures:

Informal Conference Package
Map

cc: Kenneth J. Walker, M.D., President, Virginia Board of Medicine
Robert A. Nebiker, Director, Department of Health Professions
Renée S. Dixson, Discipline Case Manager, Board of Medicine
Grant E. Kronenberg, Senior Adjudication Analyst (93405)
Kathleen R. Nosbisch, Deputy Executive Director, Practitioner Information

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/27/2024

Applicant Name: SMITH, JAMIERE YOLANDE

MD 43401



Date Of Birth: [Redacted]

Place Of Birth (City, State): SHREVEPORT, LA

Sex: F

Race: Black

Education									
Type	Name	City	ST	Country	From	To	Degree	Comments	Veri
UG	OKLAHOMA UNIVERSITY	NORMAN	OK		8/1975	8/1978	BS		
UG	SPELMAN COLLEGE	ATLANTA	GA		8/1974	8/1975	TRANSFERRED AFTER FIRST YEAR		

Medical School Name	City	State	Country	Comments	From	To
Meharry Med Coll Sch Of Med, Nashville Tn 37208	Nashville	TN	United States		8/1978	5/1983
LSU Sch Of Med in Shreveport, Shreveport La 71130	Shreveport	LA	United States		8/1983	12/1985

Post-Graduate						
Facility	City	St	Country	Specialty	Comments	From To
HOWARD UNIVERSITY HOSPITAL	WASHINGTON	DC	UNITED S	OB/GYN		6/ 1987 6/ 1990
HOWARD UNIVERSITY HOSPITAL	WASHINGTON	DC	UNITED S	OB/GYN		6/ 1986 6/ 1987

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	To	Verif
ELAINE ELLIS CENTER OF HEALTH	OB/GYN		WASHINGTON	DC		11/2022	8/2023	
TCAHEALTH	OB/GYN		CHICAGO	IL		1/2021	5/2022	
SMITH MEDICAL GROUP	OB/GYN		CHICAGO	IL		1/2005	4/2018	
TCAHEALTH	OB/GYN		CHICAGO	IL		11/2002	1/2005	
NEAR NORTH HEALTH CENTER	OB/GYN		CHICAGO	IL		8/1993	7/1997	
PRINCE GEORGE'S HOSPITAL CENTER CONTRACTED WITH SU	OB/GYN		CHEVERLY	MD		10/1991	7/1992	
ALEXANDRIA HOSPITAL CONTRACTED BY SUNLIFE OB/GYN	OB/GYN		ALEXANDRIA	VA		10/1990	10/1991	

Other/ Out-Of-State Licenses					
State	License #	Profession	Status	Issue Date	Exp Date
DC	MD17797		U	4/6/89	12/31/24
IL	036087325		U	9/1/93	7/31/25
VA	0101045908		U	10/1/90	2/28/26
IN	01041991A		U	10/28/93	10/31/25
MD	D0038336		U	5/4/89	9/30/25

\$500

10

Oklahoma State Board of Medical Licensure and Supervision *Page 198 of 241*
APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE
Received:03/27/2024

MD Exam

<u>Exam</u>	<u>State</u>	<u>Score</u>	<u>Date Taken</u>	<u>#</u>
-------------	--------------	--------------	-------------------	----------

FLEX				
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Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/27/2024

Questions Answered 03/25/2024	Response
A. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third-party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	Y
<p>The consent order was signed due to accusations of mid level ambulatory issues within my office. At the time, I was not in the office, unknown to me members of my staff engaged in direct patient care without my knowledge. The accusations were then made to the IDPR and I was found guilty of not properly supervising my staff. The Attorney General refused to pursue any actions against me. I accepted the recommendation of the one month suspension and one year mandatory probation with supervision from the state of Illinois. I have not had any other disciplinary actions from the state of Illinois since the 2016 occurrence. It did not involve inpatient care to patients. You have the statement from my attorney on January 29, 2020.</p>	
D. Have you ever been denied or had removed or suspended hospital staff privileges?	Y
<p>During the time of my suspension and probation, I had an administrative suspension because I didn't meet membership criteria</p>	
E. Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G. Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	Y
<p>I have malpractice cases that have been settled. The last one was 2016. All are closed. I can submit my insurance run/loss hx if requested</p>	
I. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	Y
<p>report sent via FCV credentialing</p>	
K. Has your application for examination or a professional license ever been denied?	N
L. Have you ever failed any part of a licensure/certification/registration examination?	Y
<p>yes my ABOG boards</p>	
M. Have you ever surrendered a license or had a license revoked?	N
N. Has any disciplinary action been taken on any license?	Y
<p>The consent order was signed due to accusations of mid level ambulatory issues within my office. At the time, I was not in the office, unknown to me members of my staff engaged in direct patient care without my knowledge. The accusations were then made to the IDPR and I was found guilty of not properly supervising my staff. The Attorney General refused to pursue any actions against me. I accepted the recommendation of the one month suspension and one year mandatory probation with supervision from the state of Illinois. I have not had any other disciplinary actions from the state of Illinois since the 2016 occurrence. It did not involve inpatient care to patients. You have the statement from my attorney on January 29, 2020.</p>	
O. Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q. Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/27/2024

S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/27/2024

If licensed, where do you intend to locate?

OK

Why do you seek Licensure in the state of Oklahoma?

Join Established Practice

In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?

Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:

Describe the manner in which you intend to practice medicine across state lines in Oklahoma:

Have you executed or been offered a contract in connection with practice in the state of Oklahoma?

Yes

If 'Yes', Name of practice:

Neohealth

If so, Please identify with which category:

Primary Care Or Specialty Care Clinic

Name of Previous Carrier and Policy Holder

Kinsdale

Name of Current Carrier and policy Holder

kinsdale

Will your professional liability insurance policy cover your practice in Oklahoma

No

If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma

Federal Tort

I attest that all the above information is accurate as of March 26, 2024: _____ (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials 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 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 my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

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

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.



Jamie Y Smith

Applicant's signature (must be signed in the presence of a notary)

Smith, Samiere Yolande

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

4/24/24

Date of signature (must correspond to the date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left]

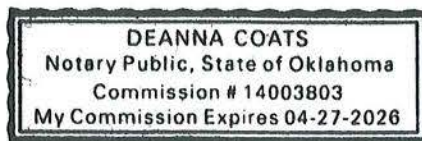
NOTARY

State of Oklahoma, County of Cherokee

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 24 day of April, 2024

Notary Public Signature Deanna Coats My Notary Commission Expires 4/27/26



*MP 43401
TS*

PRIMARY SOURCE

FCVS

FEDERATION CREDENTIALS VERIFICATION SERVICE

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Smith, Jamiere Yolande**

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

FID#: **205315187**

Recipient: **OK - Oklahoma State Board of Medical Licensure & Supervision**

Delivery Date: **03/08/2024**

RECEIVED

MAR 14 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



FEDERATION OF STATE MEDICAL BOARDS

43401
15

FCVS

FEDERATION CREDENTIALS VERIFICATION SERVICE

Affidavit and Release



Notary. Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor 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 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 me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service 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 Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.



Samiere Yolande Smith
Applicant's Signature (must be signed in the presence of a notary)

Smith
Applicant's Printed Last Name

Samiere Yolande
Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

5/19/2021
Date of Signature (must correspond to date of notarization)

State of Illinois, County of Cook

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature of his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 19th day of May, 2021.

Notary Public Signature: *Yolanda Bays-Booker*
My Notary Commission Expires: 04/08/2023



Please complete and mail this original document to the Federation of State Medical Boards at:

100 FULLER WISER ROAD | EULESS, TX 76019 | TEL (817) 368-5000

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FCVS ID Number

FCVS

205 315 187

FID Number

205315187

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Identity



Biographic Information

Medical professional Name(s): **Smith, Jamiere Yolande**

Date of Birth:



Place of Birth:

shreveport, Louisiana, UNITED STATES

Contact Information

Home Address:



Mobile Phone:

Email:

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public Is Required

Applicant Full Legal Name: Smith Jamier Yolande
Last First Middle

FCVS ID Number: FCVS 205315187

Notary – Please complete the section below:

State of IL County of Cook

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Valid Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

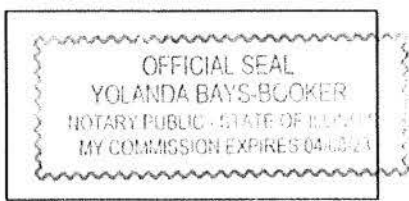
The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 19th, of (Month) May, (Year) 2021.

Notary Public Signature: [Signature]

Commission Expiration Date* (Month) 04 / (Day) 02 / (Year) 2023

* The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided. If you are in California, the notary may attach a California All-Purpose Acknowledgement form to this document.

Notary Stamp Here



Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards

ATTN: FCVS
400 Fuller Wiser Rd
Fulshear, TX 76039-3856
BCIPP

FCVS ID Number
FCVS 205 315 187

IID Number
205315187

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Chronology of Activities**

The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
08/01/1978	05/30/1982	Medical Education	Meharry Medical College School of Medicine Nashville Tennessee UNITED STATES
08/01/1982	12/19/1985	Medical Education	Louisiana State University Medical Center In Shreveport Shreveport Louisiana UNITED STATES
12/01/1985	06/01/1986	Work	LSUMC Poison control center 1541 Kings Hwy shreveport shreveport, Louisiana UNITED STATES
06/30/1986	06/30/1990	Postgraduate Training	Howard University Program Washington District Of Columbia UNITED STATES

End of Chronology of Activities report for: Smith, Jamiere Yolande



FEDERATION CREDENTIALS
VERIFICATION SERVICE

Medical Education



Medical Education

Medical School: Meharry Medical College School of Medicine

Location: Nashville, TN
UNITED STATES

Medical School: Louisiana State University Medical Center In Shreveport

Location: Shreveport, LA
UNITED STATES

Credentials Analysis Information for Medical Education

Issue:

FCVS has identified a Medical Education Discrepancy at Meharry Medical College School of Medicine.

Attendance Dates

Solution:

FCVS does not follow up when the Verification of Medical Education Form matches the information reported on the Certified Transcript.

Issue:

FCVS has identified a Medical Education Discrepancy at Louisiana State University Medical Center In Shreveport.

Attendance Dates

Solution:

FCVS does not follow up when the Verification of Medical Education Form matches the information reported on the Certified Transcript.

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? YES NO N/A

If YES, please select the reason(s) for the probation and indicate the date(s) of placement on and removal from probation.

			From MM/DD/YYYY:	To MM/DD/YYYY:
Academic Probation	Applicable	N/A	/ /	/ /
Probation for unprofessional conduct/behavior	Applicable	N/A	/ /	/ /
Probation for other reason	Applicable	N/A	/ /	/ /

Other Reason Explanation:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? YES NO N/A

If YES, please provide detailed information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? YES NO N/A

If YES, please provide detailed information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES NO N/A

If YES, please provide detailed information about the nature of the limitations or special requirements:

6. Attach Transcript 7. Would you like to upload an additional attachment? YES NO



Attestation of Person completing Verification of Medical Education document: I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Sonya Moreland
	Title: Records Coordiantor
	Signature: <small>DocuSigned by:</small> Moreland, Sonya <small>92E230BA6F334C4</small>
	Date of Signature: 5/25/2021
Email: recordsdepartment@mmc.edu	



Office of the Registrar
Division of Student Affairs

February 28, 2020

FCVS
400 Fuller Wiser Road, Suite
300 Euless, Texas 76039

To Whom It May Concern:

Please note, Miacia Porter, Registrar, Jocelyn Cordell, Associate Registrar, and Sonya Moreland, Records Coordinator, are all authorized to complete FSMB request as official members of Meharry Medical College Office of the Registrar.

If additional information is needed or if you have any questions or need additional information, please contact me at mfporter@mmc.edu.

Sincerely,
Miacia Porter
Miacia Porter
Registrar

MEHARRY MEDICAL COLLEGE
Nashville, Tennessee

Name SMITH, Jamiere Yolande	S.S.# [REDACTED]	Matriculation Date AUGUST 22, 1978
Received application for admission to year (1) 2 3 4	Curriculum MEDICINE	Test Scores
Records from: UNIVERSITY OF OKLAHOMA, Norman, OK	College Degree	Date
SPELMAN COLLEGE, Atlanta, GA	Place of Birth Shreveport, LA	Birthdate [REDACTED]
	Parent [REDACTED] / Rural Development Specialist	
	Home Address [REDACTED]	

PROGRESS	Degree Conferred
First Year: ADVANCED TO THE SOPHOMORE YEAR	Signed:
Second Year: REQUIRED TO REPEAT COURSE FAILED WHEN NEXT OFFERED	
3rd Yr:	Dir. Adm. and Records
4th Yr:	
5th Yr:	Date:
6th Yr: ADVANCED TO THE JUNIOR YEAR; TRANSFERRED SEPT. 6, 1983.	

Course	Course Number	GR	Hours	Course	Course Number	GR	Hours
[REDACTED] SCHOOL YEAR 1978-79				[REDACTED] SCHOOL YEAR 1980-81			
BEHAVIORAL SCIENCES	PCY301-2 P		63	LEGAL MEDICINE ELECTIV	MED451A2 P		160
BIOCHEMISTRY	BIC301-2 P		177	MICROBIOLOGY	MIC401-2 P		0
CELL BIOLOGY	BI0341 P		71	MICROBIOLOGY (R)	MIC401-2 P		215
CLINICAL CORRELATION	CLC301-2 P		40	Total Clock Hours-----375			
FAMILY AND COMMUNITY H	FCH301-2 P		37				
MICROSCOPIC ANATOMY	ANA303-4 P		149				

Course	Course Number	GR	Hours
[REDACTED] SCHOOL YEAR 1978-79			
NEURO ANATOMY	ANA305-6 P		60
PHYSIOLOGY	PHY301-2 P		177
SCIENTIFIC COMMUNICATI	ENG321 P		36
**HUMAN GROSS ANATOMY	ANA301-2 P		262
Total Clock Hours-----			1072
**Taken Summer, 1979			

Course	Course Number	GR	Hours
[REDACTED] SCHOOL YEAR 1979-80			
BIO-DYNAMICS	BI0482 S		44
FAMILY AND COMMUNITY H	FCH401-2 P		70
GENETICS	BI0481 P		36
MICROBIOLOGY/PARASITOL	MIC401-2 P		0
PATHOLOGY (GEN. & CLIN.	PAT401-2 P		282
PHARMACOLOGY	PHA402 P		179

Course	Course Number	GR	Hours
[REDACTED] SCHOOL YEAR 1979-80			
PHYSICAL DIAGNOSIS	MED422 P		110
PSYCHIATRY	PCY401-2 P		70
Total Clock Hours-----			791

MEHARRY MEDICAL COLLEGE
Nashville, Tennessee

Name SMITH, Janiere Yolande	S.S.# [REDACTED]	Matriculation Date AUGUST 22, 1978
Received application for admission to year (1) 2 3 4	Curriculum MEDICINE	Test Scores
Records from: UNIVERSITY OF OKLAHOMA, Norman, OK	College Degree	Date
SPELMAN COLLEGE, Atlanta, GA	Place of Birth Shreveport, LA	Birthdate [REDACTED]
	Parent [REDACTED]/Rural Development Specialist	
	Home Address [REDACTED]	

PROGRESS	Degree Conferred
First Year: ADVANCED TO THE SOPHOMORE YEAR	Signed:
Second Year: REQUIRED TO REPEAT COURSE FAILED WHEN NEXT OFFERED	Dir. Adm. and Records
3rd Yr:	
4th Yr:	
5th Yr:	Date:
6th Yr: ADVANCED TO THE JUNIOR YEAR; TRANSFERRED SEPT. 6, 1983.	

Course	Course Number	GR	Hours	Course	Course Number	GR	Hours
[REDACTED] SCHOOL YEAR 1978-79				[REDACTED] SCHOOL YEAR 1980-81			
BEHAVIORAL SCIENCES	PCY301-2	P	63	LEGAL MEDICINE ELECTIV	MED451A2	P	160
BIOCHEMISTRY	BIC301-2	P	177	MICROBIOLOGY	MIC401-2	P	0
CELL BIOLOGY	BI0341	P	71	MICROBIOLOGY (R)	MIC401-2	P	215
CLINICAL CORRELATION	CLC301-2	P	40	Total Clock Hours-----375			
FAMILY AND COMMUNITY H	FCH301-2	P	37				
MICROSCOPIC ANATOMY	ANA303-4	P	149				

Course	Course Number	GR	Hours
[REDACTED] SCHOOL YEAR 1978-79			
NEURO ANATOMY	ANA305-6	P	60
PHYSIOLOGY	PHY301-2	P	177
SCIENTIFIC COMMUNICATI	ENG321	P	36
**HUMAN GROSS ANATOMY	ANA301-2	P	262
Total Clock Hours-----			1072
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BIO-DYNAMICS	BI0482	S	44
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GENETICS	BI0481	P	36
MICROBIOLOGY/PARASITOL	MIC401-2	P	0
PATHOLOGY (GEN. & CLIN.	PAT401-2	P	282
PHARMACOLOGY	PHA402	P	179

Course	Course Number	GR	Hours
[REDACTED] SCHOOL YEAR 1979-80			
PHYSICAL DIAGNOSIS	MED422	P	110
PSYCHIATRY	PCY401-2	P	70
Total Clock Hours-----			791

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****Medical School**

Medical Professional Name: Smith, Jamiere Yolande

Meharry Medical College School of Medicine

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education? Yes

Dates: 01/1980 To 08/1982

failed subject area board and had to redo test, retook Microbiology at UAB, then transferred to LSUMC@Shreveport

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Smith, Jamiere Yolande



Institution Name: Louisiana State University Medical Center In Shreveport

City: Shreveport

State/Province: Louisiana

Country: UNITED STATES

Premedical Education:

Years of education required for admission to your medical school: 4

Credential/degree presented by the applicant for admission to your medical school: Baccalaureate

Enrollment and Participation:

Our records indicate that **Smith, Jamiere Yolande**
 attended our medical school for a total of **164** weeks of medical education on the following dates: From MM/DD/YYYY: 07/01/1983 To MM/DD/YYYY: 12/19/1985
 This individual was awarded the degree of **Doctor of Medicine** on 12/19/1985

DS
kl

Unusual circumstances

1. Do this individual's official records reflect (an) interruption(s) in his/her medical education? YES NO X N/A

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	Applicable	N/A	From MM/DD/YYYY:	To MM/DD/YYYY:
Personal/Family	Applicable	N/A	/ /	/ /
Academic remediation	Applicable	N/A	/ /	/ /
Health	Applicable	N/A	/ /	/ /
Financial	Applicable	N/A	/ /	/ /
Participation in joint degree program (e.g., MD/PhD)	Applicable	N/A	/ /	/ /
Other	Applicable	N/A	/ /	/ /

Other Explanation:

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? YES NO N/A

If YES, please select the reason(s) for the probation and indicate the date(s) of placement on and removal from probation.

			From MM/DD/YYYY:	To MM/DD/YYYY:
Academic Probation	Applicable	N/A	/ /	/ /
Probation for unprofessional conduct/behavior	Applicable	N/A	/ /	/ /
Probation for other reason	Applicable	N/A	/ /	/ /

Other Reason Explanation:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? YES NO N/A

If YES, please provide detailed information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? YES NO N/A

If YES, please provide detailed information about the circumstances and outcome(s):

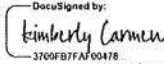
5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES NO N/A

If YES, please provide detailed information about the nature of the limitations or special requirements:

6. Attach Transcript 7. Attach Diploma 8. Do you have a Dean's Letter to Attach? YES NO 9. Would you like to upload an additional attachment? YES NO



Attestation of Person completing Verification of Medical Education document: I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Kimberly Carmen
	Title: Registrar
	Signature: 
	Date of Signature: 5/28/2021
Email: KHatch@1suhsc.edu	

Name: SMITH, JAMIERE
 SSN: [REDACTED]
 Birthdate: [REDACTED]

Print Date: 5/28/2021
 Reason: Verification

Date Graduated: 12/19/1985
 Degree Awarded: DOCTOR OF MEDICINE

Degree

Institutions Attended

LOUISIANA ST U BATONROUGE
 From: 1971 To: 1975 Degree: BACHELOR OF SCIENCE
 --- Beginning of MEDICINE, SHREVEPORT Record ---

ELECT	RADI	RADIOLOGY	160.00	160.00	P	0.00
FM&CC	0241	FAM. MED. & CC	192.00	192.00	P	0.00
MEDIC	0241	CLINICAL MED.	256.00	256.00	C	512.00
OBGYN	0241	OBGYN	128.00	128.00	C	256.00
PEDS	0241	PEDIATRICS	128.00	128.00	C	256.00
PSYCH	0241	PSYCHIATRY	128.00	128.00	B	384.00
SURG	0241	SURGERY	128.00	128.00	B	384.00

TERM GPA: 2.33 TERM TOTALS: 1,600.00 1,600.00 1,792.00
 CUM GPA: 1.87 CUM TOTALS: 2,999.00 2,519.00 3,525.00

--- End of Transcript ---

Academic Year 1983-84

Course	Description	Attempted	Earned	Grade	Points
TRANSFERRED FROM MAHARRY MED. COLLEGE					
ANEST 0231	ANESTHESIOLOGY	24.00	24.00	C	48.00
FM&CC 0231	FAMILY MEDICINE	280.00	280.00	P	0.00
MEDIC 0231	MEDICINE 231	320.00	0.00	F*	0.00
OBGYN 0231	OB GYN 231	160.00	0.00	F*	0.00
OPHTH 0231	OPHTHALMOLOGY	24.00	24.00	A	96.00
ORTHO 0231	ORTHOPAEDICS	24.00	24.00	B	72.00
OTOR 0231	OTOLARYNGOLOGY	24.00	24.00	C	48.00
PEDS 0231	PEDIATRICS 231	160.00	160.00	B	480.00
PHARM 0231	PHARMACOLOGY	15.00	15.00	B	45.00
PSYCH 0231	PSYCHIATRY 231	160.00	160.00	C	320.00
SURG 0231	SURGERY 231	160.00	160.00	B	480.00
SURG 0231	NEUROSURGERY	24.00	24.00	A	96.00
UROL 0231	UROLOGY	24.00	24.00	C	48.00

*SATISFACTORY REMEDIAL COMPLETED

TERM GPA: 1.55 TERM TOTALS: 1,399.00 919.00 1,733.00
 CUM GPA: 1.55 CUM TOTALS: 1,399.00 919.00 1,733.00

Academic Year 1984-85

Course	Description	Attempted	Earned	Grade	Points
ELECT DERM	DERMATOLOGY	80.00	80.00	P	0.00
ELECT EKG	CARDIOLOGY-EKG	80.00	80.00	P	0.00
ELECT OBGN	OB/GYN	160.00	160.00	P	0.00
ELECT OBGY	OB-GYN	160.00	160.00	P	0.00

Send To:

Name: SMITH, JAMIERE

Page 2 of 2

SSN: [REDACTED]

Birthdate: [REDACTED]

Print Date: 5/28/2021
Reason: Verification

Degree

Date Graduated: 12/19/1985
Degree Awarded DOCTOR OF MEDICINE

--- Beginning of GRADUATE Record ---

Spring 1983

<u>Course</u>	<u>Description</u>	<u>Attempted</u>	<u>Earned</u>	<u>Grade</u>	<u>Points</u>
ANAT 0192	MICRO ANATOMY	5.00	0.00	AU	0.00
ANAT 0196	NEUROANATOMY	4.00	4.00	C	8.00
PHYS 0194	HUM PHYS	9.00	9.00	C	18.00
TERM GPA: 2.00	TERM TOTALS:	18.00	13.00		26.00
CUM GPA: 2.00	CUM TOTALS:	18.00	13.00		26.00

---- End of Transcript ----

Send To:

Louisiana State University and Agricultural and Mechanical College



Medical Center

On the nomination of the Faculty of the
School of Medicine in Shreveport
has conferred upon

Jamiera H. Smith

the degree of

Doctor of Medicine

with all the Honors, Rights, and Privileges to that degree appertaining.

In Testimony Whereof, the seal of the University and the signatures
as authorized by the Board of Supervisors are hereunto affixed.

Given at New Orleans, Louisiana on the nineteenth day of December in the year nineteen hundred and eighty-five.

John H. Cole, Jr.
Chairman of the Board of Supervisors
Albert G. Copping
President

Perry D. Rigby
Secretary
Paul McWilliam
Dean



FEDERATION CREDENTIALS
VERIFICATION SERVICE

Applicant Reported Unusual Circumstances



Medical School

Medical Professional Name: Smith, Jamiere Yolande

Louisiana State University Medical Center In Shreveport

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Smith, Jamiere Yolande

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Postgraduate Training



Postgraduate Training

Accreditation ID: 2201021065
Institution: Howard University Program
Location: Washington, DC
UNITED STATES

Credentials Analysis Information for Postgraduate Training

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE

Verification of Postgraduate Medical Education

Accreditation Code: 2201021065

Institution Name: Howard University Program

Affiliated University: Howard University Hospital

City: Washington

State: District of Columbia

Country: United States

Verification For: Jamiere Yolande Smith

Date of Birth: [REDACTED]

Program Participation:

PGY: 1	Accredited By: ACGME	Status: Complete
Specialty: Obstetrics & Gynecology		
From: 06/27/1986	To: 06/26/1987	Program Type: Internship/Residency
PGY: 2	Accredited By: ACGME	Status: Complete
Specialty: Obstetrics & Gynecology		
From: 07/01/1987	To: 06/30/1988	Program Type: Internship/Residency
PGY: 3	Accredited By: ACGME	Status: Complete
Specialty: Obstetrics & Gynecology		
From: 07/01/1988	To: 06/30/1989	Program Type: Internship/Residency
PGY: 4	Accredited By: ACGME	Status: Complete
Specialty: Obstetrics & Gynecology		
From: 07/01/1989	To: 06/30/1990	Program Type: Internship/Residency
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:
PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

FID: 205315187

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

To report additional training, include training as an attachment at the end of page 2.

Unusual Circumstances

- 1. Did this individual ever take a leave of absence from his/her training? Yes No Not Available

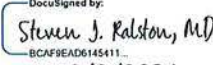
- 2. Was this individual ever placed on probation? Yes No Not Available

- 3. Was this individual ever disciplined or placed under investigation? Yes No Not Available

- 4. Were any negative reports for behavioral reasons ever filed by instructors? Yes No Not Available

- 5. Were any limitations or special requirements placed upon this individual because of academic incompetence, disciplinary problems, or any other reason? Yes No Not Available

Attestation of Person completing Verification of Postgraduate Training document (Program Director): I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Steven J. Ralston, MD	Degree: MD
	Title: Program Director	
	Signature: 	
	Date of Signature: 6/3/2021	

Would you like to upload an additional attachment (e.g. Rotation Schedule)? Yes No
 If reporting additional years in the attachment, include PGY year, specialty, start date, end date, status and program type.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances****Graduate Medical Education**

Medical Professional Name: Smith, Jamiere Yolande

Accreditation ID: 2201021065

Institution: Howard University Program

Specialty: Obstetrics & Gynecology

Unusual Circumstances

Training Period: 6/30/1986 - 6/30/1990 Internship/Residency

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Smith, Jamiere Yolande

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Licensure / Examinations



Licensure / Examinations

Exam: NewFLEX

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



FEDERATION LICENSING EXAMINATION (FLEX) Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

Recipient:

Federation Credentials Verification Service

ATTN: FCVS

FCVSID:

866728

Examinee:

Smith, Jamiere Yolande

USMLE ID:

21326095

DOB:

[REDACTED]

Alt Name(s):

It is certified that the above named physician took the Federation Licensing Examination on the date(s) entered below for the State Medical Licensing Board(s) listed and obtained the following scores:

<u>Date of Exam</u>	<u>State Exam Taken For</u>	Date of Certification: 3/8/2024	
		<u>Comp 1</u>	<u>Comp 2</u>
6/10/1986	LOUISIANA	71	70
12/1/1987	DC	73	73
6/14/1988	DC	72	72
12/6/1988	DC	75	75

COMPONENT 1 of FLEX is designed to evaluate measurable aspects of the knowledge and understanding of basic clinical sciences, with specific emphasis on principles and mechanisms underlying disease and modes of therapy.

COMPONENT 2 of FLEX is designed to assess the additional cognitive abilities required of physicians who will ultimately assume independent responsibilities for the general health care of patients.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals information on this examinee. The Physician Data Center Report is enclosed.



FEDERATION LICENSING EXAMINATION (FLEX) Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

EXAMINEE: Smith, Jamiere Yolande

FLEX HISTORY AND INTERPRETATION OF RESULTS

The Federation Licensing Examination (FLEX) began in 1968 as a three day examination designed to provide medical licensing authorities with a high-quality, objective and standardized examination for assessing physician preparedness prior to obtaining an unrestricted license to practice medicine. The FLEX reported aggregate scores in three areas: basic science, clinical science, and clinical competence. These areas were weighted in the following manner: basic science (x1), clinical science (x2) and clinical competency (x3). The Federation calculated a FLEX weighted average for each administration of the examination by totaling these three areas and dividing by six (6). A FLEX weighted average was only produced when examinees completed all three days of testing during a given administration. The Federation provided a recommended minimum passing score of 75 for the FLEX weighted average.

In 1985 as part of the ongoing efforts to enhance and improve examinations for physician license, the FLEX was updated which resulted in a change to the examination structure and how scores were reported. Beginning in 1985, the FLEX consisted of two complementary component examinations, each 1.5 days in length. Component 1 measured aspects of knowledge and understanding of basic and clinical science principles and mechanisms underlying disease and modes of therapy. Component 2 measured additional knowledge and cognitive abilities required of a physician assuming independent responsibility for the general delivery of patient care. The Federation provided a recommended minimum passing score of 75 for both Component 1 and 2. Passage of the FLEX required passing both Component 1 and 2.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the FLEX transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

ABMS® Board Certification Credentials Profile

A service provided by the American Board of Medical Specialties

[New Search](#) | [Search Results](#) | [Email For Feedback](#) | [Save Physician](#) | [Print Profile](#)

To become Board Certified, a physician must achieve expertise in a medical specialty or subspecialty that meets the profession-driven standards and requirements of one (or more) of the 24 ABMS certifying boards. To maintain Board Certification, the certifying boards may require physicians, depending on their date of initial certification, to participate in on-going programs of continuing learning and assessment (Maintenance of Certification) designed to help them remain current in an increasingly complex practice environment.

Jamiere Yolande Smith (ABMSUID - 710028)

Viewed:4/5/2024 7:49:01 PM UTC

DOB: ██████████
Education: 1985 MD (Doctor of Medicine)
Address: Chicago, IL 60615 (United States)

Individual NPI 1 : 1720042922

Show Active Medical License(s) 2 :

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION



**American Board
of Medical Specialties**

Higher standards. Better care.®

Board Certification(s):

PRIMARY
SOURCE



American Board of Obstetrics & Gynecology

Obstetrics & Gynecology - General

Status: Certified

Status	Duration	Occurrence	Start Date - End Date	☀️ Participating in MOC
Active	Time-Limited	Recertification	12/31/2023 - 12/31/2024	Yes
Expired	Time-Limited	Recertification	12/31/2022 - 12/31/2023	
Expired	Time-Limited	Recertification	12/31/2017 - 12/31/2018	
Expired	Time-Limited	Recertification	12/31/2016 - 12/31/2017	
Expired	Time-Limited	Recertification	12/31/2015 - 12/31/2016	
Expired	Time-Limited	Recertification	12/31/2014 - 12/31/2015	
Expired	Time-Limited	Recertification	12/31/2013 - 12/31/2014	
Expired	Time-Limited	Recertification	12/16/2012 - 12/31/2013	
Expired	Time-Limited	Recertification	12/31/2011 - 12/31/2012	
Expired	Time-Limited	Recertification	12/31/2010 - 12/31/2011	
Expired	Time-Limited	Recertification	12/31/2009 - 12/31/2010	
Expired	Time-Limited	Recertification	12/31/2008 - 12/31/2009	
Expired	Time-Limited	Recertification	12/31/2007 - 12/31/2008	
Expired	Time-Limited	Initial Certification	01/11/2002 - 12/31/2007	

43401
M

Learn more about Obstetrics & Gynecology MOC program

1 NPI: Not for Primary Source Verification (PSV).

2 State of Licensure provided by Federation of State Medical Boards (FSMB): Not for Primary Source Verification (PSV).



ETHICS · HONOR · SKILL

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Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

All information as presented by ABMS Solutions products are approved for professional use and are considered Primary Source Verified (PSV) and meet the primary source verification requirements as set by The Joint Commission, NCQA, URAC and other key accrediting agencies.

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AND SUPERVISION

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET
OKLAHOMA CITY OK 73105
 Phone: (405)962-1400 Fax: (405)962-1440 email: licensing@okmedicalboard.org

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OKLAHOMA STATE BOARD OF
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To Request Examination Scores	
For National Board Scores	For FLEX or USMLE Scores
National Board of Medical Examiners PO Box 48014 Newark, NJ 07101-4814 (215) 590-9500 www.NBME.org	Federation of State Medical Boards 400 Fuller Wiser Road Eules, TX 76039-3855 (817) 868-4000 www.FSMB.org

6. **Extended Background Check** – Applicants for licensure are required to request an Extended Background Check.
 7. **Evidence of Status Form** - In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
 8. **Photo and Oath Form** – Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
 9. **Telemedicine Form** – Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
 10. **English Proficiency Exam** – Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3)** – The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 2. Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Jamiera Y Smith
 Name of Applicant (type or print)

Jamiera Y Smith
 Signature of Applicant

4/23/24
 Date

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

MD 43401
 TS

TIME DEFICIENCY FORM

Name: <u>Smith, Jamiere</u>	Application # <u>43401</u>
-----------------------------	----------------------------

We must account **for any/all time from your 18th birthday to present.** Please complete this form to the best of your recollection for the times indicated.

EDUCATION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree

WORK HISTORY							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
7	1992	7	93	worked @ Sunlife OB/SYN	Alexandria Va		OB Hospitalist
					Chevely	MD	"
7	1993	8	1997	Dear North Health Assoc	Chic	IL	lead org / SYN

OTHER ACTIVITY							
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State	

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TIME DEFICIENCY FORM

Name:	Smith Jamiere	Application #	43401
-------	---------------	---------------	-------

We must account for any/all time from your 18th birthday to present. Please complete this form to the best of your recollection for the times indicated.

EDUCATION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree

WORK HISTORY							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
7	93	8	97	completed AHC Repayment	Chic	IL	Staff On Lead
7	97	11	2002	Trinity Hosp.	Chic	IL	Urgent OB
9	93	12	2000	PHCC	Chic	IL	Staff OB

OTHER ACTIVITY							
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State	

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MD 43401
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TIME DEFICIENCY FORM

Name:	Smith, Jamiere	Application #	43401
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We must account for any/all time from your 18th birthday to present. Please complete this form to the best of your recollection for the times indicated.

EDUCATION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree

WORK HISTORY							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
9	93	1	2000	Provident Hosp. of OK	Chic	OK	OR Staff
9	93	12	1997	Sunlife OB / HYN-PHCC	Chic	OK	OR Staff
8	97	4	2002	Urgent OB / Trinity	Chic	OK	OR Hospitalist
11	2002	1	2005	TCA Health	Chic	OK	Staff OR

OTHER ACTIVITY							
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State	

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MD 43401
TS

TIME DEFICIENCY FORM

Name:	Smith, Jamiere Y	Application #	43401
-------	------------------	---------------	-------

We must account for any/all time from your 18th birthday to present. Please complete this form to the best of your recollection for the times indicated.

EDUCATION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree

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 AND SUPERVISION

WORK HISTORY							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
5	2018	8	2018	TCA Health	Chic	IL	Interim CMD
9	2019	12	2019	TCA Health	Chic	IL	Staff OB/GYN

OTHER ACTIVITY							
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State	
4	2018	3	2019	medical leave	Chic	IL	
1	2018	1	2019	suspended & Reinstated	Chic	IL	
1	2019	8	2019	Awaiting Reinstatement hearing	Chic	IL	

not a duplicate

MP 43401
 TS

TIME DEFICIENCY FORM

Name:	Smith Jamiere Y	Application #	43401
-------	-----------------	---------------	-------

We must account for any/all time from your 18th birthday to present. Please complete this form to the best of your recollection for the times indicated.

EDUCATION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree

WORK HISTORY							
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
1	2021	5	2022	TCA Health	Chic	IL	Staff OB
5	2022	11	2022	medical illness vacation & job search	Chic	IL	-

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MEDICAL LICENSURE
AND SUPERVISION

OTHER ACTIVITY							
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	City	State	
1	2020	4	2020	Vacation	Chic	IL	
4	2020	12	2020	Severe covid @ Rehabilitation	Chic	IL	

not a duplicate

MD 43401
TS

04/05/2024

JAMIERE YOLANDE SMITH

**Check Your Application
Status Online at:**
<http://www.okmedicalboard.org>
Username:AP22893502
Password:Last 4 SSN

RE: MD Application #43401

Dear JAMIERE SMITH,

**YOU CANNOT PRACTICE YOUR PROFESSION IN THE STATE
OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.**

This deficiency list may or may not contain all required deficiencies. Please **allow 30 business days** for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. If you have further questions at that time, you may email the Licensing Staff at licensing@okmedicalboard.org or call (405) 962-1470.

Review of your application for licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

Extended Background Check
Time Deficiency Form for: 5/1981 - 7/1983, 12/1985 - 6/1986, 6/1990 - 10/1990, 7/1992 - 8/1993,
7/1997 - 11/2002, 4/2018 - 1/2021, 5/2022 - 11/2022, 8/2023 - PRESENT (MUST USE TIME
DEFICIENCY FORM)
Application Instructions
OATH

If a "Time Deficiency" is listed, please e-mail licensing@okmedicalboard.org with your activities during the specified time frame.

Any of the required forms in the list above may be downloaded from our website:
<http://www.okmedicalboard.org/resources>

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP22893502 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please email licensing@okmedicalboard.org or call (405) 962-1470.

Sincerely,

Kenna Shaw

Kenna Shaw

Dept. of Licensing

Encl