

**TEXAS
MEDICAL
BOARD**



PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN

NAME: WAYNE WADELL INGRAM MD

DATE: 03/04/2020

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD**

Date of Birth: 1948

License Number: E7995 Full Medical License

Issuance Date: 06/14/1977

Expiration Date of Physician's Registration Permit: 11/30/2021

Registration Status: ACTIVE

Registration Date: 01/01/1978

Disciplinary Status: NONE

Disciplinary Date: NONE

Licensure Status: NONE

Licensure Date: NONE

Medical School of Graduation:

At the time of licensure, TMB verified the physician's graduation from medical school as follows:
WAYNE STATE UNIV SCH OF MED, DETROIT

Medical School Graduation Year: 1974

TMB Filings, Actions and License Restrictions

The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

NONE

Investigations by TMB of Medical Malpractice

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on

these reviews, the following investigations were conducted with the listed resolutions.

NONE

Status History

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or verificic@tmb.state.tx.us

Status Code: AC

Effective Date: 01/01/1978

Description: ACTIVE

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

Gender: MALE

***Ethnicity:** BLACK

Race: BLACK OR AFRICAN AMERICAN

* We are in the process of transitioning from the current ethnic origin values to federal standards for race and Hispanic origin. The transition period will allow time for individuals to submit updated race and Hispanic origin data to the TMB.

Place of Birth: OHIO

Current Primary Practice Address:

201 EAST BEN WHITE BLVD.

AUSTIN , TX 78704

Years of Active Practice in the U.S. or Canada:

The physician reports that he/she has actively practiced medicine in the United States or Canada for **45** year(s).

Years of Active Practice in Texas:

The physician reports that, of the above years he/she has actively practiced in the State of Texas for **42** year(s).

Specialty Board Certification

The physician reports that he/she holds the following specialty certifications issued by a

board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

Specialty Certification: AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

Date: 1983

Primary Specialty

The physician reports his/her primary practice is in the area of GYNECOLOGIC SURGERY.

Secondary Specialty

The physician reports his/her secondary practice is in the area of REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY.

Name, Location and Graduation Date of All Medical Schools Attended

Name: WAYNE STATE UNIV SCHOOL OF MEDICINE

Location: DETROIT/USA

Graduation Date: 05/1974

Graduate Medical Education In The United States Or Canada

Program Name: UNIVERSITY OF MARYLAND HOSPITAL

Location: BALTIMORE, MD

Begin Date: 07/1974

Type: RESIDENCY

End Date: 06/1977

Specialty: OB-GYN

Hospital Privileges

The physician reports that he/she has hospital privileges in the following in the State of Texas:

Hospital: NORTH AUSTIN MEDICAL CENTER

Location: AUSTIN

Utilization Review

The physician did not report whether he/she provides utilization review.

NONE REPORTED

Patient Services

Accessibility: The physician reports that the patient service area **is** accessible to persons with disabilities as defined by federal law.

Language Translation Services: The physician reports that the following language translation services are provided for patients: FRENCH SOME SPANISH ITALIAN

Medicaid Participant: The physician reports that he/she **does not** participate in the Medicaid program.

Awards, Honors, Publications and Academic Appointments

Optional Information

The physician may optionally report descriptions of up to five such honors and has reported the following:

Description: AMA AND ACOG CME AWARD CERTIFICATES SINCE 1987 UNTIL CURRENT YEAR

Description: FORMER CO-DIRECTOR CTMF OB-GYN PROGRAM @ BRACKENRIDGE HOSPITAL 1977-1979

Malpractice Information

Section 154.006(b)(16) of the Act requires that: a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

Description: NONE

Criminal History

Self-Reported Criminal Offenses: The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

The physician has reported the following:

Description: NONE

Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.

Disciplinary Actions By Other State Medical Boards

The physician has reported the following:

Description: NONE

Physician Assistant Supervision

To obtain
primary
source
verifications,
click name

Description: NONE

Advanced Practice Nurse Delegation

To obtain
primary
source
verifications,
click name

Description: NONE

Summary of all License/Permit Types

Issue Date:

06/14/1977

Type:

[LICENSED PHYSICIAN](#)

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