

NH LICENSE FOR NICOLA MOORE

License Number: 16838

License Date: 11/6/2014

Name: MOORE, NICOLA L. MD

Address: 395 CONCORD AVE, CAMBRIDGE, MA 02138

Specialty: FP

Board Certified: FP

School and Year of Graduation: ALBERT EINSTEIN COLLEGE OF MED OF YESHIVA
UNIV 1999

Internship and Year: HIGHLAND FAMILY MEDICINE CENTER - ROCHESTER, NY 2000

Residency and Year: HIGHLAND FAMILY MEDICINE CENTER - ROCHESTER, NY 2002

License Expiration Date: 6/30/2016