

**Mission:**

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

**Ron DeSantis**

Governor

**Scott A. Rivkees, MD**

State Surgeon General

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

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March 26, 2020

Dr Cristina Petit Hamill  
1212 Mansion Woods Rd  
Annapolis  
Annapolis, MD 21401

RE: 1501 148189

Dear Applicant:

You have begun the process of applying for a health care practitioner license with the Department of Health.

Your application omitted the required fee payment. The department will take no further action until the appropriate application fee is received.

To pay the required fees online, log into your MQA Online Services Portal account and follow the steps below:

1. Go to **Make Payment** under the "Additional Activities" section.
2. Select the application that is pending payment of required fees.
3. Follow the prompts to submit payment by credit card.

If you are paying by cashier's check or money order, please print your application summary and mail it with your payment to:

*Division of Medical Quality Assurance  
P.O. Box 6320  
Tallahassee, FL 32314-6320*

If you have used an "Other Payer Code," please contact the institution that provided you the code to arrange payment.

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**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Operations  
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251  
PHONE: (850) 488-0595 • FAX : (850) 245-4791



**Accredited Health Department**  
Public Health Accreditation Board

AC#

**COPY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE**

DATE	LICENSE NO.	CONTROL NO.
05/20/2020	ME 145618	713456

**THE MEDICAL DOCTOR**

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **JANUARY 31, 2022**

**CRISTINA PETIT HAMILL**  
1212 MANSION WOODS RD  
ANNAPOLIS  
ANNAPOLIS, MD - 21401

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

AC#

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**CRISTINA PETIT HAMILL**

**COPY - NOT A VALID LICENSE - COPY**

LICENSEE SIGNATURE

**COPY - NOT A VALID LICENSE - COPY**

GOVERNOR

State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2022**

Your license number is ME 145618. 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](http://www.FLHealthSource.gov) and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at <http://flhealthsource.gov/>. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

**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](http://www.FLHealthSource.gov/AYRR)

**GROUND 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](http://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**



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\*\*\*\*\* AUTO \*\*\*\*\*

**CRISTINA PETIT HAMILL  
1212 MANSION WOODS RD  
ANNAPOLIS  
ANNAPOLIS, MD - 21401-6590**

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## Application

### Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
File Number:	148189
Application:	Medical Doctor Endorsement Application
Application Date:	03/25/2020

### Suitability Question(s)

Are you an osteopathic physician?	No
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### 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
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**

Title:	Dr
First Name:	Cristina
Middle/Second Name:	Petit
Last Name/Surname:	Hamill
Alternate Name(s):	Cristina May Petit
Birthdate:	08/01/1964
Gender:	Female
Race:	Not Provided
Social Security Number:	██████████

**Addresses****Mailing Address**

Address:	1212 Mansion Woods Rd
	Annapolis
	Out of State
	Annapolis, MD
	21401
	US

Phone Number:	410-693-7140
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E-mail Address:	cph706@gmail.com
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**Place of Practice**

Address:	1212 Mansion Woods Rd
	Annapolis
	Out of State
	Annapolis, MD
	21401
	US

Phone Number:	410-693-7140
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**Federal Credentials Verification Services (FCVS)**

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

School Name:	WASHINGTON UNIVERSITY
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Street Address Line 1:	660 South Euclid Avenue
Street Address Line 2:	N/A
City:	St Louis
State:	MISSOURI
Postal/Zip:	63110
Country:	UNITED STATES OF AMERICA
Date of Graduation (mm/dd/yyyy):	05/18/1990
Attended From (mm/dd/yyyy):	09/01/1986
Attended To (mm/dd/yyyy):	05/18/1990

#### 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**

#### 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? **No**

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? **No**

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? **No**

#### Postgraduate Training

Program Name: **The Johns HopkinsHospital**

Mailing Address:	1800 Orleans St Baltimore, MD21287
Program City:	Baltimore
Program State or Country:	MARYLAND
Program Type:	RESIDENCY
Specialty Area:	OBG - OBSTETRICS AND GYNECOLOGY
Attended From (mm/dd/yyyy):	07/01/1990
Attended To (mm/dd/yyyy):	06/30/1994
Did you receive credit?	Yes

#### Exam History

Examination:	National Board
Date Passed (mm/dd/yyyy):	07/01/1991

#### 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

#### Practice Employment

Place of Employment:	University of Maryland Health Center
Address Line 1:	3983 Campus Drive
Address Line 2:	2nd floor
City:	College Park
State:	MD
Type of Employment:	physician
Begin Date (mm/dd/yyyy):	08/15/2011
End Date (mm/dd/yyyy):	03/25/2020

If 'to present', enter today's date.

#### Other State Licenses

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
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Request verification of licensure status directly from the licensing entity or [www.veridoc.org](http://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: D0057895  
Profession: physician and surgeon  
Jurisdiction - Country: UNITED STATES  
Jurisdiction - State: MARYLAND

#### Additional Employment Questions

Have you practiced medicine in any jurisdiction for two of the last four years or completed a board approved post-graduate training program within the last two years? 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? Yes

The facilities listed are Florida facilities. If your privileges are for a facility in another state, select "Out of State".

Name of Facility: OUT OF STATE

Out of State Facility: University of Maryland Health Center

#### 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 OBSTETRICS & GYNECOLOG

Specialty Cert: OBG - OBSTETRICS AND GYNECOLOGY

Date Certified: 12/07/1997

#### 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? | <input type="checkbox"/> |
| 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?  | <input type="checkbox"/> |
| 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?   | <input type="checkbox"/> |
| 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?  | <input type="checkbox"/> |

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.

Yes

Enter in today's date

03/25/2020

#### 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?

No

#### 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?

No

#### Financial Responsibility/Exemption

Financial Responsibility

Financial Exemption

Category II: Financial Responsibility Exemptions If you select an exemption based on # 9, you must also complete the affidavit that will be emailed to you upon submission of this application. 6. I practice medicine exclusively as an officer, employee, or agent of the federal government, the state, or its agencies or subdivisions. 7. I hold a limited license issued pursuant to s. 458.317, F. S., and practice only under the scope of the limited license. 8. I do not practice medicine in the State of Florida. 9. I meet all of the following criteria (a) I have held an active license to practice in this state or another state or some combination thereof for more than 15 years; (b) I am retired or maintain part time practice of no more than 1000 patient contact hours per year; (c) I have had no more than two claims resulting in an indemnity exceeding \$25,000 within the previous five-year period; (d) I have not been convicted of or pled guilty or nolo contendere to any criminal violation specified in Chapter 458, F. S. or the medical practice act in any other state; and (e) I have not been subject, within the past ten years of practice, to license revocation, suspension, or probation for a period of three years or longer, or a fine of \$500 or more for a violation of Chapter 458, F. S., or the medical practice act of another jurisdiction. A regulatory agency's acceptance of a relinquishment of license, stipulation, consent order, or other settlement offered in response to or in anticipation of filing of administrative charges against a license is construed as action against a license. I understand if I am claiming an exception under this section that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. See Section 458.320(5)(f), Florida Statutes, for specific notice requirements. 10. I practice only in conjunction with my teaching duties at an accredited medical school or its teaching hospitals. (Interns and residents do not qualify for this exemption).

Financial Exemption

## 8. NOT PRACTICING IN FLORIDA

### 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, 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: **07/01/1990**

#### **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? **No**

#### **Fees**

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

#### **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

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April 1, 2020

Dr. Cristina Petit Hamill  
1212 Mansion Woods Rd  
Annapolis, MD 21401

Dear Dr. Hamill:  
File: 148189

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/mga-services](http://www.FLHealthSource.gov/mga-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 [serena.mylescrossley@flhealth.gov](mailto:serena.mylescrossley@flhealth.gov).

Sincerely,

Serena Myles-Crossley  
Regulatory Specialist II

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



# Washington University in St. Louis

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## SCHOOL OF MEDICINE

Office of the Registrar

April 02, 2020

TO WHOM IT MAY CONCERN:

This is to verify the attendance of: Petit, Cristina

The matriculation date in the Washington University School of Medicine was: August 20, 1986

The date of the conferring of the degree of Doctor of Medicine by Washington University was:  
May 18, 1990

The granting of the Doctor of Medicine degree by Washington University indicates that, in the opinion of the Executive Faculty of the School of Medicine, the graduate has the intellectual personal and moral qualities and the integrity, commitment and sense of responsibility appropriate for the practice of medicine.

Accordingly, I am pleased to provide this positive endorsement.

For the School of Medicine,

Michael J. Donlan  
Assistant Dean & Registrar

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May 19, 2020

Dr. Cristina Petit Hamill  
1212 Mansion Woods Rd  
Annapolis, MD 21401

Dear Dr. Hamill:

Congratulations! You have completed the application process for licensure as a Medical Doctor in the State of Florida. Your license number is ME 145618. You will receive your printed license within two weeks. Within 24 hours, you can verify your license online at [www.FLHealthSource.gov](http://www.FLHealthSource.gov).

The current license biennium expires 01/31/2022. 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](http://www.FLHealthSource.gov/AYRR) and become familiar with the renewal process. Your CE requirements can be found at [www.FLHealthSource.gov/requirements](http://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](http://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](mailto: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

**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



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**Dr. Cristina Petit Hamill**

**Date: April 1, 2020**

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 **03/24/2021**

**APPLICATION SUBMITTED REMAINS DEFICIENT FOR LACK OF THE FOLLOWING:**

An official verification of your medical license directly from the state medical board of MD to our office.

Your Postgraduate Training Verification Forms for the periods of (Please have each entity send me the varication directly via email.)

07/90-06/94 Johns Hopkins Hospital

Direct verification from your medical school sent directly to me via email.

Please submit a copy of the National Practitioner Data Bank (NPDB) report directly to me via email. You may contact the NPDB at 1-800-767-6732 to obtain this information.

National Board exam scores directly from the Federation of State Medical Boards, which must be requested by the applicant.

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. You can find more information on this process, including how to find a provider in your area and your ORI number, by visiting the Background Screening Website at <http://www.flhealthsource.gov/background-screening/>. 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 (Click on 'General 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](mailto:mqa.backgroundscreen@flhealth.gov). Any original certified documents must be mailed to the following address:

Attn: Background Screening Unit  
Florida Department of Health  
4052 Bald Cypress Way, Bin BSU-01  
Tallahassee, FL, 32399

**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



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Public Health Accreditation Board

If you have any questions, please contact me at [serena.mylescrossley@flhealth.gov](mailto:serena.mylescrossley@flhealth.gov), call 850-901-6408. The Florida Board of Medicine has assigned **148189** 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.





# NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

## Endorsement of Certification

F-148189  
Serena

This document was prepared by  
National Board of Medical Examiners® (NBME®)  
3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9700

2020 APR 20 AM 9:46  
BOARD OF MEDICINE

**Recipient:** Florida Board of Medicine  
4052 Bald Cypress Way BIN C03  
Tallahassee, FL 32399-3253

**Date:** 04/10/2020

**Examinee:** Cristina Petit Hamill

**Examinee ID:** 3-389-047-6

**Date of Birth:** 08/01/1964

**NBME Certification Date:** 07/01/1991

**Certificate#:** 389047

It is certified that the physician named above successfully completed the examination, education and training requirements for certification by the NBME as of the certification date shown above. This record shows only passing scores for each NBME Part examination reported on this document. If applicable, results for all USMLE Steps taken by this examinee (and for which scores have been reported to date) are also shown.

### NBME PART I

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)	Individual Subject Scores					
					Anat	Phys	Bioc	Path	Micr	Phar
06/14/1988	Pass	Three-Digit		(380)						
		Two-Digit		( 75)						

### NBME PART II

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)	Individual Subject Scores					
					Med	Surg	ObGyn	Prev	Peds	Psych
04/03/1990	Pass	Three-Digit		(290)						
		Two-Digit		( 75)						

### NBME PART III

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)
03/06/1991	Pass	Three-Digit		(290)
		Two-Digit		( 75)



## School of Medicine

Edward D. Miller Research Building, Suite 147  
733 North Broadway  
Baltimore, MD 21205-2196  
(410) 955-3080 / FAX (410) 955-0826

Office of the Dean

April 09, 2020

via email: serena.mylescrossley@flhealth.gov

**Re: Cristina Petit Hamill, M.D.**

To Whom It May Concern:

The following certifies the academic affiliations of the above named individual in the Johns Hopkins University School of Medicine:

### Appointments:

7/1/1990 – 6/30/1991	Fellow/JHH Intern Department of Gynecology and Obstetrics
7/1/1991 - 6/30/1993	Fellow/JHH Assistant Resident Department of Gynecology and Obstetrics
7/1/1993 - 6/30/1994	Fellow/JHH Resident Department of Gynecology and Obstetrics

Sincerely,

William Bryant  
Faust IV, EdD

William Bryant Faust IV, EdD  
Associate Dean and Registrar

Digitally signed by William Bryant Faust IV,  
EdD  
DN: cn=William Bryant Faust IV, EdD, o=Johns  
Hopkins University School of Medicine,  
ou=Associate Dean and Registrar,  
email=wfaust1@jhmi.edu, c=US  
Date: 2020.04.09 11:53:24 -04'00'



# MARYLAND Department of Health Board of Physicians

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

April 2, 2020

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:

## Cristina Petit Hamill

For the Practice of:	Physician-M.D.
License Number:	D57895
Date Issued:	08/03/2001
Current Status:	Active
Expiration Date	09/30/2020
*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

