



Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration



BOARD OF MEDICINE

NEW LICENSE APPLICATION FOR MEDICINE AND OSTEOPATHY (MD & DO)

SECTION 3A. PREFERRED MAILING ADDRESS

Note: A P.O. BOX MAY NOT BE USED FOR AN ADDRESS. PLEASE PROVIDE A STREET ADDRESS.

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.

☒ HOME ADDRESS ☐ BUSINESS ADDRESS

SECTION 3B. HOME ADDRESS

THIS INFORMATION WILL NOT BE MADE AVAILABLE TO THE PUBLIC.

HOME ADDRESS: _____
(Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)

APARTMENT # _____ HOME PHONE NUMBER: _____ HOME FAX: (_____) _____

EMAIL ADDRESS: _____ (REQUIRED)

SECTION 3C. BUSINESS ADDRESS:

THIS INFORMATION WILL BE MADE AVAILABLE TO THE PUBLIC.

BUSINESS NAME: Planned Parenthood of Metro Washington

BUSINESS ADDRESS: 1108 16th St Washington DC 20036
(Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)

☐ SUITE # _____ ☐ FLOOR# _____

BUSINESS PHONE NUMBER: (202) 347-8500 BUSINESS FAX: (_____) _____

EMAIL ADDRESS: _____

IMPORTANT MESSAGE TO ALL PHYSICIANS

Physicians are required to update name or address changes within 30 days of the change. It is imperative that you update your information in writing, by email hpla.doh.dc.gov or fax (202) 724-5145 to the District of Columbia Health Professional Licensing Administration Processing Department. Submit your request to the Attention of the "Processing Center". Include your name, phone number and any other pertinent information that will assist us in ensuring that the information is updated to the appropriate record/file.

District of Columbia Health Professional Licensing Administration
Attention: Processing Department – Board of Medicine
899 North Capitol Street, N.E., 1st Floor
Washington, D.C. 20002



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SECTION 4A. POST SECONDARY SCHOOLS ATTENDED

List post secondary schools attended, in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Date of Graduation mm/yyyy	Degree/Certificate
Johns Hopkins Bloomberg School of Public Health	05/2009	MPH
University of Pennsylvania Medical School	05/2004	MD
University of North Carolina at Chapel Hill	08/1999	BA

SECTION 4B. MEDICAL TRAINING AND MEDICAL PRACTICE – POSTGRADUATE EXPERIENCE

List experience covering the five (5) year period prior to the submission of the application (MONTH & YEAR) and all internship, residency, and fellowship training. Include letters from employing facilities, organizations, and training (internships, residencies, and fellowships). For "TRAINING AND PRACTICE DESCRIPTIONS", use the letter key code below. List experience in reverse chronological order, beginning with the most recent.

Organization/Institution	Start Date mm/yyyy	End Date mm/yyyy	Type of Position (Use Key Code Below)
Planned Parenthood of Maryland	01/2011	Current	D
Johns Hopkins Hospital Systems	07/2008	01/2011	D+A
New York University Medical Systems	07/2004	07/2008	C

TRAINING AND PRACTICE DESCRIPTIONS/TYPE OF POSITION KEY CODE

A. Fellowship B. Internship C. Residency D. Employment E. Private Practice
F. Other ... (Attach a typed explanation on a separate sheet of paper to this form.)

SECTION 4C. MEDICAL LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a license (excluding training licenses) and provide letters of verification. Use additional sheet if necessary.

Are you currently applying for licensure in any other jurisdiction? No If yes please list: _____

Jurisdiction	Issue Date mm/yyyy	Expiration Date mm/yyyy	License Number
New York State	08/2007	07/2009	245728
Maryland State	04/2008	09/2013	D67375



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SECTION 5A. PRACTICE TIME IN THE DISTRICT

Please provide practice information

(1.A) Do you plan to practice in the District of Columbia?

☒ Yes

☐ No

(1.B) What type of medical practice? ☐ Academic

☐ Administrative

☒ Clinical

☐ Research

(1.C)

How many hours will you practice in the District of Columbia?	<less than 20 hours/week	>more than 20 hours/week
• ACADEMIC MEDICINE		
• ADMINISTRATIVE MEDICINE		
• CLINICAL MEDICINE	<input checked="" type="checkbox"/>	
• RESEARCH MEDICINE		

(2) Please indicate if you do or will practice in:

☒ Maryland

☐ Virginia

SECTION 5B. SPECIALTIES

Please select the appropriate specialties.

If your practice is limited to a specialty, please indicate the code from the specialty code listed below. Primary OB
Secondary _____

SPECIALTY CODE

AC Academic Medicine	NU Nuclear Medicine	PMR Physical Medicine & Rehabilitation
ADM Administrative Medicine	OB Obstetrics & Gynecology	PR Preventive Medicine/Public Health
AI Allergy & Immunology	OC Occupational Health	PSY Psychiatry
AN Anesthesiology	OP Ophthalmology	RA Radiology
DE Dermatology	OMT Osteopathic Manipulative Treatment	REM Research Medicine
EM Emergency Medicine	ENT Otolaryngology	SU Surgery (General)
FM Family Medicine	PA Pathology	SU Surgery
GE Geriatrics	PED Pediatrics (General)	• SU/BT Burn/Trauma
HOS Hospitalist	PED Pediatrics	• SU/CS Cardiac Surgery
IN Internal Medicine (General)	• PED/AD Adolescent Medicine	• SU/CO Colon & Rectal Surgery
IN Internal Medicine	• PED/CA Cardiology	• SU/GE General Surgery
• IN/CA Cardiology	• PED/EN Endocrinology	• SU/NE Neurological Surgery
• IN/EN Endocrinology	• PED/GI Gastroenterology	• SU/OR Orthopedic Surgery
• IN/GI Gastroenterology	• PED/HEM Hematology	• SU/PL Plastic Surgery
• IN/HEM Hematology	• PED/NEO Neonatology	• SU/TH Thoracic Surgery
• IN/ID Infectious Disease	• PED/NEP Nephrology	• SU/TP Transplant
• IN/NEP Nephrology	• PED/NEU Neurology	• SU/UR Urology
• IN/ONC Oncology	• PED/ONC Oncology	• SU/VA Vascular
• IN/PCC Pulmonary Critical Care	• PED/PCC Pulmonary Critical Care	
• IN/PUD Pulmonary Disease	• PED/PUD Pulmonary Disease	
• IN/RH Rheumatology	• PED/RH Rheumatology	
MG Medicine Genetics		Other: _____

BOARD CERTIFICATION(S)

Are you board certified in any specialty?

☐ Yes

☐ No

(If yes please list in the provided space below)

American Board of Obstetrics and Gynecology



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SECTION 5C. REQUIRED SCREENING QUESTIONS

Please answer questions 1 through 15 by placing an X in the appropriate boxes. If you answer "YES" to any question, you must provide full information and complete details on a separate sheet of paper attaching copies of all relevant documents such as final court orders or panel review decisions.

1.	Have you ever been arrested, convicted, pled guilty to, or pled no contest to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor (including driving under the influence or while impaired, but excluding minor traffic violations)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.	Have you ever been licensed in any healthcare field (other than Medicine) in any state or jurisdiction? If yes, please list profession(s) & jurisdiction(s). HEALTH PROFESSION(S) _____ JURISDICTION(S) _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3.	Have you been a defendant or respondent to a claim for damages or a malpractice action?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4.	Have you ever voluntarily surrendered a license or registration certificate (or allowed it to lapse) after formal charges had been brought against you or while you were under investigation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5.	Have you ever surrendered your clinical privileges (voluntary or involuntary) or had your clinical privileges denied, revoked, or suspended at any hospital or health care facility?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
6.	Have you ever been terminated or resigned (voluntary or involuntary) from a clinical or professional training program for any reason?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7.	Has any licensing authority taken adverse action against your medical/osteopathy license or privileges or informed you of any pending charges?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8.	Has any licensing authority, health facility, or peer review board informed you of any pending charge(s) or investigation(s) against you?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9.	Are you presently or have you ever been under a corrective action plan imposed by an employer, medical facility or educational program?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10.	Do you have a medical condition or have you become aware of any medical condition that currently impairs or limits your ability to practice medicine safely or that could affect your performance or impact your ability to practice your profession?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11.	Are you currently being treated, or within the past five (5) years have you been treated, for a physical or mental condition that, but for the treatment, could impair your ability to practice your profession?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
12.	Have you ever engaged in the excessive use of alcohol, controlled substances or prescription drugs or have you received treatment or therapy for abuse of alcohol or drugs?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
13.	Within the last ten (10) years, have you voluntarily resigned, asked to resign, been terminated, or disciplined by any employer due to practice or moral turpitude issues?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
14.	Have you ever withdrawn a license application or have you been denied a license or denied the privilege of taking a license examination by any professional licensing board or agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
15.	Have you ever had a professional liability policy cancelled or not renewed?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



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SECTION 6A. SUPPORTING DOCUMENTS

Please indicate the supporting documents you have included with this package or requested to be sent to the DC Board of Medicine. Keep a photocopy.

- ☒ Two recent and identical passport-type photos of the applicant's face (approx. 2"X2") with applicant's name printed on the back.
The photos must be original photos and cannot be computer-generated copies or paper copies.
- ☐ One (1) character reference form
Please have form completed by each employer/training program within the past five years (No more than 3 required. Must be completed by an MD or DO).
- ☐ AMA/AOA Profile *The profile should be submitted from the issuing institution.*
- ☐ FCVS *(If applicable)*
- ☒ Verification(s) of licensure – *These should be provided in a sealed envelope from the issuing jurisdiction(s) for each license identified in Section 4C. requested.*
- ☐ All undergraduate, graduate, medical, and professional school transcripts.
Transcripts should be provided in a sealed envelope from the issuing institution for each school that you attended and listed in Section 4A.
- ☐ Documentation of all experience covering the five (5) year period prior to the submission of the application and all internships, residencies, and fellowship training.
Proof of experience should be submitted as a letter on official letterhead from the overseeing institution/organization.
- ☒ Examination scores – *In a sealed envelope from the examination contractor or administrator. F SMB – USMLE, requested 2/14/13*
- ☒ ECFMG Certificate *(if Foreign applicant)*
- ☒ FMGEMS Certificate *(if Fifth Pathway applicant)*
- ☒ Eminence application package *(if Eminence 1 or 2 applicant)*
- ☐ Criminal Background Check (CBC) – *To access form and instructions go to www.hpla.doh.dc.gov/bomed or contact the CBC unit at 1-877-783-4187.*

SECTION 6B. CONTROLLED SUBSTANCE REGISTRATION
Will you be applying for a DC controlled substance license?

☒ YES

☐ NO

If yes, please visit the Pharmaceutical Control Division at www.hpla.doh.dc.gov or contact Karin Barron at 202.724.8938/Latasha Gaskin at 202.442-5877

SECTION 6C. PAYMENT/MAILING INFORMATION

Make CHECK or MONEY ORDER payable to DC Treasurer:
*A charge of \$65.00 will be imposed for dishonored checks
(Public Law 89-208)*

MAIL YOUR APPLICATION PACKAGE AND CHECK TO:
Health Professional Licensing Administration Board of Medicine
Processing Center – 899 North Capitol Street, NE (First Floor)
Washington, DC 20002



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SECTION 7A.

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement

Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR NEW LICENSE APPLICATION BE DENIED.

As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:

- Fines, penalties, or interest assessed pursuant to *D.C. Official Code Title 8, Chapter 8* (Litter Control Administrative Act of 1985);
- Fines or interest assessed pursuant to *D.C. Official Code Title 8, Chapter 9* (Illegal Dumping Enforcement Act of 1994);
- Fines, penalties, or interest assessed pursuant to *D.C. Official Code Title 2, Chapter 18* (Civil Infractions Act of 1985);
- Past due taxes;
- Past due District of Columbia Water and Sewer Authority service fees; or
- Fines or penalties assessed pursuant to *D.C. Official Code Title 50, Chapter 23* (Traffic Adjudication)?

Yes No
☐ ☒

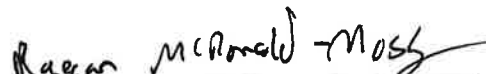
The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (*D.C. Law 11-118, D.C. Code §47-2861 et seq.*).

SECTION 7B. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.



LICENSEE SIGNATURE



PRINT NAME

05/10/2013

DATE

Update anw 8/10/12

No. 36222

STATE OF PENNSYLVANIA, }
COUNTY OF PHILADELPHIA } ss.

To Damian Michael Mosley and Raegan E. McDonald

Legal evidence having been furnished to me in accordance with the Act of Assembly, approved the twenty-second day of August, one thousand nine hundred and fifty-three, this certifies that I am satisfied that there is no legal impediment to your joining yourselves together in marriage.

Given under my hand and seal of the Orphans' Court Division of the Court of
Common Pleas of said County of Philadelphia, at Philadelphia, this

15th day of September

03

Anno Domini two thousand and

Clerk of Orphans' Court Division of the Court of Common Pleas

No. 36222

ORIGINAL.

We herby certify, that on the 4th day of October two thousand
and 03 we united ourselves in marriage, at Philadelphia, in the County of Philadelphia, having
first obtained from the Clerk of the Orphans' Court Division of the Court of Common Pleas of said County a
declaration that he was satisfied that there was no existing legal impediment to our so doing.

Damian Michael Mosley

Raegan E. McDonald

We, the undersigned, were present at the solemnization of the marriage of

Damian Michael Mosley and Raegan E. McDonald

as set forth in the foregoing certificate.

address

address

olufunke a. moses
witness-please print

Miriam A. McDonald
witness-please print



DC Department of Health Board of Medicine Character Reference Form

Board of Medicine
899 North Capitol St., NE 1st Flr.
Washington, DC 20002

(202)-724 4900

Please print/type name and location of setting completing this form (Should match setting listed on chronological page of application)

Planned Parenthood of
Maryland
330 N. Howard St. Baltimore, MD 21201

Raegan McDonald-Mosley
Please clearly print/ type name of Applicant

The District of Columbia Board of Medicine, in its consideration of a candidate for licensure, depends on information from persons and institutions regarding the candidate's employment, training, affiliations, and staff privileges. Please complete this form to the best of your ability and return it to the board so the information you provide can be given consideration in the processing of this candidate's application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the D.C. Board of Medicine any information, files or records requested by the board in connection with the processing of my application.

Signature of Applicant

Raegan McDonald-Mosley

Item #1 must be completed, or form may be invalid

1. Date and type of service: This individual served with us as Medical Director
from 01/2011 to current If you are responding for a training program, please provide the number of months of
(Month/Year) (Month/Year) postgraduate training awarded _____.

2. Please evaluate:

(Indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				✓
Clinical judgment				✓
Relationship with patients				✓
Ethical/professional conduct				✓
Interest in work				✓
Ability to communicate				✓

3. To your knowledge, has the applicant been the subject of any disciplinary or legal proceeding convened by a state regulatory agency or board, employer hospital or health care facility? Yes ☐; (If yes, please explain on a separate sheet) No ☒

4. Recommendation: (please indicate with check mark)

- Recommend highly and without reservation ☒; Recommend as qualified and competent ☐
- Recommend with some reservation (explain) _____
- Do not recommend (explain) _____

5. Of particular value to us in evaluating any candidate regarding any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you.

Excellent commitment to patient care

6. The above report is based on: (please indicate with check mark)

- Close personal observation ☒; General impression ☐; A composite of evaluations ☐;
- Other: _____

Date (Required):

6/4/13

Signed by:

Print or type name:

Title:

Jamila Barrett MD MPH
Medical Director
Leidos



AMA Physician Profile

Name and Mailing Address:

RAEGAN ELISE MC DONALD MD

Primary Office Address:

600 N WOLFE ST
BALTIMORE MD 21287-0005

Phone: UNKNOWN

Birthdate:

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: OBSTETRICS & GYNECOLOGY

Secondary Specialty: UNSPECIFIED

*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.

AMA membership: MEMBER

———— All Information from this Point Forward is Provided by the Primary Source ————

Current and/or Historical Medical School:

RAYMOND & RUTH PERELMAN SCH OF MED AT UNIV OF PA, PHILADELPHIA, PA 19104

Degree Awarded: Yes

Degree Year: 2004



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

Sponsoring Institution: NYU SCH OF MED
Sponsoring State: NEW YORK
Specialty: OBSTETRICS & GYNECOLOGY
Dates: 06/2004 - 06/2008 (VERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
MARYLAND	MD	04/03/2008	09/30/2013	ACTIVE	UNLIMITED	05/01/2013
NEW YORK	MD	08/21/2007	07/01/2009	INACTIVE	UNLIMITED	09/02/2009

Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1104023530	06/29/2007	NOT RPTD	NOT RPTD	NOT RPTD	04/20/2013

ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.



AMA Physician Profile

Federal Drug Enforcement Administration:

** Only the last three characters of active DEA number(s) are displayed.*

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
None	Reported		
Address:			

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying Board: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

Certificate: OBSTETRICS & GYNECOLOGY

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification</u>	<u>Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	12/16/2012	12/31/2016		RE-CERT	04/04/2013
TIME LIMITED	12/31/2011	12/31/2016		RE-CERT	04/04/2013
TIME LIMITED	11/05/2010	12/31/2016		INITIAL	04/04/2013

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

***This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2013 American Board of Medical Specialties. All right reserved.**

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.



AMA Physician Profile

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the Physician Profile is intended to assist with credentialing. Appropriate use of the data contained in the AMA Physician Masterfile by an organization meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), and the American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification and Federal DEA registration.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60654
800- 665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

MARYLAND BOARD OF PHYSICIANS
P.O. Box 2571
4201 Patterson Avenue
Baltimore, MD 21215-0095
(410) 764-4777
Fax (410) 358-2252

May 16, 2013

To: Medical Board of Washington DC

The following is available under the Maryland Public Information Act, State Government Article, Section 10-617(h), regarding the following practitioner:

MCDONALD-MOSLEY, RAEGAN ELISE
23 N DECKER AVE
BALTIMORE, MD 21224

For the Practice of: Physician

License Number: D0067375

Date Issued: April 03, 2008

Current Status: Active

Expiration Date: September 30, 2013

Medical School: UNIV OF PA SCH OF MED

Licensed By: USMLE Steps 1, 2, and 3

Specialty:

Charges:

Disciplinary Actions: NONE

No Maryland Health Claims Arbitration Office malpractice claims filed since July 1, 1986



Verification Clerk

05/16/2013

Date

MARYLAND BOARD OF PHYSICIANS

P.O. Box 37217
Baltimore, MD 21297
410-764-4777 or 1-800-492-6836, ext 4777**

REQUEST FOR VERIFICATION OF LICENSURE/JURISDICTION CLEARANCE

To request a written verification (Letter of Good Standing) of your Maryland license, complete this form and return it to the mailing address above with your fee (check or money order) payable to "Maryland Board of Physicians." The verification fee for physicians (MD/DO) is \$50; Allied Health is \$25 (CNMT, PA-C, RPSGT, RT(T), RT(R), RCP(CRT/RTT)). No fee required for Unlicensed Medical Practitioner (UMP) verification request.

Licensee Information:

Name: McDonald - Mosley Raegan Elise
Last Name First Name Middle Name

License #: 067375 Social Sec#: _____ Telephone #: _____

Licensee's Address: _____

City: _____ State: _____ Zip Code: _____

I hereby authorize the Maryland Board of Physicians to release any information, favorable or otherwise against my license to the state licensing board/entity or person listed below.

Signature: Raegan McDonald - Mosley Date: 02/19/2013

Mailing Information:

Please provide the name and full address where the completed verification will be mailed. Verification letters are sent directly to another licensing board from our office unless you specify otherwise.

Name/State Board Name: District of Columbia Department of Health -
Street/Mailing Address: 899 North Capitol Street, NE (First floor)
City: Washington, DC State: Washington, DC Zip Code: 20002

Health Professions
Licensing Administration
Board of Medicine
Processing Center

Verifications are sent by first-class mail. If you want the verification delivered by courier, please attach a self-addressed/prepaid mailing envelope or packing slip for Fedex/UPS.

**** This address is our bank processing center. Your verification request will be processed after the check/money order has been deposited by the bank. Sending this request to a different board address will delay processing of your verification.**

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

DC

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, MCDONALD-MOSLEY RAEGAN ELISE was issued license/certificate number 245728 for the practice of MEDICINE on 08/21/07.

Our records also indicate the following information:

Date of birth:

School attended: UNIV OF PENNSYLVANIA

Date of graduation: 05/17/04

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	FLEX1	NBME1	USML1	NBME2	FLEX2	USML2	NBME3	USML3	OTHER
09/06								00091	OOSCT
03/04						00095			
02/02			00090						

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: 07/31/09

Address: C/O DEPT OF OB-GYN

550 FIRST AVE

550 FIRST AVE

NEW YORK

NY 10016-6402

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


Principal Clerk

05/14/13

DATE OF MATRICULATION: 08-11-99
M.D. DEGREE DATE: 05-17-04

Revised July 2002

Grading Legend

CI	=	Course Interruption
CR	=	Satisfactory completion of course taken off-campus or prior to matriculation
F	=	Fail
H	=	Honors
HP	=	High Pass (clinical courses only)

RECORD OF: RAEAN ELISE McDONALD
ID NUMBER:

UNIVERSITY OF PENNSYLVANIA
SCHOOL OF MEDICINE
PHILADELPHIA, PENNSYLVANIA 19104

DATE OF MATRICULATION: 08-11-99
M.D. DEGREE DATE: 05-17-04

2002-2003

GR CU MO

GR CU MO

OG-850	CLINICAL & PUBLIC HEALTH RESEARCH (GRAND YOFF GENERAL HOSPITAL, DAKAR, SENEGAL)	CR	3.18	3.18
FR-516*	FRONTIERS IN SURGICAL ANATOMY	#	.5	.5
FR-601*	BIOETHICS AND PROFESSIONAL RESPONSIBILITIES		.25	.25
OG-580C*	INDOMETHACIN FOR ADJUVANT TOCOLYSIS AND ITS EFFECTS ON FETAL CIRCULATION	#	11.54	11.54
	TOTAL		15.47	15.47

2003-2004

FR-500X*	FRONTIERS IN MEDICINE	CR	.25	.25
ID-395R*	BASIC & ADVANCED CARDIAC LIFE SUPPORT-CPR: RECERTIFICATION	#	0	0
RA-300	CLIN CLERK IN RADIOLOGY		1	1
FP-2003*	CLINICAL CLERKSHIP IN FAMILY PRACTICE		1	1
	TOTAL		2.25	2.25
	GRAND TOTAL		49.57	49.57

NOTES: AFRICA HEALTH PRACTICUM/ OBGYN
RESEARCH 08/06/02 07/03/03

AWARDS: MICHELLE M. BATTISTINI, MD AWARD
05/17/04

***** NO FURTHER ENTRIES *****

IN COMPLIANCE WITH PL-93-380 THIS RECORD SHALL NOT BE MADE AVAILABLE TO ANY
THIRD PARTY WITHOUT THE STUDENT'S/GRADUATE'S CONSENT.

Grading Legend

CI	=	Course Interruption
CR	=	Satisfactory completion of course taken off-campus or prior to matriculation
F	=	Fail
H	=	Honors
HP	=	High Pass (clinical courses only)

PAGE 2 OF 2

NC	=	No Credit
P	=	Pass
S	=	Satisfactory
U	=	Unsatisfactory
W	=	Withdrawal

 8/9/13

Registrar
(Not Official Without Seal)

Date

*	=	Required Course
**	=	Graduate School Course
#	=	Course graded on a Pass/Fail basis

One credit unit (c.u.) represents one month of full-time academic
course work. No class standing is assigned.

Revised July 2002

Student Name Mcdonald-Mosley, Raegan		Student ID 37BA80	Date of Birth		JHU Degree and Date Conferred: MPH 05/21/2009		Date Printed: 7/15/2013
Currently Pursuing, Start Date:		Current Department:					Page 1 of 1
COURSE NUMBER	COURSE TITLE	GRADE	CREDITS	COURSE NUMBER	COURSE TITLE	GRADE	CREDITS

2008-09 Summer

MPH

PH.180.601	Environmental Health	5.00
PH.300.645	Making Change Thru Policy	5.00
PH.340.601	Principles Epidemiology	5.00
PH.550.867	Introduction to MPH Studies	1.00
GPA CRS: 10.00		TERM GPA:
		TOTAL CRS: 16.00

2008-09 First Term

MPH

PH.140.621	Statistical Methods PH 1	4.00
PH.222.641	Prini Human Nutrition	4.00
PH.380.604	Life Course Persp on Health	4.00
PH.380.655	Soc & Econ Aspect Fertil	4.00
GPA CRS: 16.00		TERM GPA:
		TOTAL CRS: 16.00

2008-09 Second Term

MPH

PH.140.622	Statistical Methods PH 2	4.00
PH.221.627	Iss In Maternal Mortalit	4.00
PH.340.645	Intro To Clinical Trials	3.00
PH.340.761	Applied Epidemiology I	4.00
PH.380.662	Critiquing Res Lit Mat/Neo Hlth	3.00
GPA CRS: 11.00		TERM GPA:
		TOTAL CRS: 18.00

2008-09 Third Term

MPH

PH.140.623	Statistical Methods PH 3	4.00
PH.340.608	Observational Epidemiolo	4.00
PH.380.665	Family Planning Policies	4.00
PH.380.711	Issues Survey Research Design	3.00
PH.380.800	MPH Capstone PFRH	2.00
PH.551.608	NGO Management	3.00
GPA CRS: 14.00		TERM GPA:
		TOTAL CRS: 20.00

2008-09 Fourth Term

MPH

PH.140.624	Statistical Methods PH 4	4.00
PH.380.762	HIV Infec Women Child Adol	4.00
PH.380.800	MPH Capstone PFRH	4.00

PH.550.860

Research Ethics

P

1.00

GPA CRS: .

TERM GPA:

TOTAL CRS: 13.00

Advisor History

MPH: Tsui, Amy Ong 8/8/2008 - 5/21/2009 - (Primary Advisor)

MPH Concentration In Women's and Reproductive Health

MPH Degree Awarded, 05/21/2009

MPH Goal Analysis Completed 12/09/2008

*****End Of Transcript*****

OFFICIAL ONLY IF RECEIVED
 IN SEALED JOHNS HOPKINS
 UNIVERSITY ENVELOPE

Not official unless signed and impressed with University seal and received in sealed Johns Hopkins University envelope.

THIS INFORMATION HAS BEEN RELEASED IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) AND CANNOT BE FURTHER DISCLOSED TO ANY OTHER PARTY WITHOUT THE PRIOR WRITTEN CONSENT OF THE STUDENT.



Leslie A Nicotera
 Leslie A Nicotera, Registrar

JUL 15 2013

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL



[Signature]
University Registrar

RAISED SEAL NOT REQUIRED

Name: McDonald, Raegan Elise
Student ID: 700647365

Birthdate: 09/01/1977
Print Date: 07/16/2013

Degrees Awarded

Degree: Bachelor of Arts
Confer Date: 08/17/1999
Degree GPA: 3.482
Major: College of Arts and Sciences
African and Afro-American Studies
Highest Honors
Sub-Plan: Option: African and Afro-American Studies: African Studies
Minor: Chemistry

Academic Program History

Program: AS Bachelor
08/22/1995: Active in Program
08/22/1995: College of Arts and Sciences
Undecided Major

Program: AS Bachelor
01/07/1996: Active in Program
01/07/1996: College of Arts and Sciences
Chemistry (BA) Major

Program: AS Bachelor
01/06/1997: Active in Program
01/06/1997: College of Arts and Sciences
African Studies Major

Program: AS Bachelor of Arts
08/18/1997: Active in Program
08/18/1997: College of Arts and Sciences
African Studies Major

Program: AS Bachelor of Arts
01/05/1999: Active in Program
01/05/1999: College of Arts and Sciences
African and Afro-American Studies Major
Option: African and Afro-American Studies: African Studies
01/05/1999: Chemistry Minor

Beginning of Undergraduate Record

1995 Fall

Course	Description	Attempted	Earned	Grade	Points
AFRI 040	INTRO AFRICAN CIV	3.000	3.000		12
CHEM 011L	GEN DESCIP CHEM I	3.000	3.000		
CHEM 011L	QUANT CHEM LAB I	1.000	1.000		
CHEM 025H	ADV GENERAL CHEM	3.000	3.000		
ENGL 011	ENG COMP & RHETORIC	3.000	3.000		
FREN 003	INTERMEDIATE FRENCH	3.000	3.000		
FREN 004	INTERMEDIATE FRENCH	3.000	3.000		
FREN 021	HIGHLIGHTS/FRENCH LIT	3.000	3.000		
MATH 031	CALC FUNC ONE VAR I	3.000	3.000		
MATH 032	CAL FUNC ONE VAR II	3.000	3.000		
PHYA 001P	REQUIRED ACTIVITIES	1.000	0.000		

Term GPA	Term Totals	Attempted	Earned	A Units	Points
		29.000	28.000	15.000	

Cumulative GPA Cum Totals 29.000 28.000 15.000

Term Honor: Dean's List

Academic Standing Effective 12/16/1995: Good Standing

1996 Spring

Course	Description	Attempted	Earned	Grade	Points
AFAM 040	BLACK EXPERIENCE	3.000	3.000		
AFRI 120	SOUTHERN AFRICA	3.000	3.000		
BIOL 011	PRINCIPLES OF BIOL	3.000	3.000		
BIOL 011L	INTRO BIOLOGY LAB	1.000	1.000		
RELI 022	INTRO/NEW TEST LIT	3.000	3.000		
ROML 029	LIT IN ROM LANGS	3.000	3.000		

Term GPA	Term Totals	Attempted	Earned	A Units	Points
		16.000	16.000	16.000	

Cumulative GPA Cum Totals 45.000 44.000 31.000

Term Honor: Dean's List

Academic Standing Effective 05/04/1996: Good Standing

1996 Fall

Course	Description	Attempted	Earned	Grade	Points
CHEM 041L	LAB ORG/ANALY BIO	1.000	1.000		3
CHEM 045H	HONORS ANALYT METH	2.000	2.000		
CHEM 065H	HONORS ORG CHEM I	3.000	3.000		
ECON 010	ECON: INTRO	3.000	3.000		
MUSC 045	INTRO TO JAZZ	3.000	3.000		
PHYS 024	GENERAL PHYSICS	4.000	4.000		12.000

Term GPA	Term Totals	Attempted	Earned	GPA Units	Points
		16.000	16.000	16.000	

Cumulative GPA Cum Totals 61.000 60.000 47.000

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL



[Signature]
University Registrar

RAISED SEAL NOT REQUIRED

Name: McDonald, Raegan Elise
Student ID: 700647365

Academic Standing Effective 12/14/1996: Good Standing

1997 Spring

Course	Description	Attempted	Earned	Grade	Points
AFRI 061	AFRICAN WOMEN	3.000	3.000		
CHEM 066H	HONORS ORG CHEM II	3.000	3.000		
CHEM 066L	HONRS ORG CHEM LAB	1.000	1.000		
FREN 023	INTRO CONVERSATION	3.000	3.000		
HNRS 030	SEM/SOC SCI PERSP	3.000	3.000		
PHYS 025	GENERAL PHYSICS	4.000	4.000		

Attempted	Earned	GPA Units	Points
			17.000

Term GPA 3 Term Totals

Cumulative GPA Cum Totals

Term Honor: Dean's List

Academic Standing Effective 05/03/1997: Good Standing

1997 Fall

Course	Description	Attempted	Earned	Grade	Points
AFRI 062	AFRICAN LITERATURE	3.000	3.000		
BIOL 050	MOLEC BIOL & GENET	4.000	4.000		
BIOL 062	INTRO PHYSIOLOGY	3.000	3.000		
BIOL 062L	PHYSIOLOGY LAB	1.000	1.000		
ENGL 085H	AFRO-AM LIT FR 1950	3.000	3.000		
SWAH 001	KISWAHILI I	3.000	3.000		

Attempted	Earned	GPA Units	Points
			17.000

Term GPA Term Totals

Cumulative GPA Cum Totals

Term Honor: Dean's List

Academic Standing Effective 12/16/1997: Good Standing

1998 Spring

Course	Description	Attempted	Earned	Grade	Points
AFRI 174	KEY ISS/AFRI/AFRO L	3.000	3.000		
CHEM 130	INTRO BIOLOG CHEM	3.000	3.000		
PHIL 034	BIOETHICS	3.000	3.000		
PHYA 022	SELF DEFENSE	1.000	0.000		
SWAH 002	KISWAHILI 2	3.000	3.000		

Attempted	Earned	GPA Units	Points
			13.000

Term GPA Term Totals

Cumulative GPA Cum Totals

Academic Standing Effective 05/09/1998: Good Standing

1999 Spring

Course	Description	Attempted	Earned	Grade	Points
AFRI 098A	HONORS RESEARCH I	3.000	3.000		12.000
AFRI 098B	HONORS RESEARCH II	3.000	3.000		12.000
AFRI 037	MOD MUSLIM WORLD	3.000	3.000		11.100
HIST 038	HIST OF AFRICA I	3.000	3.000		11.100
PHYA 997	SWIM REQ MET	0.000	0.000		0.000
SWAH 004	KISWAHILI 4	3.000	3.000		12.000

Attempted	Earned	GPA Units	Points
			59.000

Term GPA Term Totals

Cumulative GPA Cum Totals

Academic Standing Effective 05/08/1999: Good Standing
1996 COMPLETED FRESHMAN HONORS PROGRAM
1997 COMPLETED SOPHOMORE HONORS PROGRAM

End of Official Undergraduate Academic Record

July 09, 2013

DC Department of Health
Board of Medicine
899 North Capitol St., NE 1st Floor
Washington, DC 20002

Dear Board of Physicians:

Raegan McDonald-Mosley, MD was a resident physician in the Department of Obstetrics and Gynecology at NYU School of Medicine, NYU Langone Medical Center. Dr. McDonald-Mosley began his training in the NYU Obstetrics & Gynecology Residency program on July 01, 2004. He successfully completed his training on June 30, 2008.

If you should have any questions, I can be contacted at 212-263-8886

Sincerely,



Scott W. Smilen, MD
Associate Professor and Residency Program Director
NYU School of Medicine, Department of Obstetrics and Gynecology

Department of Obstetrics and Gynecology
4940 Eastern Avenue, Mailbox 4
Baltimore, MD 21224-2780
410-550-8498 T / 410-550-0196 F



May 28, 2013

Health Professional Licensing Administration Board of Medicine
Processing Center
899 North Capitol St., NE 1st Floor
Washington, DC 20002

RE: Raegan McDonald-Mosley, MD

To whom it may concern:

This letter confirms that Raegan McDonald-Mosley completed a Fellowship in Family Planning at Johns Hopkins University. She was a fellow in this program from 7/1/2008 through 6/30/2010. She successfully completed her fellowship training.

Sincerely,

A handwritten signature in black ink, appearing to be "Anne Burke".

Anne Burke, MD, MPH
Associate Professor
Department of Gynecology and Obstetrics
Johns Hopkins Bayview 4940 Eastern Ave, A-101
Baltimore, MD 21224

AB:vw

Department of Obstetrics and Gynecology
4940 Eastern Avenue
Baltimore, MD 21224-2780
410-550-0335 T / 410-550-0245 F
410-550-0316 TTY



July 22, 2013
(SECOND MAILING: INITIALLY MAILED 5/30/13)

Health Professional Licensing Administration Board of Medicine
Processing Center- 899 North Capitol St., NE 1st Floor
Washington, DC 20002

To whom it may concern:

This letter confirms that Raegan McDonald-Mosley completed a Fellowship in Family Planning at Johns Hopkins University. She was a fellow in this program from 7/1/2008 through 6/30/2010. She successfully completed her fellowship training.

Anne Burke, MD, MPH
Associate Professor
Department of Gynecology and Obstetrics
Johns Hopkins Bayview, 4940 Eastern Ave, A-101
Baltimore, MD 21224

Department of Obstetrics and Gynecology
4940 Eastern Avenue, Mailbox 4
Baltimore, MD 21224-2780
410-550-8498 T / 410-550-0196 F



September 5, 2013

Re: Raegan McDonald-Mosley

Dear Ms. Gates:

I had written a letter confirming that Dr. Mosley completed fellowship training at Johns Hopkins. She just contacted us to say that she also needs verification of subsequent employment. She worked as faculty in our department from 7/2010 to 2/2011. Please let us know exactly what documentation is needed for this.

Thank you,

Anne Burke
Associate Professor, Department of Gynecology and Obstetrics Director, Family
Planning Johns Hopkins Bayview Medical Center
410-550-0336

AB:vw

Planned Parenthood of Maryland

July 15th, 2013

DC Department of Health
Board of Medicine
899 North Capitol St. NE 1st Floor
Washington, DC 2002

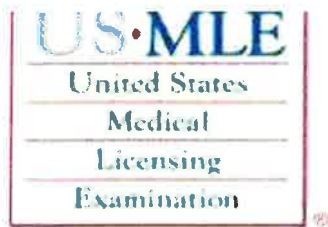
To whom it may concern,

Dr. Raegan McDonald-Mosley has worked as a provider at Planned Parenthood of Maryland Since February, 2009. She was promoted to the position of Medical Director and has been working full-time in that capacity since February, 2011. Dr. McDonald-Mosley is currently in good standing with Planned Parenthood of Maryland.

Sincerely,



Jenny Black
President and CEO



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

Date : 02/20/2013

Recipient:

District of Columbia Board of Medicine
ATTN: Antoniette Stokes
899 North Capitol St NE
1st Floor
Washington, DC 20002

Examinee ID#: 5-082-980-3
Date of Birth:

Examinee: McDonald-Mosley, Raegan
Alt Name(s): McDonald, Raegan Elise
McDonald-Mosley, Raegan Elise

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, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
02/05/2002	P					

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
03/13/2004	P					

USMLE STEP 3

	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
CONNECTICUT	09/07/2006						

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

License 2000 - SQL Server - DC Department of Health HPLA

File Person/Facility Window Help

Licensee - Raegan McDonald-Mosley (MEDICINE)

General

Licenses

Education

Employment

Public Info

Supp. Info.

Photo Name:

Criminal Background Check Results

FBI Result Date:

06/17/2013

FBI Positive:

☐

FBI Negative:

☒

State Result Date:

06/17/2013

State Positive:

☐

State Negative:

☒

Old Criminal Background Check Results

CBC Results Date:

00/00/0000

Positive CBC Result

☐

Negative CBC Result

☐

Criminal Background Check in DC?

☐

Out of State CBC Results

State:

☐

Federal:

☐

Double-click on a field to edit it in a larger window.

Ready

Microsoft Excel - Book1



RECEIPT OF PAYMENT

Customer: McDonald-Mosley, Raegan

USMLE ID:

Receipt for: Transcript Request

Total transcripts: 1

Total express fees: 0

Amount Paid: \$65.00

Balance Due: \$0.00

Payment Date: 2/19/2013 4:43 PM

Payment Reference Number: VSJAA43FF4EA



Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

License Information *

02/19/2013

Name : MCDONALD-MOSLEY RAEGAN ELISE**Address :** NEW YORK NY**Profession :** MEDICINE**License No:** 245728**Date of Licensure :** 08/21/07**Additional Qualification :****Status :** NOT REGISTERED**Registered through last day of :****Medical School:** UNIV OF PENNSYLVANIA **Degree Date :** 05/17/2004

(Use your browser's back key to return to licensee list.)

* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

Note: The Board of Regents does not discipline *physicians(medicine)*, *physician assistants*, or *specialist assistants*. The status of individuals in these professions may be impacted by information provided by the NYS Department of Health. To search for the latest discipline actions against individuals in these professions, please check the New York State Department of Health's [Office of Professional Medical Conduct](#) homepage.

Further information on physicians may be found on the following external sites (The State Education Department is not responsible for the accuracy or completeness of information located on external Internet addresses.):

[American Board of Medical Specialties](#)

[American Medical Association:](#)

- For the general public: [AMA Physician Select, On-line Doctor Finder](#)
- For organizations that verify physician credentials: [AMA Physician Profiles](#)

[American Osteopathic Association, AOA-Net](#)

[Association of State Medical Board Executive Directors-\(A.I.M."DOCFINDER"\)](#)

[New York State Department of Health Physician Profiles](#)

The following sites provide additional information concerning the medical profession:

[CLEAR \(Council on Licensure, Enforcement and Regulation\)](#)

[Federation of State Medical Boards](#)



Maryland Board of Physicians Practitioner Profile System

This data was extracted on 02/19/2013

McDonald-Mosley, Raegan Elise

License and Education	Primary Practice Setting	Public Address
License No.: D67375	Planned Parenthood of Maryland	330 N. Howard Street
Accepts Medicaid: Yes	330 N. Howard St.	
Graduated: 2004		
License Status: Active	Baltimore	Baltimore
Date License Issued: 04/03/2008	MD 21201	MD 21201
License Expiration: 09/30/2013		

Graduated from: UNIV OF PA SCH OF MED

Postgraduate Training Program Concentration

- New York University School of Medicine, New York, NY Obstetrics & Gynecology

Specialty Board Certification

by ABMS/AOA - as reported by licensee

Licensee has not reported specialty information for the profile site.

Self-Designated Practice Area

Licensee has not reported area of practice information for the profile site.

Medical Licenses Held in Other States

- New York

Maryland Hospital Privilege Information

- Johns Hopkins Bayview Med Ctr/Bayview Nurs/Johns Hopkins Geriatrics Ctr
- Johns Hopkins Hospital

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](#)

Harris, Mary (DOH)

From: Harris, Mary (DOH)
Sent: Tuesday, October 08, 2013 1:07 PM
To: 'smiles02@nyumc.org'
Subject: Dr. Raegan McDonald-Mosley
Attachments: SMILEN MD.pdf

Good Afternoon Dr. Smilen,

Please see the attached letter of verification for Dr. McDonald-Mosley, you referenced in your letter that Dr. McDonald-Mosley was a male. Please email me a corrected letter for her file with the DC Board of Medicine.

Thank you in advance,

Have a wonderful day!

Mary Harris
Health Licensing Specialist
DC Board of Medicine / DC Board of Chiropractic
899 North Capitol St. NE 2nd Flr. Washington, DC 20002
T: 202-442-8800 / F: 202-442-8117
Direct: 202-442-5828
Email: Mary.Harris2@dc.gov
www.doh.dc.gov/bomed
www.doh.dc.gov/boc
www.facebook.com/dc.bomed