

Kristina M Tocce, MD

Licensed Physician #MD2018-0784

Issue Date	Expiration Date
08/31/2018	07/01/2019
Signature of Holder	

The bearer is prohibited by law from using this identification card to give the impression that they are in any way connected with a governmental agency.

**New Mexico Medical Board
Triennial Renewal Certificate**

This is to certify that

Kristina M Tocce, MD

License Number: MD2018-0784

Having complied with the provisions of the Medical Practice Act is hereby granted a license to practice in the State of New Mexico as a Physician.

Issue Date: 08/31/2018 Date Expires: 07/01/2019*

**A New Mexico medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.*

This License Must Be Conspicuously Posted In Each Practice Location

Uniform Application for Licensure

Application ID: 259535
 FID: 214062754

License Requested: MD
 Submitted to: New Mexico Medical Board
 Submission Date: 06/03/2018

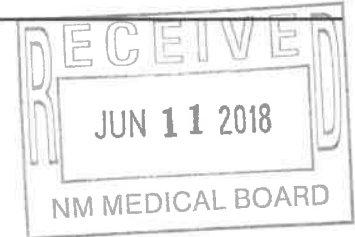
Practitioner Name

Tocce, Kristina Mai

Contact Information

Address

Public Access	Board Contact	Type	Address
No	No	Home	[REDACTED]
Yes	Yes	Business	7155 E 38th Ave Denver, CO 80207 UNITED STATES



Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	No	Business	(303) 321-2458	
No	Yes	Mobile	[REDACTED]	

Email

Public Access	Board Contact	Email
Yes	No	kristina.tocce@ucdenver.edu
No	Yes	[REDACTED]@yahoo.com

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
50525070	[REDACTED]	[REDACTED] 1975	Hackettstown, NJ UNITED STATES	F	1801885330	MD	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
Albert Einstein College of Medicine of Yeshiva University	1300 Morris Park Avenue Bronx, NY 10461 UNITED STATES	08/01/1997	06/01/2001	06/01/2001	MD

Fifth Pathway

None Reported

ECFMG

Certificate Number	Issue Date
None Reported	

Applicant Name: Tocce, Kristina Mai
 Application ID: 259535

Uniform Application for Physician State Licensure

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Page 1 of 5

Postgraduate Training

Hospital Name:	Icahn School of Medicine at Mount Sinai Program New York, NY UNITED STATES	Program Code:	ACGME 2203521196
Attendance Dates:			
Institution:	Icahn School of Medicine at Mount Sinai	Start Date:	07/01/2001
Training Specialty:	Obstetrics & Gynecology	End Date:	06/30/2005
Training Status:	Completed	Program Type:	Internship/Residency

Hospital Name:	University of Colorado Denver, CO UNITED STATES	Program Code:	
Attendance Dates:			
Institution:		Start Date:	07/01/2009
Training Specialty:	Family Planning	End Date:	06/30/2011
Training Status:	Completed	Program Type:	Fellowship

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		06/10/1999	Pass	1
USMLE Step 2 CK Examination		12/28/2000	Pass	1
USMLE Step 3 Examination		09/09/2002	Pass	1

State Licensure History

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
New York State Board for Medicine	NY	227121	12/13/2002	05/31/2006	Full	Inactive
Colorado Medical Board	CO	DR.0044152	11/14/2005	04/30/2019	Full	Active

Physician Reported License History

Practitioner License Type	Licensing State	License Number	Issue Date	Expiration Date	Type	License Status
None Reported						

Chronology of Activity Type

Practice/Emp/ Desc:	University of Colorado	Chronology Type:	Work
Address:	Mail Stop C-292 Building 500 13001 E. 17th Place, Room N1219 Aurora, CO 80045 US	Attendance Dates:	
Position/Dept:	Attending Physician and Assistant Dean - Obstetrics and Gynecology and Medical Education	Start Date:	07/15/2016

End Date: 06/01/2018

Clinical %: 20

Admin %: 80

Employment: ● Staff Privileges: ● Affiliation: ●

Practice/Emp/ Desc: University of Colorado Chronology Type: Work

Address: Mail Stop B198-2, Academic Office
One
12631 East 17th Avenue
Aurora
Aurora, CO 80045
US

Position/Dept: Attending Physician - Obstetrics and Gynecology Start Date: 07/01/2011

Attendance Dates:

End Date: 07/15/2016

Clinical %: 60

Admin %: 40

Employment: ● Staff Privileges: ● Affiliation: ●

Practice/Emp/ Desc: University of Colorado Chronology Type: Other Training

Address: Denver, CO
US

Position/Dept: Start Date: 07/01/2009

Attendance Dates:

End Date: 06/30/2011

Clinical %:

Admin %:

Employment: ● Staff Privileges: ● Affiliation: ●

Practice/Emp/ Desc: University of Colorado Chronology Type: Work

Address: Mail Stop B198-2, Academic Office
One
12631 East 17th Avenue
Aurora
Aurora, CO 80045
US

Position/Dept: Fellow in Family Planning, Senior Instructor - Obstetrics and Gynecology Start Date: 07/01/2009

Attendance Dates:

End Date: 06/30/2011

Clinical %: 50

Admin %: 50

Employment: ● Staff Privileges: ● Affiliation: ●

Practice/Emp/ Desc: University of Colorado Chronology Type: Work

Address: Mail Stop B198-2, Academic Office
One
12631 East 17th Avenue
Aurora
Aurora, CO 80045
US

Attendance Dates:

Position/Dept: Attending Physician - Obstetrics and Gynecology **Start Date:** 06/15/2006

End Date: 06/30/2009

Clinical %: 80

Admin %: 20

Employment: ● **Staff Privileges:** ● **Affiliation:** ●

Practice/Emp/ Desc: Mount Sinai Hospital **Chronology Type:** Work

Address: 1 Gustave Levy Place
New York, NY 100296574
US

Attendance Dates:

Position/Dept: Attending Physician - Obstetrics and Gynecology **Start Date:** 07/14/2005

End Date: 05/30/2006

Clinical %: 100

Admin %: 0

Employment: ● **Staff Privileges:** ● **Affiliation:** ●

Practice/Emp/ Desc: Icahn School of Medicine at Mount Sinai Program **Chronology Type:** Accredited Training

Address: New York, NY
US

Attendance Dates:

Position/Dept: **Start Date:** 07/01/2001

End Date: 06/30/2005

Clinical %:

Admin %:

Employment: ● **Staff Privileges:** ● **Affiliation:** ●

Practice/Emp/ Desc: Albert Einstein College of Medicine of Yeshiva University **Chronology Type:** Medical Education

Address: Bronx, NY
US

Attendance Dates:

Position/Dept: **Start Date:** 08/01/1997

End Date: 06/01/2001

Clinical %:

Admin %:

Employment: ● **Staff Privileges:** ● **Affiliation:** ●

Patient Name: [REDACTED]

State Incident Occurred: NY **Court:** Supreme Court State of New York, County of Queens

Case Number: 7770-06 **Insurance Carrier:** Hanys Insurance Company

Case Status: Closed (Settled) **Date of Event:** 02/01/2005

Judgement/Settlement Amount: **Amount Paid:**

What is/was your status? Other **Date of Lawsuit:** 03/27/2006

Provide specifics in reference to the event including the allegations and your role:

On May 2, 2006 I was informed that I was named in a suite involving a gynecologic operative complication. This case occurred in February 2005, during my final year of residency. The Notice of Claim was served October 12, 2005; the case was filed on April 4, 2006 with the Supreme Court, State of New York, County of Queens.

I received the summons and complaint on 5/2/2006.

Defendants included New York City Health and Hospitals Corporation (NYCHHC), Andrew Ditchik, MD (the attending physician) and me (resident physician).

The plaintiff asserted that care was "rendered in a negligent and careless manner and deviated from the accepted standards of care."

Explanation of circumstances involved:

The patient had a complex ovarian cyst; the patient had previously had a vaginal hysterectomy. The patient was to have a laparoscopic bilateral salpingoophorectomy. During the case, multiple adhesions were noted. A cystotomy occurred, which was repaired by urology after conversion to an exploratory laparotomy. The ovaries were then removed; the persistent cyst was an endometrioma. The patient had a postoperative course initially complicated by fever. She then developed nausea, vomiting and became distended. Workup revealed a bowel perforation. The patient was operated on by general surgery, received a colostomy and went to the SICU postoperatively. The patient had a long postoperative course. Her colostomy was ultimately reversed.

In April 2007 I was informed that NYCHHC settled the case, the action was discontinued against Dr. Ditchik and me, and that I was not being reported.

I received this notification from Cari Pepkin, Associate Counsel, New York City Law Department.

Patient Name: [REDACTED]

State Incident Occurred: CO **Court:** n/a; a lawsuit was not filed

Case Number: n/a; a lawsuit was not filed **Insurance Carrier:** University of Colorado Self Trust

Case Status: Other **Date of Event:** 06/04/2015

Judgement/Settlement Amount: **Amount Paid:**

What is/was your status? Other **Date of Lawsuit:** 11/18/2015

Provide specifics in reference to the event including the allegations and your role:

On 11/18/2015 I was notified by the Professional Risk Management Office that a Notice of Claim was filed with the University of Colorado.

In early 2015, the patient was cared for by the Certified Nurse Midwifery (CNM) practice and was diagnosed with an early pregnancy failure. From February 2015 through June 2015, the CNM practice expectantly managed the patient. On June 2, 2015, when this blood level was still elevated, the CNMs sought consultation from the gynecology service. An ultrasound was ordered and showed possible retained pregnancy tissue. The patient was scheduled for a hysteroscopy, D&C; I was the attending physician for this case. The patient underwent a hysteroscopy, D&C on June 4, 2015 in the Operating Room that was complicated by a uterine perforation and an overnight admission for observation. No additional operative procedures were required. The retained tissue was removed. The patient was discharged home after being observed overnight.

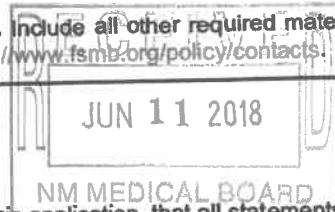
In the notice of claim, the patient states that the delay in diagnosing retained tissue (while she was under the care of the CNM practice) caused her to need a "high risk hysteroscopy" instead of a routine D&C. She stated that this entire process lead to physical pain, fear, anxiety, emotional distress, and missing work for 4.5 days.

A lawsuit was not filed. The last communication I received about this matter from Risk Management was on June 1, 2016.

Affidavit and Authorization for Release of Information

Applicant: In the presence of a notary public, sign this form with attached photo. If you are using FCVS for credentials verification, consider having that form notarized at the same time. Send the separate notarized FCVS form to FCVS. Do not send this form to FCVS as doing so will delay your licensure.

Send this form to the board you are applying to for licensure. Include all other required materials. A directory of state medical and osteopathic boards is available at http://www.fsmb.org/policy/contacts.



To New Mexico
Name of state board applied to for licensure

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.



Applicant's signature (must be signed in the presence of a notary)

Tocce Kristina, M.
Applicant's printed last name, first name, middle initial, and suffix (e.g., Jr.)

6/4/2018
Date of signature (must correspond to date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left.]

Notary ID 20084018493
My Commission Expires July 08, 2020

NOTARY

County of Arapahoe

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 4 day of June, 2018.

Notary Public Signature [Signature]

My Notary Commission Expires July 8, 2020

Applicant Kristina M. Tocce
UA Affidavit and Authorization for Release of Information

Kristina Tocce, MD, MPH

June 3, 2018

Explanation for Professional Claims History, question 15

At the time, I was covered by Hanys Insurance Company.

On May 2, 2006 I was informed that I was named in a suite involving a gynecologic operative complication. This case occurred in February 2005, during my final year of residency.

The Notice of Claim was served October 12, 2005; the case was filed on April 4, 2006 with the Supreme Court, State of New York, County of Queens.

I received the summons and complaint on 5/2/2006.

Defendants included New York City Health and Hospitals Corporation (NYCHHC), Andrew Ditchik, MD (the attending physician) and me (resident physician).

The plaintiff asserted that care was "rendered in a negligent and careless manner and deviated from the accepted standards of care."

Explanation of circumstances involved:

The patient had a complex ovarian cyst; the patient had previously had a vaginal hysterectomy. The patient was to have a laparoscopic bilateral salpingoophorectomy. During the case, multiple adhesions were noted. A cystotomy occurred, which was repaired by urology after conversion to an exploratory laparotomy. The ovaries were then removed; the persistent cyst was an endometrioma. The patient had a postoperative course initially complicated by fever. She then developed nausea, vomiting and became distended. Workup revealed a bowel perforation. The patient was operated on by general surgery, received a colostomy and went to the SICU postoperatively. The patient had a long postoperative course. Her colostomy was ultimately reversed.

In April 2007 I was informed that NYCHHC settled the case, the action was discontinued against Dr. Ditchik and me, and I was not being reported. I received this notification from Cari Pepkin, Associate Counsel, New York City Law Department (documentation attached).

Notice of Claim

Insurance coverage by University of Colorado Self Trust.

On 11/18/2015 I was notified by the Professional Risk Management Office that a Notice of Claim was filed with the University of Colorado.

15

In early 2015, the patient was cared for by the Certified Nurse Midwifery (CNM) practice and was diagnosed with an early pregnancy failure. From February 2015 through June 2015, the CNM practice expectantly managed the patient. On June 2, 2015, when this blood level was still elevated, the CNMs sought consultation from the gynecology service. An ultrasound was ordered and showed possible retained pregnancy tissue. The patient was scheduled for a hysteroscopy, D&C; I was the attending physician for this case. The patient underwent a hysteroscopy, D&C on June 4, 2015 in the Operating Room that was complicated by a uterine perforation and an overnight admission for observation. No additional operative procedures were required. The retained tissue was removed. The patient was discharged home after being observed overnight.

In the notice of claim, the patient states that the delay in diagnosing retained tissue (while she was under the care of the CNM practice) caused her to need a "high risk hysteroscopy" instead of a routine D&C. She stated that this entire process led to physical pain, fear, anxiety, emotional distress, and missing work for 4.5 days.

A lawsuit was not filed. The last communication I received about this matter from Risk Management was on June 1, 2016.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

c/o New York City Law Department, 100 Church Street, New York, New York 10007

Richard Levy
General Counsel

Cari Pepkin
Associate Counsel
(212) 788-1205
Fax: (212) 788-0605
cpepkin@law.nyc.gov

As of April 30, 2007
346 Broadway, 6th Floor Room 30
New York NY 10013
(212) 323 2270
Fax: (212) 323 2251
cari.pepkin@nychhc.org

April 24, 2007

Dr Kristina Tocce
1391 Madison Avenue, apt. 5D
New York, NY 10029

Re: [REDACTED] vs NYCHHC, Dr Kristina Tocce, MD et al
file No: 05TT023912

Dear Dr. Tocce:

I am pleased to inform you that this matter has been settled. You will not be reported.

Enclosed please find a copy of the Stipulation of Discontinuance. Kindly retain a copy of this Stipulation of Discontinuance for your file.

If you have any questions or comments, please feel free to contact me.

Sincerely,



Cari Pepkin
Associate Counsel

SUPREME COURT STATE OF NEW YORK
COUNTY OF QUEENS

-----x
Index No. 7770-06

████████████████████ Plaintiff,

- against -

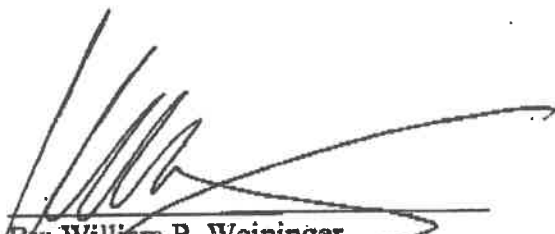
Stipulation of Discontinuance
As to Defendants
KRISTINA TOCCE, M.D.
and ANDREW DITCHIK, M.D.
ONLY

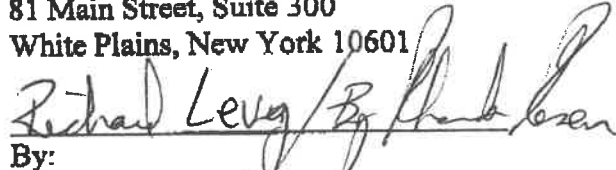
NEW YORK CITY HEALTH AND HOSPITALS
CORPORATION, KRISTINA TOCCE, M.D., and
ANDREW DITCHIK, M.D.,

Defendants.
-----x

IT IS HEREBY STIPULATED AND AGREED, by and between the undersigned, the attorneys of record for all of the parties to the above entitled action, that whereas no party hereto is an infant, incompetent person for whom a committee has been appointed or conservatee, and no person who is not a party has an interest in the subject matter of the action, the above entitled action be, and the same hereby is discontinued against defendants KRISTINA TOCCE, M.D., and ANDREW DITCHIK, M.D. ONLY as to all claims, counterclaims and cross-claims, with prejudice and without costs to either party as against the other. This stipulation may be filed without further notice with the Clerk of the Court.

DATED: April 20, 2007
White Plains, New York


By: William P. Weininger
William P. Weininger, LLP
Attorney for Plaintiff
81 Main Street, Suite 300
White Plains, New York 10601


By: Richard Levy
Office of Corporation Counsel
Attorneys for Defendants
100 Church Street, Floor 4
New York, New York 10007

DIPLOMATE

American Board of Obstetrics and Gynecology

COMPOSED OF MEMBERS NOMINATED BY THE
AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
AMERICAN GYNECOLOGICAL AND OBSTETRICAL SOCIETY
ASSOCIATION OF PROFESSORS OF GYNECOLOGY AND OBSTETRICS

Obstetrics and Gynecology

Kristina Tocce, M.D.

HAVING PURSUED AN ACCEPTED COURSE OF GRADUATE STUDY AND CLINICAL WORK,
HAS MET THE STANDARDS AND QUALIFICATIONS, AND PASSED THE EXAMINATIONS
REQUIRED BY THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC.,
AND IS AN ACKNOWLEDGED DIPLOMATE OF THE BOARD
FROM DECEMBER, 2006 THROUGH DECEMBER 31, 2012
DECEMBER 8, 2006

<u>Philip J. Siboni</u> Philip J. Siboni	<u>Ben R. Conner</u> Ben R. Conner	<u>John J. ... MD</u> John J. ... MD
<u>Mary C. ...</u> Mary C. ...	<u>...</u> ...	<u>Calvin ...</u> Calvin ...
<u>Vicki ...</u> Vicki ...	<u>Debra ...</u> Debra ...	<u>Stephen C. Rubin</u> Stephen C. Rubin
<u>William ...</u> William ...	<u>...</u> ...	<u>Robert ... MD</u> Robert ... MD
<u>George D. ...</u> George D. ...	<u>...</u> ...	<u>CSong ... MD</u> CSong ... MD
	<u>Nicole ...</u> Nicole ...	<u>Michael ...</u> Michael ...
	<u>Ray F. ... MD</u> Ray F. ... MD	<u>Phil K. ...</u> Phil K. ...



DIPLOMATE NO. 9012454





Maintenance of Certification
American Board of Obstetrics and Gynecology
2915 Vine Street
Dallas, TX 75204
Phone: (214) 721-7510
Fax: (214) 871-1943

December 04, 2017

Kristina Tocce, M.D.

Dear Doctor Tocce,

Congratulations! We are pleased to inform you that you have satisfactorily completed your 2017 Maintenance of Certification (MOC) assignments.

As of the date of this letter, you have earned 25 AMA Category 1 CME credits for completing the 2017 Part II MOC requirements. Your CMEs will be awarded by the American College of Obstetricians and Gynecologists.

You should have already received your 2017 MOC label insert. If you have not, please contact the MOC Division at MOC@abog.org.

Your certification in Obstetrics and Gynecology is valid through 12/31/2018. The ABOG MOC program is a continuous process, and to maintain your certification, you must apply and participate each year. The application for next year's program will be available through your ABOG Member Login page beginning in January 2018.

Please use this letter to provide documentation of your current 2017 ABOG certification for your hospital(s). Thank you for your continued participation in MOC.

Sincerely,

Susan M. Ramin, M.D.
Associate Executive Director

SMR

ABOG ID: 9012454



AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

Name and Mailing Address

KRISTINA MAI TOCCE
[REDACTED]

Primary Office Address

LIMITED TO OFFICIAL UNIVERSITY DUTIES ON
UNIVERSITY OF COLORADO
12631 E 17TH AVE
AURORA, CO 80045-2527
Phone UNKNOWN

Birth date [REDACTED]/1975

Physician's major professional activity

OFFICE BASED PRACTICE

Self-designated practice specialty

OBSTETRICS & GYNECOLOGY (primary)
UNSPECIFIED (secondary)

Self-designated practice specialties (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 verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status

NON MEMBER

All information from this point forward is provided by the primary source

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1801885330	10/18/2005	NOT RPTD	NOT RPTD	NOT RPTD	05/22/2018

Current and/or historical medical school

ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIVERSITY

Degree Awarded: YES
Degree Year: 2001



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.

Beginning with the 2016/2017 cycle of the National GME Census post-graduate training segments will include a training type of specialty (residency) or subspecialty (fellowship). Training types for programs reported prior to 2016 will not include this designation.

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.

If a segment below is indicated as "being re-verified", it typically means that the physician is a current resident and the AMA is confirming with the residency program that the physician is still enrolled - this standard process occurs on an annual basis.

Sponsoring Institution: ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI
Sponsoring State: NEW YORK
Specialty: OBSTETRICS & GYNECOLOGY
Training Type:
Dates: 7/2001 - 6/2005 (Verified)

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 0

Specialty Board Certification

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



Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
TIME LIMITED	Active	12/31/2017	12/31/2018		RE-CERT	06/07/2018	Y
TIME LIMITED	Expired	12/31/2016	12/31/2017		RE-CERT	06/07/2018	Y
TIME LIMITED	Expired	12/31/2015	12/31/2016		RE-CERT	06/07/2018	Y
TIME LIMITED	Expired	12/31/2014	12/31/2015		RE-CERT	06/07/2018	Y
TIME LIMITED	Expired	12/31/2013	12/31/2014		RE-CERT	06/07/2018	Y
TIME LIMITED	Expired	12/15/2012	12/31/2013		RE-CERT	06/07/2018	Y
TIME LIMITED	Expired	12/08/2006	12/31/2012		INITIAL	06/07/2018	Y

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.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2018 American Board of Medical Specialties. All right reserved.

Current and/or historical medical licensure

Jurisdiction	MD / DO	Date Granted	Expiration Date	Status	License Type	Last Reported
New York	MD	12/13/2002	NOT RPTD	INACTIVE	UNLIMITED	01/11/2008
Colorado	MD	11/14/2005	04/30/2019	ACTIVE	UNLIMITED	06/04/2018

Action Notifications

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.



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 Department of Justice.

U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration Date	Last Reported Date	Address
XXXXXX670	22N 33N 4 5	11/30/2019	06/11/2018	Limited To Official University Duties On University Of Colorado 12631 E 17th Ave Aurora, CO 80045-2527

Only the last three characters of active DEA numbers are displayed

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.

ECFMG Certification

Applicant Number:

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 online at <https://cvsonline2.ecfmg.org/>

Profile Information

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHHC) and the American Accreditation Health Care Commission(AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.



If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

PRACTITIONER PROFILE

Prepared for:

New Mexico Medical Board

As of Date:6/20/2018

PRACTITIONER INFORMATION

Name: Tocce, Kristina Mai
DOB: [REDACTED] 1975
Medical School: Albert Einstein College of Medicine of Yeshiva University
Bronx, New York, UNITED STATES
Year of Grad: 2001
Degree Type: MD
NPI: 1801885330

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
COLORADO	DR.0044152	11/14/2005	04/30/2019	06/04/2018
NEW YORK	227121	12/13/2002	05/31/2006	06/20/2018

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date:6/20/2018
Practitioner Name: Tocce, Kristina Mai

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Obstetrics and Gynecology
Certification Type: General
Certification Status: Certified
Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2017	12/31/2018		Recertification	06/04/2018
Expired	Time Limited	12/31/2016	12/31/2017		Recertification	06/04/2018
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	06/04/2018
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	06/04/2018
Expired	Time Limited	12/31/2013	12/31/2014		Recertification	06/04/2018
Expired	Time Limited	12/15/2012	12/31/2013		Recertification	06/04/2018
Expired	Time Limited	12/08/2006	12/31/2012		Initial	06/04/2018

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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.



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

Division of Professions and Occupations

LICENSE VERIFICATION

June 06, 2018

Kristina Mai Tocce

Profession: Physician

License number: 44152

Licensee Status: Active

Original Date of Issue: 11/14/2005

Basis of: Original

Last renewed on: 5/1/2017

Expiration date: 4/30/2019

Board or Program action(s): No

<u>Action</u>	<u>Action Issued</u>	<u>Action Ended</u>
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If there is board or program action(s) against this licensee and you need additional information, please send a written request to the Board at the address above or email DORA_MedicalBoard@state.co.us. Or, you can view Registrations Online Documents (ROD) at www.dora.state.co.us/doraimages. This online system makes certain scanned documents related to board or program actions taken on all Colorado licensees available to the public via the Internet. Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000, plus any that became effective since that date, are among the documents that are now available.

The licensee provided documentation of successful completion of a recognized national exam and met all of the educational or examination requirements as set forth by the Colorado Revised Statutes and the Rules and Regulations of the Colorado Medical Board in effect at the time of licensure. This information is the only certification information provided by this department. If further information is needed, it MUST be obtained from the licensee.

For future reference, you may verify the current status at any time through ALISON, the Automated Licensure System Online, at <http://www.dora.state.co.us/registrations>

This license information was last updated on: 06/05/2018

FOR THE COLORADO MEDICAL BOARD



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

NM

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, TOCCE KRISTINA was issued license/certificate number 227121 for the practice of MEDICINE on 12/13/2002.

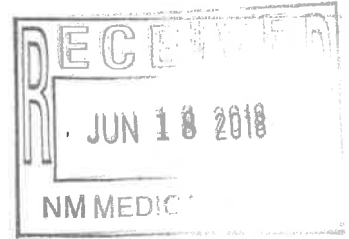
Our records also indicate the following information:

Date of birth: [REDACTED]/1975
School attended: ALBERT EINSTEIN MED COL
Date of graduation: 06/01/01
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	EXAMINATION	SCORE
09/02	USMLE-STEP 3	85
12/00	USMLE-STEP 2	87
06/99	USMLE-STEP 1	89



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: 05/31/06
Address: APT 603 900 S LAFAYETTE ST
900 S LAFAYETTE ST NEW YORK NY 10029-0000
Disciplinary information: No charges have been preferred against this licensee

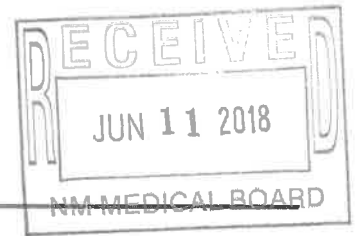
Comments:

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 06/11/18
Office Assistant Three

New Mexico Medical Board
2055 S. Pacheco St.
Building 400
Santa Fe, NM 87505
(505) 476-7220



WORK EXPERIENCE VERIFICATION

I am applying for a medical license in the State of New Mexico. The New Mexico Medical Board requires this form to be completed by the Chief of Staff or facility's administrative staff. I hereby authorize release of all information in your files, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505.

Kristina Mai Tocco
Applicant Name
[Redacted]
City/State/Zip

[Signature]
Applicant Signature
10/11 - 07/18
*Dates of Privilege/Employment mm/yy to mm/yy (must be provided)
Telephone [Redacted]

The section below should be completed by the chief of staff or facility's administrative staff.
Letters of Recommendation are **NOT** accepted in lieu of this form.

Kim Barcelona
Type or Print Name of person completing this form
Medical Staff Coordinator
Title
Childrens Hospital Colorado
Name of Institution
13123 E. 16th Ave
Address
Aurora, CO. 80045
City / State / Zip

- 1. This evaluation is based on: Observation of applicant Review of personnel file
- 2. In your estimation, is there any reason why this applicant should not be licensed to practice? Yes No
- 3. To your knowledge, is there any mental or physical reason why this applicant should not be licensed? Yes No
- 4. To your knowledge, is there any derogatory/disciplinary information regarding this applicant? Yes No
- 5. Are the dates of privilege/employment provided by the applicant on this form accurate? * Yes No

*If not, please provide correct dates: Beginning _____ Ending _____
Month/Year Month/Year

If you answered "YES" to questions 2, 3, and/or 4, please provide a written explanation and/or any supporting documentation that may be relevant.



Kim Barcelona [Signature] 6/11/18
Printed name of person completing this form Signature Date

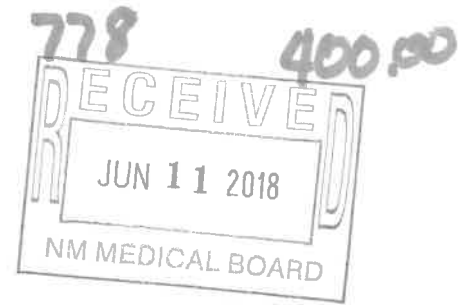
Signature of Notary (if applicable) _____ Date _____

My commission expires: _____

Please note on this form if there is no hospital or notary seal available.
Please return this form directly to the address above
Thank you for your cooperation.



New Mexico Medical Board
 2055 S. Pacheco Street, Building 400
 Santa Fe, NM 87505
 505-476-7220
 Fax: 505-476-7233



Susana Martinez
 Governor

RH 2091870

Steven M. Jenkusky, MD
 Chair

ADDITIONAL PHYSICIAN INFORMATION

Endorse

Physician Name: Tocce Kristina Mai
 Last First Middle

An asterisk (*) indicates that this information will be kept confidential.

Will you be applying by endorsement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Citizenship: USA
Immigration Status: N/A	INS Certification #: N/A <input checked="" type="checkbox"/>
*Fed Tax ID#: 14670015 Pending <input type="checkbox"/> N/A <input type="checkbox"/>	*NM Tax ID#: Pending <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
*Fed. Drug Enforcement Admin. (DEA) Registration #: [REDACTED]	Exp. Date: 11/30/19 Pending <input type="checkbox"/> N/A <input type="checkbox"/>
*State Controlled Substance Registration (CSR)#	State: Exp. Date: Pending <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
*Medicare Unique Physician Identification Number (UPIN): 1801885330	Pending <input type="checkbox"/> N/A <input type="checkbox"/>
*State Medicaid Provider Number: 1801885330 State: CO	Pending <input type="checkbox"/> N/A <input type="checkbox"/>

PRACTICE INFORMATION – Please list all applicable practice information below.

Current Practice Name: University of Colorado (until 7/6/2018)	
Street Address: 12605 E. 16th Ave	
City: Aurora	State: CO Zip Code: 80045
Telephone Number: 720-810-5442	Facsimile Number: 720-227-9698
*Office Manager or Contact Person: Melissa Lorenzo	Practice Limited to (clinical specialty): ob/gyn
Foreign Languages (spoken fluently by practitioner): N/A	
Foreign Languages (spoken fluently at Practice): Spanish	
What are your immediate or future Practice Plans in New Mexico? as of 7/9/2018, VP/Medical Director of Planned Parenthood Rocky Mountains	
Practice Associates in NM (if applicable): Planned Parenthood Albuquerque Surgical Center	
Call Coverage in NM (if applicable): N/A	
Other Practice Locations (if applicable): N/A	
Other Practice Name: Planned Parenthood Albuquerque Surgical Center	
Street Address: 701 San Mateo Blvd NE	
City: Albuquerque	State: NM Zip Code: 87108
Telephone Number: 505-265-9511	Facsimile Number: 505-268-4350
Answering Service: 505-265-9511	Effective Date: 7/9/2018

Applicant Name: Kristina Mai Tocce

PROFESSIONAL REFERENCES – Please list three professional peers familiar with your professional performance in the past 5 years (not including current or impending partners or associates in practice).

(1) Name and Title: <i>Jaime Arruda MD Associate Professor</i>	
Street Address: <i>1665 Aurora Ct.</i>	
City: <i>Aurora</i>	State: <i>CO</i> Zip Code: <i>80045</i>
Telephone Number: <i>720-848-0300</i>	Facsimile Number: <i>303-724-2056</i>

(2) Name and Title: <i>Chesney Thompson, MD Professor</i>	
Street Address: <i>12631 E. 17th Ave B198-2</i>	
City: <i>Aurora</i>	State: <i>CO</i> Zip Code: <i>80045</i>
Telephone Number: <i>303-724-8166</i>	Facsimile Number: <i>303-724-2056</i>

(3) Name and Title: <i>Christine Conageski, MD Assistant Professor</i>	
Street Address: <i>1263 E. 17th Ave B-198-2</i>	
City: <i>Aurora</i>	State: <i>CO</i> Zip Code: <i>80045</i>
Telephone Number: <i>303-724-8166</i>	Facsimile Number: <i>303-724-2056</i>

SPECIALTY BOARD CERTIFICATIONS N/A Are you Board Certified? Yes No

Note: If you are not Board certified by a Board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the National Commission on Certification of Physician Assistants, the American Nurses' Credentialing Center, or the National Certification Commission, or accepted for examination in your specialty, please give a brief explanation on an attached sheet.

Certified/Recertified by the: <i>American Board of Obstetrics and Gynecology</i>		
Date Certified: <i>12/8/2006</i>	Date Last Recertified: <i>12/4/2017</i>	Exp. Date: <i>12/31/2018</i>
Certified/Recertified by the:		
Date Certified:	Date Last Recertified:	Exp. Date:
Accepted for Examination by the:		
Until (expiration date):	If not accepted, have you made application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Certified/Recertified by the Subspecialty Board of:		
Date Certified:	Date Last Recertified:	Exp. Date:
Certified/Recertified by the Subspecialty Board of:		
Date Certified:	Date Last Recertified:	Exp. Date:
Accepted for Examination by the Subspecialty Board of:		
Until (expiration date):	If not accepted, have you made application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL LIABILITY INSURANCE*

Do you have current liability insurance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		Current Carrier: <i>University of Colorado Self Trust</i>
Complete address: <i>13001 East 17th Place Aurora CO 80045</i>		
Dates Insured	Policy #:	Coverage Limits:
From: <i>6/15/2006</i> To: <i>7/2018</i>	<i>N/A</i>	<i>\$1,093,000</i> <i>\$387,000 per claim; aggregate</i>

Applicant Name: *Mai Kristina Tocce*

PROFESSIONAL PRACTICE QUESTIONS – Please answer all of the following Yes or No questions. If you answer YES to any question, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.

1.	Has your professional liability coverage ever been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.	Have you ever been denied professional liability insurance coverage?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3.	Has your professional liability carrier ever excluded any specific procedures from your coverage?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4.	Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5.	Have you ever been excluded from or sanctioned by Medicare and/or Medicaid?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
6.	Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7.	Have you ever been named as a defendant in any criminal proceedings?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8.	Have you ever been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9.	Have you ever been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10.	<p>a. Have your privileges at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, for any reason except for medical records delinquency unrelated to your professional competence or conduct?</p> <p>b. Have you ever agreed not to exercise your clinical privileges while under investigation?</p> <p>c. Have you ever been investigated and / or terminated by a healthcare entity for cause, or without cause, related to your clinical competence or conduct, which could impact patient safety/care, or allowed to resign in lieu of termination for such reason?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
11.	Have you ever resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
12.	<p>a. Has your application for licensure or license to practice in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?</p> <p>b. Are any currently held licenses pending investigation or being challenged?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
13.	Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
14.	Has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, or restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Applicant Name: Kristina Mai Tocce

15.	<p>Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, complete the Malpractice Liability Claims Information page in the online UA. Include the following information in the specifics area:</p> <ul style="list-style-type: none"> · Name, age, sex of patient/claimant. · Date(s) and type of treatment and/or surgery, which led to the allegations against you. · Nature of allegations in claims/suits. Specify whether a suit was ever filed. · Names of other practitioners and hospital, if any, involved in claims or suit. · Disposition or current status of claim or suit (be specific). · Name of insurance carrier defending you. · Name of defense attorney. 	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
16.	Have you ever been reported to the National Practitioner Data Bank?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
17.	<p>a. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?</p> <p>b. Are you being treated with opiates for chronic pain? If yes, please provide to the Board upon application a current evaluation from your treating pain provider (MD or DO).</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
18.	In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and competently? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis and treatment.	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
19.	<p>Have you ever, for any reason:</p> <p>a. Resigned from a medical school or postgraduate training (PGT) program?</p> <p>b. Withdrawn from a medical school or postgraduate training program?</p> <p>c. Been suspended, dismissed, or expelled from a medical school or PGT program?</p> <p>d. Been placed on probation or remediation, including academic probation or remediation, by a medical school or PGT program?</p> <p>e. Taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or PGT program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issue, etc)?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
20.	I attest that I will limit my practice to areas in which I am competent to practice.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21.	Are you currently in arrears in payments of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or in any other state?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

If you answer YES to any question except for Question 20, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.

Applicant Name: Kristina Mai Tocce