



Vision: To be the Healthiest State in the Nation

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

Basic Data

Profession: MEDICAL DOCTOR
Application Type: INITIAL LICENSURE ENDORSEMENT
Name: DR. JOHN GIBSON CURINGTON
Date of Birth: 02/14/1966
Email Address: JGCURINGTON@GMAIL.COM
Modifier: NICA Non-Participating

Mailing Address

454 W 152ND STREET, APT 42
NEW YORK, NY 10031

Physical Location or Address of Employment

3000 EAST FLETCHER AVENUE,
SUITE 330
TAMPA, FL 33613-4645

Phone Numbers

Primary: 858-260-9555
Alternate: 858-260-9555

Equal Opportunity Data

Gender: MALE
Race: WHITE

Education History

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

Your answer: **NO**

School Name:	UC DAVIS SCHOOL OF MEDICINE	School Name:	
School Address:	4610 X STREET SACRAMENTO, CA 95817	School Address:	
Degree:	MD	Degree:	
Date Attended From:	07/15/1992	Date Attended From:	
Date Attended To:	06/06/1997	Date Attended To:	
Graduation Date:	06/06/1997	Graduation Date:	

Are you currently in default on any health education loan or scholarship obligation ?

Your answer: **NO**

Have you completed the equivalent of 2 academic years of preprofessional,
postsecondary education including, courses in anatomy, biology, and chemistry prior to
entering medical school?

Your answer: **YES**

YES, I ATTENDED YALE UNIVERSITY AS AN UNDERGRAD AND THEN DID A
POST-BAC PRE-MED PROGRAM AT BRYN MAWR COLLEGE.

Fifth Pathway Certificate Holder Questions

Did you attend an international medical school and do not possess a valid ECFMG
Certificate?

Your answer: **NO**

Did you receive a bachelor's degree from an accredited United States college or University?

Your answer: **YES**

Did you study at a medical school which is recognized by the World Health Organization?

Your answer: **YES**

Did you complete all of the formal requirement of the International medical school, except the internship or social service requirements, and pass part I of the National board of Medical examination or the Education Commission for Foreign Medical Graduates Examination equivalent?

Your answer: **NO**

Did you complete an academic year of supervised clinical training in a hospital affiliated with a medical school approved by the Council on Medical Education of the American Medical Association and upon completion passed part II of the National Board of Medical Examiners examination or the Education Commission for Foreign Medical Graduates examination Equivalent?

Your answer: **NO**

Postgraduate Training

Program Name: SANTA ROSA FAMILY MEDICINE RESIDENCY Program City: SANTA ROSA Program State or Country: CALIFORNIA Program Type: RESIDENCY Specialty Area: FAMILY MEDICINE Date From: 06/15/1997 Date To: 06/15/2000 Did you receive credit? Yes	Program Name: Program City: Program State or Country: Program Type: Specialty Area: Date From: Date To: Did you receive credit?
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Other State Licenses

License Number: A066341 License Type: MEDICAL DOCTOR Original Date Issued: 08/21/1998 Date of Expiration: 02/28/2018 Country: UNITED STATES State: CALIFORNIA	License Number: 277732 License Type: MEDICAL DOCTOR Original Date Issued: 11/17/2014 Date of Expiration: 10/31/2016 Country: UNITED STATES State: NEW YORK
License Number: 34492 License Type: MEDICAL DOCTOR Original Date Issued: 08/31/2015 Date of Expiration: 12/31/2016 Country: UNITED STATES State: ALABAMA	License Number: 225376 License Type: MEDICAL DOCTOR Original Date Issued: 08/03/2005 Date of Expiration: 02/14/2010 Country: UNITED STATES State: MASSACHUSETTS

Year Began Practice

1997

Practice Employment

Employment Type: Employment Employer Name: PLANNED PARENTHOOD HUDS Address Line 1: 4 SKYLINE DRIVE Address Line 2: City: HAWTHORNE State: NY Country: Title of Position: CLINIC PHYSICIAN Practice Begin Date: 05/02/2015 Practice End Date:	Employment Type: Employment Employer Name: ONE MEDICAL GROUP Address Line 1: 489 5TH AVENUE, FLOOR 3 Address Line 2: City: NEW YORK State: NY Country: Title of Position: CLINIC PHYSICIAN Practice Begin Date: 02/19/2015 Practice End Date: 12/04/2015
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Employment Type:	Employment	Employment Type:	
Employer Name:	UNIVERSITY OF CALIFORNIA SC	Employer Name:	
Address Line 1:	9500 GILMAN DR	Address Line 1:	
Address Line 2:		Address Line 2:	
City:	LA JOLLA	City:	
State:	CA	State:	
Country:		Country:	
Title of Position:	CLINIC PHYSICIAN, GENETICS PROFESSOR, CLINICAL INSTRUCTOR	Title of Position:	
Practice Begin Date:	11/05/2008	Practice Begin Date:	
Practice End Date:		Practice End Date:	

Faculty Appointment

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

Your answer: **YES**

Name of Institution:	UNIVERSITY OF CALIFORNIA, SAN DIEGO SCHO
City:	SAN DIEGO
State:	CALIFORNIA
Title of Appointment:	ASST CLINICAL PROFESSOR IN FAMILY MEDICINE

Graduate Medical Education

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

Your answer: **YES**

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:	FAMILY MEDICINE
Date of Certification:	07/14/2000

Additional Practice Questions

Have you practiced medicine in another jurisdiction for two of the last four years or completed a board approved post-graduate training program within the last two years?

Your answer: **YES**

Have you passed a board approved clinical competency exam within the last year?

Your answer: **NO**

Drug Enforcement Administration Questions

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 other 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, not renewed, or placed on probation, or have you been asked to resign or take a temporary leave of absence or were 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 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 have hospital staff privileges, I do not perform surgery at an ambulatory surgical center and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F.S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self-insurance as provided in s. 627.357, F.S.

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. JOHN GIBSON CURINGTON
Social Security Number: XXX-XX-████

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: 12/02/1997	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: ██████████

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: ██████████

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: ██████████

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: ██████████

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: ██████████

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: ██████████

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.



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

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

Recipient:

Date: 02/04/2016

FLORIDA BOARD OF MEDICINE

Examinee: Curington, John Gibson

Examinee ID: 40552705

Alt Name(s):

Date of Birth: 02/14/1966

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
6/14/1995	Pass	■	(176)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
3/4/1997	Pass	■	(170)	

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
12/2/1997	Pass	■	(177)	

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.



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

This document was prepared by the
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Federation Place, 400 Fuller Wisser Road, Suite 300, Euless, TX 76039-3856 --Telephone (817)868-4000

Examinee: Curington, John Gibson

Examinee ID: 40552705

Date of Birth: 02/14/1966

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.

ANNOTATIONS APPEARING AS "NOTE"

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

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

2867350



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

February 5, 2016

TO WHOM IT MAY CONCERN:

This is to certify that as of February 4, 2016 the records of the Medical Board of California (Board) indicate the following information:

PHYSICIAN:	JOHN GIBSON CURINGTON
LICENSE NUMBER:	A66341
ISSUED:	August 21, 1998
EXAM TYPE:	A Written Examination
EXPIRATION DATE:	February 28, 2018
LICENSE STATUS:	CURRENT
BOARD DISCIPLINE:	No

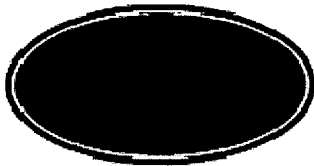
Further public records pertaining to the above licensee may be available from the Board's Web site at www.mbc.ca.gov.

Curtis J. Worden
Chief of Licensing

Nelson, Gloria J

From: zzzz Feedback, MQA_Medicine
Sent: Friday, February 05, 2016 2:11 PM
To: Nelson, Gloria J
Subject: FW: License Verification Statement - CURINGTON, JOHN (M.D.)
Attachments: v307113AA.pdf

From: support@veridoc.org [mailto:support@veridoc.org]
Sent: Friday, February 05, 2016 2:06 PM
To: zzzz Feedback, MQA_Medicine <MQA.Medicine@flhealth.gov>
Subject: License Verification Statement - CURINGTON, JOHN (M.D.)



Verification of Licensure Status

The attached verification report has been sent to you by the VeriDoc.org website. This email can be verified as coming from this site by clicking on the link below.

Validate Verifications

Physician: CURINGTON, JOHN

Transaction ID: 307113

Confirmation Number: 23719718615592266232

Information from the attached verification can be refreshed for up to 6 months. To view an updated copy, click on link below.

California, Medical Board of

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

February 8, 2016

John Gibson Curington, M.D.
454 W 152nd Street, Apt. 42
New York, NY 10031

RE: File 127717

Dear Dr. Curington:

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:

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 is: [REDACTED] Your password is: [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. 3511, fax me at (850) 412-1269 or e-mail at cheryl.austin@flhealth.gov.

Sincerely,

Cheryl Austin

Cheryl Austin
Regulatory Specialist II

Enclosure(s)

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

John Gibson Curington, M.D.

Date: February 8, 2016

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 **February 3, 2017**.

APPLICATION SUBMITTED REMAINS DEFICIENT FOR LACK OF THE FOLLOWING:

1. An official verification of your medical licenses from the states of California, New York, Alabama, and Massachusetts has not been received
2. We await the background check results from the fingerprinting process. (FDLE/FBI processes this information)
3. The inquiry you mailed to your medical school has not been received.
4. Your Postgraduate Training Verification Forms have not been received from Santa Rosa Family Medicine Residency.
5. Submit the National Practitioner Data Bank (NPDB) report to our office. You may contact the NPDB at 1-800-767-6732 to obtain this information.
6. We await your USMLE exam scores, direct from the Federation of State Medical Boards, which must be requested by the applicant.

If I can be of any assistance, please contact me at (850) 245-4131 ext. 3511, fax me at (850) 412-1269 or email me at cheryl.austin@flhealth.gov. The Florida Board of Medicine has assigned **127717** 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.

2868740

127717
C. Austm



16 FEB 2016
MEDICAL BOARD

STATE OF ALABAMA MEDICAL LICENSURE COMMISSION
POST OFFICE BOX 887 MONTGOMERY, ALABAMA 36101-0887 Phone: (334)242-4153

JAMES E. WEST, M.D., CHAIRMAN/EXECUTIVE OFFICER ♦ KAREN SILAS, EXECUTIVE ASSISTANT

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

VERIFICATION OF ALABAMA MEDICAL LICENSURE

Name of Licensee (as it appears in our records)

John Gibson Curington MD

Date of Birth: 02/14/1966

License#: MD.34492

Current Status: ACTIVE

Date Issued: 08/31/2015

Basis of License: USMLE/CA

Expiration Date: 12/31/2016

Medical School: University of California, Davis School Of Medicine

Location: Davis

Date From/To: 09/92-06/97

Disciplinary Actions:

- NO
- [SEAL] Yes, See Attached
- Other, See Attached

Signature: James E. West, M.D.
 James E. West, M.D.
 Chairman
 Medical Licensure Commission of Alabama

Date: 02/05/2016

To expedite the verification process, the above is the standard format used by the Medical Licensure Commission of Alabama. Verification information can also be obtained by accessing our web site at <http://www.albme.org>.

Completed by: C. Smith
Verification Clerk

ALBME Verification

From: jgcurington@gmail.com
Sent: Friday, February 05, 2016 12:43 PM
To: Verifications Coordinator
Subject: Written Verification Request - website

Send written verification for the following:

Requester's Information

Requester's Name: John Gibson Curington MD
Telephone: 858-260-9555
Email Address: jgcurington@gmail.com

Requesting paper verification for:

Licensee's Name: John Gibson Curington MD
License Number: 34492

Request verification be sent to:

Name: Florida Department of Health
Agency: Florida Board of Medicine
Street Address: 4052 Bald Cypress Way, Bin C-03
City: Tallahassee
State: FL
Zip Code: 32399-3253

This verification request was submitted using the online written verification request Form.

mm
Cheryl

2873414

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

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, CURINGTON JOHN GIBSON was issued license/certificate number 277732 for the practice of MEDICINE on 11/17/14.

Our records also indicate the following information:

Date of birth: 02/14/66
School attended: U CAL DAVIS
Date of graduation: 06/13/97
Degree earned: MD

MEDICINE BOARD
16 FEB 15 AM 10:25

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	FLEX1	NBME1	USML1	NBME2	FLEX2	USML2	NBME3	USML3	OTHER
12/97								0000P	OOSCA
03/97						0000P			
06/95			0000P						

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: YES Reg period ends: 10/31/16
Address: APT 42 454 W 152ND ST
NEW YORK NY 10031-1821

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

02/08/16



Commonwealth of Massachusetts
Board of Registration in Medicine

2873419

MEDICINE BOARD

16 FEB 15 AM 10:26

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

www.mass.gov/massmedboard

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

CANDACE LAPIDUS SLOANE, MD
Chair, Physician Member

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Vice Chair, Public Member

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Secretary, Physician Member

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Physician Member

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Public Member

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MARYLOU SUDDERS
Secretary
Health and Human Services

MONICA BHAREL, MD, MPH
Commissioner
Department of Public Health

2/11/2016

To Whom It May Concern:

This certifies that John G Curington, M.D., a 1997 graduate of University of California, Davis School of Medicine, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 225376 was issued to Dr. Curington on 08/03/2005. The license status is: Lapsed. The lapsed date is 2/14/2010.

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

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.

Staff Member, Board of Registration in Medicine

Francee Mulero

SEAL

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

Cherry A.



2880345 Governor
2880345
John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

BOARD OF MEDICINE

**Florida Department of Health
Medical Degree Verification Form**

16 FEB 22 AM 11:04

Name: DR. JOHN GIBSON CURINGTON
Profession: 1501
Transaction Code: 1021
File Number: 127717

Medical Degree Verification Form

The physician listed below submitted an application for Florida licensure and is under investigation by this authority. Verify number 1 through 3, complete number 4 through 7, and return directly to the Board of Medicine. Thank you.

Applicant completes number 1 through 3.

1. TO: UC Davis School of Medicine
Name of medical school
4610 X Street
Address of medical school
Sacramento, California 95817
City - State - Zip - Country

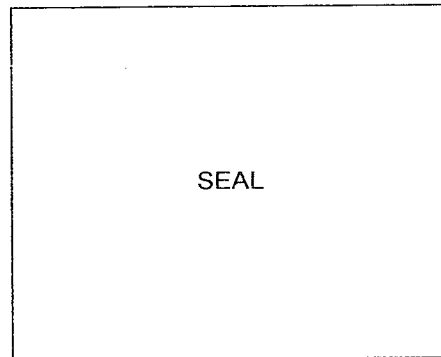
2. Name: John Gibson Curington MD

3. Date of Birth: 02 / 14 / 1966

4. Type of Degree: MD Date Degree Received: 06 / 13 / 1997

Authenticate by signature and school seal.

Rebecca Miller
Verified by
Rebecca Miller
Name
Registrar, SOM
Title



SEAL

Please submit the above information to:

THE DEPARTMENT OF HEALTH FLORIDA BOARD OF MEDICINE
4052 BALD CYPRESS WAY, BIN # C03
TALLAHASSEE, FLORIDA 32399-3253
FAX (850) 412-1268

212
2904183
2904183

12717
(Wey)

POST-GRADUATE TRAINING VERIFICATION FORM MEDICINE BOARD

16 MAR 24 AM 12:01

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

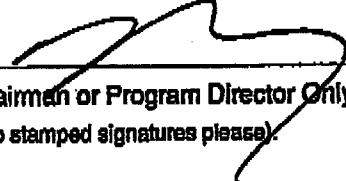
Santa Rosa Family Medicine Residency
Name of School

Department

9569 Round Barn Cir, Suite 200
Address

Santa Rosa, CA 95403
City, State, Zip

- 1. Name of Resident: John Gibson Curington MD
- 2. Internship/Residency/Fellowship: From: 7/1/1997 To: 6/30/2000
- 3. Matriculation Date: 7/1/1997
- 4. Completion Date: 6/30/2000
- 5. Specialty: Family Medicine
- 6. Levels completed (check all that apply):
PGY I PGY II PGY III PGY IV PGY V

Signed: 
Chairman or Program Director Only
(No stamped signatures please)



SANTA ROSA
family medicine residency

PHONE: 707-583-8806 FAX: 707-583-8808

FACSIMILE TRANSMITTAL SHEET

TO: Cheryl Austin

FROM: Sarah Rasmussen, Selection Coordinator

COMPANY: Florida Board of Med.

DATE: 03/24/2016

FAX NUMBER: 850-412-1208
 1269 TOTAL NO. OF PAGES INCL. COVER

2

RE: John Curington

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

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



Rick Scott
Governor

Celeste Philip, MD, MPH
Interim State Surgeon General

Vision: To be the Healthiest State in the Nation

April 18, 2016

John Gibson Curington, M.D.
454 W. 152nd Street, Apt. 42
New York, NY 10031

Dear Dr. Curington:

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 127949**. You will receive the license in approximately seven (7) days.

Your license will expire on 01/31/2018. 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 <http://www.floridahealth.gov/licensing-and-regulation/index.html>.

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 <http://www.floridahealth.gov/licensing-and-regulation/index.html>, 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_licensureservices@doh.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. 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. 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 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 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. 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.

AC# **COPY**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/19/2016	ME 127949	541556

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

Expiration Date: **JANUARY 31, 2018**
JOHN GIBSON CURINGTON
3000 EAST FLETCHER AVENUE,
SUITE 330
TAMPA, FL 33613-4645

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#	LICENSE NO.	CONTROL NO.
		ME 127949	541556
		DATE	
		04/19/2016	

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2018**

COPY - NOT A VALID LICENSE - COPY
LICENSEE SIGNATURE

COPY - NOT A VALID LICENSE - COPY

GOVERNOR _____ Interim State Surgeon General _____
DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2018**

Your license number is **ME 127949**, 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.

- Go to www.FLHealthSource.gov
- Click on "Provider Services"
- Click on "Manage my License"
- Select your profession
- Enter the user ID and password. (User ID and password are case sensitive.)
Where 'O' is uppercase letter 'O' and 'o' is lowercase letter 'o'.
- 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

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

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: LAST FIRST MIDDLE
TO: LAST FIRST MIDDLE
DH 2103, 5/98

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32389-3260



***** AUTO *****

JOHN GIBSON CURINGTON
454 W 152ND STREET, APT 42
NEW YORK, NY 10031

COPY

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COPY COPY COPY

COPY - NOT A VALID LICENSE - COPY



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