

Interview File Report

2/15/2017

Nicola Louise Moore

Board Date	02/15/2017	License#	MD
Intended Location	Mobile		
POB	London England		
Original License	USMLE/CA	Date	12/17/2004
PreMed	Yale University	BA 76	
Medical	Albert Einstein College of Medicine of Yeshiva University	08/95-06/99	
Residency	University of Rochester Highland Hospital	06/99-09/02	

COA

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 — Montgomery, AL 36101
 848 Washington Avenue - 36104
 (334) 242-4116



APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE THROUGH ENDORSEMENT

To The Board of Medical Examiners of the State of Alabama:

I hereby make application for a certificate to practice medicine and surgery in the State of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

1. Name in Full NICOLA A LOUISE MOORE M.D. (Choose One)
D.O.

	YES	NO
5. Have you ever been convicted of a felony? (If yes, please provide the name of the court of record or a copy of the record of conviction.)	_____	_____X_____
6. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine? (If yes, please provide the name of the court of record or a copy of the record of conviction.)	_____	_____X_____
7. Have you ever been convicted of any violation of a state or federal law relating to controlled substances? (If yes, please provide the name of the court of record or a copy of the record of conviction.)	_____	_____X_____
8. Have you ever been denied a state or federal controlled substance certificate?	_____	_____X_____
9. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation?	_____	_____X_____
10. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice?	_____	_____X_____
11. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?	_____	_____X_____
12. Have you ever had a judgement rendered against you, or action settled relating to performance of your professional service?	_____	_____X_____
13. To your knowledge, are you the subject of an investigation by any licensing Board/Agency as of the date of this application?	_____	_____X_____
14. Within the past two years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?	_____	_____X_____
15. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect your ability to practice in a competent and professional manner?	_____	_____X_____
16. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency, professional organization or licensing authority?	_____	_____X_____
17. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism, or for any sexual boundary violation?	_____	_____X_____
18. Are you currently engaged in the illegal use of controlled dangerous substances?	_____	_____X_____
19. If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?	_____	_____
20. Have you been within the past five years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?	_____	_____X_____
21. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?	_____X_____	_____
22. Have you ever been placed on academic or disciplinary probation by a medical school or postgraduate program?	_____	_____X_____
23. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?	_____	_____X_____
24. Were you notified in writing that there were limitations or special requirements imposed on you because of questions of academic or clinical incompetence, disciplinary problems or any other reason during your medical education or postgraduate training?	_____	_____X_____

'The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAIL ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST/PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.

25. Military Service, Branch _____ Dates _____

26. Place of Intended Residence in Alabama Mobile

I. PRELIMINARY AND PRE-MEDICAL EDUCATION

List all schools attended, elementary through college and post-graduate work other than medical school.

Name of School	Dates Attended	Degree Conferred
1. Westlake School for Girls	1964-6/72	HS Diploma
2. Yale University	9/72 9/76 5/82	BA (dates 9/72-6/76)
3. Yale School of Public Health	9/80-5/82	MPH
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

II. MEDICAL EDUCATION

List all medical schools attended, dates, and complete addresses of institutions. Do not list post graduate medical education training.

From	To	Name of School	Address
1. From 8/1/95	to 6/1/99	Albert Einstein College of Medicine	700 1300 Morris Park Ave Bronx NY 10461
2. From _____	to _____	_____	_____
3. From _____	to _____	_____	_____

III. POST GRADUATE MEDICAL EDUCATION TRAINING

List all post graduate medical education training since graduation from medical school with dates and complete addresses of institutions. Do not list practice experience.

From	To	Hospital/Institution	Address
1. From 6/15/99	to 9/15/2002	Highland Family Medicine Center	777 South Clinton Ave Rochester NY 14620 (Internship/Residency)
2. From _____	to _____	_____	_____
3. From _____	to _____	_____	_____
4. From 9/16/02	to 6/30/03	Highland Family Medicine Center	777 South Clinton Ave Rochester NY 14620 (Fellowship)
5. From _____	to _____	_____	_____
6. From _____	to _____	_____	_____
7. From _____	to _____	_____	_____
8. From _____	to _____	_____	_____

Specialty(s) Family Practice

**IV. ORIGINAL LICENSE
(If Applicable)**

I was issued my original (first) license in the State of _____ on _____, license number _____ based upon _____ examination. I certify that this license has not been the subject of any disciplinary action. If so please explain on attached sheet.

V. ACTIVITIES FOLLOWING MEDICAL SCHOOL AND TRAINING

List all practice experience since completion of your formal training giving dates, institutions/hospitals, and complete addresses. Use separate sheet if necessary.

	Place	Address
1. From	7/1/03 to 10/31/03 Rochester NY	(vacation/seeking employment) 178 Burlington Ave, Rochester NY 14619
2. From	11/1/03 to 7/30/04 Mpilo Hospital	Vera Road Bulawayo, Zimbabwe
3. From	8/1/04 to 9/30/04 Truro, MA	(vacation/moving to Sudan)
4. From	10/1/04 to 2/28/05 Hospital of her, Sudan	17 Long Dune Lane, Truro, MA Doctors Without Borders, 02666 her, South Sudan
5. From	3/1/05 to 6/15/05 Liverpool, UK	(student - tropical medicine) University of Liverpool, Liverpool, UK
6. From	4/16/05 to 7/31/05 Truro, MA	(awaiting credentialing)
7. From	8/1/05 to 12/31/05 Outer Cape Health	17 Long Dune Lane, Truro, MA 02666 49 Harry Kemp Way Provincetown, MA 02657
8. From	1/1/06 to 5/31/06 St Francis Hosp	Katete, Zambia
9. From	6/1/06 to 9/30/06 Outer Cape Health	49 Harry Kemp Way Provincetown, MA 02657
10. From	10/1/06 to 5/31/09 St Luke's Hospital	hupane, Zimbabwe

continued on separate page

VI. HOSPITAL PRIVILEGES

List all hospitals where you have held staff privileges of any type. Attach sheet if necessary.

	Hospital	Address
1. From	10/02 to 9/03 Univ of Rochester (strong - FMed) Memorial Pediatrics	601 Elmwood Ave Rochester NY 14642
2. From	10/02 to 9/03 Highland Hospital	1000 South Avenue Rochester NY 14620
3. From	8/05 to 10/06 Beth Israel Deaconess (courtesy)	330 Brookline Ave Boston MA 02215
5. From		
6. From		
7. From		
8. From		
9. From		
10. From		
11. From		
12. From		
13. From		
14. From		

PRACTITIONER PROFILE

Prepared for: Alabama State Board of Medical Examiners As of Date:1/9/2017

Practitioner Name: Nicola Louise Moore

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Family Medicine
 Certificate: Family Medicine
 Certification Type: General
 Certification Status: Certified
 Meeting MOC Requirements: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	04/28/2014		02/15/2017	Recertification	12/29/2016
Expired	Time Limited	07/10/2004	12/31/2014		Initial	12/29/2016

The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.

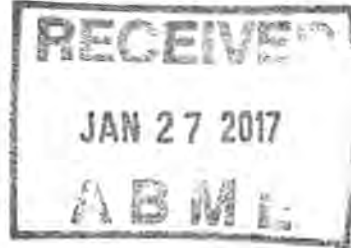
This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2014 American Board of Medical Specialties. All rights reserved.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 — Montgomery, Alabama 36101

848 Washington Avenue — 36104



APPENDIX A

MEDICAL SCHOOL CERTIFICATION

CERTIFICATE OF DEAN OR PRESIDENT

It is hereby certified that Nicola Moore of MD Program at Albert Einstein College of Medicine from 8/16/1995 to 5/28/1999 and received a diploma from Albert Einstein College of Medicine conferring the degree of Doctor of Medicine/Osteopathy on 6/3/1999

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please circle the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation? If yes, please attach a copy of the written notification to the individual. Y (N)

Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please attach a copy of the written notification to the individual of the disciplinary action. Y (N)

Does this individual's official record reflect that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical incompetence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual. Y (N)

AE COM

Date 1/29/2017

Handwritten signature and title: President, Secretary or Dean - Asst. Registrar

(SEAL)

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address, Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 — Montgomery, Alabama 36101
848 Washington Avenue - 36104



APPENDIX B

POST GRADUATE EDUCATION CERTIFICATE

CERTIFICATE OF POST GRADUATE EDUCATION TRAINING

I, Stephen Schultz, MD Administrator, Medical Education Director OR Director of Residency Training Program (circle one)
of Univ. Rochester / Highland Hosp certify that the records of this Program show that
Nicola L. Moore is currently enrolled in the ___ year of post graduate training OR has successfully
completed 3 year/years of post graduate training* in this program from 9/21 2099 to 9/7 2002.

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's post graduate training. Please circle the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation?
If yes, please attach a copy of the written notification to the individual.

Y N

Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons? If yes, please attach a copy of the written notification to the individual of the disciplinary action.

Y N

Does this individual's official record reflect that he/she was ever notified in writing that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical competence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual.

Y N

Extended Residency 10 wks because of Surgery

Date 1/9/7

U Rochester, Highland Hosp

Administrator of Hospital
Medical Education Director
Director of Residency Training

(SEAL OF PROGRAM)

DR. MOORE'S EXTENSION OF 3 MONTHS WAS FOR MEDICAL LOA WHEN SHE REQUIRED APPROXIMATE SURGERY, & HAD NOTHING TO DO WITH LIMITATIONS IN HER PERFORMANCE.

Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified.

Candidates who graduated from a NON-LCME accredited medical school or NON-AOA accredited College of Osteopathy need three (3) years certified.

*"has completed 3 years of post graduate training" means the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for promotion to the next level of post graduate training or the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for completion of this program.

Note to applicant: Merely accumulating 12 months or 36 months of post graduate or residency training shall not be evidence satisfactory to the Board that the applicant has fulfilled the post graduate requirement necessary for qualifying for the issuance of a certificate of qualification for a license to practice medicine in Alabama.

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.

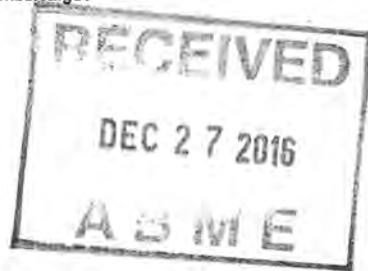


MEDICAL BOARD OF CALIFORNIA

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(916) 263-2382 FAX (916) 263-2944
www.mbc.ca.gov



APP
[Handwritten signature]



December 27, 2016

TO WHOM IT MAY CONCERN:

This is to certify that as of December 22, 2016 the records of the Medical Board of California (Board) indicate the following information:

PHYSICIAN:	NICOLA LOUISE MOORE
LICENSE NUMBER:	A89646
ISSUED:	December 17, 2004
EXAM TYPE:	A Written Examination
EXPIRATION DATE:	December 31, 2010
LICENSE STATUS:	CANCELLED
BOARD DISCIPLINE:	No

Further public records pertaining to the above licensee may be available from the Board's Web site at www.mbc.ca.gov.

Curtis J. Worden

Curtis J. Worden
Chief of Licensing

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



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:

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	80
08/98	USMLE STEP2	82
06/97	USMLE STEP1	86

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: YES Reg period ends: 11/30/17
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

Office Assistant Three

01/06/17

NY BD



Texas Medical Board

Mailing Address: P.O. Box 2018 • Austin, Tx 78768-2018
Phone (512) 305-7010

ALABAMA STATE BOARD OF MEDICAL EXAMINERS
P. O. BOX 946
MONTGOMERY, AL 36101-0946

January 13, 2017

For: ALABAMA STATE BOARD OF MEDICAL EXAMINERS

In response to a recent request, we verify the following information:

Physician: NICOLA LOUISE MOORE, MD
License: R1085
Date Issued: 12/16/2016
Licensed by:
Date of Birth: 1955
Medical School: ALBERT EINSTEIN COLL OF MED OF YESHIVA UNIV, NEW YORK
Graduation Year: 1999
Permit Expires: 02/28/2019

Registration Status:

This is to certify that the above-named physician is licensed to practice medicine in Texas.

Disciplinary Status:

The board has not filed any formal complaints or statements of charges against this physician.

Investigation Status:

Not applicable.

If you have any further questions, please contact the Hearings division

Sincerely,

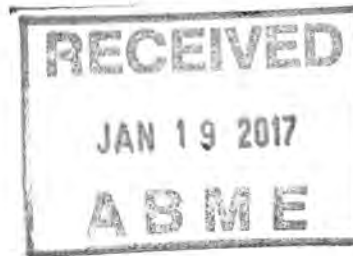
Customer Information Center
BOARD SEAL

TX 13D

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

CERTIFICATION OF LICENSE

Alabama State Board of Medical Examiners
848 Washington AVE
P.O. Box 946
Montgomery, AL 36101-0946

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

Place of Birth: England-Citizen

PROFESSION NAME: Physician

Number: 24762

Status: Active

Issuance Date: 07/28/2008

Expiration Date: 10/01/2018

Credential Obtained by: Exam

Exam Type:	Exam Score:
USMLE Step 1	86
USMLE Step 2	82
USMLE Step 3	80

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.

Becky Wisell, Administrator
Licensure Unit

NE BD

January 12, 2017

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

(SEAL)

State of New Hampshire
Board of Medicine
121 South Fruit St, Suite 301
Concord, NH 03301-8520
(603) 271-6936

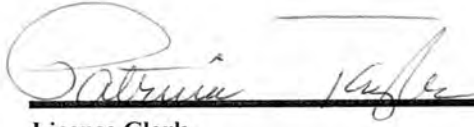


Verification Report

This is to certify that the records of the New Hampshire Board indicate the following information:

Licensee: NICOLA L MOORE, MD
Specialty: FP FAMILY PRACTICE
License Number: 16838
Issue Date: 11/6/2014
Expiration Date: 6/30/2018
Disciplinary Action: NONE

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



License Clerk

SEAL

1/6/2017

Date

NH BD



Commonwealth of Massachusetts Board of Registration in Medicine

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



CANDACE LAPIDUS SLOANE, MD
Chair, Physician Member
KATHLEEN SULLIVAN MEYER, ESQ.
Vice Chair, Public Member

www.mass.gov/massmedboard

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

MICHAEL HENRY, MD
Secretary, Physician Member

JOSEPH CARROZZA, MD
Physician Member

WOODY GIESSMANN, LADC-I, CADC, CIP, CAI
Public Member

ROBIN S. RICHMAN, MD
Physician Member

GEORGE ABRAHAM, MD
Physician Member

GEORGE ZACHOS, ESQ
Executive Director

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary
Health and Human Services

MONICA BHAREL, MD, MPH
Commissioner
Department of Public Health

1/6/2017

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 12/30/2018.

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.

MA BD

Staff Member, Board of Registration in Medicine

Franice Mulero

SEAL

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county, & community



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

December 27, 2016



Alabama State Board of Medical Examiners
P O Box 946
Montgomery, AL 36104

RE: License Certification for Nicola Louise Moore

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Medical Doctor
LICENSE NUMBER:	ME121840
ORIGINAL CERTIFICATION:	10/06/2014
EXPIRATION DATE:	01/31/2017
CURRENT STATUS OF LICENSE:	CLEAR, ACTIVE
AGENCY ACTION:	None

This license information was last updated on: 12/26/2016

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595.





Fields of Opportunities

TERRY BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

STATE OF IOWA

IOWA BOARD OF MEDICINE
MARK BOWDEN, EXECUTIVE DIRECTOR

December 27, 2016

Verification of Licensure

Alabama State Board of Medical Examiners
P O Box 946
Montgomery, AL 36104



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
LICENSE NUMBER:	MD-37992
LICENSE TYPE:	Permanent
ISSUE DATE:	08/21/2008
EXPIRATION DATE:	12/01/2017
STATUS:	Active
DISCIPLINARY ACTION:	No
HISTORY OF INVESTIGATION:	See below

This license information was last updated on: 12/26/2016

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 Long
Licensing Assistant



STATE OF MICHIGAN
 DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
 LANSING

RICK SNYDER
 GOVERNOR



**VERIFICATION OF LICENSURE
 MICHIGAN BOARD OF MEDICINE
 VERIFICATION OF LICENSURE AS OF December 27, 2016**

NAME: Nicola Louise Moore
ADDRESS: 395 Concord Ave
 Cambridge MA 021380000

TYPE: Medical Doctor
LICENSE NUMBER: 4301105546 **STATUS:** Lapsed
OBTAINED BY: Web Endorsement w/CS >= 10 Yrs

ORIGINAL DATE: 05/14/2014
EXPIRATION DATE: 01/31/2015

EXAM DATE EXAM TYPE EXAM SCORE OR RESULT

DISCIPLINARY ACTION NONE

OPEN FORMAL COMPLAINTS NONE

This license information was last updated on: 12/26/2016

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

VERIFICATION OF MEDICAL LICENSURE

December 27, 2016

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.**

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
to Reinstatement:

Public Record: **NO**

This license information was last updated on: 12/27/2016

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



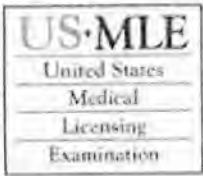
IMPORTANT ENCLOSURE
Follow-Up Information to
VeriDoc Verification of Iowa License

Your board recently received a verification of this physician's Iowa medical license through the VeriDoc system. The enclosed material is important follow-up information. This physician has had disciplinary action taken or has a history of investigation. The enclosed documentation is being shared with you as another state medical board.

PUBLIC INFORMATION: Formal disciplinary action taken by the Board is public information and may be shared with the public.

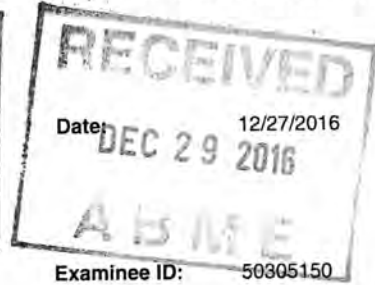
CONFIDENTIAL INFORMATION: Informal non-disciplinary action, including Letters of Warning or Education, open complaints, and complaints closed by the Board with no action, are confidential under Iowa law. ***This information cannot be shared with the public.*** Please note that physicians with open complaint(s) on their case history may not yet be aware of the complaint(s).

If further information is needed, please contact our Compliance Unit at (515) 281-5499 or (515) 281-3779. We appreciate your cooperation in maintaining the confidentiality of our investigative material and records.



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, Euless, TX 76039-3856 --Telephone (817)868-4000



Recipient:

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Examinee: Moore, Nicola Louise

Examinee ID: 50305150

Alt Name(s):

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
6/10/1997	Pass	214	(176)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
8/25/1998	Pass	201	(170)	

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
7/19/2000	Pass	194	(177)	

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



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 Wiser Road, Suite 300, Eules, TX 76039-3856 –Telephone (817)868-4000

Examinee: Moore, Nicola Louise

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.



MOORE

ALABAMA STATE BOARD OF MEDICAL EXAMINERS
ANDI SILBERMAN, ASSISTANT DIRECTOR OF LICENSURE

PO, BOX 946
MONTGOMERY, ALABAMA 36101-0946
848 WASHINGTON AVE
MONTGOMERY, ALABAMA 36104

TELEPHONE: (334) 956-0306
FAX: (334) 261-6118
E MAIL: asilberman@albme.org

January 9, 2017

Nicola Louise Moore, M.D.

Dear Dr. Mooreinstein:

This will acknowledge receipt of your Application for Certificate to Practice Medicine through Endorsement. You may check the status of your application On Line by following these steps:

1. Log onto www.albme.org
2. Click on the **CHECK PENDING APPLICATION** heading
3. Enter your last name and the last 4 digits of your social security number
4. Check Status

If you are using a credentialing service to help you with your application you must provide them with this information so they will also be able to check the status of your application. Due to the large number of applicants, **this office will no longer accept phone calls to check the status of an application.** The website is updated daily.

The Board of Medical Examiners meets once monthly. Your application must be completed (all supporting documents received) by the fourth Wednesday of the month to be considered by the Board at the next month's meeting. Once your application is complete, you will be notified by mail of the meeting date.

If you have any questions or have any problems accessing this site, please contact me.

Sincerely,
Alabama Board of Medical Examiners

Andi Silberman

Andi Silberman
Assistant Director of Licensure

ANS:em

~~MA, NE, NH, NY,~~
SD, TX

ASB
USMLE



ALABAMA STATE BOARD OF MEDICAL EXAMINERS
NORRIS W. GREEN, EXECUTIVE DIRECTOR

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946

TELEPHONE
(334) 242-4116

February 1, 2017

Nicola Louise Moore, M.D.

Dear Dr. Moore:

This will acknowledge receipt of your completed application for endorsement. Your application will be considered by the Board of Medical Examiners at its meeting on February 15, 2017. If you are approved by the Board a certificate of qualification will be issued to the Medical Licensure Commission, the agency responsible for the issuance of your license to practice medicine/osteopathy in this state. Enclosed please find an application for licensing by the Commission. In order to expedite your application, please complete the enclosed form and return to the Commission's office with the required fee of \$75. This form and fee must be received prior to issuance of a license number. The Commission will meet on February 22, 2017.

Also enclosed is an application for your Alabama Controlled Substances Certificate (ACSC). Complete the application, to include your full name and correct address, and return it with the required fee of \$150 payable to the Alabama State Board of Medical Examiners. In Alabama you are required to possess an ACSC and a DEA Certificate if you dispense and/or prescribe controlled substances.

I am enclosing an information sheet which contains important information. If you have any questions, or if this office can be of further assistance to you please contact us.

Sincerely,
Alabama Board of Medical Examiners

Andi Silberman
Assistant Director of Licensure

ENCLOSURE

ANS:em

Rule 540-X-3-21, effective August 30, 1999 states that "a certificate of qualification issued by the Board shall be withdrawn by the Board after a period of six (6) months from the date of issuance unless the applicant has filed an application to practice medicine with the Medical Licensure Commission of Alabama and paid the required fee."