APD6812

COLORADO STATE BOARD OF MEDICAL EXAMINERS
APPLICATION FOR A LICENSE TO PRACTICE MEDICINE

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 PER INSTRUCTIONS. THE ENCLOSED CHECKLIST IS PROVIDED FOR YOUR CONVENIENCE. PLEASE TYPE OR PRINT NEATLY. WHEN SPACE PROVIDED IS INSUFFICIENT, ATTACH ADDITIONAL SHEETS OF PAPER. YOU MAY REPRODUCE THESE BLANK FORMS AS NEEDED, BUT EACH COMPLETED FORM YOU SUBMIT MUST BE IN ORIGINAL INK OR TYPE. **MAKE SUFFICIENT COPIES OF ALL FORMS BEFORE YOU BEGIN.**

1 a. Name: Last	First	Middle	Degree	1b. Social Security Number	OFFICE USE ONLY
Nagle	Melinda	Lee	MD		PERSONAL DATA ☐ L7

2. Other names (i.e. maiden name) - indicate if none.

3. Mailing Address: Number and Street/Rural Route, Apartment Number (NOTE, Address provided is, by law, public information.)

☒ Home
☐ Business

City | State | Zip | Country

e-mail address:

4. Telephone Number: (Area Code) Day Evening

5. Date of Birth: Mo/Day/Year Place of Birth

Submit a copy of your birth certificate or passport

☐ BC

6. Sex: Male (Female)

7. Have you ever filed an application in Colorado?
☐ Yes If yes, give date of previous application
☒ No

8. List name/address of the school where pre-medical degree was received.

Name of School	Address and Zip	Period of Attendance From (Mo/Yr)	To (Mo/Yr)
UC-Berkeley	Berkeley California	8185	5189

PRE MED EDUC ☐

9. List name/address of the school where medical degree was received.
Request an original L2 Form (Certificate of Medical Education – Certificate must be sent directly from the school to this office.)

Name of School	Address and Zip	Period of Attendance From (Mo/Yr)	To (Mo/Yr)
New York Medical College	Valhalla NY 10595	8193	5197

MED EDUC ☐

10. List name of licensing exam(s): ECFMG, Medical or Osteopathic National Boards, FLEX, USMLE, LMCC, or state written exam. Request certification of scores from examining agency be sent directly to this office.

Exam	Location	Date	Result	WRITTEN EXAM
USMLE Step I	Denver Colorado	6195		☐ ☐
USMLE Step II	New York	3197		☐ ☐
USMLE Step III	Los Angeles	1198		☐ ☐

Official Use Only	License # 39222	Date 12-07-00
Revised 10/99	Fee $ 375.	Date: 10-30-00

L1A

RECEIVED
OCT 30 2000
BOARD OF MEDICAL EXAMINERS
STATE OF COLORADO

11. Have you received and/or completed qualifying postgraduate training approved by the ACGME/AOA in U.S. or Canadian programs?

☑ **Yes** If yes, provide Information below.

☐ **No**

POSTGRAD TRAINING

Name of program	Institution	Specialty	Period of attendance	
			From (Mo/Yr)	To (Mo/Yr)
Cedars-Sinai	Cedars Sinai Hospital	OB/GYN	6/97	Present

☑ ☐ ☐

12. Are you now or have you ever been licensed to practice medicine in any state, territory, district or country? Include temporary licenses and educational permits. Request verification from each to be sent to the Colorado Board.

☒ **Yes** If yes, provide information below.

☐ **No**

LICENSE DATA

State or country	License #	Issue date	Dates of Practice in this jurisdiction	
			From (Mo/Yr)	To (Mo/Yr)
California	A0467894	4/99	Residency -	6/97-present

☑ ☐ ☐

13. Have you ever been notified by any state, territory, district, or country, U.S. government agency, or state medical/osteopathic board of any complaint, investigation or inquiry, which is **currently pending?**

☐ **Yes** If yes, give details below.

☒ **No**

State	Date	Charge	Disposition	REQ	REC
				☐	☐
				☐	☐
				☐	☐
				☐	☐

[illegible] been taken regarding any healing arts license which you now hold or have ever held?

23. Have you ever been refused malpractice insurance, or has your malpractice insurance ever been canceled or rated at a higher premium due to past claims experience? ☐ **Yes,** If yes, explain on a separate sheet and provide verification from insurance company or state licensing board. ☒ **No**	REQ ☐ REC ☐
24. You must provide proof of malpractice insurance or an acceptable alternative as required by Colorado Law, or claim one of the four exemptions set forth in the enclosed insurance memo. See instructions in application packet, and include proof of insurance (obtained from your insurance carrier) or include a statement setting forth the basis for the exemption claimed below. EXEMPTION CLAIMED: I currently reside outside of Colorado and claim "d", set forth in attached rule. I understand before I engage in medical practice in Colorado I must obtain the required insurance or acceptably equivalent	INS ☐

NOTE: ALL ITEMS IN THIS APPLICATION ARE MANDATORY; NONE ARE VOLUNTARY. FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE. The information provided will be used to determine qualification for licensure, per Section 12-36-107 and Section 12-36-111, C.R.S., which authorize the collection of this information. Applicants have the right to review their application subject to the provisions of the Colorado Open Records Act. The Program Administrator of the Colorado State Board of Medical Examiners is the custodian of records.

I, Melinda L. Nagle hereby make application for a license to practice medicine in the State of Colorado. In so doing, I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies (local, state, federal and foreign) to release to the Colorado State Board of Medical Examiners or its successors any information, files or records requested by the Board relative to my qualifications as a physician and my eligibility for licensure.

In accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law.

I state under penalty of perjury, as defined in 18-8-503, C.R.S., that the information contained this application is true and correct to the best of my knowledge.

I understand that under the Colorado Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license and that application fees are not refundable.

Melinda Nagle MD
Signature

8/11/00
Date

RETURN THIS APPLICATION TO:

COLORADO BOARD OF MEDICAL EXAMINERS
1560 BROADWAY, SUITE 1300
DENVER CO 80202-5140

L1D

STATE OF COLORADO

STATE BOARD OF MEDICAL EXAMINERS
1560 Broadway, Suite 1300
Denver, Colorado 80202-5146
(303) 894-7715/894-7716
FAX (303) 894-7692
V/TDD (303)894-7880
http://www.dora.state.co.us/medical

Department of Regulatory Agencies
Division of Registrations

CERTIFICATE OF MEDICAL EDUCATION

THIS SECTION TO BE COMPLETED BY APPLICANT AND FORWARDED TO SCHOOL WHERE MEDICAL DEGREE WAS RECEIVED

This certifies that Melinda L. Nagle
FULL NAME OF APPLICANT

enrolled in New York Medical College
FULL NAME OF MEDICAL SCHOOL

Valhalla New York on the 17 day of August 1993
LOCATION OF MEDICAL SCHOOL

THIS SECTION TO BE COMPLETED BY PRESIDENT/SECRETARY/DEAN OF MEDICAL SCHOOL AND FORWARDED TO COLORADO BOARD OF MEDICAL EXAMINERS. COMPLETE ALL BLANKS IN THE SECTION OR FORM WILL BE RETURNED.

The undersigned certifies that the records of this institution show that he/she attended this institution beginning on the 3rd day of August, 19 93 and was granted the degree Bachelor/Doctor of Medicine or ~~Doctor of Osteopathy~~ on the 19th day of May, 19 97.

Signed and the college seal affixed

This 2nd day of November, 19 00

By Barbara Weiss Associate Dean & Registrar

NOT VALID WITHOUT SCHOOL SEAL
NOTE TO REGISTRAR:
IF NO SCHOOL SEAL, PLEASE INDICATE ABOVE, NEXT TO SIGNATURE OF PRESIDENT/SECRETARY/DEAN.

L2

STATE OF COLORADO

STATE BOARD OF MEDICAL EXAMINERS
1560 Broadway, Suite 1300
Denver, Colorado 80202-5146
(303) 894-7716/894-7715
FAX (303) 894-7692
V/TDD (303)894-7880
http://www.dora.state.co.us/medical

Department of Regulatory Agencies
Division of Registrations

RECEIVED
OCT 30 2000
BOARD OF MEDICAL EXAMINERS
STATE OF COLORADO

REPORT OF PRACTICE HISTORY

Facility Name	Address and Zip	Reference (name and title)	Dates of Practice From-to	Nature of Practice
☑L3 1. Cedars-Sinai Hospital	8700 Beverly Blvd. Los Angeles Ca 90048	Lawrence Platt chairman OB/GYN	6197 – Present	Residency
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PLEASE BE AWARE THAT IN COLORADO SUPPLYING FALSE INFORMATION IN AN APPLICATION FOR A LICENSE IS PUNISHABLE BY LAW.

I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license.

Nicky Nagl — SIGNATURE
Nagl — PRINT LAST NAME
8/11/00 — DATE

L6