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STATE OF MAINE

BOARD OF REGISTRATION IN MEDICINE

LOCATION: TWO BANGOR STREET

MAILING ADDRESS: STATE HOUSE STATION #137

AUGUSTA, MAINE 04333

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WILLIAM C. McPECK
ASST. EXECUTIVE DIRECTOR

May 25, 1994

FILE COPY

Alf Jordan, M.D.
28 Blueberry Cove
Yarmouth ME 04096

Dear Dr. Jordan:

I am pleased to inform that at its meeting on May 10, 1994, the Board of Registration in Medicine reviewed your request to be released from the consent agreement you signed with the Board in December of 1989 and voted to release you from the conditions.

The Board is pleased to hear that your hypertension remains controlled. With your release from the consent agreement, you will not need to report this information for your upcoming renewal.

If you have any questions, please feel free to contact me.

Very truly yours,

A handwritten signature in cursive script that reads "William C. McPeck".

William C. McPeck
Acting Executive Director

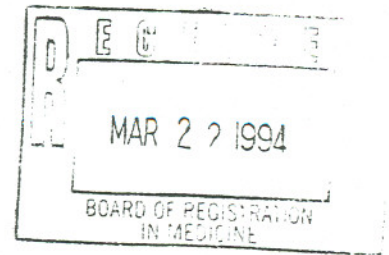
WCM:jmm

Tried to reach you unsuccessfully by telephone to give you the news. Wmcp

ALF JORDAN, M.D., F.A.C.S.

28 BLUEBERRY COVE
YARMOUTH, MAINE 04096

207 / 846-9768



March 18, 1994

David R. Hedrick, Executive Director
Maine Board of Registration in Medicine
State House Station #137
Augusta, ME 04333

RE: Consent Agreement Regarding Conditional Licensure

Dear Mr. Hedrick,

This is to formally request waiver of the requirement for documented physician evaluation as a condition of my licensure. This condition and requirement were agreed to in the consent signed in December, 1989 and have been met for the renewals since that time.

The last paragraph of the first page of the agreement reads, in part: "... that this condition shall remain in effect at least [emphasis added] until application for license registration for the biennium commencing July 1, 1994, at which time the licensee may apply in writing ...for removal ... "

Accordingly, I respectfully request the board to waive or remove the condition for the upcoming renewal application and for any future renewals.

My health remains good with the hypertension satisfactorily controlled by medication and diet. My current medical activities are in the field of long term care of the elderly, one which seems sadly neglected by many of our busy practitioners.

Trusting that the Board will take considered action on this matter, I remain,

Sincerely yours,

Alf Jordan, M.D.

AJ/wp

CC: William C. McPeck, Assistant Executive Director

State of Maine
Board of Registration in Medicine
2 Bangor Street
State House Station #137
Augusta, ME 04333
(207)289-3601

In re: Alf Jordan, M.D.
15 Covese Road
Cumberland Foreside, ME 04110

CONSENT AGREEMENT REGARDING
CONDITIONAL LICENSURE

This document is a Consent Agreement regarding the issuance of a conditional license to practice medicine and surgery in Maine to Alf Jordan, M.D. This Consent Agreement is entered into between Dr. Jordan and the State of Maine Board of Registration in Medicine (the "Board"), and is entered into pursuant to the Board's authority as set forth in 32 M.R.S.A. §3282-A(1).

WHEREAS, Alf Jordan, M.D. has applied for a license and registration to practice medicine and surgery in Maine pursuant to 32 M.R.S.A. §3270;

WHEREAS, Dr. Jordan has reported to the Board of Registration in Medicine a medical history of hypertension with secondary stroke and a second stroke occurring during diagnostic angiogram which left Dr. Jordan with residual of left homonymous hemianopsia;

WHEREAS, the Board of Registration in Medicine has found that Dr. Jordan's hypertensive disease is presently medically under control and his physical condition is not presently impairing;

WHEREAS, the Board of Registration in Medicine has found Dr. Jordan to be qualified for licensure pursuant to 32 M.R.S.A. §3271 and §3275 except for a concern about the potential for physical impairment in the future as a result his chronic hypertensive disease;

NOW THEREFORE, the Board and Dr. Jordan agree the Dr. Jordan shall be granted a conditional license to practice medicine and surgery in the State of Maine, with that specific condition being the requirement that Dr. Jordan shall cause his attending physician to submit to the Board, at least as often as biennially in conjunction with Dr. Jordan's application for reregistration of license, or at any time when Dr. Jordan's condition may have deteriorated to a point which might reasonably be determined to be impairing in medical practice, a written report which comments fully on Dr. Jordan's current physical condition. The report shall include a specific statement whether Dr. Jordan has any current physical or mental limitations which in any manner could affect Dr. Jordan's practice of medicine.

AND, it is further agreed that this condition shall remain in effect at least until application for license reregistration for the biennium commencing July 1, 1994, at which time the licensee may apply in writing to the Board for removal of this condition, which removal shall be at the Board's sole discretion.

Consent Agreement in re Alf Jordan, M.D.

MISCELLANEOUS PROVISIONS:

A. NOTICE: Unless otherwise specified by a subsequently approved and adopted change in this Consent Agreement, written notice shall be deemed served when:

(1) Notice to the Board shall be served when actually received at the Board's office addressed as follows:

David R. Hedrick, Executive Director
Maine Board of Registration in Medicine
State house Station #137
Augusta, ME 04333

(2) Notice to the licensee shall be served when deposited in the U.S. Postal Service system addressed as follows:

Alf Jordan, M.D.
15 Coveside Road
Cumberland Foreside, ME 04110

(3) The licensee shall notify the Board in writing of any change in his office and home mailing address within 10 days of the effective date of change.

B. COSTS: All costs incurred in performance of the terms and conditions of this Consent Agreement shall be borne by the licensee.

C. MODIFICATION OF CONSENT AGREEMENT: This Consent Agreement cannot be modified orally. It can only be modified by a writing signed by the parties hereto and approved by the Maine Department of Attorney General.

(1) Requests for modification made by the licensee shall be made in writing addressed to the Board.

(2) The Board may also propose modification by sending a written proposal to the licensee.

D. ADVICE OF COUNSEL: The licensee has been informed that he has the right to legal counsel. He has the right to consult with an attorney before entering into this Consent Agreement.

E. WAIVER OF RIGHT TO APPEAL BOARD'S DECISION: Dr. Jordan voluntarily enters into this Consent Agreement, and he recognizes that by doing so he waives any right to appeal the Board's decision to issue him a conditional license. This waiver of right to appeal does not apply to any proposed future modification or discipline of Dr. Jordan's license.

Consent Agreement in re Alf Jordan, M.D.

I, ALF JORDAN, M.D., HAVE READ AND I UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT, AND THERE IS NO OTHER AGREEMENT OF ANY KIND, WRITTEN, VERBAL, OR OTHERWISE.

Dated: Nov. 24, 1989

[Signature]
ALF JORDAN, M.D.

STATE OF MAINE
County of CUMBERLAND, ss.

Before me, this 24th day of NOVEMBER, 1989, at (city) YARMOUTH, (state) MAINE, personally appeared Alf Jordan, M.D., known to me, who, first being duly sworn, signed the foregoing Consent Agreement in my presence or affirmed that the signature above is his own.

Dated: NOVEMBER 24, 1989

[Signature]
NOTARY PUBLIC or ATTORNEY AT LAW
My Commission Expires: ALAN W. LOVELL
NOTARY PUBLIC, MAINE
MY COMMISSION EXPIRES MARCH 27, 1993

ADOPTED AND IMPLEMENTED BY THE STATE OF MAINE BOARD OF REGISTRATION IN MEDICINE ON THE DATE SET FORTH BELOW.

Dated: 12/4, 1989

[Signature]
EDWARD DAVID, M.D., Chair

APPROVED:

Dated: Dec. 14, 1989

STATE OF MAINE
DEPARTMENT OF ATTORNEY GENERAL

[Signature]
by: KENNETH W. LEHMAN
Assistant Attorney General