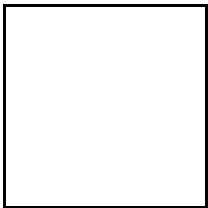


From: Clayton, Connie
Sent: Tuesday, January 15, 2019 3:16 PM
To: [REDACTED]
Subject: FW: North Carolina License Verification for Dr. Thy Nguyen

141459

From: zzzz Feedback, MQA_Medicine
Sent: Tuesday, January 15, 2019 2:19 PM
To: Clayton, Connie <Connie.Clayton@flhealth.gov>
Subject: FW: North Carolina License Verification for Dr. Thy Nguyen

From: verifications@ncmedboard.org <verifications@ncmedboard.org>
Sent: Tuesday, January 15, 2019 10:05 AM
To: zzzz Feedback, MQA_Medicine <MQA.Medicine@flhealth.gov>
Subject: North Carolina License Verification for Dr. Thy Nguyen



North Carolina Medical Board

01/15/2019

Name	Thy Nguyen, MD
Renewal Date	09/25/2019
Public Action	No

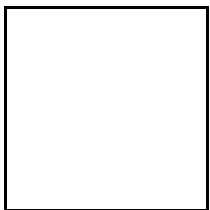
License Number	License Type	Issue Date	Current Status	Expire Date
2015-02411	MD	12/03/2015	Active	

Public Actions can be found at www.ncmedboard.org.

To receive certified copies of Public Actions, please email PublicDocuments@ncmedboard.org.

For general Verification questions, email verifications@ncmedboard.org.

Sincerely,



R. David Henderson
Chief Executive Officer



MARYLAND Department of Health Board of Physicians

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

January 15, 2019

Florida Board of Medicine

4052 Bald Cypress Way

BIN #C03

Tallahassee

FL 32399-3256

This is to verify the records of the Maryland Board of Physicians. The following information is available under the Maryland Public Information Act, State Government Article, Section 4-333, regarding the following practitioner:

Thy Bich Nguyen

For the Practice of:	Physician-M.D.
License Number:	D66660
Date Issued:	09/10/2007
Current Status:	Active
Expiration Date	09/30/2019
*Disciplinary Actions	No disciplinary actions.

*Disciplinary information can be found on our website. Go to <https://www.mbp.state.md.us> and select Lookup a License.

For malpractice claim information, please contact the Maryland Health Care Alternative Dispute Resolution Office 410.767.8200.

Respectfully,

Maryland Board of Physicians
Verification Unit



141459
3498888 ✓
MEDICINE BOARD

POST-GRADUATE TRAINING VERIFICATION FORM

2019 FEB -6 PM 3:27

Please have this form completed by the Chairman/Director of the post-graduate training program you attended. Please note that if you are using FCVS, do not submit these items.

The form should be mailed or faxed to:

FLORIDA BOARD OF MEDICINE
4052 BALD CYPRESS WAY, BIN C-03
TALLAHASSEE, FLORIDA 32399-3253
(850) 412-1268 Facsimile

University of Maryland
Name of School

Family Medicine
Department

29 S. Paca St
Address

Baltimore MD 21201
City, State, Zip

ORIGINAL

1. Name of Resident: THY NGUYEN
2. Internship/Residency/Fellowship: From: June 2005 To: June 2008
3. Matriculation Date: June 2005
4. Completion Date: June 2008
5. Specialty: Family Medicine
6. Levels completed (check all that apply):
PGY I ☒ PGY II ☒ PGY III ☒ PGY IV ☐ PGY V ☐

Signed: [Signature]
Chairman or Program Director Only
(No stamped signatures please).

WARD

2018 FEB - 2 3:30

JAN 2018

AC# **COPY**STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/15/2019	ME 139395	664390

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2021**
THY NGUYEN
9 DENEISON S 9 DENEISON STREET
LUTHERVILLE TIMONIUM, MD 21093

STATE OF FLORIDA	AC#	
DEPARTMENT OF HEALTH		
DIVISION OF MEDICAL QUALITY ASSURANCE		
DATE	LICENSE NO.	CONTROL NO.
02/15/2019	ME 139395	664390

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2021**

COPY - NOT A VALID LICENSE - COPY

LICENSEE SIGNATURE

COPY - NOT A VALID LICENSE - COPY

GOVERNOR

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2021**

Your license number is ME 139395. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

1. Go to www.FLHealthSource.gov.
2. Click on "Provider Services" and select "Manage Your License."
3. Select your profession and license type and click "Submit."
4. The question "Have you Renewed or Applied Online Since 2015?" will display.
 - a. Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
 - b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

IMPORTANT ANNOUNCEMENTS**Are You Renewal Ready?**

The Department of Health will now review
your continuing education records at the
time of license renewal.

To learn more, please visit
www.FLHealthSource.gov/AYRR

Grounds for Discipline

You should be familiar with the Grounds for
Discipline found in Section 456.072(1),
Florida Statutes, and in the practice act for
the profession in which you are licensed.

Florida Statutes can be accessed at
www.leg.state.fl.us/Statutes

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32399-3260



PRSR: FIRST-CLASS
U.S. POSTAGE
PAID
TALLAHASSEE, FL-32301
PERMIT NO. 552

***** **AUTO** *****

THY NGUYEN
9 DENEISON ST
LUTHERVILLE TIMONIUM, MD 21093

COPY

COPY COPY COPY

COPY - NOT A VALID LICENSE - COPY

COPY - NOT A VALID LICENSE - COPY

AFTTATDTATTTDAATDFTTTTFAAA

007_001_01252

Mission:

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



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General & Secretary

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

Application

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
File Number:	141459
Application:	Medical Doctor Endorsement Application
Application Date:	01/14/2019

Suitability Question(s)

Are you an osteopathic physician?	No
-----------------------------------	-----------

Application Questions

Military Veteran Fee Waiver - I have been honorably discharged from a branch of the United States Armed Forces within the previous 60 months.	No
I am selecting NICA Non-Participating - (I understand that a \$250.00 fee will be included if I select this option.)	Yes
I will qualify for "In Training" status at the approval of my licensure application.	No
I plan to dispense medicinal drugs in the State of Florida for a fee or other remuneration and hereby register as required by Section 465.0276, F.S. I understand that the fee for the Dispensing Practitioner is \$100.00 over and above the required initial license fee and will submit it along with the license fee.	No
I completed a board approved post-graduate training program within the last two years or have practiced medicine in another jurisdiction for two of the last four years.	No

Military Veteran Spouse Fee Waiver - I am the spouse of a military veteran who has been honorably discharged from a branch of the United States Armed Forces within the previous 60 months.

No

Personal Detail

First Name: Thy
Last Name/Surname: Nguyen
Birthdate: 09/25/1976
Gender: Female
Race: Asian
Social Security Number: *****

Addresses

Mailing Address

Address: 9 Deneison St
Out of State
Lutherville Timonium, MD
21093
US
Phone Number: 443-318-4141
Extension:
E-mail Address: firstchoicefm@gmail.com
Home
Fax

Place of Practice

Address: 9 Deneison S 9 Deneison Street
Out of State
LUTHERVILLE TIMONIUM, MD
21093
US
Phone Number:
Extension:

Federal Credentials Verification Services (FCVS)

Are you using the FCVS to verify your core credentials? **No**

Education History

School Name: **ST. GEORGES UNIVERSITY**

Street Address Line 1: **3500 Sunrise Highway**

Street Address Line 2: **Bldg 300**

City: **Great River**

State: **NEW YORK**

Postal/Zip: **11739**

Country: **UNITED STATES OF AMERICA**

Date of Graduation (mm/dd/yyyy): **05/30/2005**

Attended From (mm/dd/yyyy): **08/01/2001**

Attended To (mm/dd/yyyy): **05/30/2005**

Additional Education Questions

Are you currently in default on any health education loan or scholarship obligation? **No**

Have you completed the equivalent of 2 academic years of preprofessional, postsecondary education including, courses in anatomy, biology, and chemistry prior to entering medical school? **Yes**

Description: **pre med at UCLA**

Fifth Pathway

Did you attend an international medical school and do not possess a valid ECFMG Certificate? **No**

Did you receive a bachelor's degree from an accredited United States college or University? **Yes**

Did you study at a medical school which is recognized by the World Health Organization? **No**

Did you complete all of the formal requirement of the International medical school, except the internship or social service requirements, and pass part I of the National board of Medical examination or the Education Commission for Foreign Medical Graduates Examination equivalent? **Yes**

Did you complete an academic year of supervised clinical training in a hospital affiliated with a medical school approved by the Council on Medical Education of the American Medical Association and upon completion passed part II of the National Board of Medical Examiners examination or the Education Commission for Foreign Medical Graduates examination Equivalent? **Yes**

Postgraduate Training

Program Name: **University of Maryland Family Medicine Residency**

Mailing Address: **29 S. Paca St.
Baltimore, MD 21201**

Program City: **Baltimore**

Program State or Country: **MARYLAND**

Program Type: **RESIDENCY**

Specialty Area: **FAMILY MEDICINE**

Attended From (mm/dd/yyyy): **07/01/2005**

Attended To (mm/dd/yyyy): **06/30/2008**

Did you receive credit? **Yes**

Exam History

Examination: **National Board**

Date Passed (mm/dd/yyyy): **04/18/2018**

United States Military and/or Public Health

Have you ever been in the United States Military and/or Public Health Service? **No**

Have you ever been disciplined by any branch of the United States Armed Services or Public Health Service? **No**

Other State Licenses 1

Do you now hold or have you ever held a license to practice medicine or any other profession in any US State or territory, or foreign country? **Yes**

Request verification of licensure status directly from the licensing entity or www.veridoc.org. Request international license verification(s) if you have practiced outside of the U.S. for at least two of the previous four years.

License Number: **D066660**

Profession: **Medical Doctor**

Jurisdiction - Country: **UNITED STATES**

Jurisdiction - State:

MARYLAND

Other State Licenses 2

Do you now hold or have you ever held a license to practice medicine or any other profession in any US State or territory, or foreign country? **Yes**

Request verification of licensure status directly from the licensing entity or www.veridoc.org.
Request international license verification(s) if you have practiced outside of the U.S. for at least two of the previous four years.

License Number: **A104638**

Profession: **Medical Doctor**

Jurisdiction - Country: **UNITED STATES**

Jurisdiction - State: **CALIFORNIA**

Other State Licenses 3

Do you now hold or have you ever held a license to practice medicine or any other profession in any US State or territory, or foreign country? **Yes**

Request verification of licensure status directly from the licensing entity or www.veridoc.org.
Request international license verification(s) if you have practiced outside of the U.S. for at least two of the previous four years.

License Number: **21394**

Profession: **Medical Doctor**

Jurisdiction - Country: **UNITED STATES**

Jurisdiction - State: **NORTH CAROLINA**

Additional Employment Questions

Have you practiced medicine in another jurisdiction for two of the last four years or completed a board approved post-graduate training program within the last two years? **No**

Have you passed a board approved clinical competency exam within the last year? **Yes**

Graduate Education

Do you currently, or have you had, responsibility for graduate medical education within the last 10 years? **No**

Initial Graduate Medical Education Responsibility and Faculty Appointments

List all institutions where you have had responsibility for graduate medical education or faculty appointment(s) at any medical school.

Name of Institution: **N/A**

Staff Privileges

Do you currently hold staff privileges in any hospital, health institution, clinic or medical facility? **No**

Specialty Board Certifications

Are you certified by any specialty board recognized by the American Board of Medical Specialties or specialty board approved by the Florida Board of Medicine? **Yes**

Specialty Brd: **AMERICAN BOARD OF FAMILY MEDICINE**

Specialty Cert: **IFP - INTERNAL MEDICINE/FAMILY PRACTICE**

Date Certified: **06/14/2018**

DEA

Have you ever been denied, or surrendered, a DEA registration? **No**

Criminal History

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? **No**

You must include all misdemeanors and felonies, even if adjudication was withheld. Driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

Medicaid / Medicare

1. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? **No**

2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? **No**

3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, F.S.? **No**

4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? **No**

5. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? **No**

Health History

In the last five years, have you been enrolled in, required to enter into, or participated in any drug and/or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?

In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?

During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice medicine within the past five years?

During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice medicine?

In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?

During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that impaired your ability to practice medicine within the last five years?

Electronic Fingerprinting

I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the 'Privacy Statement' document from the Federal Bureau of Investigation.

Enter in today's date 01/14/2019

Medical Malpractice Question

Have you ever had a judgment entered against you for medical malpractice where the incident(s) of malpractice occurred after November 2, 2004?

Liability Claims

Within the last 10 years have you had any liability claim(s) or action(s) for damages for personal injury settled or finally adjudicated in an amount that exceeds \$100,000.00?

Financial Responsibility/Exemption

Financial Responsibility 3. LIABILITY NOT LESS THAN \$100,000

FDA Institution

Have you ever had any staff privileges denied, suspended, revoked, modified, restricted, not renewed or placed on probation, or have you been asked to resign or take a temporary leave of absence or were otherwise acted against by any facility? **No**

FDA Licensing

Have you ever had any professional license or license to practice medicine revoked, suspended, placed on probation, received a citation, or other disciplinary action taken in any state, territory or country? **No**

FDANP Denied

Have you had any application for a medical license or professional license denied by any state board or other governmental agency of any state, territory, or country? **No**

FDANP Investigation

Are you currently under investigation in any jurisdiction for an act or offense that would constitute a violation of Section 458.331, Florida Statutes? **No**

Specialty Board Discipline History

Have you ever had any final disciplinary action taken against you by a specialty board or other similar national organization? **No**

Year Began Practice

Year Began Practice: **07/01/2005**

Availability for Disaster

Are you willing to provide health care services in special need shelters or to work with disaster medical teams during times of emergency or major disasters? **Yes**

Fees

Application	\$350.00
Unlicensed Activity	\$5.00
NICA Fee	\$250.00
Initial License	\$350.00
Total Amount Due:	\$955.00

Attestation

I state that these statements are true and correct. I recognize that providing false information may result in denial of licensure, disciplinary action against my license, or criminal penalties pursuant to Sections 456.067, 775.083, and 775.084, Florida Statutes. I state that I have read Chapters 456, 458 and 766.301-.316, Florida Statutes and Chapter 64B8, Florida Administrative Code.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Board of Medicine information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I state that my answers and all statements made by me herein are true and correct.

Should I furnish any false information in this application, I hereby agree that such act constitutes cause for denial, suspension, or revocation of my license to practice Medicine in the State of Florida. If there are any changes to my status or any change that would affect any of my answers to this application I must notify the board within 30 days.

I understand that my records are protected under federal and state regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under federal and state regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.

Attestation Answer: Yes

Stith, Gale R

From: English, Deborah
Sent: Wednesday, January 30, 2019 9:22 AM
To: Stith, Gale R
Subject: ECFMG
Attachments: Thy Bich Nguyen - 141459.pdf

Deborah English
Regulatory Specialist I
Department of Health (DOH) Division of Medical Quality Assurance (MQA)
Board of Medicine
Phone: (850) 617-1905 / Fax: (850)412-1297
4052 Bald Cypress Way, #C03 / Tallahassee, FL. 32399-3256

Mission: To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

Vision: To be the Healthiest State in the Nation.

Purpose: To protect the public through health care licensure, enforcement and information.

Focus: To be the nation's leader in quality health care regulation.

Values: I.C.A.R.E. (Innovation, Collaboration, Accountability, Responsiveness, Excellence)

www.flboardofmedicine.gov

www.twitter.com/FLBoardofMed

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

How am I communication? Please feel free to contact my supervisor at Gloria.Nelson2@flhealth.gov

Stith, Gale R

From: Thy Nguyen <othynguyen@yahoo.com>
Sent: Wednesday, January 30, 2019 1:18 PM
To: Stith, Gale R
Subject: Tracking No 141459
Attachments: NICA form.pdf; Page 10 of Application.pdf

Forgot attachments. Sorry!!

Stith, Gale R

From: Clayton, Connie
Sent: Tuesday, January 15, 2019 3:09 PM
To: Stith, Gale R
Subject: FW: Maryland Online License State Board Verification

141459

From: zzzz Feedback, MQA_Medicine
Sent: Tuesday, January 15, 2019 10:14 AM
To: Clayton, Connie <Connie.Clayton@flhealth.gov>
Subject: FW: Maryland Online License State Board Verification

From: mdh.mbpverifications@maryland.gov <mdh.mbpverifications@maryland.gov>
Sent: Tuesday, January 15, 2019 10:10 AM
To: zzzz Feedback, MQA_Medicine <MQA.Medicine@flhealth.gov>
Subject: Maryland Online License State Board Verification

Date: 1/15/2019

This is confirmation that a request for verification was emailed to: Florida Board of Medicine.
Please click on the link below to download the verification request submitted 1/15/2019.

Invoice#: 26671

Practitioner Name: Thy Bich Nguyen

License#: D66660

Requester Individual: Thy Nguyen
Requester Email: othynguyen@yahoo.com

For problems or concerns, please contact the requesting party.

* Disciplinary Actions can be found on our website. Go to www.mbp.state.md.us and select Search Practitioner Profiles

Please click the link below to activate the encrypted verification pdf document.

[Please click to download and view the verification \(.pdf Format\)](#)

Stith, Gale R

From: English, Deborah
Sent: Thursday, February 7, 2019 11:34 AM
To: Stith, Gale R
Subject: Exam scores - 141894, 141459
Attachments: Mohanty, Rajashree.pdf; Nguyen, Thy Bich.pdf

Deborah English
Regulatory Specialist I
Department of Health (DOH) Division of Medical Quality Assurance (MQA)
Board of Medicine
Phone: (850) 617-1905 / Fax: (850)412-1297
4052 Bald Cypress Way, #C03 / Tallahassee, FL. 32399-3256

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Ron DeSantis
Governor

Vision: To be the Healthiest State in the Nation

January 18, 2019

Thy Nguyen, MD
9 Deneison St
Lutherville Timonium, MD United States 21093

Dear Dr. Nguyen:
File: 141459

Thank you for considering Florida for physician licensure. Your application for medical licensure has been received. The application is incomplete for the reasons set out in the attached deficiency notice. Please address these deficiencies as soon as possible to avoid delay in processing your application.

Information received by this office may require additional explanation or documentation to determine licensure eligibility. After all requested documentation is received, your application will be submitted for supervisory review. We will notify you if additional information is required.

Applicants with a history of malpractice, criminal activity, discipline, physical or mental impairment, unfavorable evaluations, or other matters that need explanation may require a personal appearance before the Board of Medicine Credentials Committee for determination of licensure eligibility. If your appearance is required, you will be notified in writing once your application is complete.

You can now follow the progress of your application through our website at: www.FLHealthSource.gov/mqa-services. If you are a returning user, select "Yes" and enter the user ID and password you selected during the registration process under Returning User. If you did not apply for licensure through this screen, select "No" and follow the prompts to create an account. You must have a valid email address to create your account.

Once you are logged in, you will be prompted to add your application to your account. Once you have successfully added your application, you will be directed to your dashboard. Under the "Additional Activities" section, select "Check Application Status" to review any open deficiencies, upload documents or print out instructional documents.

THIS IS IMPORTANT: Your application will remain incomplete until all deficiencies are completed. In addition, you are required to notify the Board office immediately in writing of any occurrence(s) that would in any way change or affect any answer given in the application or an answer provided in response to any of our direct questions to you.

If you have any questions, please contact me at Gale.Stith@flhealth.gov, call 850-617-1918, or fax (850) 412-1265.

Sincerely,

Gale Stith
Regulatory Specialist I

Enclosure(s)

Florida Department of Health

Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin C03 • Tallahassee, FL 32399-3253
PHONE: (850)245-4131 • FAX : (850) 488-0596



Accredited Health Department
Public Health Accreditation Board

Mission:

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



Ron DeSantis
Governor

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

Dr. Thy Nguyen

Date: January 18, 2019

REMINDER: Chapter 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.

YOUR APPLICATION'S EXPIRATION DATE IS 1/13/2020.

APPLICATION SUBMITTED REMAINS DEFICIENT FOR LACK OF THE FOLLOWING:

An official verification of your medical license from the state of CA.

Your ECFMG status report, directly from the ECFMG, has not been received.

You did not submit a signed NICA form with your application. Please submit this completed form to our office.

Your Postgraduate Training Verification Forms have not been received from:
University of Maryland 7/05-6/08.

The inquiry you mailed to your medical school has not been received.

Please submit the National Practitioner Data Bank (NPDB) report to our office. You may contact the NPDB at 1-800-767-6732 to obtain this information.

We have not received your Livescan results. If you have already had your electronic fingerprinting completed, please allow 24 – 72 hours for receipt of your results. Should your Criminal Background Check disclose an arrest record(s), you will need to provide documentation related to each criminal event revealed in your background, if you have not already done so. You can find a detailed description of documents that will be required by visiting the FAQs on the Background Screening Website at <http://www.flhealthsource.gov/background-screening/> (Click on FAQs)
Note: Criminal History will be reviewed by the Background Screening Unit, not the Board Office.
Please email all criminal history documents to mqa.backgroundscreen@flhealth.gov.

We await your USMLE exam scores, direct from the Federation of State Medical Boards, which must be requested by the applicant.

Please clarify. You answered "No" to having practiced medicine in another jurisdiction for two of the last four years or completed a board approved postgraduate training program within the last two years. Whereas, your application indicates that you have practiced medicine beginning 2005 to the present. You may respond directly to my email at Gale.Stith@flhealth.gov.

Please complete the page 10 of the application. You will need to list your practice history for the last four years.

If you have any questions, please contact me at Gale.Stith@flhealth.gov, call 850-617-1918, or fax (850) 412-1265. The Florida Board of Medicine has assigned **141459** as your **tracking number**. Please indicate this number if you leave a message, and try to ensure that other sources include it on their communications to us as well.

Florida Department of Health

Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin C03 • Tallahassee, FL 32399-3253
PHONE: (850)245-4131 • FAX : (850) 488-0596



Accredited Health Department
Public Health Accreditation Board

Stith, Gale R

From: Thy Nguyen <othynguyen@yahoo.com>
Sent: Tuesday, February 5, 2019 12:20 PM
To: Stith, Gale R
Subject: File 141459
Attachments: NPDB Report.pdf

Sorry I forgot to attach the report.

TN

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



Ron DeSantis
Governor

Vision: To be the Healthiest State in the Nation

February 14, 2019

Thy Nguyen, M.D.
9 Deneison St
Lutherville Timonium, MD 21093

Dear Dr. Nguyen:

Congratulations! You have completed the application process for licensure as a Medical Doctor in the State of Florida. Your license number is ME 139395. You will receive your printed license within two weeks. Within 24 hours, you can verify your license online at www.FLHealthSource.gov.

The current license biennium expires 01/31/2021. It is your obligation to complete any continuing education (CE) that is required. You must have completed the required CEs prior to renewing your license. Visit www.FLHealthSource.gov/AYRR and become familiar with the renewal process. Your CE requirements can be found at www.FLHealthSource.gov/requirements.

Licenses are renewed on a biennial basis. Approximately 90 days prior to the expiration date shown on your license, a postcard reminder will be mailed to the last known address on file for you. The U.S. Post Office does NOT forward state mail. Address changes may be submitted electronically through your MQA Online Services Portal account. If you have not registered for an account in the new system, go to www.FLHealthSource.gov/mqa-services and select "No" to get started. If you are a returning user, select "Yes" and enter the user ID and password you selected during the registration process under Returning User.

Practitioner Profile – Section 456.041, Florida Statutes, requires specific information be compiled and published online about you. In carrying out this legislative mandate to publish practitioner profiles, we want to ensure the information that we publish is accurate. You should receive your license within two weeks. You can review your practitioner profile by accessing your MQA Online Services Account at <http://www.flhealthsource.gov/>. Please select "Account Login" from the top of the page. In order to use the online services portal, you will need to complete a one-time registration process if you have not done so already. Once you have gained entry onto your account, please select "Review, Update & Confirm Profile" under "Manage My License". You are **required to review** and confirm or make changes to the information that will be published in your practitioner profile. If you see the statement "The practitioner did not provide this mandatory information," you are **required to provide** the missing information. We cannot accept curriculum vitae or resumes in place of your providing specific information. Changes, excluding education and training, year began practicing, and liability claims, can be made to your profile electronically. You may also submit changes by mail to the Department of Health, Licensure Support Services, 4052 Bald Cypress Way Bin #C10, Tallahassee, Florida 32399-3260. If you have questions, please call (850) 488-0595, option 3, Monday through Friday, 8:00 a.m. to 6:00 p.m., EST. You may also email us at MQAOnlineService@flhealth.gov.

According to section 456.041(8), Florida Statutes, you have thirty (30) days from receipt of this letter to submit changes to the department. If you do not make changes within thirty (30) days, your profile will be automatically published.

Thank you for applying for licensure in Florida. If you have additional questions, you may contact the board office at (850) 245-4131 or at the address listed below

Welcome to Florida,

Board of Medicine Staff

Issue Date: 29 Jan 2019**To:** FLORIDA BOARD OF MEDICINE
CLAUDIA KEMP
DIRECTOR
BOARD OF MEDICINE
4052 BALD CYPRESS WAY
BIN# C03
TALLAHASSEE, FL 32399-3253**State Board Code:****010**Please include this number on
all requests.

ECFMG® CERTIFICATION STATUS REPORT

USMLE®/ECFMG Identification Number: 0-651-210-7**Applicant's Name:** Thy Bich Nguyen**Applicant's Date of Birth:** 25 Sep 1976**ECFMG Certified:** Yes**Certificate Issue Date:** 22 Jun 2005**English Test Valid Through:** Valid Indefinitely**Clinical Skills Assessment Valid Through:** Valid Indefinitely**Passing Performance on Medical Science Examinations:**

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	22 Jul 2003	*	*
USMLE Step 2 CK	13 Aug 2004	*	*

Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date
USMLE Step 2 CS	15 Oct 2004

Name of Medical School and Country: St. George's University School of Medicine, St. George's, GRENADA**Degree Year:** 2005**Medical Education Credentials Status†:** Complete

How to Verify the Authenticity of this Report:

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit <https://cvsonline2.ecfm.org/verify/verify.asp> and enter the unique verification code listed below. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report.

Report Verification Code: S5LR3URGNB

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

* To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

†Since July 1986, ECFMG has verified medical school credentials directly with the issuing medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient: FLORIDA BOARD OF MEDICINE

Date: 02/05/2019

Examinee: Nguyen, Thy Bich
Alt Name(s):

Examinee ID: 0-651-210-7
Date of Birth: 09/25/1976

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. 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	Score	Minimum Pass	Comments
07/22/2003	Pass	■	(182)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/13/2004	Pass	■	(182)	

Clinical Skills (CS)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
10/15/2004	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
05/04/2007	Pass	■	(184)	

End of Exam History

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



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Examinee: Nguyen, Thy Bich

Examinee ID: 0-651-210-7

Date of Birth: 09/25/1976

INTERPRETATION OF RESULTS

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

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

STEP 2 CLINICAL SKILLS (CS)

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

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

ANNOTATIONS APPEARING AS "NOTE"

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

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

11. FLORIDA BIRTH RELATED NEUROLOGICAL COMPENSATION ASSOCIATION

You must choose one of the three options described below. Please be sure to view the information about each exemption at www.nica.com. Check only one.

☐
\$5,000

Participating

☒
\$250

Non-participating

☐
\$0

Exempt

already paid online
Amount enclosed

If you choose "\$0 Exempt" provide appropriate documentation to the Board of Medicine and to NICA.

I have read the explanatory information provided by NICA, and I choose the option above.

[Signature]
Signature

1/29/2019
Date

THY NGUYEN
Name
867 E Lombard St
Street Address
Baltimore MD 21202
City, State, Zip

If you are a participating or ~~non-participating~~ physician, or a physician claiming exemption, you must complete, sign and date this form and return it with your payment to this address.

Board of Medicine
4052 Bald Cypress Way, #C-03
Tallahassee, FL 32399-3253

If you are a physician claiming exemption, you must also send a copy of your completed, signed, and dated form with proof of your exemption to:

NICA
2360 Christopher Place
Tallahassee, FL 32308

If you have any questions about NICA or this form, please contact NICA at www.nica.com or (850) 488-8191.

4. LICENSURE HISTORY

Request verification of licensure status directly from the licensing entity or www.veridoc.org. Request international license verification(s) if you have practiced outside of the U.S. for at least two of the previous four years.

☐ Yes ☐ No Do you now hold or have you ever held a license to practice medicine or any other profession in any US State or territory, or foreign country? Please list in table below.

Jurisdiction	Profession	License number

If you answer "yes" to any of the questions in this section, you are required to send an explanation and supporting documentation.

☐ Yes ☐ No Have you had any application for a medical license or professional license denied by any state board or other governmental agency of any state, territory, or country?

☐ Yes ☐ No Are you currently under investigation in any jurisdiction for an act or offense that would constitute a violation of Section 458.331, Florida Statutes?

☐ Yes ☐ No Have you ever had any professional license or license to practice medicine revoked, suspended, placed on probation, or other disciplinary action taken in any state, territory or country?

5. PRACTICE/EMPLOYMENT HISTORY

List the year you legally first began to practice medicine, 2005 (yyyy). This would be the year you began practicing medicine and could be the date you began your postgraduate training.

☒ Yes ☐ No Have you practiced medicine in another jurisdiction for two of the last four years or completed a board approved post-graduate training program within the last two years?

☐ Yes ☐ No If your answer to the question above was "No," have you passed a board approved clinical competency exam within the last year? If yes, then submit supporting documentation.

List in chronological order all employment for the last four (4) years.

Name and address of practice or employment	Type of employment	From: mm/yy	To: mm/yy
FirstChoice Family Medicine 9 Deneault Interaville - Timonium MD	Self-Physician	10/2010	present
Planned Parenthood of MD	Physician	2/2008	7/2018
Teladoc	Telemedicine	4/2014	present

MEDICAL BOARD OF CALIFORNIA

LICENSING DETAILS FOR: A 104638

NAME: NGUYEN, THY BICH

LICENSE TYPE: PHYSICIAN AND SURGEON A

PRIMARY STATUS: LICENSE RENEWED & CURRENT

SCHOOL NAME: ST. GEORGE'S UNIVERSITY SCHOOL OF MEDICINE

GRADUATION YEAR: 2005

PREVIOUS NAMES: NGUYEN, THY BICH

ADDRESS OF RECORD (REQUIRED)

STE 102
10600 YORK RD
COCKEYSVILLE MD 21030
BALTIMORE COUNTY

ISSUANCE DATE

JUNE 27, 2008

EXPIRATION DATE

SEPTEMBER 30, 2019

CURRENT DATE / TIME

FEBRUARY 14, 2019
7:54:23 AM

PUBLIC RECORD ACTIONS

- › ADMINISTRATIVE DISCIPLINARY ACTIONS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › COURT ORDER (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MISDEMEANOR CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › PROBATIONARY LICENSE (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › FELONY CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MALPRACTICE JUDGMENT (NO RECORDS)
- › HOSPITAL DISCIPLINARY ACTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ISSUED WITH PUBLIC LETTER OF REPRIMAND (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ADMINISTRATIVE CITATION ISSUED (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ACTION TAKEN BY OTHER STATE/FEDERAL GOV (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ARBITRATION AWARD (NO RECORDS)
- › MALPRACTICE SETTLEMENTS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

PUBLIC DOCUMENTS

- › DOCUMENTS (NO RECORDS)

SURVEY INFORMATION

THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

ARE YOU RETIRED?	NO
ACTIVITIES IN MEDICINE	PATIENT CARE - 40+ HOURS OTHER - NONE RESEARCH - NONE ADMINISTRATION - 1-9 HOURS TELEMEDICINE - 1-9 HOURS TEACHING - 1-9 HOURS
PATIENT CARE PRACTICE LOCATION	ZIP - 21030 COUNTY - NOT IDENTIFIED
PATIENT CARE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
CURRENT TRAINING STATUS	NOT IN TRAINING
AREAS OF PRACTICE	FAMILY MEDICINE - PRIMARY PEDIATRICS - SECONDARY OBSTETRICS AND GYNECOLOGY - SECONDARY
BOARD CERTIFICATIONS	AMERICAN BOARD OF FAMILY MEDICINE - FAMILY MEDICINE
POSTGRADUATE TRAINING YEARS	3 YEARS
CULTURAL BACKGROUND	DECLINED TO DISCLOSE
FOREIGN LANGUAGE PROFICIENCY	DECLINED TO DISCLOSE
GENDER	FEMALE