

STATE OF ALABAMA)
MONTGOMERY COUNTY)

**AMENDED VOLUNTARY RESTRICTION ON CERTIFICATE
OF QUALIFICATION AND LICENSE TO PRACTICE MEDICINE**

The undersigned, JEFFREY COYKENDALL, M.D., does hereby voluntarily request and consent that the following restrictions be placed upon his certificate of qualification and license to practice medicine in Alabama, license number MD.42202.

These restrictions are voluntarily entered upon by me, I sign this document willingly, I execute it as my free and voluntary act for the purposes herein expressed, and I am of sound mind and under no constraint or undue influence. I understand and agree that these voluntary restrictions shall continue in full force and effect until they are modified, amended, or terminated by the Alabama Board of Medical Examiners ("the Board") at my written request.

RESTRICTIONS

1. I agree to limit my practice in Alabama to the personalized assessment and targeted remediation re-entry program administered by St. Vincent's East Family Medicine Residency Program ("St. Vincent's") for the time period October 10, 2022, through February 10, 2023.

2. I agree that termination of the restrictions placed on my certificate of qualification and license to practice medicine will only be considered upon the endorsement by St. Vincent's and the Alabama Professionals Health Program ("APHP") that I am able to practice medicine with reasonable skill and safety to patients.

3. I agree that I will obtain a health evaluation from APHP.

4. During the period of this Voluntary Restriction, I shall notify the Board of any change of my residence address and any change in my medical practice location or employment and shall provide the reason for such change.

RPENALTIES FOR VIOLATION

The failure or refusal to satisfy any one or more of the requirements and conditions stated in paragraphs 1 through 4 shall constitute a violation of this Voluntary Restriction. Any violation of this

Voluntary Restriction, if established after notice and hearing as provided by the Alabama Administrative Procedure Act and the Rules and Regulations of the Medical Licensure Commission, shall constitute grounds for the suspension, restriction, or revocation of the named physician's license to practice medicine in Alabama or the imposition of any other penalty authorized by Ala. Code §§ 34-24-361 and 34-24-381(2002).

DISCLOSURE NOTICE

This Voluntary Restriction constitutes a public record of the Alabama Board of Medical Examiners and will be reported by the Board to the Federal National Practitioner Data Bank and the Federation of State Medical Boards disciplinary data bank. This voluntary restriction may be released by the Alabama State Board of Medical Examiners to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

CERTIFICATION

I certify that I have read the foregoing Voluntary Restriction on my certificate of qualification to practice medicine in Alabama, that I understand the terms and conditions thereof, and that the same are entered into by me, voluntarily, this 23 day of September, 2022.

Jeffrey Coykendall
JEFFREY COYKENDALL, M.D.

138 Salisbury Lane
Birmingham, AL 35242
(Address)

407.592.9947
(Telephone Number)

Witness/Attorney for Dr. Coykendall

**BEFORE THE MEDICAL LICENSURE COMMISSION
OF ALABAMA**

In re the Matter of:

JEFFREY COYKENDALL, M.D.

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ORDER

This cause comes before the Medical Licensure Commission of Alabama on the request from Dr. Coykendall to amend the previous order in this case to allow for patient care prior to his undergoing a neuropsychiatric evaluation. The Commission finds that the order of February 2, 2021 shall be and is hereby amended and superseded in its entirety as follows, and the license issued to Jeffrey Coykendall, M.D. is restricted as follows:

1. Dr. Coykendall shall not engage in direct patient care without first obtaining written approval from the Commission;
2. Prior to seeking written approval from the Commission and engaging in direct patient care, Dr. Coykendall shall caused to be submitted to the Commission a) a statement from the Alabama Professionals Health Program indicating that Dr. Coykendall is capable of practicing medicine with reasonable skill and safety to patients, b) a statement from Dr. Coykendall's treating psychiatrist indicating that Dr. Coykendall is capable of practicing medicine with reasonable skill and safety to patients, and that he demonstrates executive function necessary to practice medicine, and c) a statement from Dr. Coykendall's licensed professional counselor indicating that Dr. Coykendall is mentally stable and capable of practicing medicine with reasonable skill and safety to patients.

3. Prior to engaging in the practice of medicine, Dr. Coykendall shall obtain a health evaluation from the Alabama Professionals Health Program (APHP);

4. Prior to seeking approval from the Commission for direct patient care, Dr. Coykendall shall obtain a health evaluation from a primary care physician and shall have the physician submit a summary to the Commission;

5. Dr. Coykendall's practice shall be restricted to the personalized assessment and targeted remediation re-entry program administered by St. Vincent's East Family Medicine Residency Program ("St. Vincent's");

6. Dr. Coykendall shall, within one year from the date of this order, undergo a neuropsychological evaluation conducted by the Department of Neurology at the University of Alabama Birmingham (UAB) and shall have UAB submit a report of such evaluation to the Commission; prior to seeking an unrestricted license from the Commission, Dr. Coykendall shall cause to be submitted to the Commission an endorsement by the evaluator of the neuropsychological evaluation referred to immediately above, which endorsement shall state that Dr. Coykendall is capable of practicing medicine with reasonable skill and safety to patients; Dr. Coykendall shall have followed and successfully accomplished any and all recommendations contained in the neuropsychological evaluation report;

7. Dr. Coykendall shall notify the Alabama Board of Medical Examiners and the Medical Licensure Commission of Alabama of any changes of his residence address and any changes in medical practice location or employment and shall provide the reason for such change.

The Commission shall consider lifting the restrictions contained herein upon receipt of proof that Dr. Coykendall has accomplished all of those items listed above as well as an

endorsement by St. Vincent's East Family Medicine Residency Program stating that Dr. Coykendall is able to practice medicine with reasonable skill and safety to patients.

Done this 28 day of April, 2021.



GEORGE C. SMITH, SR., M.D.
Chairman, Medical Licensure Commission
of Alabama

**BEFORE THE MEDICAL LICENSURE COMMISSION
OF ALABAMA**

In re the Matter of:

JEFFREY COYKENDALL, M.D.

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ORDER

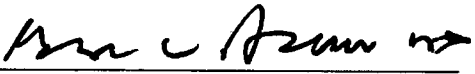
This cause comes before the Medical Licensure Commission of Alabama on the application for licensure submitted by Jeffrey Coykendall, M.D. and the Voluntary Restriction on Certificate of Qualification and License to Practice Medicine. A hearing was held on January 27, 2021 at which Dr. Coykendall appeared and gave testimony. The Commission finds that a license to practice medicine in the state of Alabama shall be and is hereby issued to Jeffrey Coykendall, M.D. subject to the following restrictions:

1. Dr. Coykendall shall not engage in direct patient care without first obtaining written approval from the Commission;
2. Prior to seeking written approval from the Commission and engaging in direct patient care, Dr. Coykendall shall undergo a neuropsychological evaluation conducted by the Department of Neurology at the University of Alabama Birmingham (UAB) and shall have UAB submit a report of such evaluation to the Commission;
3. Prior to seeking approval from the Commission and engaging in direct patient care, Dr. Coykendall shall cause to be submitted to the Commission an endorsement by the evaluator of the neuropsychological evaluation referred to in item 2 above, which endorsement shall state that Dr. Coykendall is capable of practicing medicine with reasonable skill and safety to patients;

4. Dr. Coykendall shall follow any and all recommendations contained in the neuropsychological evaluation report;
5. Prior to engaging in the practice of medicine, Dr. Coykendall shall obtain a health evaluation from the Alabama Professionals Health Program (APHP);
6. Prior to seeking approval from the Commission for direct patient care, Dr. Coykendall shall obtain a health evaluation from a primary care physician and shall have the physician submit a summary to the Commission;
7. Dr. Coykendall's practice shall be restricted to the personalized assessment and targeted remediation re-entry program administered by St. Vincent's East Family Medicine Residency Program ("St. Vincent's");
8. Dr. Coykendall shall notify the Alabama Board of Medical Examiners and the Medical Licensure Commission of Alabama of any changes of his residence address and any changes in medical practice location or employment and shall provide the reason for such change.

The Commission shall consider lifting the restrictions contained herein upon receipt of an endorsement by St. Vincent's East Family Medicine Residency Program stating that Dr. Coykendall is able to practice medicine with reasonable skill and safety to patients.

Done this 2 day of Feb, 2021.



GEORGE C. SMITH, SR., M.D.
Chairman, Medical Licensure Commission
of Alabama

STATE OF ALABAMA)
MONTGOMERY COUNTY)

**VOLUNTARY RESTRICTION ON CERTIFICATE
OF QUALIFICATION AND LICENSE TO PRACTICE MEDICINE**

The undersigned, JEFFREY COYKENDALL, M.D., does hereby voluntarily request and consent that the following restrictions be placed upon his certificate of qualification and license to practice medicine in Alabama, license number MD.42202.

These restrictions are voluntarily entered upon by me, I sign this document willingly, I execute it as my free and voluntary act for the purposes herein expressed, and I am of sound mind and under no constraint or undue influence. I understand and agree that these voluntary restrictions shall continue in full force and effect until they are modified, amended, or terminated by the Alabama Board of Medical Examiners (“the Board”) at my written request.

RESTRICTIONS

1. I agree to limit my practice in Alabama to the personalized assessment and targeted remediation re-entry program administered by St. Vincent’s East Family Medicine Residency Program (“St. Vincent’s”) for the time period February 1, 2021, through April 30, 2021.
2. I agree that termination of the restrictions placed on my certificate of qualification and license to practice medicine will only be considered upon the endorsement by St. Vincent’s and the Alabama Professionals Health Program (“APHP”) that I am able to practice medicine with reasonable skill and safety to patients.
3. I agree that I will obtain a health evaluation from APHP.
4. During the period of this Voluntary Restriction, I shall notify the Board of any change of my residence address and any change in my medical practice location or employment and shall provide the reason for such change.

PENALTIES FOR VIOLATION


The failure or refusal to satisfy any one or more of the requirements and conditions stated in paragraphs 1 through 4 shall constitute a violation of this Voluntary Restriction. Any violation of this Voluntary Restriction, if established after notice and hearing as provided by the Alabama Administrative Procedure Act and the Rules and Regulations of the Medical Licensure Commission, shall constitute grounds for the suspension, restriction, or revocation of the named physician's license to practice medicine in Alabama or the imposition of any other penalty authorized by Ala. Code §§ 34-24-361 and 34-24-381(2002).

DISCLOSURE NOTICE

This Voluntary Restriction constitutes a public record of the Alabama Board of Medical Examiners and will be reported by the Board to the Federal National Practitioner Data Bank and the Federation of State Medical Boards disciplinary data bank. This voluntary restriction may be released by the Alabama State Board of Medical Examiners to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

CERTIFICATION

I certify that I have read the foregoing Voluntary Restriction on my certificate of qualification to practice medicine in Alabama, that I understand the terms and conditions thereof, and that the same are entered into by me, voluntarily, this 14th day of January, 2021.



JEFFREY COYKENDALL, M.D.

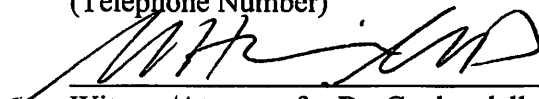
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Witness/Attorney for Dr. Coykendall
M H S i m s , M D