

4201105546
Moore, Nicola Louise

Medical Doctor
April 21, 2014

CS

Fee Oh
App Oh
Med Ed ---
PGT ---
Exam Scores ---
ECFMG ---
HOSP APPT ---
RC Oh

X page Oh

CA 12/10

IA 12/13

NE 10/14

NY 11/12

MS 6/11

MA 12/14

SD 9/16

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
ONLINE APPLICATION FOR A MEDICAL DOCTOR
OBTAINED BY WEB ENDORSEMENT W/CS >= 10 YRS

Amount Paid - \$235.00
Date Paid - 04/21/2014

License #	1055116
License #	065683
Issue Date	5-14-11

FIRST NAME: NICOLA MIDDLE NAME: LOUISE LAST NAME: MOORE SUFFIX:

SSN: [REDACTED] DATE OF BIRTH: [REDACTED] DAYTIME TELEPHONE NUMBER: 6179557582

License Address - 395 Concord Avenue
Cambridge MA 02138
United States
Email Address - drnicolamoore@yahoo.com

APPLICATION QUESTIONS

Have you been convicted of a felony?	N
Have you been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	N
Have you been convicted of a misdemeanor involving the illegal delivery, possession or use of alcohol or a controlled substance (including motor vehicle violations)?	N
Have you been censured or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	N
Have you been treated for substance abuse in the past 2 years?	N
Have you had 3 or more malpractice settlements, awards or judgments in any consecutive 5 year period?	N
Have you had one or more malpractice settlements, awards or judgments totaling \$200,000 or more in any consecutive 5 year period?	N
Have you had a federal or state health professional or registration revoked, suspended or otherwise disciplined, been denied a license; or currently have disciplinary action pending against you?	N
Have you been denied the privilege of taking an examination by any state medical board?	N
If you have held a permanent license in another state, list the state's in which you hold or have held a medicine license.	CA, IA, NE, SD, MS, MA, NY
If you ever held a health professional license in Michigan, please provide the Permanent ID Number (License Number) and Expiration date	
List all previous names used.	

EDUCATION

School Name	DATE FROM	DATE TO
Albert Einstein College of Medicine Bronx, NY	08/01/1995	06/01/1999



STATE OF MICHIGAN

RICK SNYDER
GOVERNORDEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICESSTEVE ARWOOD
DIRECTOR

Name : NICOLA LOUISE MOORE
 License Number : Pending
 Tracking Number : 2558682
 Profession : Medicine
 License Type : Medical Doctor
 Process : Apply for Initial License process

Certification

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization. I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country. The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature :

Sign on the signature line and mail this page along
with any required attachments to:

Bureau of Health Professions
 P.O. Box 30670
 Lansing, MI 48909

Print Page

Close Window



W

MEDICAL BOARD OF CALIFORNIA
Licensing Program



April 29, 2014

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
PO BOX 30670
LANSING MI 48909

To Whom It May Concern:

This is to certify that on the date of this letter the records of the Medical Board of California (Board) indicate the following information:

Physician:	NICOLA LOUISE MOORE
License Number:	A89646
Issued Date:	12/17/2004
Exam Type:	A written examination
Expiration Date:	12/31/2010
License Status:	DELINQUENT
Board Discipline:	No

RECEIVED
MAY 08 2014
LARA

If Board Discipline is indicated, you may contact the Board's Enforcement Program, Central File Room by email at fileroom@mbc.ca.gov, by fax at (916) 263-2420 or by mail at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain information concerning the action.

Further public records pertaining to the above licensee, as well as information related to license status may be available from the Board's Web site at <http://www.mbc.ca.gov>.

Curtis J. Worden

Curtis J. Worden
Chief of Licensing

SECTION 162 OF THE BUSINESS AND PROFESSIONS CODE:

The certificate of the officer in charge of the records of any board in the department that any person was or was not on a specified date, or during a specified period of time, licensed, certified or registered under the provisions of law administered by the Board, or that the license, certificate or registration of any person was revoked or under suspension, shall be admitted in any court as prima facie evidence of the facts therein recited.



CERTIFICATION OF LICENSE

Michigan Bureau of Health Professions
PO Box 30670
Lansing MI 48933

RECEIVED
MAY 12 2014
LARA

Name: Nicola Louise Moore, MD
Address: 395 Concord Avenue
Cambridge MA 02138

Date of Birth: [REDACTED]
Place of Birth: [REDACTED]

PROFESSION NAME: Physician
Number 24762 Status: Active
Issuance Date: 07/28/2008 Expiration Date 10/01/2014

Credential Obtained by: Exam

Exam Type: Exam Score:
USMLE Step 1 [REDACTED]
USMLE Step 2 [REDACTED]
USMLE Step 3 [REDACTED]

School/Graduation Date: ALBERT EINSTEIN COL OF MED OF YESHIVA UNIV 06/03/1999

Disciplinary Action:

To expedite the certification process, the Licensure Unit is using the above format. There is no derogatory information in the professional's records if the Disciplinary Action section above is left blank.

Helen L. Meeks, Administrator
Licensure Unit

May 7, 2014

(SEAL)

You may verify licenses under the following Internet Web Site Address:
<http://www.nebraska.gov/LISSearch/search.cgi>



Fields of Opportunities

STATE OF IOWA

TERRY BRANSTAD, GOVERNOR
KIM REYNOLDS, LT GOVERNOR

IOWA BOARD OF MEDICINE
MARK BOWDEN, EXECUTIVE DIRECTOR

April 20, 2014

Verification of Licensure

Michigan Board of Medicine
P O Box 30670
Lansing, MI 48909

This is to certify that the records of the Iowa Board of Medicine indicate the following information regarding this physician.

NAME:	Nicola Louise Moore, MD
DATE OF BIRTH:	[REDACTED]
LICENSE NUMBER:	MD-37992
LICENSE TYPE:	Permanent
ISSUE DATE:	12/09/2013
EXPIRATION DATE:	12/01/2013
STATUS:	Inactive
DISCIPLINARY ACTION:	No
HISTORY OF INVESTIGATION:	See below

This license information was last updated on 04/17/2014

The above format is prepared for all physicians regulated by this board. All physicians are considered in good standing unless otherwise noted. **If disciplinary action has been indicated or if a history of investigation exists, a copy of that information will be provided to your office in a separate mailing within ten business days.**

Sincerely,

Rachel Davis
Licensing Assistant



DEVAL L. PATRICK
GOVERNOR

Commonwealth of Massachusetts
Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

RECEIVED
APR 28 2014
LARA

4/24/2014

To Whom It May Concern:

This certifies that Nicola L Moore, M.D., a 1999 graduate of Albert Einstein College of Medicine Yeshiva Univ, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 223184 was issued to Dr. Moore on 02/16/2005. The license status is: Active. The expiration date is 12/30/2014.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

Closed Complaint Information

Our files contain 0 closed complaint(s) on this physician.

Final Board Disciplinary Action

Our files contain 0 disciplinary action(s) taken against this physician by the Board.

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

www.mass.gov/massmedboard

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

SEAL

Staff Member, Board of Registration in Medicine

Francee Mulero



TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

VERIFICATION OF MEDICAL LICENSURE

April 20, 2014

This is to certify that the records of the Mississippi State Board of Medical Licensure indicate the following information

Physician Name: **Nicola Louise Moore** Degree **M.D.**
Date of Birth: [REDACTED]
Primary Practice Location **Planned Parenthood of the Heartland**
1000 East Army Post Road
Des Moines, IA 50315
MD/DO School: **Albert Einstein College of Medic** Year of Graduation: **1999**
Specialty: **FAMILY PRACTICE (Not Primary Source Verified)**
License Number **21316**
Issue Date: **November 2, 2010** Reinstated Date.
Expiration Date: **June 30, 2011** Date of Expiration Prior
Public Record. **NO** to Reinstatement:

This license information was last updated on: 04/18/2014

If public record is indicated, submit a request for records to the following email address
mboard@msbml.state.ms.us

Sincerely,

A handwritten signature in black ink that reads "H. Vann Craig" followed by a stylized flourish.

H Vann Craig, M D
Executive Director

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

SW

MI

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, MOORE NICOLA LOUISE was issued license/certificate number 219226 for the practice of MEDICINE on 09/14/00.

Our records also indicate the following information:
Date of birth: [REDACTED]
School attended: ALBERT EINSTEIN MED COL
Date of graduation: 06/03/99
Degree earned: MD

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

DATE	EXAM	SCORE
07/00	USMLE STEP3	[REDACTED]
08/98	USMLE STEP2	[REDACTED]
06/97	USMLE STEP1	[REDACTED]

RECEIVED
MAY 01 2014
LARA

EXMS TAKEN=03

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: NO Last reg period ended: 11/30/13
Address: 395 CONCORD AVE

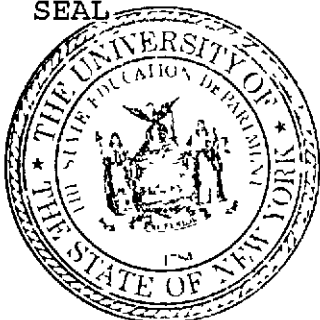
CAMBRIDGE MA 02138-0000

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Cathy Hanczaryk, Principal Clerk, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Principal Clerk of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

SEAL



Cathy Hanczaryk
Principal Clerk 04/24/14

Snow



South Dakota Board of Medical and Osteopathic Examiners

Primary Source Verification

101 N Main Ave Suite 301
Sioux Falls, SD 57104

Phone: 605-367-7781
Email: sdbmoe@state.sd.us

Name: **Nicola Louise Moore, MD**

Last Reported Address(es):

No Work Address Listed

Licenses, Permits, Registrations, Certificates:

As of 04/22/2014

<u>Type</u>	<u>Number</u>	<u>Issue Date</u>	<u>Expiration Date</u>	<u>Status</u>
Medical License (MD/DO)	8353	April 23, 2012	March 01, 2015	Active

Board Actions:

Date

No Board Actions on File

To expedite the verification of licensure process, the above is the standard format for all professionals regulated by the Board

Board Action

If Board Action is indicated please review the board action documents available at <http://www.sdbmoe.gov>. If the document is not listed, please email the Board at sdbmoe@state.sd.us.

License verification data is updated daily, and may not reflect changes to licensure occurring within the past 24 hours



South Dakota Board of Medical and Osteopathic Examiners

Primary Source Verification

SMO

101 N Main Ave Suite 301
Sioux Falls, SD 57104

Phone 605-367-7781
Email. sdbmoe@state sd us

Name: Nicola Louise Moore, MD

Last Reported Address(es):

No Work Address Listed

Licenses, Permits, Registrations, Certificates:

As of 04/22/2014

<u>Type</u>	<u>Number</u>	<u>Issue Date</u>	<u>Expiration Date</u>	<u>Status</u>
Medical License (MD/DO)	8353	April 23, 2012	March 01, 2015	Active

Board Actions:

Date

No Board Actions on File

To expedite the verification of licensure process, the above is the standard format for all professionals regulated by the Board.

Board Action

If Board Action is indicated please review the board action documents available at <http://www.sdbmoe.gov> If the document is not listed, please email the Board at sdbmoe@state.sd.us

License verification data is updated daily, and may not reflect changes to licensure occurring within the past 24 hours.

Michigan Department of Licensing and Regulatory Affairs

Board of Medicine

P.O. Box 30192

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

JW

RECEIVED
MAY 05 2014
LARA

**CERTIFICATION OF MEDICAL EDUCATION FOR GRADUATES OF MEDICAL SCHOOLS
LOCATED IN THE UNITED STATES, ITS TERRITORIES, THE DISTRICT OF COLUMBIA, OR
THE DOMINION OF CANADA**

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued

INSTRUCTIONS TO APPLICANT:

Complete Section I. Type or print your legal name exactly as it appears on your application. For Section II, send this form to be completed by the Dean of the medical school you attended. This certification must be submitted directly to the Michigan Board of Medicine by the medical school.

SECTION I - APPLICANT INFORMATION

First Name NICOLA	Middle Name LOUISE	Last Name MOORE
Social Security Number [REDACTED]	Date of Birth [REDACTED]	Daytime Telephone Number (417) 955-7582
Street Address 395 Concord Avenue		
City Cambridge	State MA	ZIP Code 02138
All Previous Names and/or Birth Name Used (if applicable)		
Date of Admission 8/1995		Date of Graduation 6/1999

Signature of Applicant Nicola Louise Moore	Date 4/20/14
---	-----------------

APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE DEAN OF YOUR MEDICAL SCHOOL FOR COMPLETION OF SECTION II.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.



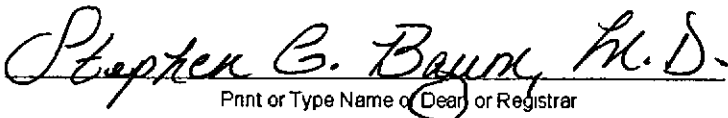
Name
NICOLA LOUISE MOORE

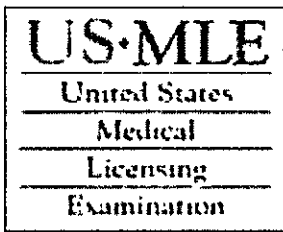
TO BE COMPLETED BY THE DEAN OR REGISTRAR OF THE MEDICAL SCHOOL

INSTRUCTIONS FOR COMPLETING SECTION II:

Please complete the following information. Return this completed certification directly to the Michigan Board of Medicine at the address shown on Page 1 of this form

SECTION II - CERTIFICATION OF MEDICAL EDUCATION

Name of Medical School	
Albert Einstein College of Medicine	
Street Address of Medical School	
1300 Morris Park Ave	
City, State and ZIP Code	
Bronx, NY 10461	
I certify that	Nicola L. Moore
(Applicant's Name)	attended the
medical school named above from	8/16/95 to 5/28/99
(Month/Day/Year)	(Month/Day/Year)
and was/will be granted the degree of	Doctor of Medicine
	on
	6/3/99
	(Month/Day/Year)
	
Signature of Dean or Registrar	Date of Signature
	(SEAL)
Print or Type Name of Dean or Registrar	If school has no seal, please indicate



**United States Medical Licensing Examination® (USMLE®)
Certified Transcript of Scores**

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Wisser Road, Suite 300, Eules, TX 76039-3856 – Telephone (817) 868-4000

Date : 04/21/2014

Recipient:

Michigan Board of Medicine
ATTN: Carole Hakala Engle
611 W Ottawa
1st Floor
Lansing, MI 48933

Examinee: Moore, Nicola Louise
Alt Name(s):

Examinee ID#: 5-030-515-0
Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1					
	Test Date	Pass/Fail	Total	MP	Comments
	06/10/1997	Pass	[REDACTED]	[REDACTED]	

USMLE STEP 2					
Clinical Knowledge (CK)					
	Test Date	Pass/Fail	Total	MP	Comments
	08/25/1998	Pass	[REDACTED]	[REDACTED]	

USMLE STEP 3					
	Test Date	Pass/Fail	Total	MP	Comments
NEW YORK	07/19/2000	Pass	[REDACTED]	[REDACTED]	

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.