02955

STATE OF CALIFORNIA—STATE AND CONSUMER SERVICES AGENCY — EDMUND G. BROWN JR., *Governor*

DEPARTMENT OF Consumer Affairs

BOARD OF MEDICAL QUALITY ASSURANCE
1430 HOWE AVENUE, SACRAMENTO, CA 95825
TELEPHONE:
Applications and Examinations (916) 920-6411

RECEIVED SACRAMENTO BOARD OF MEDICAL QUALITY ASSURANCE JUN 1 12 35 PM '83

APPLICATION FOR PHYSICIAN'S AND SURGEON'S CERTIFICATE
BASED ON NATIONAL BOARD CREDENTIALS
CLASS G

014291
6/28/83 $219.00

(Please type or print neatly. When space provided is insufficient, attach additional sheets.)

1. NAME: Last	First	Middle	Maiden	2. Telephone No.
CATALDO	NICHOLAS	ADRIAN		

3. List other names, if any, you have used: NONE

4. Address: Street and No./Rural Route	City	State	Zip Code
3337 ALMA	PALO ALTO	CA	94306

5. Name you wish on License:	Birthdate: (Month - Day - Year)
NICHOLAS ADRIAN CATALDO	

6. Premedical Education: Name of College or University	Location
HARVARD COLLEGE	CAMBRIDGE, MA

Period of attendance: From: SEPT. 1971 To: JUNE 1975

Check premed courses successfully completed: ☑ Chemistry ☑ Physics ☑ Biology or Zoology

7. Medical School:

Year	Name of Institution	Location	From	To
1st	HARVARD MEDICAL SCHOOL	BOSTON, MA	9/76	6/77
2nd	SAME	SAME	9/77	6/78
3rd	SAME	SAME	7/78	5/79
4th	SAME	SAME	6/80	5/81
5th				
6th				

8. Doctor of Medicine Degree granted by:	Date	For office use only
HARVARD MEDICAL SCHOOL	JUNE 4, 1981	School Code: MA001

9. 1st Year Postgraduate Training (Internship):

Location	Type of Service	From	To
THE MIRIAM HOSPITAL, PROVIDENCE, RI	INTERNAL MEDICINE	6/29/81	6/28/82

10. List all States in which you have been licensed to practice medicine: RHODE ISLAND

11. Has any disciplinary action ever been taken regarding any license which you now hold or ever held? ☐ Yes ☐ No

If Yes, indicate below:

State	Date	Charge	Disposition

12. Have you ever been denied a license to practice medicine in any State or Country? ☐ Yes ☐ No

If Yes, indicate below:

State or Country	Date of Denial	Reason for Denial

13. Are you now or have you ever been addicted to narcotic drugs? ☐ Yes ☐ No

14. Have you ever been convicted of, or pled nolo contendere to a violation of any Federal, State or Local law relating to the manufacture, distribution or dispensing of controlled substances/narcotics, or to drug addiction?	Yes	No
15. Have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor or felony in any state? (Except violations of traffic laws resulting in fines of $50.00 or less.)	Yes	No

16. If you answered "Yes" to either No. 14 or No. 15 above, please provide the following information:

Violation and Location	Date	Penalty/Disposition

17. Have you ever had staff privileges in a hospital suspended or revoked? If "Yes", please explain on another sheet of paper.	Yes	No
18. Have you ever voluntarily surrendered your license to practice in another state?	Yes	No

Applicant: Please complete the following:

Height: ____ Ft. ____ In. Weight: ____ Lbs.

Hair color: ____ Eye color: ____

Identifying marks:

NOTE: [redacted] maintained pursuant to Section 2312 of the Business [redacted] 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. Applicants have the right to review their applications subject to the provisions of the California Public Records Act.

NOTE: APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.

"I hereby certify (or declare), under penalty of perjury, under the laws of the State of California, that the foregoing information contained in this application and any attachments is true and correct, and that the attached photo and duplicate copy are a true likeness of myself, the applicant identified herein."

Signature of Applicant Nicholas Aaron Cotsakis MD

Date 5/27/83

Subscribed and sworn to before me this 27th day of May 19 83.

OFFICIAL SEAL
HELEN H. RANTZ
NOTARY PUBLIC CALIFORNIA
SANTA CLARA COUNTY
My Commission Expires August 14, 1983

Signature of Notary Helen H Rantz

Address Stanford, California

My commission expires: August 14, 1983

STATE OF CALIFORNIA–STATE AND CONSUMER SERVICES AGENCY — EDMUND G. BROWN JR., *Governor*

DEPARTMENT OF Consumer Affairs

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1430 HOWE AVENUE, SACRAMENTO, CA 95825
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SACRAMENTO
BOARD OF MEDICAL
QUALITY ASSURANCE
JUN 7 12 46 PM '83

PLEASE FORWARD TO YOUR MEDICAL SCHOOL

CERTIFICATE OF EDUCATION

This Certifies That NICHOLAS ADRIAN CATALDO
Full name of applicant

enrolled in HARVARD MEDICAL SCHOOL
Name of medical school (college)

on the 8 day of September 1976.
Month Year

☒ as a Freshman.

☐ with advanced standing based on _____
Please specify

The undersigned further certifies that official transcripts on file show that prior to completing the study of medicine the applicant herein referred to completed at least a two-year resident course of college grade including:

☒ PHYSICS ☒ CHEMISTRY ☒ BIOLOGY (or) ZOOLOGY (Check course(s) completed)

at Harvard College
Please Indicate school, and that he attended while at this

medical school (college) 4 courses of lectures of 32 weeks each,
Specify number Specify number of weeks

completing 4000 hours in the subjects below listed, and that he/she:
Total hours

☒ was granted the degree ~~Bachelor~~ Doctor of Medicine.

☐ left the above-mentioned medical school (college) for the following reason(s):

_____

_____

on the 4 day of June 1981.
Month Year

Please indicate which of the following courses of study were successfully undertaken by the applicant:

☐ Anatomy	☐ Dermatology	☐ Preventive medicine, including nutrition	☐ Otolaryngology
☐ Embryology	☐ Physical medicine		☐ Obstetrics and gynecology
☐ Histology	☐ Therapeutics	☐ Radiology, including radiation safety	
☐ Neuroanatomy	☐ Tropical medicine		☐ Human sexuality as defined in Section 2192.3
☐ Physiology	☐ Surgery, including orthopedic surgery	☐ Medicine	
☐ Biochemistry		☐ Pediatrics	
☐ Pathology, bacteriology and immunology	☐ Urology	☐ Psychiatry	☐ Child Abuse detection and treatment
	☐ Ophthalmology	☐ Neurology	
	☐ Pharmacology	☐ Anesthesia	

Signed and the College seal affixed this 31 day of May 1983.
Month Year

By Audrey Noreen Koller
Audrey Noreen Koller, Registrar

[AFFIX SEAL HERE]

07A-32 (REV 3-82)

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 05/23/2013 **To Date:** 05/23/2013

ATRISUPPINF

06-JUL-16 10:48:03

Person Id : 597276 **Name :** Cataldo,Nicholas

Question	Answer
I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The Two-Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Conditions Which Would Exempt Me From All Or Part Of The Requirements.	YES
I Have Completed 12 Hours Of Pain Management And End-Of-Life Care.	YES
I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care Continuing Education Requirement Because I Am A Radiologist Or Pathologist.	NO
Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The Care Of Older Patients. Click No If Not Applicable.	NO
Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held.	NONE
I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct.	NO
I Have Read My Profile On The Medical Board Web Site At Www.Mbc.Ca.Gov And Acknowledge The Information Contained Therein As Current And Accurate.	YES
Since You Last Renewed Your License, Have You Had Any License Disciplined By A Government Agency Or Other Disciplinary Body; Or, Have You Been Convicted Of Any Crime In Any State, The U S A And Its Territories, Military Court Or A Foreign Country?	NO

Total Questions Asked For Person : 597276 8

MEDICAL BOARD OF CALIFORNIA 5-31-15

Licensing Program

- Mail completed form to: Medical Board of California, 2005 Evergreen Street, Suite1200, Sacramento, CA 95815-3831
- If you meet the requirements and would like to apply for an exemption from payment of the renewal fee, complete the application below.
- If you are renewing at the same time as you apply for retired status, you must submit the $25 mandatory fee for the Physician Loan Repayment Program and the $12 mandatory fee for the Controlled Substance Utilization Review and Evaluation System / Prescription Drug Monitoring Program (CURES / PDMP) with the application.
- If the medical license is delinquent, a payment of all accrued renewal fees, delinquent fee, the $25 and $12 mandatory fees, and penalty fee must be submitted with the application. If your license is current, no fee is required.
- Make certified checks, cashier's checks, money orders, or personal checks payable to the Medical Board of California.
- Section 2439 of the Business and Professions Code provides an exemption from payment of the renewal fee if the licensee has applied for a retired license.

RETIRED PHYSICIAN APPLICATION FOR EXEMPTION FROM PAYMENT OF RENEWAL FEE **NO PRACTICE PERMITTED** *Please print or type. Illegible applications will be returned.*	FOR MEDICAL BOARD USE ONLY Fee paid: $37 Receipt # Date Cashiered: 5/11/15 Cashier's Intl.: JJ Date Approved: 7-13-15 Date Denied: Enforcement Approval: Yes___ No:___ Date: N/A

Name (first, middle, last):

Nicholas Adrian CATALDO

Address of record (Current public/mailing address. If using a PO Box, you must also provide a confidential street address.) This is the address that will be displayed on the Medical Board's website.

PO BOX 380904
BIRMINGHAM, AL 35238-0904

Confidential street address:

Telephone Number:	California Medical License Number: G 50301
Fax Number: NONE	Date of Birth:
E-mail: NONE	

BOTH PAGES OF THIS FORM MUST BE COMPLETED.

FINANCIAL INTEREST

California's Financial Interest Disclosure law (Business and Professions Code section 2426) requires you to disclose any financial interest that you or your immediate family have in specified health-related facilities located in or outside the State of California. Immediate family means a spouse, child or parent of a licensee, and a spouse of a child of a licensee.

Financial interest includes any type of ownership interest including share or stock ownership, limited partnership interest, debt, loan, lease, compensation, remuneration, general or limited partnership interest, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment of money or anything else of value to a licensee or the licensee's immediate family from a health-related facility.

Health-related facility means any facility that provides clinical laboratory services, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, diagnostic imaging, or outpatient surgery centers. Diagnostic imaging includes all X-ray, computed axial tomography, magnetic resonance imaging, nuclear medicine, positron emission tomography, mammography and ultrasound goods and services.

A financial interest does not include the ownership of corporate investment securities, including shares, bonds, or other debt instruments that (1) are purchased from a licensed securities broker on terms available to the general public through a licensed securities exchange or NASDAQ, (2) do not base any profit distributions or other transfers of value on the licensee's referral of patients, (3) do not have a separate class or accounting for any persons or licensees who may make patient referrals to the corporation, and (4) are in a corporation that has total gross assets exceeding $100,000,000.

Do you have financial interest to report? ☒ **NO** ☐ **YES* (please list the name(s) and address(es) in the space below.**

If you answered "yes" to having financial interest to report, please list the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest.

Health-Related Facility Name(s)	Facility's Address

I certify under penalty of perjury under the laws of the State of California that I read and understand the information defining financial interest and that either I have disclosed on this application the names of those health-related facilities in which I or my family have a financial interest, or I do not have any financial interest to disclose.

Applicant's Signature: Ruben A. Cobello **Date:** 7 MAY 2015

You must disclose, if since your last renewal, you have had any license disciplined by a government agency, or have been convicted of, or pled guilty, to any crime. Do not list charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code Sections 11357(b), (c), (d), (e), or section 11360(b).

"Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Penal Code section 1000 or 1203.4, including infractions, misdemeanor, and felonies.

You do not need to report a conviction for an infraction with a fine of less than $300.00 unless the infraction involved alcohol or controlled substances. You must, however, disclose any conviction which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Penal Code sections 1000 or 1203.4.

"License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation, or any other restrictions.

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A., and its territories, military court or a foreign country? ☒ **NO** ☐ **YES**

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING SUPPORTING DOCUMENTS, IS TRUE AND CORRECT AND THAT I AM LICENSED TO PRACTICE IN THE STATE OF CALIFORNIA.

Applicant's Signature: Ruben A. Cobello **Date:** 7 MAY 2015

All items in this application are mandatory. This information is requested by the Licensing Program of the Medical Board of California. Failure to provide any of the requested information will result in this application being rejected as incomplete. The information provided will be used to determine your eligibility for waiver of renewal fees, under section 2439 of the Business and Professions Code. The Licensing Program Chief is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act by contacting the custodian of records at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815. Information in this application may be transferred to other governmental and law enforcement agencies.