



MEDICAL BOARD OF CALIFORNIA LICENSE LOOKUP SYSTEM

License Information:

The following information is maintained by the Medical Board of California. For more information, click on the blue tabs above.

License:	A 67894 Licensee may be a U.S. or Canadian medical school graduate whose pathway to licensure was based on the FLEX (Federation Licensing Exam), USMLE (United States Medical Licensing Exam) or LMCC (Licentiate of Medical Council of Canada) written examination and has been licensed less than four years in another state OR may be an International medical school graduate whose pathway to licensure was based on the above exams or approved combinations of the NBME (National Board Medical Exam), FLEX or USMLE.
License Type:	Physician and Surgeon
Name:	MELINDA LEE NAGLE, M.D.
Address of Record:	PO BOX 914 ASPEN, CO 81612
Address of Record County:	OUT OF STATE
License Status:	License Canceled License has been voluntarily canceled, or the license has been expired for at least five years and has not been renewed. No practice is permitted.
Public Record Action(s):	No Public Record Actions available
Original Issue Date:	March 26, 1999
Expiration Date:	Not Available
School Name:	NEW YORK MEDICAL COLLEGE
Year Graduated:	1997

Survey Information:

The following information is self-reported by the licensee and has not been verified by the Board.

Activities In Medicine:	No activities identified
Primary Practice Location Zip Code:	Not identified
Board Certification(s):	No board certifications identified
Primary Practice Area(s):	No primary practice areas identified
Secondary Practice Area(s):	No secondary practice areas identified
Post Graduate Training Years:	Not identified
Ethnic Background:	Declined to Disclose
Foreign Language(s):	Declined to Disclose
Gender:	Declined to Disclose

Public Record Action(s):

Please select the **Public Record Documents** tab to view the public document database. If information is posted in the Administrative Disciplinary Actions, Court Order, Administrative Citation Issued, or License Issued with Public Letter of Reprimand categories below, documents may be available for review. To find out what information is and is not available, please click [here](#).

Administrative Disciplinary Actions:

The Medical Board's public disclosure screens are updated periodically as new information becomes available. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of public documents at a minimal charge.

No Administrative Disciplinary Actions found.

Court Order:

This information would be provided if a physician's practice has been temporarily restricted or suspended pursuant to a court order. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of the public documents.

No Court Orders found.

Administrative Action Taken by Other State or Federal Government:

This information is provided by another state/federal government agency. The Medical Board of California may take administrative action based on the action imposed by another state/federal government agency. For more information or verification, contact the agency listed below that imposed the action.

No Administrative Actions Taken by Other State or Federal Government found.

Felony Conviction:

The information provided only includes felony convictions that are known to the Board. All felony convictions known to the Board are reviewed and administrative action is taken only if it is determined that a violation of the Medical Practice Act occurred. For more information regarding felony convictions, contact the court of jurisdiction listed below.

No Felony Convictions found.

Misdemeanor Conviction:

California Business and Professions Code section 2027 (A)(7) states effective 1/1/07, any misdemeanor conviction that results in a disciplinary action or an accusation that is not subsequently withdrawn or dismissed shall be posted on the Internet. To see if a conviction has been expunged or dismissed, please contact the court below.

No Misdemeanor Convictions found.

Administrative Citation Issued:

A citation and/or fine has been issued for a minor violation of the law. This is not considered disciplinary action under California law but is an administrative action. Payment of the fine amount represents satisfactory resolution of this matter.

No Administrative Citations found.

License Issued with Public Letter of Reprimand:

The Medical Board of California has concurrently issued the applicant a medical license and a Public Letter of Reprimand for a minor violation that does not require probationary status or warrant denial. The issuance of a Public Letter of Reprimand is not considered disciplinary action and is not reported to the National Practitioner Databank or the Federation of State Medical Boards.

No License Issued with Public Letter of Reprimand found.

Hospital Disciplinary Action:

The action taken by this healthcare facility against this physician's staff privileges to provide health care services at this facility was for a medical disciplinary cause or reason. The Medical Board is authorized by law to disclose only revocations and terminations of staff privileges. The Medical Board is prohibited from releasing a copy of the actual report or any other information.

No Hospital Disciplinary Actions found.

Malpractice Judgment:

A malpractice judgment is a payment for damages and does not necessarily reflect that the physician's medical competence is below the standard of care. The Medical Board reviews all such reported judgments and action is taken only if it is determined that a violation of the Medical Practice Act occurred. The Medical Board is prohibited by law from releasing a copy of the judgment report or any other information concerning the judgment. For more information contact the court of jurisdiction listed below.

No Malpractice Judgments found.

Arbitration Award:

An arbitration award is a payment for damages and does not necessarily reflect that the physician's medical competence is below the standard of care. The Medical Board reviews all such reported arbitration awards and action is taken only if it is determined that a violation of the Medical Practice Act occurred. The Medical Board is prohibited by law from releasing a copy of the arbitration award report or any other information concerning the award.

No Arbitration Awards found.

Malpractice Settlements:

A settlement entered into by the licensee is a resolution of a claim for damages for death or personal injury caused by the licensee's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. The Medical Board is required by law to disclose certain information related to the existence of multiple settlements made on or after January 1, 2003 in an amount of \$30,000 or more.

No Malpractice Settlements found.

Note: "No information available from this agency" may not indicate none exists; but indicates no information has been reported to the Medical Board of California and/or that the Board is unable to post the information on the Web site by law.

Public Record Documents:

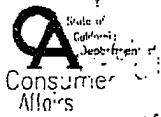
All imaged documents provided by the Medical Board are being made available to provide immediate access for the convenience of interested persons. While the Medical Board believes the information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. Therefore, the Medical Board makes no guarantee as to the accuracy, completeness, timeliness, currency, or correct sequencing of the information. The Medical Board shall not be responsible for any errors or omissions, or for the use or results obtained from the use of this information. The types of documents which are available include, but are not limited to, accusations, decisions, suspension/restriction orders, public letters of reprimand and citations.

No documents found.

Please note that documents with an effective date prior to calendar year 2000 may not be available via the Web. To obtain a copy of the documents not posted on this site, please contact the Central File Room at (916) 263-2525 or click [here](#) for information on ordering public documents.

Disclaimer

All information provided by the Medical Board of California on this Web page, and on its other Web pages and Internet sites, is made available to provide immediate access for the convenience of interested persons. While the Board believes the information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. Therefore, the Board makes no guarantee as to the accuracy, completeness, timeliness, currency, or correct sequencing of the information. Neither the Board, nor any of the sources of the information, shall be responsible for any errors or omissions, or for the use or results obtained from the use of this information. Other specific cautionary notices may be included on other Web pages maintained by the Board. All access to and use of this Web page and any other Web page or Internet site of the Board is governed by the Disclaimers and Conditions for Access and Use as set forth at [California Department of Consumer Affairs' Disclaimer Information and Use Information](#).



MEDICAL BOARD OF CALIFORNIA LICENSING PROGRAM 1426 Howe Avenue Sacramento, CA 95825-3236 (916) 263-2499

RECEIVED SACRAMENTO MEDICAL BOARD OF CALIFORNIA 99 JAN 25 PM 4:00



JAN 25 1999 LICENSING PROGRAM

CERTIFICATE OF MEDICAL EDUCATION REGISTRAR'S OFFICE

MEDICAL SCHOOL: DO NOT COMPLETE IF PHOTOGRAPH OF APPLICANT/STUDENT IS NOT ATTACHED BELOW.

This certifies that Melinda L. Nagle of New York, New York enrolled in New York Medical College Valhalla New York on the 3rd day of August 19 93 and was granted the following credits on enrollment:

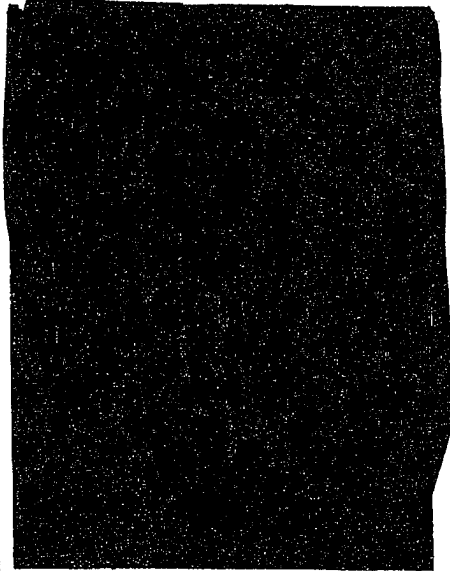
Premedical Education: Two years of preprofessional postsecondary education, including the subjects of physics, chemistry, and biology (Business and Professions Code Section 2088). UNIV. of California at Berkeley 1985-1989

Advanced Credits: Credits previously obtained at an approved medical, dental, or osteopathic school.

The undersigned further certifies that the records of this institution show that he attended in this institution 4 lectures of 10 months each years of resident instruction of weeks each, completing at least 4,000 hours, of which at least 80 percent actual attendance is required, in the subjects set forth hereunder (Business and Professions Code Section 2089), and that:

he was granted the degree Bachelor/Doctor of Medicine by OR he withdrew from the above mentioned medical school on the 19th day of May 19 97

- Anatomy, Otolaryngology, Obstetrics and Gynecology, Radiology, including Radiation Safety, Tropical Medicine, Physiology, Biochemistry, Pathology, Bacteriology and Immunology, Ophthalmology, Dermatology, Embryology, Histology, Human Sexuality as defined in Section 2090, Medicine, Surgery, including Orthopedic Surgery, Urology, Psychiatry, Neurology, Alcoholism and Chemical Dependency, Preventive medicine, including Nutrition, Physical Medicine, Therapeutics, Neuroanatomy, Child Abuse Detection and Treatment, Geriatric Medicine, Pediatrics, Pharmacology, Anesthesia, Family Medicine, Spousal or Partner Abuse Detection & Treatment



- Each school where professional medical instruction was received MUST complete one of these forms. If more than one school was attended, photocopies of this blank form may be made and used. Note that photograph and all entries to the form must be original. ONLY applicable to medical students who graduate from medical school on or after May 1, 1998. ONLY applicable to medical students who enrolled in medical school on or after September 1, 1994.

TRANSCRIPTS FOR ALL ADVANCED CREDITS AND MEDICAL SCHOOL CREDITS MUST BE SUPPLIED WITH THIS CERTIFICATE

Medical School Seal MUST be Imprinted Partially on the Photograph.

Signed and the school seal affixed this 21st day of January 19 99 BY Barbara Wines Associate Dean & Registrar

L2



MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM

1426 Howe Avenue, Sacramento, CA 95825-3238
(916) 263-2499



CERTIFICATE OF COMPLETION OF ACGME/CCME POSTGRADUATE TRAINING

To be completed by the facility for every medical school graduate completing postgraduate training in the United States or Canada.

Last Name of Trainee		Middle Initial	
NORTH		L	
Current Address		Facility/Resident Number	
[REDACTED]		[REDACTED]	
City		Telephone Number	
[REDACTED]		[REDACTED]	

all of the above information is true and correct and that the trainee has satisfactorily completed an accredited postgraduate training program at this facility. (SEE THE REVERSE FOR INFORMATION ON SATISFYING THE GENERAL MEDICINE TRAINING REQUIREMENT)

Name of Facility	Cedars-Sinai Medical Center 8700 Beverly Blvd CA-CA		
Name of Program Director	Telephone Number	Signature of Program Director	
Lawrence D. Platt, MD	310-855-7414	[Signature]	
List Categories of Specialty Area(s) Training Completed by Trainee	Date Training Commenced	Date Training Completed	
OB/GYN	6/24/97	6/23/2001	

If the training was rotating or transitional, list the specific rotations and the number of weeks spent in each (SEE THE REVERSE FOR INFORMATION ON SATISFYING THE GENERAL MEDICINE TRAINING REQUIREMENT)

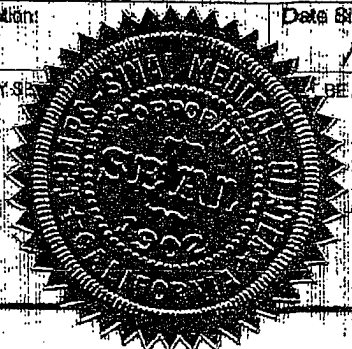
Name of the Director of Medical Education	Facility Name		
ELLEN W. GREEN, DIRECTOR, MEDICAL EDUCATION	CEDARS-SINAI MEDICAL CENTER		
Facility Address:			
8700 BEVERLY BLVD, SUITE 135			
City	State	Zip Code	Telephone Number
LOS ANGELES	CA	90048	310-855-4611

ATTENTION PROGRAM DIRECTOR!
IF TRAINEE FINISHES FIRST YEAR OF POSTGRADUATE TRAINING, SIGN AND DATE THE STATEMENT BELOW UNTIL AFTER THE COMPLETION OF THE TRAINEE'S LAST DAY OF TRAINING.

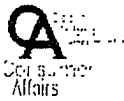
I hereby declare under penalty of perjury under the laws of the State of California that the above statements are true and correct and that the training program is approved by the ACGME or the CCME to offer the type and level of training completed by the applicant and that the applicant was trained in an approved ACGME or CCME program position.

Signature of Director of Medical Education	Date Signed
[Signature]	12/24/98

OFFICIAL HOSPITAL SEAL OR NOTARY SEAL MUST BE AFFIXED TO CERTIFY TRAINING



L3A



**MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM**
1426 Howe Avenue
Sacramento, CA 95825-3236
(916) 263-2499

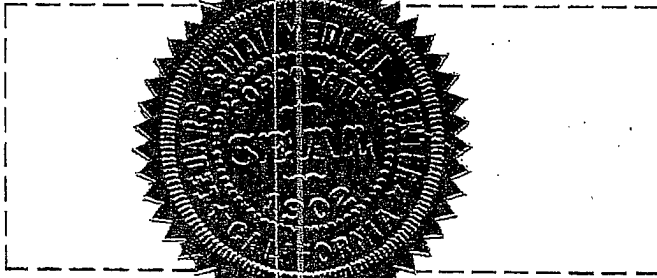


CERTIFICATION STATEMENT

This is to certify that Melinda L. Nagle
(Name of Physician)

is in an approved ACGME/CCME postgraduate training position that commenced on
June 23 01, 1997 and is expected to be completed
on June 23 2001 in OB/GYN
Month Day Year (Type of Training)

at Cedars-Sinai Hospital - Los Angeles California
(Name and Address of Facility)



AFFIX OFFICIAL HOSPITAL SEAL
-OR NOTARY SEAL IN THE BOX
AT THE LEFT.

"I hereby declare under penalty of perjury under the laws of the State of California that the above statements are true and correct and the facility is approved by the ACGME or the CCME to offer the type and level of training completed by the applicant and that the applicant is being trained in an approved ACGME or CCME program position."

ELLEN W. GREEN, DIRECTOR, MEDICAL EDUCATION

(Type or print name of Director of Medical Education)

(Signature of Director of Medical Education)

12/22/98

(Date)

(310) 855-4611

(Telephone Number)

NOTE: Do not use this form in lieu of Form L3A, "Certificate of Completion of ACGME/CCME Postgraduate Training."



**MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM**

1426 Howe Avenue, Sacramento, CA 95825-3236
(916) 263-2499



99 JAN 20 11 08:50

**APPLICATION FOR PHYSICIAN AND SURGEON'S
EXAMINATION OR LICENSURE**

012010

Please **READ** all instructions prior to completing this application. **ALL** questions on this application must be answered, and all supporting documents must be submitted with this application as per instructions.
Please type or print neatly. When space provided is insufficient, attach additional sheets of paper.

1. Name: Last Nagle First Melinda Middle Lee		015118		
2. Other names you have used (include maiden name):		3. Social Security Number ◆ [REDACTED]		
4. Address: Number and Street/Rural Route (include apartment number, if any) [REDACTED]		5. Sex: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Country U.S.A.	
6. Telephone Number: Home: [REDACTED] Work: [REDACTED]	7. Date of Birth: Mo/Day/Yr [REDACTED] Place of Birth: [REDACTED]	8. California Driver's License Number, if applicable: NUMBER [REDACTED] EXPIRATION [REDACTED]		
9. Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If you are an international medical school graduate, you must provide an original full and unrestricted license to practice medicine in another state or country, OR official documentation of U.S. citizenship, OR an official Declaration of Intent to become a U.S. citizen.				
10. Have you ever filed an application for physician and surgeon examination or licensure in California? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, PLEASE GIVE DATE PREVIOUS APPLICATION WAS SUBMITTED AND ATTACH ANY APPLICATION MATERIALS YOU MAY HAVE RETAINED.				
11A. List the names and addresses of all colleges or universities attended where pre-professional, postsecondary instruction was received. Please submit official transcripts with the school seal affixed for each school attended.				
Name	Address	Dates of Attendance		
New York Med	Valhalla NY 10595	8/93 - 5/97 <i>with Error</i>		
11B. Check whether the following premedical courses were successfully completed and show where completed:				
Course	Yes	No	Name of College or University	
Chemistry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UC Berkeley	
Physics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UC Berkeley	
Biology or Zoology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UC Berkeley	
12. List the names and addresses of all schools where professional medical instruction was received, and, where applicable, the degree awarded. PLEASE SUBMIT: 1) an original Certificate of Medical Education (Form L2) and official transcripts with the signature of the dean or registrar and the school seal affixed from each school attended; and 2) an original medical diploma and a photocopy.				
School Name	Address	Place of Instruction	Dates of Attendance	Degree Awarded
New York Med	Valhalla NY		8/93 - 5/97	M.D.
DOCTOR OF MEDICINE DEGREE: as referenced above. (Note: A U.S. graduate may, in lieu of the original, submit an official certified photocopy that has the school seal affixed and the signature of the registrar certifying authenticity.)				
Name of Medical School	Address of Medical School	Exact Date of Issuance		
New York Medical College	Valhalla NY	5/23/97		
◆ MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS Disclosure of your social security number (or federal employer identification number [FEIN], if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(p)(2)(C)) authorize collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or your FEIN, your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.				
			NY 009	L1A
			School Code	

13. Have you taken any of the following written examinations: National Boards, other state boards, USMLE, SPEX, FLEX, or LMCC? Yes No

IF YES, LIST NAME, LOCATION, DATE AND RESULT OF EXAMINATION. SUBMIT AN ORIGINAL OFFICIAL EXAMINATION HISTORY REPORT FROM EACH EXAMINATION AGENCY. APPLICANTS WHO HOLD CERTIFICATION THROUGH THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG) WILL NEED TO SUBMIT AN ORIGINAL VALID ECFMG CERTIFICATE PRIOR TO WRITTEN EXAMINATION AND LICENSURE.

Examination	Location	Date	Result
USMLE Step 1	Denver Colorado	6/95	[REDACTED]
USMLE Step 2	New York	3/97	[REDACTED]
USMLE Step 3	Pomona California	1/98	[REDACTED]

14. Have you ever been licensed to practice medicine in any state or country? Yes No

IF YES, LIST STATE OR COUNTRY, LICENSE NUMBER, DATE ISSUED AND DATES OF PRACTICE IN EACH ISSUING AGENCY'S JURISDICTION. SUBMIT A LETTER OF GOOD STANDING FROM EACH STATE IN WHICH YOU ARE OR HAVE BEEN LICENSED. PLEASE INCLUDE TEMPORARY, TRAINING, OR PROVISIONAL LICENSES.

State or Country	License Number	Date of Issuance	Dates of Practice in that Jurisdiction

15A. Are you currently, or have you ever been, a participant in a postgraduate training program in a facility in the U.S. or Canada? Yes No

IF YES, LIST NAMES AND ADDRESSES OF ALL FACILITIES. SUBMIT AN ORIGINAL CERTIFICATE OF COMPLETION OF ACGME/CCME POSTGRADUATE TRAINING (FORM L3A) FROM EACH FACILITY. (DO NOT COMPLETE FORM L3A/BS TO DOCUMENT TRAINING RECEIVED IN RESEARCH FELLOWSHIP PROGRAMS.) ALL TRAINING MUST BE LISTED, REGARDLESS OF WHETHER IT WAS SATISFACTORILY COMPLETED OR WILL BE USED TO MEET LICENSING REQUIREMENTS.

Facility Name	Address	Type of Service	Dates of Attendance
Cedars-Sinai	8700 Beverly Blvd C.A. Ca.	ORIGIN Resident	7/98 - present

QUESTIONS 15B through 21: For any positive response to the following questions, please provide ALL official documentation regarding the matter in addition to written explanations. If applicable, an applicant should also provide official hearing/court documents and original letters of explanation from medical school or training program directors or other appropriate authorities. APPLICANTS ARE ALSO REQUIRED TO REPORT ANY MATTER THAT IS PENDING OR IN WHICH CHARGES HAVE BEEN DROPPED OR EXPUNGED.

15B. Have you ever withdrawn from, or been suspended, dismissed or expelled from a medical school or postgraduate training program? Yes No

16. Have you ever been charged with, or been found to have committed, unprofessional conduct, professional incompetence, gross negligence or repeated negligent acts or malpractice by any medical licensing board, other agency, or hospital or has any disciplinary action ever been filed or taken regarding any healing arts license which you now hold or have ever held, or is any such action pending? Include any disciplinary actions by the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity. IF YES, GIVE DETAILS BELOW. Yes No

State	Date	Charge	Disposition

17. Has a claim or action for damages ever been filed against you in the course of the practice of medicine or any other healing art which resulted in a malpractice settlement, judgement or arbitration award of over \$30,000.00? **X** Yes **X** No

YES, GIVE DETAILS BELOW.

Name of Claimant	Location of Court	Brief Description of the Facts

18. Have you ever been denied a license, permission to practice medicine or any other healing art, or denied permission to take an examination in any state, country, or U.S. federal jurisdiction, or is any such action pending? **X** Yes **X** No

IF YES, GIVE DETAILS BELOW.

State or Country	Date of Denial	Reason for Denial

19. Have you ever voluntarily surrendered a license to practice in the healing arts in this or any other state, or voluntarily surrendered your narcotic (controlled substance) permit (state or federal) to any licensing board or any other agency, or is any such action pending? **X** Yes **X** No

20. Have you ever had staff privileges in a hospital denied, suspended, limited, revoked or not renewed for medical disciplinary cause, or resigned from a medical staff in lieu of disciplinary or administrative action, or is any such action pending? **X** Yes **X** No

21. Do you have any condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety including but not limited to, any of the following? **X** Yes **X** No

IF YES, PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW:

- A condition which required admission to an inpatient psychiatric treatment facility.
- Alcohol or chemical substance dependency or addiction.
- Emotional, mental or behavioral disorder.
- Other (explain): _____

FOR ANY OF THE BOXES CHECKED ABOVE, PLEASE SUBMIT COMPLETE OFFICIAL INPATIENT AND OUTPATIENT TREATMENT RECORDS, EVIDENCE OF ONGOING REHABILITATION TREATMENT, AND A PERSONAL WRITTEN EXPLANATION.

QUESTION 22: For any positive response to the following question, please provide ALL official documentation regarding the matter in addition to written explanations. If applicable, an applicant should also provide official hearing/court documents and original letters of explanation from appropriate authorities.

22. Have you ever been convicted of or pled nolo contendere to any violation (including misdemeanors and felonies) of any federal, state or local law of any state, the United States, or a foreign country or any violation relating to the possession, use, illegal sale, transportation, manufacture, distribution or dispensing of controlled substances, or is any such action pending? (Exclude violations of traffic laws, including speeding, which resulted in fines of \$300.00 or less.) If YES, give details below.

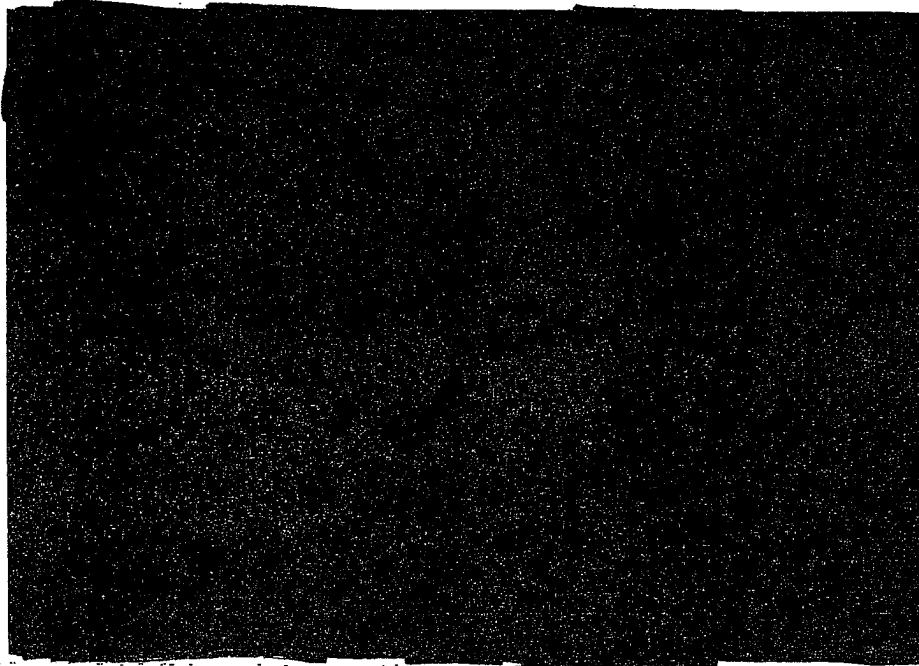
YOU ARE REQUIRED TO LIST ANY CONVICTION THAT HAS BEEN SET ASIDE AND DISMISSED OR EXPUNGED, OR WHERE A STAY OF EXECUTION HAS BEEN ISSUED.

Violation and Location	Date	Penalty or Disposition

RECEIVED
MEDICAL BOARD
CALIFORNIA
09 MAR 23 PM 3:18
LICENSING PROGRAM

L1C

TOP OF PHOTO



BOTTOM OF PHOTO

PHOTO DECLARATION

I hereby declare under penalty of perjury under the laws of the State of California, that the photo of myself attached hereto, was taken on or about [redacted], 19[redacted]

my age then being [redacted] years;

my color of hair [redacted];

my color of eyes [redacted];

my height [redacted] ft. [redacted] in.;

my weight [redacted] lbs.;

and identifying marks are

Signature of Applicant: *Mindy Nagle*

Notice: All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualifications for licensure per Section 2080 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, or other governmental or law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act. The Program Manager of the Licensing Program is the custodian of records.

STATE OF California

COUNTY OF Los Angeles



The applicant, Melinda Lee Nagle, being first duly sworn upon his/her

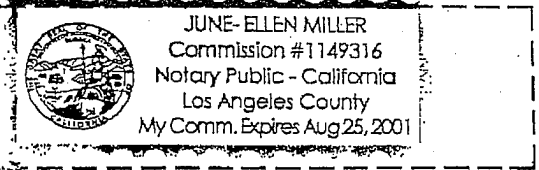
PRINT FULL NAME OF APPLICANT

oath deposes and says: that he/she is the person herein named subscribing to this application; that he/she has read the complete application, knows the full content thereof, and declares that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that he/she is the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which the applicant is aware and that the applicant is the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business and professional associates (past, present and future), and all government agencies (local, state, federal or foreign) to release to the Medical Board of California or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by that Board in connection with this application; or any further or future investigation by that Board necessary to determine my medical competence, professional conduct or physical or mental ability to safely engage in the practice of medicine. I further authorize the Medical Board of California or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure. I further acknowledge that falsification or misrepresentation of any item or response on this application is adequate to deny the same or to hold a hearing to revoke the same, if issued.

SIGNATURE OF APPLICANT: Mindy Nagle
(PLEASE WRITE FULL NAME, NOT INITIALS)

Signed and sworn to before me this 18th day of December, 1998.

June-Elle Miller
SIGNATURE OF NOTARY PUBLIC



8700 Beverly Pl., LA, CA 90048
ADDRESS

My commission expires 8/25/2001

