

201428

# Interview File Report

7/29/2004

NICHOLAS ADRIAN CATALDO

<b>Board Date</b>	08/18/2004	<b>License#</b>	MD.
<b>Intended Location</b>	BIRMINGHAM		
<b>POB</b>	LONG BRANCH, NJ USA	<b>DOB</b>	May 15, 1954
<b>Original License</b>	NBME/CA	<b>Date</b>	06/30/1983

<b>Medical</b>	HARVARD MEDICAL SCHOOL	9/76-6/81
<b>Residency</b>	STANFORD UNIVERSITY HOSPITAL	7/82-6/85

---

Philip J. DiSala, M.D.  
Orange, CA  
*President*

Norman F. Gant, M.D.  
*Executive Director*

Gerson Weiss, M.D.  
Newark, NJ  
*Chairman*

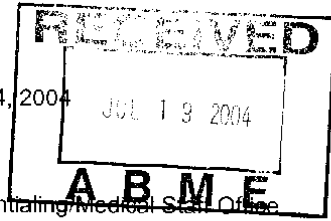
Alvin L. Brekken, M.D.  
*Assistant to the Executive Director*

Frank W. Ling, M.D.  
Memphis, TN  
*Vice President*

The Vineyard Centre  
2915 Vine Street  
Dallas, TX 75204  
Phone (214) 871-1619  
Fax (214) 871-1943

Larry C. Gilstrap, III, M.D.  
Houston, TX  
*Treasurer*

July 14, 2004



Credentialing Medical Staff Office  
Alabama Board of Medical Examiners  
P.O. Box 946  
Montgomery, AL 36102

William Droegenmuller, M.D.  
Chapel Hill, NC  
*Director of Evaluation*

Reference: **Nicholas Adrian Cataldo, M.D.**  
ABOG ID #850592

*Directors:*

Mary C. Ginri, M.D.  
Sacramento, CA

Dear Administrator:

Larry J. Copeland, M.D.  
Columbus, OH

The above referenced physician is a **Diplomate** of the American Board of Obstetrics & Gynecology, Inc. (ABOG) certified in the 1988 examination, certificate renewed through the Annual Board Certification in 1998, 1999, 2000, 2001, 2002 & 2003, and certified in the subspecialty of reproductive endocrinology/infertility in 2004 (both certificates expire in 2010\*).

Sherman Elias, M.D.  
Chicago, IL

This office responds to inquiries concerning the status of physicians in the certification process according to the following:

David M. Gershenson, M.D.  
Houston, TX

Diane M. Hurlmann, M.D.  
Rochester, NY

Nicolette S. Horbach, M.D.  
Anniston, VA

Roy T. Nakayama, M.D.  
Honolulu, HI

Kenneth L. Noller, M.D.  
Boston, MA

Valerie M. Parsi, M.D., MPH  
Chapel Hill, NC

Nanette F. Santoro, M.D.  
Burrux, NY

Rubert S. Schenken, M.D.  
San Antonio, TX

Russell R. Sinyard, M.D.  
Galveston, TX

Michael L. Socol, M.D.  
Chicago, IL

Ralph K. Tamura, M.D.  
Chicago, IL

George D. Wendel, Jr., M.D.  
Dallas, TX

1. An individual is a registered graduate with ABOG when, at the time of application, ABOG rules that he/she has fulfilled the requirements to take the written examination.
2. An individual achieves active candidate status by passing the written examination. This status is limited to six years (five years for subspecialty) or three attempts to pass the oral examination. If active status has expired, it may be regained by repeating and passing ABOG's written examination.
3. An individual becomes a **Diplomate** of ABOG when he/she has fulfilled all requirements, has satisfactorily completed the written and oral examinations and has been awarded ABOG's certifying diploma. Diplomas issued prior to 1986 for basic Ob/Gyn and November 1987 for subspecialties are unlimited. Diplomas issued in 1986 for basic Ob/Gyn and November 1987 for subspecialties, as well as all subsequent dates, are valid for a maximum of 10 years.\* The expiration date on a subspecialty diploma is the same as that of the Ob/Gyn diploma.

Sincerely yours,

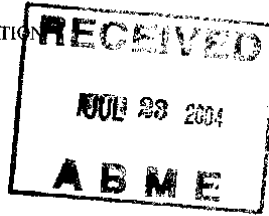
Norman F. Gant, M.D.  
Executive Director

\* Certificate(s) expires on December 31 unless otherwise specified.

ALABAMA BOARD OF MEDICAL EXAMINERS  
P.O. Box 946 — Montgomery, Alabama 36101

APPENDIX A

MEDICAL SCHOOL CERTIFICATION



CERTIFICATE OF DEAN OR PRESIDENT

It is hereby certified that Nicholas Adrian Cataldo of \_\_\_\_\_  
matriculated in Harvard Medical School at Boston, MA from September 8, 1976  
to June 4, 1981 and received a diploma from Harvard University  
conferring the degree of Doctor of Medicine on June 4, 1981

Date July 19, 2004

A handwritten signature in cursive script, appearing to read "Terese Galuszka".

\_\_\_\_\_  
President, Secretary or Dean  
Terese Galuszka, Registrar

(SEAL)

A handwritten signature in cursive script, appearing to read "Harvard Med Sch" with "JAS" below it.

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 — Montgomery, Alabama 36101

848 Washington Avenue - 36104

RECEIVED

JUL 16 2004

ABME

APPENDIX B

POST GRADUATE EDUCATION CERTIFICATE

CERTIFICATE OF POST GRADUATE EDUCATION TRAINING

I, JACKIE SIGNOR, Administrator, Medical Education Director or Director of Residency Training Program (indicate which one) of STANFORD Hospital at STANFORD, CA certify that the records of this Hospital show that NICHOLAS A. CATALDO has successfully completed \*(1 year / 3 years) post graduate education training in this hospital extending from JULY, 1982 to JUNE, 1985

I further certify that in so far as the records reveal the said Dr. CATALDO is a reputable physician and our records do not reflect any derogatory information concerning this physician.

Date 7/14/04

Ann M. DeWitt  
Administrator of Hospital  
Medical Education Director  
Director of Residency Training

(SEAL OF HOSPITAL)

Stanford Hosp  
JHB

\*Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified.

\*Candidates who graduated from a NON-LCME accredited medical school or NON-AOA accredited College of Osteopathy need three (3) years certified.

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.

Rev. 9/02

*App C*

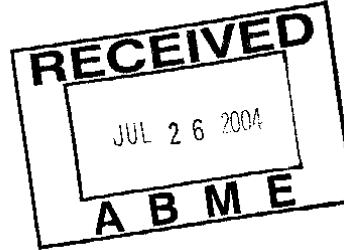


MEDICAL BOARD OF CALIFORNIA  
LICENSING PROGRAM  
1426 HOWE AVE, SUITE 54  
SACRAMENTO CA 95825-3236  
TELEPHONE: (916) 263-2382  
FAX: (916) 263-2944



www.caldocinfo.ca.gov

July 22, 2004



ALABAMA STATE BOARD OF MEDICAL EXAMINERS  
PO BOX 946  
MONTGOMERY AL 36102

To Whom It May Concern:

In response to your inquiry a standard search of available records in this office has been performed. The following indicates the results of that search:

Physician: NICHOLAS ADRIAN CATALDO  
License No.: G 50301  
Issued: June 30, 1983  
Exam Type: A written examination  
Expiration Date: May 31, 2005  
Status: Renewed/current

If a discipline status is listed, you may obtain information concerning this action by contacting the Board's Enforcement Program, Central File Room, 1426 Howe Avenue, Sacramento, CA 95825-3236 or by faxing your request to the Central File Room at (916) 263-2420.

*J. Hadnot*

Joyce E. Hadnot  
Acting Chief, Licensing Program

SEAL

*Med Board CA  
JTB*



**NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)**  
**Endorsement of Certification**

This document was prepared by  
 National Board of Medical Examiners® (NBME®)  
 3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9592

**RECEIVED**  
**JUL 21 2004**  
**NBME**

Recipient: Alabama State Board of Medical Examiners  
 PO Box 946  
 Montgomery, AL 36101-0946  
 Date: 07/20/2004

Examinee: Nicholas Adrian Cataldo  
 Examinee ID: 3-227-930-9  
 Date of Birth: 05/15/1954

NBME Certification Date: 07/01/1982  
 Certificate#: 227930

It is certified that the physician named above successfully completed the examination, education and training requirements for certification by the NBME as of the certification date shown above. This record shows only passing scores for each NBME Part examination reported on this document. If applicable, results for all USMLE Steps taken by this examinee (and for which scores have been reported to date) are also shown.

**NBME PART I**

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)	Individual Subject Scores						
					Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
06/13/1978	Pass	Three-Digit	760	(380)	705	715	715	675	750	750	655
		Two-Digit	95	(75)	94	94	94	92	96	96	90

**NBME PART II**

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)	Individual Subject Scores					
					Med	Surg	ObGyn	Prev	Peds	Psych
04/07/1981	Pass	Three-Digit	710	(290)	670	685	800	680	590	605
		Two-Digit	90	(75)	90	91	97	91	87	87

**NBME PART III**

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)
		Two-Digit	89.8	(75)

## Authenticity of NBME Endorsement of Certification

An original, certified NBME Endorsement of Certification is printed using black ink on burgundy safety paper and is produced only by the National Board of Medical Examiners. The TamperSafe® Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of the NBME Endorsement of Certification may result in appropriate legal action or other action consistent with applicable policies, and/or a determination of irregular behavior, as described below.

To Test for Authenticity: Touch, rub or breathe on TouchSafe® Fingerprint and the word VALID will appear. When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photocopied, a security statement containing the words UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT, will appear prominently across the face of the entire document.

### INTERPRETATION OF SCORES

#### NBME Part I and Part II Examinations Prior to June 1991

Unless otherwise noted, the most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

#### NBME Part I and Part II Examinations June 1991 and Thereafter

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 200 and a standard deviation of 20, in increments of 1. Most scores fall between 145 and 260.

#### All NBME Part III Examinations

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

#### Two-Digit NBME Scores

For all NBME scores, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

### USMLE Step 1, Step 2 and Step 3 INTERPRETATION OF RESULTS

USMLE transcripts include a complete results history and notations of any examinations for which the examinee sat and no results were reported, e.g., "Incomplete." On those Step examinations for which numeric scores are reported, two different scales are used. The first is a three-digit score scale on which most scores fall between 140 and 280. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration. The second is a two-digit scale on which a score of 75 is the recommended minimum passing score. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

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 on the three-digit scale and 1 to 2 points on the two-digit scale.

#### STEP 2 CLINICAL SKILLS (CS)

The Clinical Skills (CS) component of Step 2 was introduced in 2004 and the USMLE transcript has been modified to reflect this change. The Step 2 examination that existed prior to the introduction of Step 2 CS continues to be administered as the Clinical Knowledge (CK) component of Step 2. The label "Step 2 CK" is used for this examination whether taken before or after the introduction of the Step 2 CS component.

Step 2 CS results are reported as pass or fail. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

Some individuals may be required to take and pass Step 2 CS prior to registering for Step 3. Transcript users can find information on eligibility requirements for all USMLE examinations in the *USMLE Bulletin of Information* and from periodic CS updates, available at the USMLE website ([www.usmle.org](http://www.usmle.org)).

### 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 that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity 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 on Irregular Behavior 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.

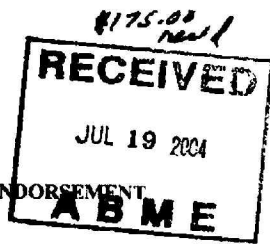
### ANNOTATIONS APPEARING AS "NOTE"

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".

ALABAMA BOARD OF MEDICAL EXAMINERS  
P.O. Box 946 — Montgomery, AL 36101  
848 Washington Avenue - 36104  
(334) 242-4116



APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE THROUGH ENDORSEMENT

To The Board of Medical Examiners of the State of Alabama:

I hereby make application for a certificate to practice medicine and surgery in the State of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

1. Name in Full NICHOLAS ADRIAN CATALDO  
2. Address 56 PETER COUTTS CIRCLE STANFORD CA 94305  
Street City State Zip  
3. Place of Birth LONG BRANCH, NJ, USA Date of Birth MAY 15, 1954  
Social Security # \_\_\_\_\_ Sex M Telephone (H) 650-493-4464 (W) 650-387-4970

	YES	NO
4. Have you ever been convicted of a felony?	_____	<u>X</u>
5. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?	_____	<u>X</u>
6. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?	_____	<u>X</u>
7. Have you ever been denied a state or federal controlled substance certificate?	_____	<u>X</u>
8. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation?	_____	<u>X</u>
9. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice?	_____	<u>X</u>
10. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?	_____	<u>X</u>
11. Have you ever had a judgement rendered against you, or action settled relating to the performance of your professional service?	_____	<u>X</u>
12. To your knowledge, are you the subject of an investigation by any licensing Board/Agency as of the date of this application?	_____	<u>X</u>
13. Within the past two years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?	_____	<u>X</u>
14. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect your ability to practice in a competent and professional manner?	_____	<u>X</u>
15. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency, professional organization or licensing authority?	_____	<u>X</u>
16. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	_____	<u>X</u>
17. Are you currently engaged in the illegal use of controlled dangerous substances?	_____	<u>X</u>
18. If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?	_____	_____
19. Have you been within the past five years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?	_____	<u>X</u>
20. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?	_____	<u>X</u>

The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

**IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAILS ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST/PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.**

21. Military Service, Branch N/A Dates \_\_\_\_\_  
22. Place of Intended Residence in Alabama BIRMINGHAM



I was issued my original (first) license in the State of CALIFORNIA on 6/30/83  
license number G 50301 based upon N.B.M.E. examination. I certify that this  
license has not been the subject of any disciplinary action. If so please explain on attached sheet.

IV. ORIGINAL LICENSE  
(If Applicable)

INTERESTING

Specialty(s) ① INTERNSHIP IN MEDICINE ② RESIDENCY IN OB/GYN ③ FELLOWSHIP IN REPRODUCTIVE ENDOCRINOLOGY

8.	From	to		
7.	From	to		
6.	From	to		
5.	From	to		
4.	From	to		
3.	From	7/91	to	6/93
			UNIVERSITY OF CALIFORNIA - SAN FRANCISCO	SAN FRANCISCO, CA 94143
2.	From	7/82	to	6/85
			STANFORD UNIV MED CTR	300 PASTEUR DRIVE STANFORD CA 94305
1.	From	7/81	to	6/82
			MILAM HOSP / BROWN UNIV	164 SUMMIT AVE PROVIDENCE, RI 02906

List all post graduate medical education training since graduation from medical school with dates and complete addresses of institutions. Do not list practice experience.

III. POST GRADUATE MEDICAL EDUCATION TRAINING

3.	From	to		
2.	From	to		
1.	From	9/76	to	6/81
			HARVARD MEDICAL SCHOOL	25 SHATTUCK ST. BOSTON, MA 02115

List all medical schools attended, dates, and complete addresses of institutions. Do not list post graduate medical education training.

II. MEDICAL EDUCATION

7.				
6.				
5.				
4.		9/75 - 6/76		M.A.
			UNIVERSITY OF CALIFORNIA, BERKELEY	
3.		9/71 - 6/75		A.B.
			HARVARD COLLEGE	
2.		11/61 - 6/71		H.S. DIPLOMA
			RAMSEY SCHOOL, TINTON TOWN NJ	
1.		9/59 - 11/61		
			EATONTOWN (NJ) PUBLIC SCHOOLS	

List all schools attended, elementary through college and post-graduate work other than medical school.

I. PRELIMINARY AND PRE-MEDICAL EDUCATION

822000

V. ACTIVITIES FOLLOWING MEDICAL SCHOOL AND TRAINING

List all practice experience since completion of your formal training giving dates, institutions/hospitals, and complete address. Use separate sheet if necessary.

	Place	Address
1. From	8/85 to 1/87	Kaiser Permanente Med Ctr 200 Muir Rd Martinez, CA 94553
2. From	3/87 to 6/96	Santa Clara Valley Med Ctr 751 South Bascom Ave San Jose, CA 95128
3. From	7/90 to 6/91	Stanford Univ Med Ctr 300 Pasteur Dr Stanford CA 94305
4. From	3/97 to 5/04	Stanford Univ Med Ctr Same as above 1838 Stone Ave #2B San Jose CA 95125
5. From	8/95 to present	Choice Medical Group San Jose CA 95125
6. From		
7. From		
8. From		
9. From		
10. From		

VI. HOSPITAL PRIVILEGES

List all hospitals where you have held staff privileges of any type. Attach sheet if necessary.

	Hospital	Address
1. From	7/81 to 6/82	Miriam Hospital (Intern) 164 Summit Ave Providence RI 02906
2. From	7/82 to 6/85	Stanford Univ Hosp (Resident) 300 Pasteur Dr Stanford, CA 94305
3. From	8/85 to 1/87	Kaiser Foundation Hospital 200 Muir Rd Martinez, CA 94553
4. From	3/87 to 6/96	Santa Clara Valley Med Ctr 751 S Bascom Ave San Jose, CA 95128
5. From	7/90 to 6/91	Stanford Univ Hosp 300 Pasteur Dr Stanford, CA 94305
6. From	7/91 to 6/93	Univ of Calif Med Ctr 460 Parnassus Ave San Francisco, CA 94143
7. From	3/97 to 5/04	Stanford Univ Hosp 300 Pasteur Dr Stanford, CA 94305
8. From		
9. From		
10. From		
11. From		
12. From		
13. From		
14. From		

Your endorsement application was received in this office today. Before it can be considered by the Board, at its meeting on **August 18, 2004** the following items must be submitted by **July 28, 2004**. You will be notified once your application is complete.

- Check for \$175
- Completion of Section I
- Completion of Section II
- FLEX Scores (from Federation)
- NBME Scores (from NBME)
- USMLE Scores (from Federation)

VII. STATE LICENSURE  
(If Applicable)

List all states where you have been licensed to practice medicine or have applied for a license to practice medicine. It is a requirement that each state complete one of the verification forms which will be attached to your application.

CALIFORNIA		

VIII. SPEX

1. Have you successfully completed a written licensing examination within the last ten years? YES \_\_\_\_\_ NO
2. Have you been certified or re-certified by an A.M.A. approved Specialty Board within the last ten years? YES  NO \_\_\_\_\_

IX. AFFIDAVIT AND RELEASE

I, NICHOLAS ADRIAN CATALDO, certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of my license to practice medicine granted to me and criminal prosecution to the fullest extent of the law.

I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connect with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information.

I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

Date July 16, 2004

Nicholas Adrian Cataldo  
Applicant's Signature

County of Santa Clara

State of California

SWORN to and subscribed before me this 16<sup>th</sup> day of July 2004



Karen Choy Singer  
Notary Public  
My Commission Expires: Oct 7, 2006





**ALABAMA STATE BOARD OF MEDICAL EXAMINERS**

**JACKIE BASKIN, DIRECTOR OF LICENSURE**

P.O. BOX 946  
MONTGOMERY, ALABAMA 36101-0946

TELEPHONE: (334) 833-0165  
FAX: (334) 242-4155  
E MAIL: [jbaskin@albme.org](mailto:jbaskin@albme.org)

July 29, 2004

Nicholas Adrian Cataldo, M.D.  
56 Peter Coutts Circle  
Stanford, CA 94305

Dear Dr. Cataldo:

This will acknowledge receipt of your completed application for endorsement. Your application will be considered by the Board of Medical Examiners at its meeting on **August 18, 2004**.

If you are approved by the Board a certificate of qualification will be issued to the Medical Licensure Commission, the agency responsible for the issuance of your license to practice medicine/osteopathy in this state. Enclosed please find an application for licensing by the Commission. **In order to expedite your application, please complete the enclosed form and return to this office with the required fee of \$75.** The Commission will meet on **August 25, 2004**.

Also enclosed is an application for your Alabama Controlled Substances Certificate (ACSC). Once you receive your Alabama license please complete the application, **to include your full name and correct address, and return it with the required fee of \$100.** In Alabama you are required to possess an ACSC and a DEA Certificate if you dispense and/or prescribe controlled substances.

I am enclosing an information sheet which contains important information. Also enclosed is information relative to the requirement of continuing medical education. If you have any questions or if this office can be of further assistance to you please contact us.

Sincerely,

Jackie Baskin  
Director of Licensure

/jb

Encs.



**ALABAMA BOARD OF MEDICAL EXAMINERS/MEDICAL LICENSURE COMMISSION  
RECEIPT**

**Receipt Number:** 82421  
**Reference:** 6096  
**Staff:** JBaskin

**Date of Receipt:** 07/19/2004  
**Total Amount:** \$175.00

**Received From(Individual)**  
NICHOLAS ADRIAN CATALDO  
56 PETER COUTTS CIRCLE  
STANFORD, CA 94305

<b>GL Code</b>	<b>GL Description</b>	<b>Amount</b>
100-4101	License Application Fee	\$175.00