

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

Amount Paid - \$244.40
Date Paid - 04/07/2018

License #

115198

License #

5315092439

Issue Date

5-17-18

FIRST NAME:

Zevidah

MIDDLE NAME:

Vickery

LAST NAME:

Reiss

SUFFIX:

SSN:

[REDACTED]

DATE OF BIRTH:

[REDACTED] 1970

DAYTIME TELEPHONE NUMBER:

734 [REDACTED]

License Address - 35000 Ford Road
Suite 3
Westland MI 48185
United States

Email Address - [REDACTED]@gmail.com

APPLICATION QUESTIONS

<!--BPL_edP q1-->List any other name or alias by which you have ever been known, including maiden name, if applicable.

Teresa Lynne
Vickery, Zevidah
Vickery

<!--BPL_edP q2-->Name of School

University of
Massachusetts

<!--BPL_edP q3-->Name of Educational Program

Bachelor of Arts

<!--BPL_edP q4-->Name of School

Univeristy of
Washington

<!--BPL_edP q5-->Name of Educational Program

post-baccalaureat
e

<!--BPL_edP q6-->Name of School

Ben Gurion
University of the
Negev

<!--BPL_edP q7-->Name of Educational Program

Medical Doctor

<!--BPL_edP q8-->Name of School

Washington
University in
St.Louis

<!--BPL_edP q9-->Name of Educational Program

Master's Degree in
Clinical
Investigation

<!--BPL_edP q10-->Do you have hospital affiliation(s)?

N

<!--BPL_edP q11-->Name of Hospital Employed or Under Contract:

<!--BPL_edP q12-->Name of Hospital where Allowed to Practice:

<!--BPL_edP q13-->Have you ever held a medical profession license in another state or country?

Y

<!--BPL_edP q14-->State/Country:

NJ

<!--BPL_edP q15-->Permanent License/Registration Number:	25MA10060200
<!--BPL_edP q16-->Date of Issuance:	4/12/2017
<!--BPL_edP q17-->How Obtained (Examination, Endorsement):	endorsement
<!--BPL_edP q18-->If you indicate there have been sanctions imposed against a license or registration, you must disclose the applicable state(s) and/or country and submit documentation that the sanction in the other state(s) and/or country is not permanent, that it was not the result of a patient safety violation, and you were required by the state(s) and/or country that imposed the sanction to participate in and complete a probationary period or treatment plan as a condition of the continuation of your licensure, and you did not complete the probationary period or treatment plan because you ceased engaging in the practice of medicine in that state(s) and/or country. If you indicate there are pending disciplinary proceedings, you must submit documentation that they are not pending at the time of this application.	none
<!--BPL_edP q19-->Have You Ever Had Sanctions Imposed Against this License/Registration OR are there Pending Disciplinary Proceedings?	N
<!--BPL_edP q20-->If you answer 'yes' to either of the next two questions, you must submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable.	N
<!--BPL_edP q21-->Have you ever been convicted of a felony?	N
<!--BPL_edP q22-->Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?	N
<!--BPL_edP q23-->I understand that entering my name in the box to the right constitutes my electronic signature attesting to the following: I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country. I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.	Zevidah Vickery Reiss

EDUCATION

School Name

DATE FROM	DATE TO
--------------	------------

4/24/18

Foy, Justine (LARA)

From: Zevidah V. Reiss [REDACTED]@gmail.com>
Sent: Tuesday, April 24, 2018 1:14 PM
To: BPLData
Subject: MD license application

Hello,

I erroneously indicated I'm applying for a license by endorsement greater than 10 years, but my first license was issued in Missouri in 2009.

My licenses are as listed:

MO 2009013466, issued 2009, now expired as I was in the state for fellowship training only (through 2012)

MA 252675 inactive

NY 278831 2/28/15-9/30/2018

MD applied for 2017, approved for 6 mo provisional license but contract negotiations with potential employer ended, so allowed to lapse

NJ 25MA10060200 4/12/2017 - 6/30/2019. Confirmation from the state agencies should be reaching you shortly, although both NY and NJ can be verified online.

My fingerprint card is en route, as should be a confirmation of my residency completion from the hospital.

Please let me know if there is any question.

Sincerely,

Zevidah Vickery Reiss

Reiss

Cooper, Sue (LARA)

From: Zevidah Vickery [REDACTED]@gmail.com>
Sent: Friday, April 13, 2018 1:05 PM
To: BPLHelp
Subject: New license application *MD*

Hi friends,

I recently submitted a physician license application using my legal name Zevidah Vickery Reiss. I'm divorcing and would like my new license to reflect that. Can you issue it as simply Zevidah Vickery?

Thank you,
Zevidah

CERTIFICATION OF POSTGRADUATE TRAINING

Authority: 1978 PA 368

This form must be submitted directly to this office by the director of medical education office. If this form is submitted by the applicant, it will not be accepted.

Section of Form to be Completed by Applicant:

Applicant's First Name ZEVIDAH		Middle Name	Last Name VICKERY	
Address [REDACTED]				
City MIDDLETOWN			State NJ	Zip Code 07748
Date of Birth (MM/DD/YYYY) 1970	Telephone Number 646 [REDACTED]		Email Address [REDACTED]@GMAIL.COM	
Name of Medical School BEN GURION UNIVERSITY OF THE NEGEV				
Applicant's Signature [Signature]			Date 4/19/18	

Remainder of Form to be Completed by Director of Medical Education:

Name of Hospital or Institution Mount Sinai Beth Israel (formerly Beth Israel Med. Center)		
Address of Hospital or Institution 1st Ave + 16th St.		
City NYC	State NY	Zip Code 10003

CERTIFICATION AND SIGNATURE

I certify the applicant named above has successfully completed postgraduate clinical training offered by the hospital or institution named above from

7/1/2005 to **6/30/2009**, in the clinical area of **Ob/Gyn**
(Month/Day/Year) (Month/Day/Year)

This is an active program accredited by the ACGME, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada or the Canadian Medical Association's Conjoint Accreditation Services.

[Signature]
Signature of Director of Medical Education

4/19/2018
Date

Alex Macy
Print or Type Name of Director of Medical Education

(Seal) If hospital has no seal, please indicate.

*** see letteratt.**

NOTE: Certification of Postgraduate Training will not be accepted if signed and submitted more than 15 days prior to actual completion.



Graduate Medical Education
Mount Sinai Beth Israel
Fierman Hall
317 E. 17th St, Suite 12HF07
New York, NY 10003
Tel: 212-420-2297
Fax: 212-844-1200
bethisraelgme.org

April, 2018

To whom this may concern:

Due to program closure, the following individuals in the MSBI GME Office are responsible for completion and certification of all GME verifications for this program. These are the only signatories available for this department. These signatories are not MD/DOs.

Irene Kontje, MBA

Director of GME at MSBI

Director of Administration, Department of GME, ISMMS

Alex Macy, MS

Project Administrator, Department of GME, ISMMS
MSBI

Merdana Harrell

Senior House Staff Affairs Administrator, Department of GME, ISMMS
MSBI

Sincerely,

A handwritten signature in cursive script, appearing to read "Saadia Akhtar".

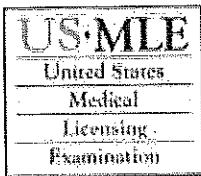
Saadia Akhtar, MD

Associate Dean of Graduate Medical Education, ISMMS

Program Director, Emergency Medicine, MSBI

Phone: (212) 420-4253

4/12/18 JF



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

Recipient:

Date: 04/09/2018

MICHIGAN BOARD OF MEDICINE

Examinee: Reiss, Zevidah Vickery

Examinee ID: 06503460

Alt Name(s): Vickery, Teresa Lynne

Date of Birth: [REDACTED] 1970

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
8/14/2003	Pass	[REDACTED]	[REDACTED]	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
11/16/2004	Pass	[REDACTED]	[REDACTED]	
7/31/2004	Fail	[REDACTED]	[REDACTED]	

Clinical Skills (CS)*

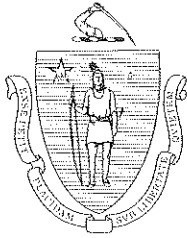
Test Date	Pass/Fail	Total	MP	Comments
11/21/2004	Pass	[REDACTED]	[REDACTED]	

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
7/30/2007	Pass	[REDACTED]	[REDACTED]	

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

F-4/7



Commonwealth of Massachusetts Board of Registration in Medicine

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

www.mass.gov/massmedboard

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

CANDACE LAPIDUS SLOANE, MD
Chair, Physician Member

ROBIN S. RICHMAN, MD
Physician Member

GEORGE ABRAHAM, MD
Physician Member

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

JULIAN N. ROBINSON, MD
Physician Member

MICHAEL D. MEDLOCK, MD
Physician Member

PAUL G. GITLIN, ESQ
Public Member

GEORGE ZACHOS
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

RECEIVED
APR 16 2018
LARA

4/11/2018

To Whom It May Concern:

This certifies that Zevidah Vickery, M.D., a 2005 graduate of Fac. of Hlth Sciences, Ben Gurion Univ of the Negev, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 252675 was issued to Dr. Vickery on 08/15/2012. The license status is: Inactive. The expiration date is 10/14/2019.

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 1 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.

Francee X Mulero

Staff Member, Board of Registration in Medicine

Francee Mulero

SEAL



PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney

Division of Consumer Affairs
State Board of Medical Examiners
P.O. Box 183, Trenton, NJ 08625-0183



GURBIR S. GREWAL
Attorney General

KEVIN R. JESPERSEN
Acting Director

April 16, 2018

Michigan Board of Medicine and Surgery
P.O. Box 30670
Lansing, MI 48909-8170

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APR 20 2018

LARA

For Delivery Services:
140 East Front St.
PO Box 183 2nd Floor
Trenton, NJ 08608
(609) 826-7100
(609) 777-0956 FAX

To Whom It May Concern:

The New Jersey State Board of Medical Examiners has been requested by ZEVIDAH REISS to forward a letter of good standing regarding the Medical Doctor's license to practice in the State of New Jersey.

A review of the Board's files indicates that ZEVIDAH REISS was issued a New Jersey license 25MA10060200 on or about 04/12/2017 and is currently Active with an expiration date of 06/30/2019. A review of the Board's files further indicates that no public disciplinary action has been taken against this Medical Doctor.

Very truly yours,
BOARD OF MEDICAL EXAMINERS

William V. Roeder
Executive Director

WVR/sdp

RECEIVED

APR 20 2018

DEPARTMENT OF TREASURY AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
LICENSING DIVISION

M1

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, VICKERY ZEVIDAH was issued license/certificate number 278831 for the practice of MEDICINE on 03/12/2015.

Our records also indicate the following information

Date of birth: [REDACTED] 1970
School attended: BEN-GURION UNIV OF NEGEV
Date of graduation: 05/24/05
Degree earned: MD

RECEIVED

19 APR 19 2018

LARA

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
07/07									0000P OOSMA
11/04							0000P		
08/03				0000P					

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: 09/30/18

Address: [REDACTED]

SYRACUSE

NY 13210-0000.

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.



Cathy Hanczaryk
Office Assistant Three

04/12/18