

# Maryland Board of Physicians Practitioner Profile System

This data was extracted on 09/11/2014

## Marco, Alan Paul

### License and Education

License No.: D39281  
Accepts Medicaid: No  
Graduated: 1986  
License Status: **Inactive**  
Date License Issued: 11/08/1989  
License Expiration: 09/30/1999

Graduated from:

### Primary Practice Setting

Johns Hopkins Bayview  
4940 Eastern Ave  
Baltimore  
MD 21224 2780

### Public Address

7129 JAMESFORD DRIVE  
TOLEDO  
OH 43617-1370

### Known Disciplinary Actions by any state medical board (within the past 10 years)

**Summary:** No actions reported during the last ten year period.

### Download all Maryland Disciplinary Actions

*None*

### Pending Charges

*None*

### Malpractice (Information to be taken into consideration when reviewing a Licensee's profile)

**Malpractice Judgments and Arbitration Awards (within the past 10 years)**

*None Reported*

#### **Malpractice Settlements**

(If there are 3 or more settlements of \$150,000 or greater within the past 5 years)

*None Reported*

### Convictions for any crime involving moral turpitude

*None reported by the courts*

### Glossary of Terms

### Notice to Credential Verification Professionals

[Return to Practitioners Profile Search](#)

RECEIVED  
200  
37

STATE OF MARYLAND  
BOARD OF PHYSICIAN QUALITY ASSURANCE

D 39281  
LICENSE NUMBER

ENDORSEMENT/FLEX APPLICATION

Control # 2385 F

1. FOR FLEXIBLE CANDIDATES ONLY

COMPONENT 1 ONLY  
 COMPONENT 2 ONLY  
 COMPONENTS 1 & 2

2. BASIS OF APPLICATION

2.1 How Licensed  
 N-National Boards  
 F-FLEX  
 R-Reciprocity (State Exam)  
 L-LMCC

2.2 If reciprocity or Flex with State of:  Use postal abbreviation

BOARD USE ONLY

BD CODE:  A  B  C

TRANS CODE:  A  B  C

LIC. DUE:  L  M  N

DATE ISSUED: 1/10/89 STATUS: E A F 89

3. NAME

3.1 SURNAME AND GENERATIONAL INDICATORS: MARCO

3.2 FIRST NAME AND MIDDLE NAME: ALAN PAUL

3.3 MAIDEN NAME (will not show on license):

3.4 NAME UNDER WHICH ORIGINALLY LICENSED IF DIFFERENT FROM ABOVE:

3.5 SOCIAL SECURITY NUMBER (used to assure identification):

NOTE

After completing this information return application to the Board of Physician Quality Assurance, ~~2000~~.

Remit by Post Office, M.O. or certified check, made payable to the Board of Physician Quality Assurance, the fee indicated on the instruction sheet.

4. ADDRESS

4.1 00 ADDRESS—IF APPLICABLE—

4.2 STREET ADDRESS: [REDACTED]

4.3 CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

4.4 FOREIGN COUNTRY (IF APPLICABLE):

4.5 TELEPHONE (AC): [REDACTED]

5. SEX:  M  F

6. RACE:  1. WHITE  2. BLACK  3. ASIAN  4. HISPANIC  5. OTHER

7. EDUC. NRS: 1 0 0

7. DATE OF BIRTH: [REDACTED]

8. CITIZENSHIP AT BIRTH:  U.S.A.  CANADA  OTHER

9. UNDERGRADUATE SCHOOL

NAME: Johns Hopkins University

LOCATION: Baltimore, MD

9.1 LEAVE BLANK

9.2 YEAR OF GRADUATION: 82

9.3 DEGREE RECEIVED: BA

10. PROFESSIONAL SCHOOL

NAME: Johns Hopkins University

ADDRESS: School of Medicine, Baltimore, MD

10.1 LEAVE BLANK

10.2 YEAR OF GRADUATION: 86

10.3 DEGREE RECEIVED: MD

11. COUNTRY OF MEDICAL SCHOOL:  U.S.A.  CANADA  OTHER—NAME OF COUNTRY:

12. OTHER EXAMS TAKEN

EXAMINATIONS:  ECFMG  VOE/FMOEMS  NBME  STATE WRITTEN EXAM  NONE OF THE ABOVE

MOST RECENT DATE TAKEN (MONTH, YEAR):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

13. ACTIVITIES SINCE GRADUATION

NAME/LOCATION OF PRACTICE OR ACTIVITY	DATES	TYPE OF TRAINING, PRACTICE OR ACTIVITY
Francis Scott Key Johns Hopkins University	FROM 7/86 TO 4/87 7/87 6/90	Internship (Medicine) Residency (Anesthesiology)

BEST AVAILABLE COPY

14. When do you intend to begin practicing in Maryland? 7/8 790  
 Where? Francis Scott Key Medical Center
15. Do you hold a license (current/expired) in any state? Yes If so, list the state and license number for each state.  
New York 171541-1
16. Have you ever been charged with violation of any law relative to practice of medicine or relative to any crime (felony)?  
NO
17. Have you ever been found guilty in a malpractice suit or settled a malpractice claim? NO
18. Have you ever taken an examination without receiving a license from any medical licensing agency or been denied a license by, or denied the privilege of taking an examination by any medical licensing agency? NO
19. Have you ever been notified by any medical licensing agency or medical society of a complaint against you or of an investigation related to the practice of medicine? NO
20. Have you ever had your medical license revoked, suspended or placed on probation or have you surrendered a (local, state, or federal) permit to prescribe controlled substances? NO
21. Have you ever been discharged from or had a contract voided by any hospital service or training program or had any restrictions or withdrawals of hospital privileges based upon disciplinary action? NO
22. Have you ever had a physical or mental illness requiring professional attention? [REDACTED]
23. Have you ever been addicted to or treated for an addiction to or abuse of any chemical substance? [REDACTED]
24. Have you ever been separated from any service of the United States Government for less than honorable cause(s).  
NO If yes, \_\_\_\_\_ Branch; \_\_\_\_\_ Date of Discharge;  
 \_\_\_\_\_ Type of discharge.

If you answer "yes" to any question 14 through 24, attach a separate page with a complete explanation of each occasion.

I agree that I will cooperate fully with any request for information, inspection of my medical practice or investigation, including the subpoena of documents or records, incident to my medical practice while licensed in the State of Maryland.

I am aware that, if I become licensed in the State of Maryland, according to Health Occupations Article, Section 14-502, Annotated Code of Maryland, in return for the privilege to practice medicine in the State of Maryland, I consent to submit to an examination if requested by the Board of Physician Quality Assurance.

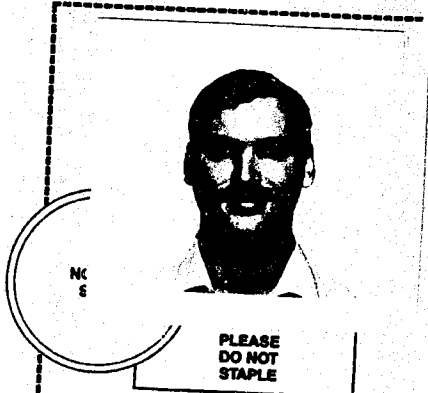
I certify that the information supplied in this application is true and accurate to the best of my knowledge.

Signature Alan P. Marco MD Date 9/25/89

**AFFIDAVIT OF APPLICANT**

Alan P. Marco M.D. of PERRY HALL, MD  
 being duly sworn says that he is the person referred to in the above application for license to practice Medicine and Surgery in the State of Maryland; and that all statements made in this application are true. The attached photograph bearing my notarial seal is that of the person, here present, making the above application.

Sworn before me this 29th  
 day of September, 1989  
Wilma A. Lucas  
 Notary Public



4201 Patterson Ave  
PO Box 2571

BOARD OF PHYSICIAN QUALITY ASSURANCE

BALTIMORE, MD 21201-0002

RECEIVED CERTIFICATE OF PRELIMINARY AND MEDICAL  
EDUCATION AND IDENTIFICATION

REGISTER # 0002

SEP 29 1989

SCHOOL OF MEDICINE

PRELIMINARY EDUCATION: The Board reserves the right to make further investigation if necessary.  
I was admitted to the study of medicine upon the following evidence of preliminary Education  
BA - Johns Hopkins University 1982

MEDICAL EDUCATION:

Give Dates

Months	Years	Months	Years	Print legal name and location of institution in full on each line
1st Year	Sept. 1982	to	May 1983	Johns Hopkins University School of Medicine
2nd Year	Sept. 1983	to	May 1984	Johns Hopkins University School of Medicine
3rd Year	Sept. 1984	to	May 1985	Johns Hopkins University School of Medicine
4th Year	Sept. 1985	to	Jun 1986	Johns Hopkins University School of Medicine

I received the Degree of Doctor of Medicine from Johns Hopkins University School of Medicine  
at Baltimore, MD May 30, 1986 1986  
(Date of degree)

ALAN PAUL MARCO  
(Print name in full)

Alan Paul Marco M.D. (Applicant)  
(Sign name in full)

Dated at 9/27 19 89

CERTIFICATION BY MEDICAL SCHOOL:

I hereby certify:

- A. The above statements of Applicant to be correct and in accord with the records upon which he as admitted to the degree of Doctor of Medicine and
- B. That the photograph hereunto attached, and upon which our official seal has been impressed, is that of the person making this application, Alan Paul Marco, M.D.

(if the officer making certification A is unable personally to identify Applicant he will strike out certification B and must not impress seal upon photograph)

Mary E. Foy, Assistant Dean/Registrar

President  
Secretary  
Dean  
of School  
Conferring  
Medical Degree

IDENTIFICATION CARD



indicated.

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
DIVISION OF PROFESSIONAL LICENSING SERVICES  
CUSTOMER SERVICE UNIT  
CULTURAL EDUCATION CENTER  
ALBANY, NEW YORK 12230

27 OCT 89 12 23

DATE 10/23/89

BOARD OF PHYSICIAN  
QUALITY ASSURANCE

TO WHOM IT MAY CONCERN:

YOU HAVE INQUIRED AS TO WHETHER OR NOT A LICENSE TO PRACTICE  
MEDICINE IN NEW YORK STATE HAS  
EVER BEEN ISSUED TO: MARCO ALAN PAUL

THIS PERSON IS LICENSED AND NOT CURRENTLY REGISTERED.

LICENSE NUMBER: 171541 LICENSURE DATE: 07/31/87.

*license is in Good Standing.*

*Elaine Olson*  
VERIFICATION CLERK