



**Initial Application for Licensure**  
**Florida Board of Medicine**  
**Florida Department of Health**

**Basic Data**

Profession: MEDICAL DOCTOR  
Application Type: INITIAL LICENSURE ENDORSEMENT  
Name: DR. NICOLA LOUISE MOORE  
Date of Birth: 12/30/1955  
Place of Birth: UNITED KINGDOM  
Citizenship: UNITED STATES  
Email Address: DRNICOLAMOORE@YAHOO.COM  
Modifier: NICA Non-Participating

**Mailing Address**

395 CONCORD AVENUE  
CAMBRIDGE, MA 02138

**Physical Location or Address of Employment**

395 CONCORD AVENUE  
CAMBRIDGE, MA 02138

**Phone Numbers**

Primary: 617-955-7582  
Alternate:

**Equal Opportunity Data**

Gender: FEMALE  
Race: WHITE

**Education History**

Will you be using FCVS to assist you in the licensure process?

Your answer: **YES**

School Name: OTHER School Name: YALE UNIVERSITY School Address: 110 COLLEGE STREET NEW HAVEN, CT 06520 Degree: Bachelor Degree Date Attended From: 08/20/1972 Date Attended To: 12/20/1976 Graduation Date: 12/20/1976	School Name: YALE SCHOOL OF MEDICINE School Address: 333 CEDAR STREET NEW HAVEN, CT 06510 Degree: Masters Degree Date Attended From: 09/01/1980 Date Attended To: 05/24/1982 Graduation Date: 05/24/1982
School Name: OTHER School Name: COLUMBIA UNIVERSITY - SCHOOL OF GENERAL STUDIES School Address: 2970 BROADWAY NEW YORK, NY 10027 Degree: No Degree Date Attended From: 06/03/1994 Date Attended To: 07/03/1995 Graduation Date:	School Name: ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIVERSITY School Address: 1300 MORRIS PARK AVENUE BRONX, NY 10461 Degree: MD Date Attended From: 08/15/1995 Date Attended To: 06/03/1999 Graduation Date: 06/03/1999

Have you ever defaulted on any health education loan or scholarship obligation?

Your answer: **NO**

If you are an international medical graduate, did you perform your core clerkships in the  
United States?

Your answer: **NO**

**Postgraduate Training**

Program Name:	HIGHLAND HOSPITAL FAMILY MEDICINE	Program Name:	HIGHLAND HOSPITAL FAMILY MEDICINE
Program City:	ROCHESTER	Program City:	ROCHESTER
Program State or Country:	NEW YORK	Program State or Country:	NEW YORK
Program Type:	INTERNSHIP	Program Type:	RESIDENCY
Specialty Area:	FP - FAMILY MEDICINE	Specialty Area:	FP - FAMILY MEDICINE
Date From:	07/01/1999	Date From:	07/01/2000
Date To:	06/30/2000	Date To:	09/22/2002
Did you receive credit?	Yes	Did you receive credit?	Yes
Program Name:	HIGHLAND HOSPITAL FAMILY PLANNING FELLOWSHIP	Program Name:	DIPLOMA IN TROPICAL MEDICINE AND HYGIENE LIVERPOOL
Program City:	ROCHESTER	Program City:	
Program State or Country:	NEW YORK	Program State or Country:	UNITED KINGDOM
Program Type:	FELLOWSHIP	Program Type:	OTHER PROGRAM
Specialty Area:	OTHER	Specialty Area:	OTHER
Date From:	09/23/2002	Date From:	02/15/2005
Date To:	06/30/2003	Date To:	06/03/2005
Did you receive credit?	Yes	Did you receive credit?	Yes

Have you ever been dropped, suspended, placed on probation, asked to resign or expelled from any postgraduate training program?

Your answer: **NO**

Was attendance in a postgraduate training program for a period other than the established timeframe or were you required to repeat any of your postgraduate training including classes, test/exams, lectures or any other part of the curriculum?

Your answer: **YES**

I HAD TWO MAJOR SURGICAL OPERATIONS DURING MY RESIDENCY, WHICH INTERRUPTED MY TRAINING. HENCE, MY RESIDENCY TIME WAS EXTENDED FOR THREE MONTHS IN ORDER TO PROVIDE ME WITH A FULL THREE YEARS OF TRAINING.

Did you take any type of break or leave of absence for any reason during your postgraduate training?

Your answer: **YES**

I TOOK TWO MEDICAL LEAVES DURING MY RESIDENCY, AS MENTIONED ABOVE. THESE WERE FOR TWO MAJOR SURGICAL OPERATIONS. THE TOTAL TIME ASSOCIATED WITH THESE TWO MEDICAL LEAVES WAS APPROXIMATELY 3 MONTHS. HENCE, MY RESIDENCY WAS EXTENDED FOR THREE MONTHS IN ORDER TO PROVIDE ME WITH A FULL THREE YEARS OF TRAINING.

#### **Other Name History**

Have you ever changed your name through marriage, naturalization or action of a court or have you been known by any other names?

Your answer: **NO**

#### **Other State Licenses**

License Number:	89646	License Number:	37992
License Type:	MEDICAL DOCTOR	License Type:	MEDICAL DOCTOR
Original Date Issued:	12/17/2004	Original Date Issued:	08/21/2008
Date of Expiration:	12/31/2010	Date of Expiration:	10/31/2014
Country:	UNITED STATES	Country:	UNITED STATES
State:	CALIFORNIA	State:	IOWA
License Number:	223184	License Number:	21316
License Type:	MEDICAL DOCTOR	License Type:	MEDICAL DOCTOR
Original Date Issued:	02/16/2005	Original Date Issued:	11/02/2010
Date of Expiration:	12/30/2014	Date of Expiration:	06/30/2011
Country:	UNITED STATES	Country:	UNITED STATES
State:	MASSACHUSETTS	State:	MISSISSIPPI
License Number:	24762	License Number:	219226
License Type:	MEDICAL DOCTOR	License Type:	MEDICAL DOCTOR
Original Date Issued:	07/28/2008	Original Date Issued:	09/14/2000
Date of Expiration:	10/01/2014	Date of Expiration:	11/30/2013
Country:	UNITED STATES	Country:	UNITED STATES
State:	NEBRASKA	State:	NEW YORK

License Number:	4301105546	License Number:	
License Type:	MEDICAL DOCTOR	License Type:	
Original Date Issued:	05/14/2014	Original Date Issued:	
Date of Expiration:	01/31/2015	Date of Expiration:	
Country:	UNITED STATES	Country:	
State:	MICHIGAN	State:	

### **Year Began Practice**

1999

### **Practice Employment**

Employment Type:	Employment	Employment Type:	Employment
Employer Name:	HIGHLAND HOSPITAL	Employer Name:	HIGHLAND HOSPITAL
Address Line 1:	777 SOUTH CLINTON AVENUE	Address Line 1:	777 SOUTH CLINTON AVENUE
Address Line 2:		Address Line 2:	
City:	ROCHESTER	City:	ROCHESTER
State:	NY	State:	NY
Title of Position:	INTERN, FAMILY MEDICINE	Title of Position:	RESIDENT, FAMILY MEDICINE
Practice Begin Date:	07/01/1999	Practice Begin Date:	07/01/2000
Practice End Date:	06/30/2000	Practice End Date:	09/22/2002
Employment Type:	Employment	Employment Type:	Non-Employment or Out-of-Country
Employer Name:	WESTSIDE HEALTH SERVICES	Employer Name:	
Address Line 1:	480 GENESEE STREET	Address Line 1:	
Address Line 2:		Address Line 2:	
City:	ROCHESTER	City:	
State:	NY	State:	
Title of Position:	FAMILY PRACTICE PHYSICIAN	Title of Position:	
Practice Begin Date:	09/23/2002	Practice Begin Date:	07/01/2003
Practice End Date:	06/30/2003	Practice End Date:	10/30/2003
Employment Type:	Non-Employment or Out-of-Country	Employment Type:	Non-Employment or Out-of-Country
Employer Name:		Employer Name:	
Address Line 1:		Address Line 1:	
Address Line 2:		Address Line 2:	
City:		City:	
State:		State:	
Title of Position:		Title of Position:	
Practice Begin Date:	11/01/2003	Practice Begin Date:	08/01/2004
Practice End Date:	07/31/2004	Practice End Date:	09/30/2004
Employment Type:	Non-Employment or Out-of-Country	Employment Type:	Non-Employment or Out-of-Country
Employer Name:		Employer Name:	
Address Line 1:		Address Line 1:	
Address Line 2:		Address Line 2:	
City:		City:	
State:		State:	
Title of Position:		Title of Position:	
Practice Begin Date:	10/01/2004	Practice Begin Date:	06/04/2005
Practice End Date:	02/28/2005	Practice End Date:	07/31/2005
Employment Type:	Employment	Employment Type:	Non-Employment or Out-of-Country
Employer Name:	OUTER CAPE HEALTH SERVICE	Employer Name:	
Address Line 1:	49 HARRY KEMP WAY	Address Line 1:	
Address Line 2:		Address Line 2:	
City:	PROVINCETOWN	City:	
State:	MA	State:	
Title of Position:	FAMILY PRACTICE PHYSICIAN	Title of Position:	
Practice Begin Date:	08/01/2005	Practice Begin Date:	01/01/2006
Practice End Date:	12/31/2005	Practice End Date:	05/30/2006
Employment Type:	Employment	Employment Type:	Non-Employment or Out-of-Country
Employer Name:	OUTER CAPE HEALTH SERVICE	Employer Name:	
Address Line 1:	49 HARRY KEMP WAY	Address Line 1:	
Address Line 2:		Address Line 2:	
City:	PROVINCETOWN	City:	
State:	MA	State:	
Title of Position:	FAMILY PRACTICE PHYSICIAN	Title of Position:	
Practice Begin Date:	06/01/2006	Practice Begin Date:	10/01/2006
Practice End Date:	09/30/2006	Practice End Date:	05/30/2009

Employment Type: Employment Employer Name: PLANNED PARENTHOOD OF THE Address Line 1: 1000 EAST ARMY POST ROAD Address Line 2: City: DES MOINES State: IA Title of Position: PHYSICIAN Practice Begin Date: 06/01/2009 Practice End Date: 01/31/2013	Employment Type: Employment Employer Name: COMMUNITY HEALTH CENTER OF CAPE COD Address Line 1: 107 COMMERCIAL STREET Address Line 2: City: MASHPEE State: MA Title of Position: FAMILY PRACTICE PHYSICIAN LOCUMS Practice Begin Date: 08/01/2010 Practice End Date: 10/31/2010
Employment Type: Employment Employer Name: JACKSON WOMENS HEALTH OR Address Line 1: 2903 NORTH STATE STREET Address Line 2: City: JACKSON State: MS Title of Position: PHYSICIAN Practice Begin Date: 11/01/2010 Practice End Date: 03/31/2011	Employment Type: Employment Employer Name: PLANNED PARENTHOOD OF MN, ND AND SD Address Line 1: 6511 WEST 41ST STREET Address Line 2: City: SIOUX FALLS State: SD Title of Position: PHYSICIAN Practice Begin Date: 07/15/2012 Practice End Date:
Employment Type: Employment Employer Name: CLINTON HEALTH ACCESS INIT Address Line 1: 383 DORCHESTER AVENUE Address Line 2: 4TH FLOOR City: BOSTON State: MA Title of Position: WOMENS HEALTH CLINICAL ADVISOR Practice Begin Date: 04/01/2013 Practice End Date: 11/30/2013	Employment Type: Employer Name: Address Line 1: Address Line 2: City: State: Title of Position: Practice Begin Date: Practice End Date:

Have you ever had employment terminated for cause?

Your answer: **NO**

#### **Faculty Appointment**

Do you currently hold a faculty appointment at a medical school?

Your answer: **NO**

#### **Graduate Medical Education**

Have you had responsibility for graduate medical education within the last 10 years?

Your answer: **NO**

#### **Staff Privileges**

Do you currently hold staff privileges in any hospital, health institution, clinic or medical facility?

Your answer: **NO**

#### **Specialty Board Certification**

Are you certified by any specialty board recognized by the American Board of Medical Specialties or specialty board approved by the Florida Board of Medicine?

Your answer: **YES**

Specialty Board:	AMERICAN BOARD OF FAMILY MEDICINE
Certification:	FP - FAMILY MEDICINE
Date of Certification:	04/28/2014

#### **Drug Enforcement Administration Questions**

Have you ever been warned or called before the United States Drug Enforcement Administration (DEA)?

Your answer: **NO**

Have you ever been made an offer to compromise or entered into any arrangement plea, or agreement instead of a federal prosecution for a drug violation regulated by DEA?

Your answer: **NO**

Have you ever been denied or surrendered a DEA registration?

Your answer: **NO**

#### **Mandatory Continuing Medical Education (CME)**

I hereby certify that since June 1, 2002, I have completed a minimum of two (2) hours of Prevention of Medical Errors continuing medical education as defined by s. 456.013(7), Florida Statutes.

#### **Electronic Fingerprinting**

The Florida Care Provider Background Screening Clearinghouse does not have a record at this time.

### **Acknowledgement Statement**

I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy, and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation.

Your answer: **YES**

### **Criminal History**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense?

Your answer: **NO**

### **Specialty Board Discipline History**

Have you ever had any final disciplinary action taken against you by a specialty board or similar national organization?

Your answer: **NO**

### **Discipline History**

Have you ever had any professional license or license to practice medicine revoked, suspended, placed on probation, received a citation, or other disciplinary action taken in any state, territory or country?

Your answer: **NO**

Have you ever had any staff privileges denied, suspended, revoked, modified, restricted, or placed on probation, or have you been asked to resign or take a temporary leave of absence or otherwise acted against by any facility?

Your answer: **NO**

Have you ever been asked, or allowed to resign from any facility instead of disciplinary action or during any pending investigations into your practice?

Your answer: **NO**

Have you ever had any staff privileges restricted or not renewed by any facility instead of disciplinary action?

Your answer: **NO**

Have you had any application for a medical license or professional license denied by any state board or other governmental agency of any state, territory, or country?

Your answer: **NO**

Have you ever been allowed to withdraw an application for medical licensure for any reason or during a pending investigation in any jurisdiction in lieu of your license being denied?

Your answer: **NO**

Have you ever been notified, invited or required to appear before any licensing agency for a hearing on a complaint of any nature including, but not limited to, a charge or violation of the Medical Practice Act, involving unprofessional or unethical conduct?

Your answer: **NO**

Have you ever been denied or been excluded from Medicare and/or state health care programs?

Your answer: **NO**

Are you currently under investigation in any jurisdiction for an act or offense that would constitute a violation of Section 458.331, Florida Statutes?

Your answer: **NO**

### **United States Military and/or Public Health Service**

Have you ever been in the United States Military and/or Public Health Service?

Your answer: **NO**

## **Questions related to Section 456.0635(2), Florida Statutes**

Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?

Your answer: **NO**

For the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?

Your answer: **N/A**

For the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).

Your answer: **N/A**

For the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?

Your answer: **N/A**

Have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed?

Your answer: **N/A**

Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?

Your answer: **NO**

Has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?

Your answer: **N/A**

Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?

Your answer: **NO**

If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

Your answer: **N/A**

Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?

Your answer: **NO**

Have you been in good standing with a state Medicaid program for the most recent five years?

Your answer: **N/A**

Did the termination occur at least 20 years before the date of this application?

Your answer: **N/A**

Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?

Your answer: **NO**

On or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health?

Your answer: **N/A**

## **Additional Information**

### **Availability for disaster**

As a Florida licensed physician, are you willing to provide health care services in special need shelters or to work with disaster medical teams during times of emergency or major disasters?

Your answer: **YES**

### **Financial Responsibility**

I do not practice medicine in the State of Florida.

### **Liability Claims**

Within the last 10 years have you had any liability claim(s) or action(s) for damages for personal injury settled or finally adjudicated in an amount that exceeds \$100,000.00?

Your answer: **NO**

Have you ever had a judgment entered against you for medical malpractice where the incident(s) of malpractice occurred after November 2, 2004?

Your answer: **NO**

**Confidential Information**

Name: DR. NICOLA LOUISE MOORE

Social Security Number: [REDACTED]

This information is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

**Examination History**

Exam:	USMLE III	Exam:	
Exam Date:	07/19/2000	Exam Date:	

This information is exempt from public records disclosure because it contains exam grades as described by section 456.014 (1), Florida Statutes.

**Health History**

In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?

Your answer [REDACTED]

In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?

Your answer [REDACTED]

In the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice medicine within the last five years?

Your answer [REDACTED]

In the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice medicine?

Your answer [REDACTED]

In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder, or if you were previously in such a program, did you suffer a relapse within the last five years?

Your answer [REDACTED]

During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice medicine within the past five years?

Your answer [REDACTED]

This information is exempt from public records disclosure because it contains medical information as described by Section 456.014 (1), Florida Statutes.

## **Application Statement**

☒ I state that these statements are true and correct. I recognize that providing false information may result in denial of licensure, disciplinary action against my license, or criminal penalties pursuant to Sections 456.067, 775.083, and 775.084, Florida Statutes. I state that I have read Chapters 456, 458 and 766.301-.316, Florida Statutes and Chapter 64B8, Florida Administrative Code.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Board of Medicine information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I state that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act constitutes cause for denial, suspension, or revocation of my license to practice Medicine in the State of Florida. If there are any changes to my status or any change that would affect any of my answers to this application I must notify the Board within 30 days. I understand that my records are protected under federal and state regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under federal and state regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**Nicola Louise Moore, M.D.**

**Date: September 4, 2014**

REMINDER: Chapter 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.

YOUR APPLICATION'S EXPIRATION DATE IS **September 2, 2015**

**APPLICATION SUBMITTED REMAINS DEFICIENT FOR LACK OF THE FOLLOWING:**

1. We await the background check results from the fingerprinting process. (FDLE/FBI processes this information)
2. Direct primary source verification from your medical school.
3. Direct verification of USMLE examination results.
4. Your post-graduate training evaluation from Highland Hospital 7/99-6/00, 7/00-9/02, 9/02-6/03.
5. An official verification of your medical license from CA, IA, MA, MS, NE, NY, and MI.
6. The National Practitioner Data Bank (NPDB) report. You may contact the NPDB at 1-800-767-6732.

If I can be of any assistance, please contact me at (850) 245-4131 ext. 3533, fax me at (850) 412-1287 or email me at [melissa.stabler@flhealth.gov](mailto:melissa.stabler@flhealth.gov). The Florida Board of Medicine has assigned **121541** as your **tracking number**. Please indicate this number if you leave a message, and try to ensure that other sources include it on their communications to us as well.

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September 4, 2014

Nicola Louise Moore, M.D.  
395 Concord Avenue  
Cambridge, MA 02138

Dear Dr. Moore:  
File #: 121541

Thank you for considering Florida for physician licensure. Your application for medical licensure has been received. The application is incomplete for the reasons set out in the attached deficiency notice. Please address these deficiencies as soon as possible to avoid delay in processing your application.

Information received by this office may require additional explanation or documentation to determine licensure eligibility. After all requested documentation is received, your application will be submitted for supervisory review. We will notify you if additional information is required.

Applicants with a history of malpractice, criminal activity, discipline, physical or mental impairment, unfavorable evaluations, or other matters that need explanation may require a personal appearance before the Board of Medicine Credentials Committee for determination of licensure eligibility. If your appearance is required, you will be notified in writing once your application is complete.

You can check the status of your application online at [www.FIHealthSource.com](http://www.FIHealthSource.com)

1. Click on Licensee/Provider.
2. Click on Practitioner Login from the left sidebar.
3. Choose your profession from the Profession drop down list.
4. Your user ID [REDACTED]
5. Click on "Check Application Status" from left side of page.
6. Click on the listed application.
7. Click on "Supporting Documents".

**THIS IS IMPORTANT:** Your application will remain incomplete until all deficiencies are completed. In addition, you are required to notify the Board office immediately in writing of any occurrence(s) that would in any way change or affect any answer given in the application or an answer provided in response to any of our direct questions to you.

If I can be of further assistance, contact me at (850) 245-4131 ext. 3533, fax me at (850) 412-1287 or e-mail at [melissa.stabler@flhealth.gov](mailto:melissa.stabler@flhealth.gov).

Sincerely,

Melissa Stabler  
Regulatory Specialist I

Enclosure(s)



## South Dakota Board of Medical and Osteopathic Examiners

# Primary Source Verification

101 N Main Ave Suite 301  
Sioux Falls, SD 57104

Phone: 605-367-7781  
Email: [sdbmoe@state.sd.us](mailto:sdbmoe@state.sd.us)

Name: **Nicola Louise Moore, MD**

### Last Reported Address(es):

No Work Address Listed

### Licenses, Permits, Registrations, Certificates:

As of 09/04/2014

<u>Type</u>	<u>Number</u>	<u>Issue Date</u>	<u>Expiration Date</u>	<u>Status</u>
Medical License (MD/DO)	8353	April 23, 2012	March 01, 2015	Active

### Board Actions:

Date

No Board Actions on File

To expedite the verification of licensure process, the above is the standard format for all professionals regulated by the Board.

#### Board Action

If Board Action is indicated please review the board action documents available at <http://www.sdbmoe.gov>. If the document is not listed, please email the Board at [sdbmoe@state.sd.us](mailto:sdbmoe@state.sd.us).

License verification data is updated daily, and may not reflect changes to licensure occurring within the past 24 hours.



Fields of Opportunities

TERRY BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

## STATE OF IOWA

IOWA BOARD OF MEDICINE  
MARK BOWDEN, EXECUTIVE DIRECTOR

September 03, 2014

Verification of LicensureFlorida Board of Medicine  
4052 Bald Cypress Way, BIN#C03  
Tallahassee, FL 32399

This is to certify that the records of the Iowa Board of Medicine indicate the following information regarding this physician.

<b>NAME:</b>	Nicola Louise Moore, MD
<b>DATE OF BIRTH:</b>	12/30/1955
<b>LICENSE NUMBER:</b>	MD-37992
<b>LICENSE TYPE:</b>	Permanent
<b>ISSUE DATE:</b>	12/09/2013
<b>EXPIRATION DATE:</b>	12/01/2013

<b>STATUS:</b>	Inactive
<b>DISCIPLINARY ACTION:</b>	No
<b>HISTORY OF INVESTIGATION:</b>	See below

This license information was last updated on: 08/29/2014

 BOARD OF MEDICINE  
 2014 SEP -9 PM 5:06

The above format is prepared for all physicians regulated by this board. All physicians are considered in good standing unless otherwise noted. **If disciplinary action has been indicated or if a history of investigation exists, a copy of that information will be provided to your office in a separate mailing within ten business days.**

Sincerely,

Rachel Davis  
Licensing Assistant

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

## MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

### VERIFICATION OF MEDICAL LICENSURE

September 03, 2014

This is to certify that the records of the Mississippi State Board of Medical Licensure indicate the following information:

Physician Name: **Nicola Louise Moore**

Degree: **M.D.**

Date of Birth: **12/30/1955**

Primary Practice Location: **Planned Parenthood of the Heartland  
1000 East Army Post Road  
Des Moines, IA 50315**

MD/DO School: **Albert Einstein College of Medicine** Year of Graduation: **1999**

Specialty: **FAMILY PRACTICE (Not Primary Source Verified)**

License Number: **21316**

Issue Date: **November 2, 2010**

Reinstated Date:

Expiration Date: **June 30, 2011**

Date of Expiration Prior  
to Reinstatement:

Public Record: **NO**

This license information was last updated on: 09/02/2014

If public record is indicated, submit a request for records to the following email address:  
mboard@msbml.state.ms.us.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Vann Craig" followed by a stylized flourish.

H. Vann Craig, M.D.  
Executive Director

# Highland Hospital of Rochester

and the

University of Rochester School of Medicine and Dentistry



CERTIFY THAT

*Nicola L. Moore, M.D.*

SERVED CREDITABLY AS A

Family Planning Clinical and Research Fellow

September 23, 2002 to June 30, 2003

*Thomas H. Johnson*

PRESIDENT, THE UNIVERSITY OF ROCHESTER

*Thomas L. Campbell*

INTERIM CHAIR, DEPARTMENT OF FAMILY MEDICINE

*Daniel Kozlowski*

DEAN, SCHOOL OF MEDICINE AND DENTISTRY

*James D. Glickstein*

PRESIDENT/CEO, HIGHLAND HOSPITAL

*Eric Schaffner*

FAMILY PLANNING CLINICAL AND RESEARCH FELLOWSHIP

2014 SEP -9 PM 5:08

BOARD OF MEDICINE

2217491

12541  
11/16/89

MEDICINE BOARD

14 SEP -8 AM 12:30

395 Concord Avenue  
Cambridge, MA 02138

September 3, 2014

Florida Board of Medicine  
4052 Bald Cypress Way  
Bin C-03  
Tallahassee, Florida  
32399-3253

Re: Online Initial Application ID: 468218

Dear Sirs:

First, enclosed are copies of my internship/residency, fellowship and diploma certificates for my medical training:

University of Rochester - Residency (and internship)  
Highland Hospital of Rochester - Fellowship  
University of Liverpool - Diploma in Tropical Medicine and Hygiene

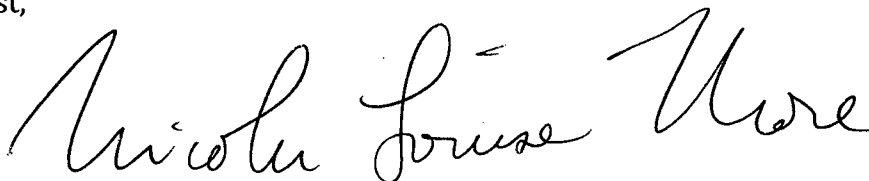
Second, I find that I made an omission in my on-line application and I would like to correct that. I failed to list my medical license in the State of South Dakota under "OTHER MEDICAL LICENSES". The correct information is as follows:

License Number: 8353  
License Type: MEDICAL DOCTOR  
Original Issue Date: 4/23/2012  
Date of Expiration: 1/31/2015  
State: South Dakota

Thank you so much.

Please let me know if there are any questions or concerns.

Best,



Nicola Louise Moore

13  
12/5/11

2217493

THE UNIVERSITY OF ROCHESTER  
SCHOOL OF MEDICINE AND DENTISTRY  
AND  
STRONG MEMORIAL HOSPITAL

THIS CERTIFIES THAT

*Nicola Louise Moore, M.D.*

SERVED CREDITABLY AS

*Resident in Family Medicine*  
June 21, 1999 through September 22, 2002

In witness thereof, this certificate is awarded at Rochester, New York this 22<sup>nd</sup> day of September 2002

*Thomas W. Glick*

President, The University of Rochester

*Daniel Nagel*

Dean, School of Medicine & Dentistry

*John C. Bachman*

Department Chairman

*David A. Johnson*

Associate Dean for Graduate Medical Education

*John A. Gilbert*

Program Director



*John A. Gilbert, MD*

Vice President and Vice Provost for Health Affairs

*John A. Gilbert*

General Director & CEO, Strong Memorial Hospital

2014 SEP -9 PM 5:08

BOARD OF MEDICINE



2217495



THE UNIVERSITY  
*of* LIVERPOOL

FACULTY OF MEDICINE

*Diploma in Tropical Medicine and Hygiene*

*We hereby certify that by resolution of the Senate passed on the third day  
of June 2005, a Diploma in Tropical Medicine and Hygiene was  
awarded to*

Nicola Louise Moore

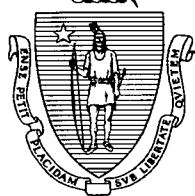
*who has attended approved courses of study in the University and has  
satisfied the examiners*

BOARD OF MEDICINE

21 SEP -9 PM 5:08

VICE-CHANCELLOR

CHIEF OPERATING OFFICER



DEVAL L. PATRICK  
GOVERNOR

Commonwealth of Massachusetts  
**Board of Registration in Medicine**

200 Harvard Mill Square, Suite 330  
Wakefield, Massachusetts 01880  
(781) 876-8200

Enforcement Division Fax: (781) 876-8381  
Legal Division Fax: (781) 876-8380  
Licensing Division Fax: (781) 876-8383

2017739  
14 SEP -8 AM 2:22  
MEDICINE BOARD  
9/5/2014

To Whom It May Concern:

This certifies that Nicola L Moore, M.D., a 1999 graduate of Albert Einstein College of Medicine Yeshiva Univ, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 223184 was issued to Dr. Moore on 02/16/2005. The license status is: Active. The expiration date is 12/30/2014.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

**Closed Complaint Information**

Our files contain 0 closed complaint(s) on this physician.

**Final Board Disciplinary Action**

Our files contain 0 disciplinary action(s) taken against this physician by the Board.

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

**[www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)**

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

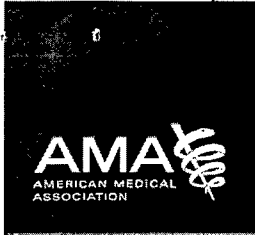
SEAL

Staff Member, Board of Registration in Medicine

Francee Mulero



1215411118809



# AMA Physician Profile

**Name and Mailing Address**

NICOLA LOUISE MOORE MD  
395 CONCORD AVE  
CAMBRIDGE MA 02138-1213

**Primary Office Address**

PLANNED PARENTHOOD MID AND SOUTH MICHIGA  
STE 100  
950 VICTORS WAY  
ANN ARBOR MI 48108-5217

**Phone** UNKNOWN

**Birth date** 12/30/1955

**Physician's major professional activity** OFFICE BASED PRACTICE

**Self-designated practice specialty** FAMILY MEDICINE (primary)  
UNSPECIFIED (secondary)

*Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.*

**AMA membership status** NON MEMBER

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

**Current and/or historical NPI information**

National Provider Identifier (NPI)	Enumeration date	Deactivation date	Reactivation date	Replacement number	Last reported date
[REDACTED]	05/31/2006	NOT RPTD	NOT RPTD	NOT RPTD	08/23/2014

**Current and/or historical medical school**

A EINSTEIN COL MED YESHIVA UNIV, BRONX NY 10461

**Degree Awarded:** Yes

**Degree Year:** 1999

14 SEP -9 PM 11:30  
MEDICINE BOARD

## AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association ("AMA") and the Requesting Organization that the physician profiles being requested are provided to the Requesting Organization with the understanding that: (1) the information on the physician profiles will be treated with complete confidentiality; (2) such information is granted solely to the Requesting Organization and is granted as a non-exclusive limited license, consistent with and limited to the sole and specific purpose of verifying physicians' credentials; (3) no physician profile information will be released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency; (4) no physician profile obtained or any information contained therein will be used as a vehicle to create, maintain or enhance another database; and (5) that upon breach of any of the foregoing covenants this license to use and possess physician profiles shall be automatically and immediately terminated and no further physician profiles shall be provided by AMA.

AMA endeavors to maintain its physician profiles with information that is accurate, complete and current; however, because AMA compiles data from numerous and varied sources, and therefore may experience reporting and processing errors or delays, no representations or warranties as to the accuracy or completeness of the data or as to the uninterrupted access can be or are made.

AMA makes no representations or warranties of any nature, with respect to the physician profiles obtained including without limitation, the implied warranties of merchantability and fitness for any particular purpose, nor assumes any responsibility or legal liability for Requesting Organization's use or the results of its use of such profiles. In consideration of the receipt of each physician profile provided by AMA, the Requesting Organization hereby releases AMA and their respective agents and servants from any and all liability whatsoever for inaccurate or incomplete information in any physician profile obtained.



### Current and/or historical post graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)

*Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.*

*Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.*

**Sponsoring Institution:** STRONG MEM HSP U ROCHESTER  
**Sponsoring State:** NEW YORK  
**Specialty:** FAMILY MEDICINE  
**Dates:** 07/1999 - 09/2002 (Verified)

*If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.*

### Current and/or historical medical licensure

Jurisdiction	MD/ DO	Date granted	Expiration date	Status	License type	Last reported
MICHIGAN	MD	05/14/2014	01/31/2015	ACTIVE	UNLIMITED	08/21/2014
MISSISSIPPI	MD	11/02/2010	06/30/2011	INACTIVE	UNLIMITED	08/21/2014
IOWA	MD	08/21/2008	12/01/2013	INACTIVE	UNLIMITED	02/20/2014
NEBRASKA	MD	07/28/2008	10/01/2014	ACTIVE	UNLIMITED	08/15/2014
MASSACHUSETTS	MD	02/16/2005	12/30/2014	ACTIVE	UNLIMITED	08/26/2014
CALIFORNIA	MD	12/17/2004	12/31/2010	INACTIVE	UNLIMITED	08/15/2014
NEW YORK	MD	09/14/2000	11/30/2013	INACTIVE	UNLIMITED	12/09/2013

### ECFMG Certification

**Applicant Number:**

*The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at*

*<https://cvsonline2.ecfmg.org/>*

## AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association ("AMA") and the Requesting Organization that the physician profiles being requested are provided to the Requesting Organization with the understanding that: (1) the information on the physician profiles will be treated with complete confidentiality; (2) such information is granted solely to the Requesting Organization and is granted as a non-exclusive limited license, consistent with and limited to the sole and specific purpose of verifying physicians' credentials; (3) no physician profile information will be released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency; (4) no physician profile obtained or any information contained therein will be used as a vehicle to create, maintain or enhance another database; and (5) that upon breach of any of the foregoing covenants this license to use and possess physician profiles shall be automatically and immediately terminated and no further physician profiles shall be provided by AMA.

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# U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration date	Last Reported date	Address:
XXXXXX363	22N 33N 4 5	01/31/2016	08/05/2014	Planned Parenthood Mid And South Michiga, Ste 100, 950 Victors Way, Ann Arbor, MI 48108-5217

Only the last three characters of active DEA numbers are displayed

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

## Specialty Board Certification

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: AMERICAN BOARD OF FAMILY MEDICINE  
 Certificate: FAMILY MEDICINE  
 Certificate type: GENERAL

Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported Date
MOC+	04/28/2014		02/15/2015	RE-CERT	08/05/2014

## AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association ("AMA") and the Requesting Organization that the physician profiles being requested are provided to the Requesting Organization with the understanding that: (1) the information on the physician profiles will be treated with complete confidentiality; (2) such information is granted solely to the Requesting Organization and is granted as a non-exclusive limited license, consistent with and limited to the sole and specific purpose of verifying physicians' credentials; (3) no physician profile information will be released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency; (4) no physician profile obtained or any information contained therein will be used as a vehicle to create, maintain or enhance another database; and (5) that upon breach of any of the foregoing covenants this license to use and possess physician profiles shall be automatically and immediately terminated and no further physician profiles shall be provided by AMA.

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Certifying board: AMERICAN BOARD OF FAMILY MEDICINE  
Certificate: FAMILY MEDICINE  
Certificate type: GENERAL

Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported Date
TIME LIMITED	07/10/2004	12/31/2014		INITIAL	08/05/2014

*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 2014 American Board of Medical Specialties. All right 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.*

#### **Action notifications**

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

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

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Public Health Service.

## AMA Physician Profile (continued)

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#### **Additional Information**

To date, there is no additional information for this physician on file.

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log onto our website ([www.ama-assn.org/go/amaprofiles](http://www.ama-assn.org/go/amaprofiles)) and go to the order detail page. Select the 'D' following the physician's name and enter the data in questions. Or you can mark the issues on a copy of the profile and mail or fax to:

American Medical Association  
Division of Database Products  
Attn: Physician Products Portfolio  
AMA Plaza  
330 N. Wabash Ave., Suite 39300  
Chicago, IL 60611-5885

Fax: (312) 464-5900

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

## AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association ("AMA") and the Requesting Organization that the physician profiles being requested are provided to the Requesting Organization with the understanding that: (1) the information on the physician profiles will be treated with complete confidentiality; (2) such information is granted solely to the Requesting Organization and is granted as a non-exclusive limited license, consistent with and limited to the sole and specific purpose of verifying physicians' credentials; (3) no physician profile information will be released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency; (4) no physician profile obtained or any information contained therein will be used as a vehicle to create, maintain or enhance another database; and (5) that upon breach of any of the foregoing covenants this license to use and possess physician profiles shall be automatically and immediately terminated and no further physician profiles shall be provided by AMA.

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395 Concord Avenue  
Cambridge, MA 02138

September 3, 2014

Florida Board of Medicine  
4052 Bald Cypress Way  
Bin C-03  
Tallahassee, Florida  
32399-3253

Re: Online Initial Application ID: 468218

Dear Sirs:

First, enclosed are copies of my internship/residency, fellowship and diploma certificates for my medical training:

University of Rochester – Residency (and internship)  
Highland Hospital of Rochester – Fellowship  
University of Liverpool – Diploma in Tropical Medicine and Hygiene

Second, I find that I made an omission in my on-line application and I would like to correct that. I failed to list my medical license in the State of South Dakota under “OTHER MEDICAL LICENSES”. The correct information is as follows:

License Number: 8353  
License Type: MEDICAL DOCTOR  
Original Issue Date: 4/23/2012  
Date of Expiration: 1/31/2015  
State: South Dakota

Thank you so much.

Please let me know if there are any questions or concerns.

Best,

Nicola Louise Moore

## Stabler, Melissa

---

**From:** Hancock, Emily  
**Sent:** Tuesday, September 16, 2014 9:50 AM  
**To:** Stabler, Melissa  
**Subject:** FW: questions regarding application for medical license  
**Attachments:** FL cover letter Sept 3 2014.docx; ATT00001.htm

*Emily Hancock*

### Regulatory Specialist II

Department of Health (DOH) | Division of Medical Quality Assurance (MQA)  
Board of Medicine  
Phone: (850) 245-4131  
Fax: (850) 412-1294  
4052 Bald Cypress Way, # C-03 | Tallahassee, FL. 32399-3256  
New Website: [www.flboardofmedicine.gov](http://www.flboardofmedicine.gov)  
Twitter: [www.twitter.com/FLBoardofMed](http://www.twitter.com/FLBoardofMed)

**Attention Health Care Practitioners:** There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit [www.flhealthsource.com](http://www.flhealthsource.com). For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at [MQAReportCE@flhealth.gov](mailto:MQAReportCE@flhealth.gov).

**Mission:** To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

**Vision:** To be the **Healthiest State** in the Nation.

**Purpose:** To protect the public through health care licensure, enforcement and information.

**Focus:** To be the nation's leader in quality health care regulation.

**Values:** I.C.A.R.E. (Innovation, Collaboration, Accountability, Responsiveness, Excellence)

**PLEASE NOTE:** Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

---

**From:** Nicola Moore [<mailto:drnicolamoore@yahoo.com>]  
**Sent:** Monday, September 15, 2014 6:20 PM  
**To:** Hancock, Emily  
**Subject:** Re: questions regarding application for medical license

Hi Ms. Hancock,

I just wanted to make sure that the DOH is aware that I also have a medical license in South Dakota (as I mentioned in the letter I sent to the Board in early September (attached)).

Best,  
Nicola



Iowa Board of Medicine  
400 SW 8th Street, Suite C  
Des Moines, IA 50309-4686  
(515)281-3779

Licensee: Moore, Nicola Louise  
PP Heartland - Rosenfield  
1000 East Army Post Road  
Des Moines, IA 50315

SSN: [REDACTED]  
DOB: 12/30/1955  
License #: 37992

## Case History

File #	Who Report	Why Report	Date Opened	Date Closed	Investigator	Action	Complainant
--------	------------	------------	----------------	----------------	--------------	--------	-------------

02-2012-0006

PUB C Competency

01/06/2012 03/01/2012 CRC NAS - No Action: Screening Com Cheryl Sullenger

01/10/2011 - This will be going to the March 2012 Board Screening Committee

CASE HISTORY: IBM received a complaint alleging that on 12/20/2011, at approximately 1:30 p.m., witnesses observed an ambulance arrive at Planned Parenthood of the Heartland's Sioux City office with lights and sirens employed. Complaint alleges that a woman in an orange headress on a gurney was wheeled out of the Planned Parenthood office and loaded into the awaiting ambulance and that the ambulance then sped away with lights flashing and sirens blaring. Complaint alleges that life-threatening medical emergencies of this kind are indicators that there are health and safety issues at this clinic and with Dr. Moore. Complaint alleges that because of the attempts at intimidation by the security guard employed by Planned Parenthood of the Heartland and because no record of any 911 call appears to exist, enough suspicion exists to believe that there may be an active attempt to cover up the facts of this life-threatening abortion injury.

CONCLUSION: The Board determined that there was no/insufficient evidence of wrongdoing and voted that this case close, no action.

03/01/2012 - Full Board (Close, No Action)

14 SEP 15 PM 3:23  
MEDICINE BOARD

0223290



**IMPORTANT ENCLOSURE**  
**Follow-Up Information to**  
**VeriDoc Verification of Iowa License**

Your board recently received a verification of this physician's Iowa medical license through the VeriDoc system. The enclosed material is important follow-up information. This physician has had disciplinary action taken or has a history of investigation. The enclosed documentation is being shared with you as another state medical board.

**PUBLIC INFORMATION:** Formal disciplinary action taken by the Board is public information and may be shared with the public.

**CONFIDENTIAL INFORMATION:** Informal non-disciplinary action, including Letters of Warning or Education, open complaints, and complaints closed by the Board with no action, are confidential under Iowa law. **This information cannot be shared with the public.** Please note that physicians with open complaint(s) on their case history may not yet be aware of the complaint(s).

If further information is needed, please contact our Compliance Unit at (515) 281-5499 or (515) 281-3779. We appreciate your cooperation in maintaining the confidentiality of our investigative material and records.

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
DIVISION OF PROFESSIONAL LICENSING SERVICES  
89 WASHINGTON AVENUE  
ALBANY, NEW YORK 12234

2224308  
FL

181541  
Mull 889

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, MOORE NICOLA LOUISE was issued license/certificate number 219226 for the practice of MEDICINE on 09/14/00.

Our records also indicate the following information:  
Date of birth: 12/30/55  
School attended: ALBERT EINSTEIN MED COL  
Date of graduation: 06/03/99  
Degree earned: MD

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

DATE	EXAM	SCORE
07/00	USMLE STEP3	
08/98	USMLE STEP2	
06/97	USMLE STEP1	

14 SEP 15 AM 8:40  
MEDICINE BOARD

EXMS TAKEN=03

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this State.

Currently Registered: NO  
Address: 395 CONCORD AVE

Last reg period ended: 11/30/13

CAMBRIDGE MA 02138-0000

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Cathy Hanczaryk, Principal Clerk, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Principal Clerk of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

SEAL



Cathy Hanczaryk

Principal Clerk

09/05/14

This document was prepared by the  
Federation of State Medical Boards of the United States, Inc.  
Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 -- Telephone (817) 868-4000

Examinee ID#: 5-030-515-0

Examinee: Moore, Nicola Louise

Date of Birth: 12/30/1955

### 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 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

### 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.

**Test Accommodations** - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

### 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.

### BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

The Board Action Data Bank of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the Data Bank, 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 Board Action Data Bank 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.

4/2013



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MIKE ZIMMER  
ACTING DIRECTOR

**VERIFICATION OF LICENSURE  
MICHIGAN BOARD OF MEDICINE  
VERIFICATION OF LICENSURE AS OF September 19, 2014**

**NAME:** Nicola Louise Moore **BIRTHDATE:** 12/30/1955  
**ADDRESS:** 395 Concord Ave  
Cambridge MA 021380000  
**TYPE:** Medical Doctor **ORIGINAL DATE:** 05/14/2014  
**LICENSE NUMBER:** 4301105546 **STATUS:** Active **EXPIRATION DATE:** 01/31/2015  
**OBTAINED BY:** Web Endorsement w/CS >= 10 Yrs

**EXAM DATE** **EXAM TYPE** **EXAM SCORE OR RESULT**

**DISCIPLINARY ACTION** NONE

**OPEN FORMAL COMPLAINTS** NONE

This license information was last updated on: 9/18/2014

**MEDICAL BOARD OF CALIFORNIA**

Licensing Program  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815  
(916) 263-2382 FAX (916) 263-2944  
[www.mbc.ca.gov](http://www.mbc.ca.gov)



September 20, 2014

TO WHOM IT MAY CONCERN:

This is to certify that as of September 16, 2014 the records of the Medical Board of California (Board) indicate the following information:

PHYSICIAN: NICOLA LOUISE MOORE  
LICENSE NUMBER: A89646  
ISSUED: December 17, 2004  
EXAM TYPE: A Written Examination  
EXPIRATION DATE: December 31, 2010  
LICENSE STATUS: DELINQUENT  
BOARD DISCIPLINE: No

Further public records pertaining to the above licensee may be available from the Board's Web site at [www.mbc.ca.gov](http://www.mbc.ca.gov).

Curtis J. Worden  
Chief of Licensing

## Stabler, Melissa

---

**From:** Nicola Moore <drnicolamoore@yahoo.com>  
**Sent:** Tuesday, September 23, 2014 10:23 AM  
**To:** Stabler, Melissa  
**Subject:** Re: Application Status Question - Profession 1501 File Number 121541 Last Name MOORE

Hi Melissa,

Thanks so much.

I've forwarded the form to the Chairman of the department. Hopefully you'll receive the verification of my fellowship completion soon.

I've also written to the FCVS to find out where the snafu is. (And I've asked the Chairman of the department to send verification that I completed my fellowship to the FCVS, so that my FCVS file will be truly complete.) Thank you again for being so helpful and responsive.

Best,  
Nicola

On Sep 23, 2014, at 10:01 AM, Stabler, Melissa <Melissa.Stabler@flhealth.gov> wrote:

> Dr. Moore,  
>  
> Your FCVS packet did not include anything for the training from 9/02-6/03. It only included the verification for 6/99-9/02. I have included the form that you can send to the Fellowship program for completion.  
>  
>  
> Melissa Stabler  
>  
> Regulatory Specialist I  
> Department of Health (DOH) | Division of Medical Quality Assurance  
> (MQA) Board of Medicine  
>  
> Phone: 850-245-4131 ext. 3533 | Fax: 850-412-1287  
>  
> 4052 Bald Cypress Way, Bin # C03 | Tallahassee, FL. 32399-3256  
>  
> New Website: [www.flboardofmedicine.gov](http://www.flboardofmedicine.gov)  
>  
> Twitter: [www.twitter.com/FLBoardofMed](http://www.twitter.com/FLBoardofMed)  
>  
>  
>  
> Attention Health Care Practitioners: There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit [www.flhealthsource.com](http://www.flhealthsource.com). For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at [MQAReportCE@flhealth.gov](mailto:MQAReportCE@flhealth.gov).  
>  
>  
> Mission: To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.  
>  
> Vision: To be the Healthiest State in the Nation.  
>  
> Purpose: To protect the public through health care licensure, enforcement and information.  
>  
> Focus: To be the nation's leader in quality health care regulation.  
>  
> Values: I.C.A.R.E. (Innovation, Collaboration, Accountability,

> Responsiveness, Excellence)

>

> PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

>

>

>

> -----Original Message-----

> From: Nicola Moore [mailto:drnicolamoore@yahoo.com]

> Sent: Tuesday, September 23, 2014 8:41 AM

> To: Stabler, Melissa

> Subject: Re: Application Status Question - Profession 1501 File Number

> 121541 Last Name MOORE

>

> Hi Melissa,

> Thanks so much!

> The trouble with your being so responsive is that it leads me to ask another question.....

> There's actually one other thing that's bothering me:

> The web site says that you haven't received confirmation about my Family Planning Fellowship, which was from 9/02 - 6/03 at Highland Hospital, University of Rochester. This puzzles me, because FVSC says that my file is complete and that should have been included in the file. It should also have been received by FVSC (and you) at the same time as confirmation of my residency (also at the Family Medicine Department at the University of Rochester, but at Highland Family Medicine Center). Do you know anything about this?

> Thank you so much.

> Best,

> Nicola

>

> On Sep 22, 2014, at 4:13 PM, Stabler, Melissa <Melissa.Stabler@flhealth.gov> wrote:

>

>> Dr. Moore,

>>

>> It was entered into the system last week, but I have not yet been able to view it. When documents are received, they are entered into our system, then sent off for scanning into electronic format. It can take a few days after that before I can view it.

>>

>> Melissa Stabler

>>

>> Regulatory Specialist I

>> Department of Health (DOH) | Division of Medical Quality Assurance

>> (MQA) Board of Medicine

>>

>> Phone: 850-245-4131 ext. 3533 | Fax: 850-412-1287

>>

>> 4052 Bald Cypress Way, Bin # C03 | Tallahassee, FL. 32399-3256

>>

>> New Website: [www.flboardofmedicine.gov](http://www.flboardofmedicine.gov)

>>

>> Twitter: [www.twitter.com/FLBoardofMed](http://www.twitter.com/FLBoardofMed)

>>

>>

>> Attention Health Care Practitioners: There have been changes to the license renewal process. To learn more about CE/CME@Renewal visit [www.flhealthsource.com](http://www.flhealthsource.com). For questions, contact the Florida Department of Health toll-free at (855) 410-3344 or email us at [MQAReportCE@flhealth.gov](mailto:MQAReportCE@flhealth.gov).

>>

>>

>> Mission: To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

>>

>> Vision: To be the Healthiest State in the Nation.

>>  
>> Purpose: To protect the public through health care licensure, enforcement and information.  
>>  
>> Focus: To be the nation's leader in quality health care regulation.  
>>  
>> Values: I.C.A.R.E. (Innovation, Collaboration, Accountability,  
>> Responsiveness, Excellence)  
>>  
>> PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.  
>>  
>>  
>>  
>> -----Original Message-----  
>> From: Nicola Moore [mailto:drnicolamoore@yahoo.com]  
>> Sent: Monday, September 22, 2014 3:41 PM  
>> To: Stabler, Melissa  
>> Subject: Application Status Question - Profession 1501 File Number  
>> 121541 Last Name MOORE  
>>  
>> Re: File number 121541 (medical doctor)  
>>  
>> Dear Ms. Stabler,  
>> I just reviewed my on-line licensure application status and note that you have not received my NPDB report. I mailed it to you about 10 days ago. Are you sure that it has not been received?  
>>  
>> Thank you.  
>>  
>> Best,  
>> Nicola Moore, MD  
>>  
>  
> <Postgraduate training verification form.pdf>



**POST-GRADUATE TRAINING VERIFICATION FORM**

Please have this form completed by the Chairman/Director of the post-graduate training program you attended. Please note that if you are using FCVS do not submit these items.

The form should be mailed or faxed to:

FLORIDA BOARD OF MEDICINE  
4052 BALD CYPRESS WAY, BIN C-03  
TALLAHASSEE, FLORIDA 32399-3253  
(850) 412-1268 Facsimile

Univ. of Rochester Highland Hospital  
Name of School

Highland Family Medicine  
Department

777 South Clinton Ave  
Address

Rochester, NY 14620  
City, State, Zip

1. Name of Resident: Nicola Moore

2. Internship/Residency/Fellowship: From: 9/23/2002 To: 6/30/2003

3. Matriculation Date: NA

4. Completion Date: 6/30/2003

5. Specialty: Reproductive Health

6. Levels completed (check all that apply):

PGY I \_\_\_ PGY II \_\_\_ PGY III \_\_\_ PGY IV \_\_\_ PGY V \_\_\_

Signed: Steve Eisinger MD

Chairman or Program Director Only

(No stamped signatures please).

2234406



## MEDICAL BOARD OF CALIFORNIA

### Licensing Program



September 16, 2014

FLORIDA BOARD OF MEDICINE  
DEPARTMENT OF HEALTH  
PO BOX 6330  
TALLAHASSEE FL 32399

To Whom It May Concern:

This is to certify that on the date of this letter the records of the Medical Board of California (Board) indicate the following information:

Physician:	NICOLA LOUISE MOORE
License Number:	A89646
Issued Date:	12/17/2004
Exam Type:	A written examination
Expiration Date:	12/31/2010
License Status:	DELINQUENT
Board Discipline:	No

RECEIVED

SEP 24 2014

Licensing and  
Auditing Services

If Board Discipline is indicated, you may contact the Board's Enforcement Program, Central File Room by email at [fileroom@mbc.ca.gov](mailto:fileroom@mbc.ca.gov), by fax at (916) 263-2420 or by mail at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain information concerning the action.

Further public records pertaining to the above licensee, as well as information related to license status may be available from the Board's Web site at <http://www.mbc.ca.gov>.

Curtis J. Worden  
Chief of Licensing

SECTION 162 OF THE BUSINESS AND  
PROFESSIONS CODE:

The certificate of the officer in charge of the records of any board in the department that any person was or was not on a specified date, or during a specified period of time, licensed, certified or registered under the provisions of law administered by the Board, or that the license, certificate or registration of any person was revoked or under suspension, shall be admitted in any court as prima facie evidence of the facts therein recited.

BOARD OF MEDICINE  
2014 SEP 24 PM 2:49

# FAX

**Total # of pages including cover: 2**

**Date:** September 30, 2014

**TO:** Florida Bd. Of Med

**Fax:** (850) 412-1268

**From:** Nora J. Fennessy, Education Coordinator

Highland Family Medicine

Office Ph. (585) 279-4764

**Subject:** Nicola Moore Completed Post-Grad Training Verification Form

**Note:** Any questions, please call. Thank you!

**POST-GRADUATE TRAINING VERIFICATION FORM**

Please have this form completed by the Chairman/Director of the post-graduate training program you attended. Please note that if you are using FCVS do not submit these items.

The form should be mailed or faxed to:

FLORIDA BOARD OF MEDICINE  
4052 BALD CYPRESS WAY, BIN C-03  
TALLAHASSEE, FLORIDA 32399-3253  
(850) 412-1268 Facsimile

Univ. of Rochester - Highland Hospital  
Name of School

Highland Family Medicine  
Department

777 South Clinton Ave  
Address

Rochester, NY 14820  
City, State, Zip

1. Name of Resident: Nicola Moore

2. Internship/Residency/Fellowship: From: 9/23/2002 To: 6/30/2003

3. Matriculation Date: NA

4. Completion Date: 6/30/2003

5. Specialty: Reproductive Health

6. Levels completed (check all that apply):

PGY I ☐ PGY II ☐ PGY III ☐ PGY IV ☒ PGY V ☐

Signed: Steve Singer MD

Chairman or Program Director Only

(No stamped signatures please).

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

October 6, 2014

Nicola Louise Moore, M.D.  
395 Concord Avenue  
Cambridge, MA 02138

Dear Dr. Moore:

Congratulations! You have completed the application process for licensure as a Medical Doctor in the State of Florida. You have been issued license number ME 121840. You will receive the license in approximately seven (7) days.

Your license will expire on 01/31/2017. Please be aware all license renewals are computer generated and will be sent to the last known address on file. Address changes must be sent in writing to the Board office as soon as possible to ensure all mailings, including renewal information, make it to their proper destinations. It is your responsibility to renew the license whether or not you receive the renewal notice.

Every person licensed pursuant to Chapter 458, Florida Statutes, is required to complete continuing medical education courses approved by the Board in the twenty-four months preceding each biennial renewal period as established by the Department. You may access renewal requirements on the department's website at [www.doh.state.fl.us/mqa](http://www.doh.state.fl.us/mqa).

**Practitioner Profile** – In carrying out the legislative mandate to publish practitioner profiles, we want to ensure the information that we publish is accurate. You should receive your license within 10 business days, which will include your User ID and Password. Please confirm your practitioner profile by accessing your account using your User ID and Password or by using the Alternate Login process at [www.doh.state.fl.us/mqa](http://www.doh.state.fl.us/mqa), and selecting "Update/Confirm Your Profile Online" from the Practitioner Profile dropdown menu. You can review, confirm, or make changes to the information that will be published in your practitioner profile. If you see the statement "The practitioner did not provide this mandatory information", please provide that information. We will not accept curriculum vitae or resumes in place of you providing specific information. Changes, excluding education and training, year began practicing, and liability claims, can be made to your profile electronically. You may also submit changes by mail to the Department of Health, Licensing and Auditing Services Unit, 4052 Bald Cypress Way, Bin C-10, Tallahassee, Florida 32399-3260. If you have questions, please call (850) 488-0595, option 3, Monday through Friday, 8:00 a.m. to 5:00 p.m., EST. You may also email us at [mqa\\_licensure@dohealth.state.fl.us](mailto:mqa_licensure@dohealth.state.fl.us).

According to section 456.041(7), Florida Statutes, you have thirty (30) days from receipt of this letter to submit changes to the department. If you do not make changes within thirty (30) days, your profile will be automatically published.

The Department of Health is committed to continuous improvement in customer service. As a recent licensee, you are one of our most valuable customers and how you feel about the service we provided

you matters a great deal. We have an on-line survey that takes just a few minutes to complete. Please complete our customer satisfaction survey at [www.doh.state.fl.us/mqa/surveys/new-lic.htm](http://www.doh.state.fl.us/mqa/surveys/new-lic.htm). The brief time you take to tell us how we performed our jobs will help us better serve you and the other new applicants in the future.

If you have questions, or concerns, you may contact the Board office at (850) 245-4131. You may visit our above listed website for additional information concerning your new license. To receive free automatic notices of news and changes that affect your license, please visit our web board at: [forum.doh.state.fl.us/~mqa\\_medicine](http://forum.doh.state.fl.us/~mqa_medicine). Please do not forget to share your opinion of the service we provided by completing our survey at <http://www.floridahealth.gov/licensing-and-regulation/survey/new-licensee-questionnaire.html>. We promise to use the information you provided to improve our service.

Welcome to Florida,

Board of Medicine Staff

Attention New Licensee:

As of July 1, 2011 there are changes to prescribing and dispensing of controlled substances you need to be aware of. For your convenience Section 456.42, Florida Statutes (F.S.), section 456.44, F.S., and section 465.0276, F.S. are provided below.

#### 456.42 Written prescriptions for medicinal drugs

(2) A written prescription for a controlled substance listed in chapter 893 must have the quantity of the drug prescribed in both textual and numerical formats, must be dated with the abbreviated month written out on the face of the prescription, and must be either written on a standardized counterfeit-proof prescription pad produced by a vendor approved by the department or electronically prescribed as that term is used in s. 408.0611. As a condition of being an approved vendor, a prescription pad vendor must submit a monthly report to the department which, at a minimum, documents the number of prescription pads sold and identifies the purchasers. The department may, by rule, require the reporting of additional information.

#### 456.44 Controlled substance prescribing.—

(2) REGISTRATION.—Effective January 1, 2012, a physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466 who prescribes any controlled substance, as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must:

(a) Designate himself or herself as a controlled substance prescribing practitioner on the physician's practitioner profile.

(b) Comply with the requirements of this section and applicable board rules.

To designate yourself as a controlled substance prescriber, visit our secure website at [ww2.doh.state.fl.us/mqaservices/login.asp](http://ww2.doh.state.fl.us/mqaservices/login.asp) and complete the following steps:

1. Login to MQA Services using the user ID and password assigned to you by the Department. This is the same user ID and password used to manage or renew your license online.
2. Click on the "Controlled Substance Prescriber" link on the left side menu.
3. Answer Yes to the question indicating you are a prescriber of controlled substances for the treatment of chronic nonmalignant pain. A Yes response will display on the license verification and practitioner profile websites.
4. Click "Submit"
5. Click OK
6. Click "Log Off to exit the system"

If you do not remember your login ID or password the MQA Online Services website offers steps that can assist you in automatically receiving information regarding your user ID and password. If you have questions or need assistance accessing MQA Online Services, please call (850)488-0595 and a representative will assist you.

#### 465.0276 Dispensing practitioner.—

(1)(b)1. A practitioner registered under this section may not dispense a controlled substance listed in Schedule II or, Schedule III as provided in, s. 893.03. This paragraph does not apply to:

Please visit our website at: [www.doh.state.fl.us/mqa/Legislation/HB7095\\_Enrolled.pdf](http://www.doh.state.fl.us/mqa/Legislation/HB7095_Enrolled.pdf) to view all of the exceptions to s. 456.0276, F.S. The exceptions are begin on line 1615 (p 58) through line 1652 (p 59).

If you have any questions regarding these provisions or if you need a list of the department approved vendors for prescription pads/blanks you may view our frequently asked questions website at: [www.doh.state.fl.us/mqa/counterfeit-proof.html](http://www.doh.state.fl.us/mqa/counterfeit-proof.html). You may also contact our call center at 850-488-0595.

**IMPORTANT INFORMATION FOR DISPENSERS \*\*\***

On September 1, 2011, any health care practitioner who has dispensed a controlled substance, as defined in Section 893.03, F.S. (i.e., OxyContin®, Percocet®, Vicodin®, Klonopin®, Xanax®, and Valium®), is required to report dispensing information to the Prescription Drug Monitoring Program's database within seven (7) days after dispensing, in accordance with section 893.055, F.S. This includes pharmacies licensed under chapter 465, F.S., and dispensing health care practitioners licensed under chapter 458, 459, 461, 462, 465, or 466, F.S.

Registration for Dispensers begins August 1, 2011. Please visit <http://www.hidinc.com/flpdmp> and view the Dispenser's Implementation Guide for step-by-step instructions on how to register as an Uploader, and how to upload your controlled substance dispensing information.



Division of Public Health

State of Nebraska  
Dave Heineman, Governor

**CERTIFICATION OF LICENSE**

Florida Board of Medicine  
Bin # C03  
4052 Bald Cypress Way  
Tallahassee FL 32399

Name: Nicola Louise Moore, MD  
Address: 395 Concord Avenue  
Cambridge MA 02138

Date of Birth: 12/30/1955  
Place of Birth: England

PROFESSION NAME: Physician

Number: 24762

Issuance Date: 07/28/2008

Status: Active

Expiration Date: 10/01/2014

Credential Obtained by: Exam

Exam Type:  
USMLE Step 1  
USMLE Step 2  
USMLE Step 3

Exam Score:



School/Graduation Date: ALBERT EINSTEIN COL OF MED OF YESHIVA UNIV 06/03/1999

Disciplinary Action:

14 SEP 29 AM 12:51  
MEDICINE BOARD

To expedite the certification process, the Licensure Unit is using the above format. There is no derogatory information in the professional's records if the Disciplinary Action section above is left blank.

*Becky Wisell*

Becky Wisell, Administrator  
Licensure Unit

September 23, 2014

(SEAL)

You may verify licenses under the following Internet Web Site Address:  
<http://www.nebraska.gov/LISSearch/search.cgi>

AC# **COPY**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/07/2014	ME 121840	466889

The **MEDICAL DOCTOR**  
named below has met all requirements of  
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2017**

NICOLA LOUISE MOORE  
395 CONCORD AVENUE  
CAMBRIDGE, MA 02138

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE  
AC#  
DATE  
10/07/2014  
LICENSE NO.  
ME 121840  
CONTROL NO.  
466889

The **MEDICAL DOCTOR**  
named below has met all requirements of  
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2017**

**COPY - NOT A VALID LICENSE - COPY**

LICENSEE SIGNATURE

**COPY - NOT A VALID LICENSE - COPY**

GOVERNOR

STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2017**

Your license number is **ME 121840**. please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information. Please keep this User ID/Password in a safe place to use for your license information and status.

1. Go to [www.FLHealthSource.gov](http://www.FLHealthSource.gov)
2. Click on "Provider Services"
3. Click on "Manage my License"
4. Select your profession
5. Enter the user ID and password. (User ID and password are case sensitive.) Use  
Where 'o' is lowercase letter 'O'.
6. Click "Sign in using our secure server."

MAIL TO: DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE  
LICENSURE SUPPORT SERVICES UNIT  
P.O. BOX 6320  
TALLAHASSEE, FLORIDA 32314-6320

☐ **NAME CHANGE (ATTACH LEGAL DOCUMENTATION)**

FROM: LAST FIRST MIDDLE

TO: LAST FIRST MIDDLE

DH 2103, 5/98

**IMPORTANT ANNOUNCEMENT**

THE DEPARTMENT OF HEALTH WILL NOW REVIEW  
YOUR CONTINUING EDUCATION RECORDS AT  
THE TIME OF LICENSE RENEWAL.

TO LEARN MORE, PLEASE VISIT [WWW.CEatRENEWAL.COM](http://WWW.CEatRENEWAL.COM)

DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE  
LICENSURE SUPPORT SERVICES UNIT  
4052 BALD CYPRESS WAY, BIN #C-10  
TALLAHASSEE, FLORIDA 32399-3260



\*\*\*\*\* **AUTO** \*\*\*\*\*

NICOLA LOUISE MOORE  
395 CONCORD AVENUE  
CAMBRIDGE, MA 02138

**COPY**

COPY - NOT A VALID LICENSE - COPY

COPY COPY COPY

**COPY - NOT A VALID LICENSE - COPY**



009\_011\_01550