



Initial Application for Licensure
Florida Board of Medicine



Basic Data

Profession: MEDICAL DOCTOR
Application Type: INITIAL LICENSURE ENDORSEMENT
Name: DR. NSIKAN ST MARTIN
Date of Birth: 12/22/1982
Place of Birth: NIGERIA
Citizenship: UNITED STATES
Email Address: DURAMATER7777@YAHOO.COM

Modifiers: I will qualify for 'In Training' status at the approval of my licensure application.

Mailing Address

539 100TH AVENUE NORTH
ST PETERSBURG, FL 33702

Physical Location or Address of Employment

BAYFRONT FAMILY HEALTH CENTER
700 6TH STREET SOUTH
ST PETERSBURG, FL 33701

Phone Numbers

Primary: 504-931-0157
Alternate: 727-893-6917

Equal Opportunity Data

Gender: FEMALE
Race: BLACK

Education History

Will you be using FCVS to assist you in the licensure process?

Your answer: YES

Table with 2 columns and 7 rows comparing education details for 'OTHER' and 'LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE IN NEW ORLEANS'.

Have you ever been dropped, suspended, placed on probation, asked to resign, or expelled from any school, college or university?

Your answer: NO

Did you attend medical school for a period other than the normal curriculum, or were you required to repeat any of your medical education including classes, test/exams, lectures or any other part of the curriculum?

Your answer: NO

Did you take any type of break or leave of absence for any reason during medical school?

Your answer: NO

Have you ever defaulted on any health education loan or scholarship obligation?

Your answer: NO

If you are an international medical graduate, did you perform your core clerkships in the United States?

Your answer: NO

Postgraduate Training

Program Name: BAYFRONT MEDICAL CENTER Program City: ST PETERSBURG Program State or Country: FLORIDA Program Type: INTERNSHIP Specialty Area: OBG - OBSTETRICS AND GYNECOLOGY Date From: 07/01/2008 Date To: 06/30/2009 Did you receive credit? Yes	Program Name: BAYFRONT MEDICAL CENTER Program City: ST PETERSBURG Program State or Country: FLORIDA Program Type: RESIDENCY Specialty Area: OBG - OBSTETRICS AND GYNECOLOGY Date From: 07/01/2009 Date To: 06/30/2012 Did you receive credit? Yes
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Have you ever been dropped, suspended, placed on probation, asked to resign or expelled from any postgraduate training program? Your answer: **NO**

Was attendance in a postgraduate training program for a period other than the established timeframe or were you required to repeat any of your postgraduate training including classes, test/exams, lectures or any other part of the curriculum? Your answer: **NO**

Did you take any type of break or leave of absence for any reason during your postgraduate training? Your answer: **NO**

Other Name History

Name: NSIKAN MIANA EKERE

Other State Licenses

License Number: TRN12914 License Type: TRAINING Original Date Issued: 06/04/2008 Date of Expiration: 06/03/2014 Country: UNITED STATES State: FLORIDA	License Number: License Type: Original Date Issued: Date of Expiration: Country: State:
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Year Began Practice

2008

Practice Employment

Employment Type: Non-Employment Practice Begin Date: 05/15/2008 Practice End Date: 06/30/2008 Description: VACATION/RELOCATION TO ST PETERSBURG	Employment Type: Employment Employer Name: BAYFRONT MEDICAL CENTER Address Line 1: 700 6TH STREET SOUTH Address Line 2: City: ST PETERSBURG State: FL Title of Position: OB/GYN RESIDENT Practice Begin Date: 07/01/2008 Practice End Date: 06/30/2012
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Have you ever had employment terminated for cause? Your answer: **NO**

Faculty Appointment

Do you currently hold a faculty appointment at a medical school? Your answer: **NO**

Graduate Medical Education

Have you had responsibility for graduate medical education within the last 10 years? Your answer: **NO**

Staff Privileges



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Do you currently hold staff privileges in any hospital, health institution, clinic or medical facility?

Your answer: **NO**

Specialty Board Certification

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?

Your answer: **NO**

Have you ever failed to receive specialty board certification or re-certification for any reason?

Your answer: **NO**

Association memberships

Have you ever had an application for membership denied by a medical society or association or had a medical society or association membership revoked, suspended, placed on probation, or other disciplinary action taken?

Your answer: **NO**

Have you ever been notified to appear before a medical society or association about charges or complaints filed against you?

Your answer: **NO**

Drug Enforcement Administration Questions

Have you ever been warned or called before the United States Drug Enforcement Administration (DEA)?

Your answer: **NO**

Have you ever been made an offer to compromise or entered into any arrangement plea, or agreement instead of a federal prosecution for a drug violation regulated by DEA?

Your answer: **NO**

Have you ever been denied or surrendered a DEA registration?

Your answer: **NO**

Mandatory Continuing Medical Education (CME)

I have NOT completed a minimum of two (2) hours of Prevention of Medical Errors continuing medical education as defined by s. 456.013(7), Florida Statutes.

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?

Your answer: **NO**

Have you ever been arrested or criminally or civilly charged with any intentional or negligent action related to the use or misuse of drugs, alcohol, or illegal chemical substances?

Your answer: **NO**

Specialty Board Discipline History

Have you ever had any final disciplinary action taken against you by a specialty board or similar national organization?

Your answer: **NO**

Discipline History

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?

Your answer: **NO**

Have you ever had any staff privileges denied, suspended, revoked, modified, restricted, or placed on probation, or have you been asked to resign or take a temporary leave of absence or otherwise acted against by any facility?

Your answer: **NO**



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Have you ever been asked, or allowed to resign from any facility instead of disciplinary action or during any pending investigations into your practice? Your answer: NO

Have you ever had any staff privileges restricted or not renewed by any facility instead of disciplinary action? Your answer: 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? Your answer: NO

Have you ever been allowed to withdraw an application for medical licensure for any reason or during a pending investigation in any jurisdiction in lieu of your license being denied? Your answer: NO

Have you ever been notified, invited or required to appear before any licensing agency for a hearing on a complaint of any nature including, but not limited to, a charge or violation of the Medical Practice Act, involving unprofessional or unethical conduct? Your answer: NO

Have you ever been denied or been excluded from Medicare and/or state health care programs? Your answer: 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? Your answer: NO

United States Military and/or Public Health Service

Have you ever been in the United States Military and/or Public Health Service? Your answer: NO

Questions related to Section 456.0635(2), Florida Statutes

Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? Your answer: NO

Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for such conviction? Your answer: N/A

Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? Your answer: NO

If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? Your answer: N/A

Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? Your answer: NO

Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years? Your answer: N/A

Did the termination occur at least 20 years prior to the date of this application? Your answer: N/A

Additional Information

Availability for disaster

As a Florida licensed physician, 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? Your answer: YES



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Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self-insurance as provided in s.627 .357, F.S.

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?

Your answer: **NO**

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

Your answer: **NO**



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Confidential Information

Name: DR. NSIKAN ST MARTIN
Social Security Number: XXX-XX-XXXX

This information is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13).

Examination History

Table with 2 columns: Exam Name (USMLE III), Exam Date (06/01/2011)

This information is exempt from public records disclosure because it contains exam grades as described by section 456.014 (1), Florida Statutes.

Health History

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

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? Your answer: [redacted]

In 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 last five years? Your answer: [redacted]

In 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? Your answer: [redacted]

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? Your answer: [redacted]

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

This information is exempt from public records disclosure because it contains medical information as described by Section 456.014 (1), Florida Statutes.



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Application Statement

- 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.