Initial Medical Licensure
PERSONAL INFORMATION
12/2015 INT

STOP! Completed application and check must be mailed to:
MARYLAND BOARD OF PHYSICIANS
P.O. Box 37217 • Baltimore, MD 21297
Telephone: 410-764-4777 Fax: 410-358-1298 Toll Free: 800-492-6836

FOR BANK USE ONLY
Date _____
Check Number ____
Amt Paid _____
Name Code _____
AppID 17

APPLICATION FOR INITIAL MEDICAL LICENSURE

Please print legibly or type the required information. Do not leave any item unanswered. If an item does not apply to you, write "N/A" (Not Applicable) for that item. An incomplete application form will delay the processing of your application.

1. Your Complete Current Legal Name: As listed on your U.S. birth/marriage certificate, U.S. passport, or most recent document issued by the INS.

Last name and generational indicator (Jr., Sr., II, III, etc.):
VICKERY

First name and middle name:
ZEVIDAH

(If applicable, please check a box and complete below) ☐ Complete Maiden Name OR ☒ Complete Former Name
TERESA LYNNE VICKERY

Stop! **If any credential you submit bears a name other than your current legal name as listed above, or if you have been licensed in another state under any name other than your current legal name, sign and date an attachment which includes each different name, an explanation of why the name differs from your current legal name, and a copy of the legal document to support the name change.**

2. Public Address: Your public address of record. This address, usually your office, is available to the public and will be posted on the internet.

Street Address: **If you change your address prior to being licensed, immediately notify the Board in writing.**
725 IRVING AVE #600

UNIVERSITY OB/GYN ASSOCIATES

City: SYRACUSE State: NY Zip Code: 13210-

3. Non-Public Address: This address, usually your home, is for Board use only. However, if no public address is listed, this address will be made public.

Street Address: **(Do NOT use a P. O. Box) If you change your address prior to being licensed, immediately notify the Board in writing.**

City State Zip Code

4. Telephone (s): Home Office:

Cell/Pager: E-mail address:

5. Date of Birth: Month Day Year

6. Gender: Male Female

7. Race: Multiracial applicants may select all applicable categories ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☒ White

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

8. Social Security Number:

For Board Use Only

License Number: D82322 BPQA School Code: 550004 6.
Date Issued: 09071 6 Federation School Code:
Licensed By: _____ Licensing Exam: USMLE

9. Chronology of Activities: DO NOT ATTACH RESUME OR CURRICULUM VITAE

Beginning with the date you completed medical school and continuing through the present, list chronologically all of your activities. Account for all periods of time including each post-graduate training program you attended, regardless of whether or not you completed the program; each job you held, regardless of whether or not it was medically related or you were compensated; and any period of unemployment.

Date Medical School was Completed:	month	year
	06	05

Activities after completing medical school: Please type or print.

month	year	TO	month	year	Activity:
06	05		06	09	INTERNSHIP, RESIDENCY

Address: BETH ISRAEL MEDICAL CTR E. 16TH AT 1ST AVE, NY, NY 10003

month	year	TO	month	year	Activity:
07	09		06	11	FELLOWSHIP

Address: WASHINGTON UNIV. IN ST. LOUIS 660 EUCLID AVE ST. LOUIS, MO 63110

month	year	TO	month	year	Activity:
07	11		07	12	GENERALIST OBSTETRICIAN/GYNECOLOGIST

Address: COMPREHENSIVE HEALTH CTR 5471 DR. MLK DR, ST LOUIS, MO 63112

month	year	TO	month	year	Activity:
08	12		06	15	GENERALIST OBSTETRICIAN/GYNECOLOGIST

Address: RIVERSIDE MEDICAL GROUP 230 MAIN ST, AGAWAM, MA 01001

month	year	TO	month	year	Activity:
07	15		08	16	ASSISTANT PROFESSOR SUNY UPSTATE MED UNIV.

Address: 7106 IRVING AVE SYRACUSE, NY 13210

month	year	TO	month	year	Activity:

Address:

month	year	TO	month	year	Activity:

Address:

month	year	TO	month	year	Activity:

Address:

CONTINUED ON PAGE 3: If you will need more space than page 3 allows, please photocopy page 3 for your use or attach a separate sheet. Please sign and date each sheet you attach.

Print Your Name: _____ Date: _____

Chronology (Cont'd) Please photocopy this page if more space is needed. Sign and date all additional pages.

month	year	TO	month	year	Activity:
					Address:
month	year	TO	month	year	Activity:
					Address:
month	year	TO	month	year	Activity:
					Address:
month	year	TO	month	year	Activity:
					Address:
month	year	TO	month	year	Activity:
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month	year	TO	month	year	Activity:
					Address:
month	year	TO	month	year	Activity:
					Address:
month	year	TO	month	year	Activity:
					Address:
month	year	TO	month	year	Activity:
					Address:
month	year	TO	month	year	Activity:
					Address:

10. MEDICAL EDUCATION: List all medical schools you have attended

From: MM/YY To MM/YY

BEN GURION UNIV OF THE NEGEV — 07/01 - 05/05

MEDICAL SCHOOL FOR INT'L HEALTH

Medical School From Which You Received Your Medical Degree: BEN GURION UNIV OF THE NEGEV

Name of University Affiliation (if applicable): * COLUMBIA UNIVERSITY

Street Address: 601 W. 168th ST, SUITE 63

City: NEW YORK State/Province: NY Country of citizenship during medical education: US

Language(s) of Instruction: ENGLISH

Type of Degree: ☒ M.D. ☐ D.O. ☐ M.D./Ph.D ☐ M.B.B.S. ☐ M.B.B.Ch ☐ Other:_____ (specify)

Date Degree The date you officially received your degree after all prerequisite obligations, required training, government service, etc.

Was Conferred: was satisfied. Month 05 Day 24 Year 05

GRADUATES OF FOREIGN MEDICAL SCHOOLS (Schools not in the U.S. or its territories, Puerto Rico, or Canada)
Attach the following documents to this application:

1) A copy of your valid ECFMG certificate or Fifth Pathway Certificate;

2) A copy of your medical school diploma and a certified translation;

3) If you listed an affiliation above (see * in 10 above), attach a copy of the Certificate of Medical Education and Examinations Taken, Good Conduct Certificate or Intern Certificate. The certificate must include your name, name of the medical school, name of the university, and a certified translation.

If your name is not written the same way on all documents, you must submit documentation to explain how and why your name differs and submit one of the following documents to support the name change: Passport, INS card, birth certificate, court document, marriage license, court decree.

11. How have you satisfied Maryland's *written and oral* English language competency requirements?
(See *English Language Competency Requirements for Medical Licensure in Maryland* in the introductory material included with your application.)

a. ☒ I graduated from a medical school **or**, after at least three years of attendance, a high school (includes GED), undergraduate college, or university **where English was the *only* language of instruction throughout** (you must provide documentation); **or**

b. ☐ I passed either ☐ the TOEFL **or** ☐ the ECFMG English test after December 31, 1973 **AND** I passed the ☐ TSE or ☐ OPI. If you have taken the Test of English as a Foreign Language (TOEFL) and either the Test of Spoken English (TSE) or the Oral Proficiency Interview (OPI), please request that Education Testing Service and/or Language Testing International send verification of your scores directly to the Board;

c. ☒ I passed the USMLE Step 2 Clinical Skills Exam.

Are you claiming speech impairment? ☐ NO ☐ YES If "YES," please write or call the Board for additional information.

12. **POSTGRADUATE TRAINING** (DO NOT ATTACH RESUME OR CURRICULUM VITAE.) List in chronological order **ALL** postgraduate training undertaken in the United States, its territories or possessions, Puerto Rico, or Canada regardless of whether you did or did not complete the program, and regardless of whether you were or were not compensated. (Copies of training certificates are helpful, but not required.)

NOTE: On a case by case basis, the Board may consider **full time teaching in an LCME accredited medical school in the United States** as an alternative to the accredited postgraduate clinical medical education required in the Code of Maryland Regulations 10.32.01.03D. Applicants who intend to request consideration of teaching experience as an alternative to accredited postgraduate clinical medical education should contact the Board's licensure division for further information.

Effective October 1, 2000, graduates of all medical schools NOT in the U.S., its territories or possessions, Puerto Rico, or Canada are required to submit evidence acceptable to the Board of successful completion of 2 years of training in a U.S. postgraduate clinical medical education program accredited by an accrediting organization recognized by the Board (ACGME, AOA, or equivalent). If you have not met this requirement, DO NOT submit this appli-

A Fifth Pathway Program graduate must have been a U.S. citizen during the time of medical education and must have successfully completed two years of ACGME accredited postgraduate clinical medical education ***after*** successfully completing a Board approved Fifth Pathway program. If you have not met these two critera, DO NOT SUBMIT THIS APPLICATION.

If after 10/1/92 you passed any medical licensing exam (or part, step, or component thereof) that you failed three times, either before or after 10/1/92, then you must successfully complete 2 years of U.S. postgraduate training. If you have not met this requirement, DO NOT submit this application.

NOTE: Postgraduate training program cycles usually run from July 1 to June 30. If the dates of your postgraduate training are not within the usual cycle, fall short of the complete cycle, or extend beyond the usual cycle, please attach a complete explanation of why your training was "off-cycle."

PG Year #s 1-4	Place of Training: BETH ISRAEL MEDICAL CENTER DEPT OB/GYN		month 06 year 05 TO month 06 year 09	
	Address: E/16th ST at 1st AVE NEW YORK, NY 10003	Specialty: OB/GYN	Accredited by: ACGME ☒ AOA ☐ RCPSC ☐	
PG Year #s 5-6	Place of Training: WASHINGTON UNIVERSTY IN ST. LOUIS		month 07 year 09 TO month 06 year 11	
	Address: 660 EUCLID AVE ST. LOUIS, MO 63110	Specialty: FAMILY PLANNING	Accredited by: ACGME ☒ AOA ☐ RCPSC ☐	
PG Year #s	Place of Training:		month year TO month year	
	Address:	Specialty:	Accredited by: ACGME ☐ AOA ☐ RCPSC ☐	
PG Year #s	Place of Training:		month year TO month year	
	Address:	Specialty:	Accredited by: ACGME ☐ AOA ☐ RCPSC ☐	
PG Year #s	Place of Training:		month year TO month year	
	Address:	Specialty:	Accredited by: ACGME ☐ AOA ☐ RCPSC ☐	

(ATTACH A SEPARATE SIGNED AND DATED PAGE IF ADDITIONAL SPACE IS NEEDED)

13. **Hospital Privileges After Postgraduate Training:** Please list all hospitals where you have had privileges or have provided services **after the completion of your postgraduate training** for the five year period preceding the filing of this application. Copy this page if more space is needed and enclose each signed and dated addition.

Hospital: SUNY UPSTATE MEDICAL UNIVERSITY	month 07	year 15	TO	month PRESENT	year
Complete Address: 750 E. ADAMS ST SYRACUSE NY 13210-2375	Department OB/GYN				
Hospital: CROUSE HOSPITAL	month 07	year 15	TO	month PRESENT	year
Complete Address: 736 IRVING AVE SYRACUSE NY 13210	Department OB/GYN				
Hospital: BAYSTATE MEDICAL CENTER	month 09	year 12	TO	month 08	year 15
Complete Address: 759 CHESTNUT ST, SPRINGFIELD, MA 01199	Department OB/GYN				
Hospital: MERCY MEDICAL CENTER	month 09	year 12	TO	month 08	year 15
Complete Address: 271 CAREW ST, SPRINGFIELD, MA 01104	Department OB/GYN				
Hospital: BARNES JEWISH HOSPITAL	month 07	year 09	TO	month 07	year 12
Complete Address: 1 BARNES JEWISH PLAZA, ST. LOUIS, MO 63110	Department OB/GYN				
Hospital:	month	year	TO	month	year
Complete Address:	Department				
Hospital:	month	year	TO	month	year
Complete Address:	Department				
Hospital:	month	year	TO	month	year
Complete Address:	Department				
Hospital:	month	year	TO	month	year
Complete Address:	Department				
Hospital:	month	year	TO	month	year
Complete Address:	Department				

14. **Medical Licensing Examinations** (USMLE, NBME, NBOME, FLEX, FLEX-Weighted Average, Medical Council of Canada, and licensing exams given by individual states prior to January 1, 1985) **DO NOT SUBMIT THIS APPLICATION until you have received written verification of having passed all parts, steps, or components of your medical licensing examinations.**

Identify below ALL the medical licensing examinations that you have ever taken. Ask the administering authority of each exam to send the complete medical licensing examination history and scores directly to this Board. In each examination category below, you will find information to help you contact the administering authority.

a. Have you ever failed any medical licensing examination (or part, step, or component thereof)? NO YES

b. Have you failed any medical licensing examination (or part, step, or component thereof) three or more times? NO YES

If you answered "Yes" to a. and b., you must have successfully completed 2 years of ACGME-accredited clinical postgraduate training. If you have not met this requirement, you are not eligible for licensure in Maryland at this time. DO NOT submit this application until you have fulfilled this requirement.

For a complete explanation see COMAR 10.32.01.03 Licensure—Qualifications for Initial Licensure

a. **State Board Examination** List state(s):_____

STATE BOARD DOES NOT INCLUDE STEP 3 OF USMLE, ORAL EXAMS, OR INTERVIEWS. State Board Examinations were licensing exams given by individual states. State Board Examinations taken after December 31, 1984 are not accepted for licensure in Maryland.

Send a copy of MBP IML7, *State Board Licensure and Examination Certification*, form to the state(s) which administered your licensing exam and ask the state(s) to send your exam results directly to the Maryland Board of Physicians. Also send a copy to each state that has ever issued you a license.

NOTE: Many states charge a fee for exam transcripts. Contact each state board prior to sending form IML7, as all fees are the responsibility of the applicant.

NOTE: This section is not relating to National Board Certification.

Federation of State Medical Boards (See Page 8 if you took a combination of these exams or combined either with the NBME exams)

b. ☐ FLEX-Weighted Average: **All FLEX-Weighted exams prior to 1985 must have been taken in one sitting (3 consecutive days). Flex weighted average exams taken in more than one sitting must have current ABMS or AOA Board Certification unless you are currently certified by a member board of the American Board of Medical Specialties.**

c. ☐ FLEX Components 1 and 2: **Examinations must be passed within 5 years of each other.**

d. ☒ USMLE Steps 1, 2, and 3: **Successfully passing all parts of the examination.**

If you took any of the above examinations you must ask the Federation of State Medical Boards (FSMB) to send your transcripts to the Board by accessing their website at www.fsmb.org. *Click transcript requests.*

e. ☐ **National Board of Medical Examiners** (See Page 8 if you combined this examination with FLEX or USMLE exams)

If you have received NBME certification, ask NBME to send to the Board both the Endorsement of Certification ***and*** the Record of Scores. All requests must be made through the NBME website at **http://www.nbme.org** or call 215-590-9592. If you took NBME exams but were not certified, or you took NBME as part of hybrid exams, ask NBME to send only your Record of Scores.

f. ☐ **National Board of Osteopathic Medical Examiners Certifications issued before January 1, 1971 are not accepted for licensure in Maryland.** If you have received NBOME certification, ask NBOME to send to this Board the verification of certification and the complete history of your medical examinations. Contact NBOME at 773-714-0622 for instructions and fee information.

g. ☐ **Medical Council of Canada**
Licentiate of the Medical Council of Canada
Please request that verification of your Licenciate Certification and a complete LMCC examination history be sent directly to this Board. Call MCC at 613-521-6012 for instructions and fee information.

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HYBRID EXAMINATIONS

The following combinations are the only hybrid examinations accepted by the Maryland Board.

Passing scores on all parts of hybrid examinations must have been completed within a 10-year period, beginning with the month and year the examinee first passes a part or component or step of the combined examination. ALL HYBRID EXAMINATIONS MUST HAVE BEEN COMPLETED BEFORE JANUARY 1, 2000.

h. ☐ USMLE 1 + NBME II + NBME III

i. ☐ USMLE 1 + USMLE 2 + NBME III

j. ☐ USMLE 1 + NBME II + USMLE 3

k. ☐ NBME I + USMLE 2 + USMLE 3

l. ☐ NBME I + USMLE 2 + NBME III

m. ☐ NBME I + NBME II + USMLE 3

n. ☐ FLEX 1 + USMLE 3

o. ☐ FLEX 2 + USMLE 1 + NBME II

p. ☐ FLEX 2 + USMLE 1 + USMLE 2

q. ☐ FLEX 2 + NBME I + USMLE 2

r. ☐ FLEX 2 + NBME I + NBME II

- If your hybrid exams included any part of the NBME examination, contact NBME at **http://www.nbme.org** or call 215-590-9592 for instructions and request that your Endorsement of Certification *and* your Record of Scores be sent directly to the Maryland Board of Physicians.
- If your hybrid exams included only FLEX and USMLE examinations, request your transcript from the Federation of State Medical Boards at www.fsmb.org.

15. Licensing History:

a. ☐ I have never been licensed in the U.S., its territories, or Puerto Rico and have never been licensed or registered in Canada.

b. ☐ I have an application for license pending in the following states: _____, _____, _____, _____, _____

c. Please list below all licenses ever issued to you by a U. S. state/territory or Puerto Rico. Also list all Canadian licenses and registrations.

d. Has any disciplinary action ever been taken against your license? ☒ No ☐ Yes If yes, please enclose an explanation.

STATE (Or Puerto Rico or Canadian Province)	LICENSE NUMBER or Registration Number	CURRENT STATUS					
		Active	Inactive	Expired/Lapsed	Surrendered in good standing	Surrendered / Suspended	Revoked
NY	278831	X					
MA	252675	X					
MO	2009134 66		X	X			

(If more space is needed, please attach an additional signed and dated sheet.)

16. Check YES or NO.

YES	NO	
X		Did you successfully complete a medical licensing exam (USMLE, NBME, etc.) within the 15-year period prior to filing this application?
X		During the past 10 years, have you maintained uninterrupted licensure since you were first issued a license in the United States, its territories, Puerto Rico, or Canada ?
X		Do you have lifetime certification from, or within the past 10 years have you been certified or recertified by, a specialty board recognized by the American Board of Medical Specialties, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada?

If "YES," in which specialty were you certified? OB/GYN Date certified 12/2015

⇒ **If you have answered "NO" to all three of the above questions, you MUST take the Special Purpose Examination. After you submit this application, contact the Federation of State Medical Boards at 817-571-2949 and arrange to take the SPEX in Maryland, and have scores sent to the Maryland Board directly.**

17. **Character and Fitness Questions** (Check either YES or NO)

	YES	NO	
a.			Has a state licensing or disciplinary board (including Maryland), or a comparable body in the armed services, denied your application for licensure, reinstatement, or renewal?
b.			Has a state licensing or disciplinary board (including Maryland), or a comparable body in the armed services, taken action against your license? Such actions include, but are not limited to, limitations of practice, required education admonishment, reprimand, suspension, or revocation. Refer to the document *Grounds for Board Action in Maryland* at the Board's website www.mbp.state.md.us.
c.			Has any licensing or disciplinary board in any jurisdiction (including Maryland), or a comparable body in the armed services, filed any complaints or charges against you or investigated you for any reason?
d.			Have you ever withdrawn your application for a medical license or other health professional license?
e			Has a hospital, related health care institution, HMO, or alternative health care system investigated you or brought charges against you?
f.			Has a hospital, related health care facility, HMO, or alternative health care system denied your application for, or failed to renew your privileges; or limited, restricted, suspended, or revoked your privileges in any way?
g.			Have you commited a criminal act to which you pled guilty or nolo contendere, or for which you were convicted or received probation before judgement?
h.			Have you committed an offense involving alcohol or controlled dangerous substances to which you pled guilty or nolo contendere, or for which you were convicted or received probation before judgement? Such offenses include, but are not limited to, driving while under the influence of alcohol and/or controlled dangerous substances.
i.			Excluding minor traffic violations, are you currently under arrest or released on bond, or are there any current or pending charges against you in any court of law?
j			Do you illegally use drugs?
k			Do you have any physical or mental condition that currently impairs your ability to practice medicine or that would cause reasonable questions to be raised about your physical, mental, or professional competency?
l.			Have you ever been named as a defendant in a medical malpractice action?
m.			Are you in default of a service obligation that you incurred by receiving State or federal funds for your medical education?
n.			Have you failed to make arrangements to satisfy State or Federal loans that financed your medical education?
o.			Has your employment by any hospital, HMO, other health care facility or institution, or military entity been terminated for disciplinary reasons?
p.			Have you voluntarily resigned from any hospital, HMO, other health care facility or institution, or military entity while under investigation by that institution for disciplinary reasons?
q.			Has the use of drugs and/or alcohol ever resulted in an impairment of your ability to practice your profession?
r.			Have you surrendered your license or allowed it to lapse while you were under investigation by any licensing or disciplinary board of any jurisdiction or any entity of the armed services?

»»» **If you answered "YES" to any of the questions in item 17, on the following page please list all adverse actions taken against you and provide a complete explanation. Attach any supporting documentation that applies (copies of all complaints, malpractice claims, adverse or disciplinary actions, arrests, pleadings, judgements, or final orders). Sign and date all pages submitted.**

18 a. If you answered to any of the questions in item 17, please provide an explanation below and attach all complaints, pleadings and judgments. Attach additional signed and dated pages as needed.

18 b. If you answered to 17L - answer the following questions:

1. Total number of malpractice claims ever filed in which you were named as a defendant?_

2. Total number of malpractice claims ever paid (settlement / judgment) in which you were named as a defendant? __

3. Within the last 60 months (5 years) provide the following:
Total number of medical malpractice claims filed ____ ; paid (settlement / judgment) _____;
or dismissed_____; in which you were named as a defendant.

4. For a claim filed at any time, but paid (settlement / judgment) within the last 60 months (5 years), list each claim by claimants name; describe the disposition of each claim; and provide a copy of the complaint, pleading, and judgment of each medical malpractice claim.

I have attached the following number of pages to this application: 9

Maryland Board of Physicians Practitioner Profile System

This data was extracted on 10/22/2018

Vickery, Zevidah

License and Education

License No.:	D82322
Accepts Medicaid:	No
Graduated:	2005
License Status:	**Expired**
Date License Issued:	09/07/2016
License Expiration:	09/30/2017

Graduated from: Ben Gurion University of the Negev, Faculty of Health Sciences

Primary Practice Setting

Public Address

University OB/GYN Associates
725 Irving Avenue
Suite 600
Syracuse
NY 13210

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

General Disclaimer

Glossary of Terms

Notice to Credential Verification Professionals

Return to Practitioners Profile Search