



Identification Information		[back]
Name	Dr. THOMAS WILLIAM MICHAELIS Birth Date: 12/1944 Birth Place: OKLAHOMA CITY, OK Birth Country:	
Practice	1160 SYLVANIA AVE. TOLEDO, OH 43612	
Residence	Sylvania, OH 43560 County: Lucas	
Professional Education	School: 036050-Ohio State University College of Medicine and Public Graduated: 06/12/70	

License and Registration Information				
Credential	License Type	Initial Licensure Date	Expiration Date	Status
35.032590	Doctor of Medicine	08/04/1970	07/01/2014	ACTIVE
Specialties				
OBSTETRICS & GYNECOLOGY				
<p><u>Specialty listings are voluntarily provided by the physician. They are not verified by the State Medical Board and do not confirm that the physician is Board certified by a professional specialty organization. To find out if a physician is certified by a specialty board, you should contact that board. Information and links to specialty boards can be found by clicking this green box.</u></p>				

Formal Action Information
Formal action exists. The existence of a formal action may invalidate the license prior to the expiration date listed above.

The above is an accurate representation of information currently maintained by the State Medical Board of Ohio as of 10/15/2012. The JCAHO and the NCQA have informed the Board that they consider this on-line license status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards. This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.

The State Medical Board utilizes the Federation Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Ohio. Physicians initially licensed in Ohio after February 1st, 1997 have had their medical education, post-graduate training and examination history primary source verified by FCVS. Therefore, the use of this website for documentation of primary source verification (PSV) of education and training meets current NCQA guidelines for those licensed after February 1, 1997. This statement, affirming that primary source verification of medical education and post-graduate training has been performed as part of the licensure process, should be printed out and retained in your files. Prior to February 1, 1997, the State Medical Board prime source verified the post-graduate training and examination history.

Formal Action(s)

07/10/1997:PROBATION TERMINATED - DOCTOR S REQUEST FOR RELEASE FROM TERMS OF 5/13/92 BOARD ORDER GRANTED BY VOTE OF THE BOARD ON 7/10/97.

05/11/1994:PROBATION MODIFIED - DOCTOR S REQUEST TO REDUCE REQUIRED BOARD APPEARANCES TO ONCE A YEAR GRANTED BY VOTE OF THE BOARD ON 5/11/94.

09/08/1993:PROBATION MODIFIED - BASED UPON DOCTOR S RELOCATION OUT OF STATE, BY VOTE OF THE BOARD ON 9/8/93, A MOTION WAS APPROVED GRANTING A CHANGE IN DOCTOR S APPEARANCE SCHEDULE FROM THREE MONTHS TO SIX MONTHS.

07/08/1992:REINSTATEMENT - DOCTOR S REQUEST FOR REINSTATEMENT APPROVED BY BOARD ON 7/8/92, SUBJECT TO PROBATIONARY TERMS ESTABLISHED BY BOARD S 5/13/92 ORDER.

05/13/1992:BOARD ORDER - PERMANENT REVOCATION, STAYED; INDEFINITE SUSPENSION, MINIMUM 1 YEAR, SUCH TIME TO BE CALCULATED FROM 7/1/91; CONDITIONS FOR REINSTATEMENT; SUBSEQUENT PROBATION, MINIMUM 5 YEARS. BASED ON CONVICTIONS FOR MISDEMEANORS INVOLVING MORAL TURPITUDE (ATTEMPTED GROSS SEXUAL IMPOSITION, VOYEURISM, AND PUBLIC INDECENCY). ORDER MAILED 5/21/92; ORDER EFFECTIVE 5/21/92.

09/11/1991:CITATION - BASED ON DOCTOR S PLEA OF GUILTY TO TWO (2) COUNTS OF ATTEMPTED GROSS SEXUAL IMPOSITION, EACH COUNT A FIRST DEGREE MISDEMEANOR; ONE (1) COUNT OF VOYEURISM, A THIRD DEGREE MISDEMEANOR; AND ONE (1) COUNT OF PUBLIC INDECENCY, A FOURTH DEGREE MISDEMEANOR. NOTICE OF OPPORTUNITY FOR HEARING MAILED 9/12/91.

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