

Submission Date and Time: 6/30/2020 6:07 PM

New License Application

License Type - Doctor of Medicine (MD)

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process. Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio. If you do not have an Individual Provider Identifier (NPI) number please enter nine zeroes.

Title

Dr.

First Name

Zevidah

Middle Name

No Response

Last Name

Vickery

Maiden Name

No Response

Social Security Number

REDACTED

Date of Birth

10/14/1970

Email Address

zevidah@gmail.com

Phone Number

(646) 301-9964

Other Phone Number

No Response

What is your U.S. Residency status related to your employment?

United States Citizen

Do you consider yourself Hispanic, Latino/a or of Spanish origin?

No

What do you consider your race?

White

List languages you personally use to communicate with patients excluding an interpreter or software

English

Other Language

No Response

Individual National Provider Identifier - if N/A enter all zeroes

1437309648

Enter home US zip-code. Enter NA if unavailable

48009

Additional Information

Provide the necessary additional information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Do you have other aliases?

Zevidah Reiss, Teresa Lynne Vickery

What is your gender?

Female

In which country were you born?

United States

In which state were you born (if United States)?

Massachusetts

In which city were you born?

Concord

Employment Status

Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio.

What is your primary employment status

Actively working in a position(s) that requires this license

Which of the following best describes your five-year employment plan?

Increase practice hours

Are you currently employed outside of USA?

No

License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click Save.

33717 Woodward Ave Ste 192

Birmingham

MI

48009-0913

United States

License Public Address

Select a public license mailing address by clicking the appropriate checkbox to the right (this is the address that will be viewable by the public). To add a new address, click Add Address, complete the required fields, and click Save.

33717 Woodward Ave Ste 192
Birmingham
MI
48009-0913
United States

Military Service

If you have served in the military, provide the information for the type of service and duration of the service. Also, provide proof of your service.

Have you served in the military?

No

If you answered "Yes", are you currently serving in the military?

No Response

Has your spouse served in the military?

Not Applicable

If you answered "Yes", are they currently serving in the military?

No Response

I declined to answer these questions



Secondary Email Recipient

You may define another email recipient for all automated emails you receive related to your license. You may change this recipient at any time from your dashboard.

Secondary Email Address:

oneinfour@protonmail.com

Education History

List all undergraduate, graduate, and Medical Schools you have attended, including those from which you did not graduate. As you type, the name of your school should auto-populate. Once it does, click on it to select. If your school does not auto-populate, type and select Other. You will then enter your school's name and address in the fields that appear. If you did not receive a degree, please select "Not Applicable" as the degree type and do not enter a graduation date.

Educational Institution - University of Massachusetts, Amherst

Degree Type - Bachelor's

Degree - BA

Enrollment date - 9/5/1988

Graduation date - 5/25/1992

Educational Institution - University of Washington

Degree Type - Not Applicable

Degree - None

Enrollment date - 9/5/1998

Graduation date - 5/25/2001

Educational Institution - Ben Gurion University of the Negev

Degree Type - Doctoral

Degree - Doctor of Medicine

Enrollment date - 5/24/2001

Graduation date - 5/25/2005

Educational Institution - Washington University School of Medicine

Degree Type - Masters

Degree - Master's of Science in Clinical Investigation

Enrollment date - 7/1/2009

Graduation date - 5/25/2011

Employment History

List your employment history for the past five years including medical, non-medical, and post-graduate training. For any non-working time, you must indicate exactly what your activities were, such as vacation or seeking employment as well as your permanent address. If you worked for a physician staffing group or did locum tenens, you must list all facilities where you worked and include complete dates and addresses. Be sure to indicate the percentage of working time spent in clinical or other duties.

Employer / Non-Working Activity - Eastland Women's Center

Job Title - independent contractor, gynecology

Start Date - 4/15/2020

Average Hours/Week- 25

% Clinical or Environmental- 100

% Other- 0

% Admin- 0

Supervisor - Laura MacIsaac, MD, MPH

Supervisor Phone Number- 212-844-5570

Street Address - 15921 E 8 Mile Road

Employment City - Eastpointe

Employment County - Macomb

Employment State - Michigan

Employment Zipcode - 48021

Employment Country - United States

Employer / Non-Working Activity - Summit Medical Centers

Job Title - independent contractor, gynecology

Start Date - 2/1/2020

Average Hours/Week- 15

% Clinical or Environmental- 100

% Other- 0
% Admin- 0
Supervisor - Tanya Little
Supervisor Phone Number- (860) 810-8646
Street Address - 15801 W McNichols Road
Employment City - Detroit
Employment County - Wayne
Employment State - Michigan
Employment Zipcode - 48235
Employment Country - United States

Employer / Non-Working Activity - Northland Family Planning and Abortion Centers
Job Title - Independent Contractor, Gynecology
Start Date - 6/25/2018
End Date - 5/27/2020
Average Hours/Week- 30
% Clinical or Environmental- 100
% Other- 0
% Admin- 0
Supervisor - Jennifer Smith, MD
Supervisor Phone Number- (517) 862-9668
Street Address - 35000 Ford Road
Employment City - Westland
Employment County - Wayne
Employment State - Michigan
Employment Zipcode - 48185
Employment Country - United States

Employer / Non-Working Activity - Planned Parenthood of Northern, Central and Southern NJ, Inc.
Job Title - Surgical Doctor
Start Date - 7/1/2017
End Date - 3/20/2018
Average Hours/Week- 35
% Clinical or Environmental- 100
% Other- 0
% Admin- 0
Supervisor - Zulma Callazo
Supervisor Phone Number- (973) 539-1364
Street Address - 69 East Newman Springs Road
Employment City - Shrewsbury
Employment County - Monmouth
Employment State - New Jersey
Employment Zipcode - 07702
Employment Country - United States

Employer / Non-Working Activity - SUNY Upstate Medical Center and University
Job Title - Assistant Professor
Start Date - 7/1/2015
End Date - 6/30/2017
Average Hours/Week- 75

% Clinical or Environmental- 80
% Other- 10
% Admin- 10
Supervisor - Renee Mestad, MD, MSCI
Supervisor Phone Number- (971) 219-9542
Street Address - 725 Irving Ave, Suite 600
Employment City - Syracuse
Employment County - Onondaga
Employment State - New York
Employment Zipcode - 13210
Employment Country - United States

License Verification

You must complete the License Verification component if you hold or have ever held a professional license or certification in a state or Canadian Province. You must request verification of all your applicable licenses and certifications from the issuing state or Canadian province to be sent to the State Medical Board of Ohio. Please include both active and inactive professional licenses or certifications.

D82322
Doctor of Medicine (MD)
Maryland Board of Physicians
expired
United States
Maryland

2009013466
Doctor of Medicine (MD)
Board of Registration in the Healing Arts
lapsed
United States
Missouri

25MA10060200
Doctor of Medicine (MD)
New Jersey Division of Consumer Affairs
expired
United States
New Jersey

25675
Doctor of Medicine (MD)
Board of Registration in Medicine
inactive
United States
Massachusetts

278831
Doctor of Medicine (MD)

New York Office of the Professions
active
United States
New York

43011155198
Doctor of Medicine (MD)
Michigan
active
United States
Michigan

Examination Tracking

List each licensure examination you have taken (USMLE, NBME, COMLEX USA, NBOME, LMCC, PMLEXIS, etc.)

Examination - USMLE Step 1
Status - Passed
Exam date - 8/14/2003
Number of Attempts - 1

Examination - USMLE Step 2 CK
Status - Passed
Exam date - 11/16/2004
Number of Attempts - 2

Examination - USMLE Step 2 CS
Status - Passed
Exam date - 11/21/2004
Number of Attempts - 1

Examination - USMLE Step 3
Status - Passed
Exam date - 7/30/2007
Number of Attempts - 1

Specialty Tracking Component

Please list any American Board of Medical Specialties, American Osteopathic Association, or Council on Podiatric Medical Education specialty and/or subspecialty certifications that you currently hold.

Medical Speciality Certification - American Board of Medical Specialties (ABMS)
Medical Speciality - Obstetrics and Gynecology (ABMS)

Medical SubSpeciality - null

Residency Component

List all post-graduate training programs you have attended, including those you did not complete. As you type, the name of your Hospital/Institution should auto-populate. Once it does, click on it to select. If your Hospital/Institution does not auto-populate, type and select Other. You will then enter your Hospital/Institution name in the fields that appear.

Residency Number - RES35153
Hospital Name - Beth Israel Medical Center
Address - E 16th Street at 1st Ave
City - New York
State - NY
ZipCode - 10003
Country - US
PG Years - 1
PG Type - Internship
Department/Specialty - Obstetrics & Gynecology
Start Date - 7/1/2005
End Date - 6/30/2006
Successfully Completed? - true

Residency Number - RES35154
Hospital Name - Beth Israel Medical Center
Address - E 16th St at 1st Ave
City - New York
State - NY
ZipCode - 10003
Country - USA
PG Years - 3
PG Type - Residency
Department/Specialty - Obstetrics and Gynecology
Start Date - 7/1/2006
End Date - 6/30/2009
Successfully Completed? - true

Residency Number - RES35155
Hospital Name - Washington University / Barnes Jewish Hospital
Address - 1 Barnes Jewish Plaza
City - St. Louis
State - MO
ZipCode - 63110
Country - USA
PG Years - 5
PG Type - Fellowship
Department/Specialty - Obstetrics & Gynecology, Family Planning and Abortion
Start Date - 7/1/2009
End Date - 6/30/2011

Successfully Completed? - true

Current Employment Location(s)

Please provide the following information for all practice sites where you use this license, beginning with the locations in which you spend most of your time. If you are not actively working or volunteering in a position that requires this license (e.g. student or recent graduate) employment location information is optional. Employment location information helps improve the accuracy and efficiency of Health Professional Shortage Area Designations and enables Ohio to identify healthcare workforce distribution.

Name of Practice Site - Planned Parenthood of Greater Ohio
Practice Settings - Office/Clinic - Single Specialty Group
Street Address - 25350 Rockside Rd
City - Bedford
State - OH
Zip Code - 44146
Major Area of Focus or Specialty - Obstetrics & Gynecologic Surgery
Total Hours Worked at this practice site, per Week - 35

Percent of time spent per week in each of the following at this practice site:

Direct Patient Care - 90
Teaching/Academic - 5
Research - 0
Professional Services - 0
Administrative Activities - 5
Other - 0
Total Hours- 100

Hospital Admitting Privileges for Patients - No
Current Employment Arrangement - Salaried
Other Employment Arrangement - null
Intern/Resident Position - No
Employed as Federal Employee - No
Accepting New Patients - Yes

Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save and Continue.

Question - Have you ever been denied staff membership at any hospital, nursing home, clinic, health maintenance organization, or similar institution?

Answer - No

Question - Have you ever been investigated, warned, censured, put on probation, terminated, or disciplined by any employer, hospital, group practice, nursing home, clinic, health maintenance organization, or other similar institution, for any reason?

Answer - No

Question - Have you ever had admissions monitored, had clinical privileges or other similar institutional authority limited, restricted, suspended, revoked, terminated, or placed on probation for any reason, or have resigned privileges at any institution?

Answer - No

Question - Have you ever resigned from, withdrawn from, or terminated, or have you ever been requested to resign from, withdraw from, or otherwise been terminated from, a position with a medical partnership, professional association, corporation, health maintenance organization, or other medical practice organization, either private or public?

Answer - No

Question - Have you ever resigned from, withdrawn from, or have you ever been warned by, censured by, disciplined by, been put on probation by, been requested to withdraw from, dismissed from, been refused renewal of a contract by, or expelled from, a medical or podiatry school, clinical clerkship, externship, preceptorship, residency, postdoctoral training program, or graduate medical education program?

Answer - No

Question - Have you ever transferred from one graduate medical education program or postdoctoral training program to another?

Answer - No

Question - Have you ever, for any reason, lost specialty board certification in the U.S. or elsewhere, or been denied such certification, or denied examination for such certification?

Answer - No

Question - Has any board, bureau, department, agency or other body, including those in Ohio, in any way limited, restricted, suspended, or revoked any professional license, certificate or registration granted to you; placed you on probation; or imposed a fine, censure or reprimand against you?

Answer - No

Question - Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate or registration issued to you by any board, bureau, department, agency, or other body; or have you ever withdrawn any application for licensure, relicensure, or examination, in any state (including Ohio), territory, province, or country?

Answer - No

Question - Have you ever, for any reason, been denied licensure or relicensure, application for licensure or relicensure, or the privilege of taking an examination, in any state (including Ohio), territory, province, or country?

Answer - No

Question - Have you ever been requested to appear before any board; bureau, department, agency, or other body, including those in Ohio, concerning allegations against you?

Answer - No

Question - Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, in lieu of or in order to avoid formal disciplinary action, with any board, bureau, department, agency, or other body, including those in Ohio?

Answer - No

Question - Have you ever been notified of any investigation concerning you by any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license?

Answer - No

Question - Have you ever been notified of any charges, allegations, or complaints filed against you with any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license?

Answer - No

Question - Have you ever been denied or have you ever surrendered a state or federal controlled substance or drug registration; had it revoked, terminated, or restricted in any way; or been warned, reprimanded, or fined by, or been requested to appear before, the responsible agency?

Answer - No

Question - Have you ever pled guilty to, been found guilty of a violation of any law, or been granted intervention or treatment in lieu of conviction regardless of the legal jurisdiction in which the act was committed, other than a minor traffic violation? If yes, submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders.

Answer - No

Question - Have you ever been arrested, forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance other than for a minor traffic violation; been summoned into court as a defendant or had any lawsuit filed against you (other than a malpractice suit)? If yes, submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders.

Answer - No

Question - Have you been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid on your behalf, or paid such a claim yourself? In addition, ask your malpractice insurance carrier(s) to provide a complete claims history report for the last 10 years to the State Medical Board of Ohio. If your current carrier has provided coverage for less than 10 years, ask your previous carrier to submit a claims history report to the Board.

Answer - No

Question - Have you ever been denied professional liability insurance or coverage, or had such insurance or coverage canceled, limited, or restricted in any way?

Answer - No

Question - Have you ever been denied or relinquished participation in any third party reimbursement program, whether governmental or private, including Medicaid and Medicare; or had such participation limited, restricted, suspended, or revoked; or been warned, reprimanded, requested to appear before, or fined by the responsible body?

Answer - No

Question - Have you ever been denied privileges, or had privileges revoked, suspended, restricted, reduced, or terminated by the Department of Defense, the Veteran's Administration, or any of their respective components?

Answer - No

Question - Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?

Answer - No

Question - In the past five years, have you been diagnosed as having, or been hospitalized for a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? You may answer "NO" to this question if you hold a current training certificate to pursue training in Ohio and the only such medical condition is chemical dependency or substance abuse, and you have successfully completed or are currently receiving treatment at a program approved by this board and have adhered to all statutory requirements as contained in Section 4731.224 and 4731.25, O.R.C., and related provisions. Any questions concerning approval can be directed to the board offices.

Answer - No

Question - Do you use chemical substance(s) which in any way impair or limit your ability to practice medicine with reasonable skill and safety?

Answer - No

Question - Are you currently engaged in the illegal use of controlled substances?

Answer - No

Question - Have you engaged in conduct prohibited by the Medical Board's rules regarding sexual misconduct and impropriety (chapter 4731-26 of the Administrative Code)?

Answer - No

Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). The (.exe) and (.html) file extensions are not supported for submissions. For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Title - BCI Report

Description - I acknowledge as an applicant I am required to complete an Ohio BCI criminal records check and the results should be sent directly to the State Medical Board of Ohio.

Attested - Attestation complete

Title - License Verification

Description - I attest that I have disclosed all professional licenses, registrations, or certifications that I hold, or have ever held.

Attested - Attestation complete

Title - FBI Report

Description - I acknowledge as an applicant I am required to complete an FBI criminal records check and the results should be sent directly to the State Medical Board of Ohio.

Attested - Attestation complete

Review + Submit

Once the review has been processed, the license application will be completed.

Application Review - Completed

Attestation

I hereby certify and attest that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand this application and have answered all questions contained in

this application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Board, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to the credential for which I have applied being granted to me by the board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of the credential for which I have applied.

Consent to Electronic Signature - **Consented**

Date/Time Stamp - 6/30/2020 6:07 PM

Type your First Name and Last Name as they appear on the application to sign electronically.

Zevidah Vickery

Submit your Application -After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY**

OVERWRITE YOUR DATA. If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

PRACTITIONER PROFILE

Prepared for: State Medical Board of Ohio As of Date:7/1/2020

PRACTITIONER INFORMATION

Name: Vickery, Zevidah
 Alternate Name(s): Reiss, Zevidah Vickery
 Vickery, Teresa Lynne
 DOB: 10/14/1970
 Medical School: Ben-Gurion University of The Negev
 Beer Sheva, HaDarom, ISRAEL
 Year of Grad: 2005
 Degree Type: MD
 NPI: 1437309648

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1437309648	Individual			06/04/2018

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
MARYLAND	D82322	09/07/2016	09/30/2017	06/26/2020
MASSACHUSETTS	252675	08/15/2012	10/14/2019	10/23/2019
MICHIGAN	4301115198	05/17/2018	01/31/2022	06/25/2020
MISSOURI	2009013466	05/29/2009	01/31/2013	03/23/2018
NEW JERSEY	25MA10060200	04/12/2017	06/30/2019	05/20/2020
NEW YORK	278831	03/12/2015	09/30/2022	06/24/2020

US DRUG ENFORCEMENT ADMINISTRATION (DEA)

PRACTITIONER PROFILE

Prepared for: State Medical Board of Ohio As of Date:7/1/2020
Practitioner Name: Vickery, Zevidah

DEA Number	Schedule	Address	Expiration Date	Last Reported
FV9104681	22N 33N 4 5	DETROIT,MI 48235	05/31/2023	06/12/2020
FV9240158	22N 33N 4 5	EASTPOINTE,MI 48021	05/31/2023	06/12/2020
FV1426279	22N 33N 4 5	WESTLAND,MI 48185	05/31/2021	06/12/2020
FV7631028	22N 33N 4 5	STERLING HEIGHTS,MI 48310	05/31/2021	06/12/2020
FV7631030	22N 33N 4 5	SOUTHFIELD,MI 48075	05/31/2021	06/12/2020

PRACTITIONER PROFILE

Prepared for: State Medical Board of Ohio As of Date:7/1/2020
 Practitioner Name: Vickery, Zevidah

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
 Certificate: Obstetrics and Gynecology
 Certification Type: General
 Certification Status: Certified
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2019	12/31/2020		Recertification	06/25/2020
Expired	Time Limited	12/31/2018	12/31/2019		Recertification	06/25/2020
Expired	Time Limited	12/31/2017	12/31/2018		Recertification	06/25/2020
Expired	Time Limited	12/31/2016	12/31/2017		Recertification	06/25/2020
Expired	Time Limited	12/11/2015	12/31/2016		Initial	06/25/2020

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

Issue Date: 01 Jul 2020**To:** OHIO STATE MEDICAL BOARD
MITCHELL ALDERSON
CHIEF, PHYSICIAN LICENSURE
30 E. BROAD ST., 3RD FL.
COLUMBUS, OH 43215-6127**State Board Code:**
036Please include this number on
all requests.

ECFMG[®] CERTIFICATION STATUS REPORT

USMLE[®]/ECFMG Identification Number: 0-650-346-0**Applicant's Name:** Zevidah Vickery**Applicant's Date of Birth:** 14 Oct 1970**ECFMG Certified:** Yes**Certificate Issue Date:** 06 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	14 Aug 2003	*	*
USMLE Step 2 CK	16 Nov 2004	*	*

Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date
USMLE Step 2 CS	21 Nov 2004

Name of Medical School and Country: Ben-Gurion University of the Negev Faculty of Health Sciences, Beer-Sheva,
ISRAEL**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: E52WOZYM91

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.

GENERAL INFORMATION ON COVID-19 ([/general-covid-19.asp](#))

Missouri Division of Professional Registration

PR Home (<https://pr.mo.gov/>)

Non-Active Status Licensee Search Detail

Disclaimer: If you are unable to locate the individual for whom you are searching, please contact the appropriate licensure board or the Division of Professional Registration.

Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:	Vickery, Zevidah
Profession Name:	Medical Physician & Surgeon
Licensee Number:	2009013466
License Status:	Lapsed
Expiration Date:	1/31/2013
Original Issue Date:	5/29/2009
Primary Business Address:	
Address Con't:	
City, State Zip:	,
County:	
Current Discipline Status:	None



NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Paul R. I
Acti

License Information

Accurate as of July 01, 2020 10:57 AM

[Return to Search Results](#)

Name: ZEVIDAH REISS

Address: Middletown,NJ

Profession/License Type: Medical Examiners,Medical Doctor

License No: 25MA10060200

License Status: Expired

Status Change Reason: Failure to Renew

Issue Date: 4/12/2017

Expiration Date: 6/30/2019

Documents

NO Board Actions. For more information contact New Jersey State Board of Medical Examiners (609)826-7100

No Public Documents

Division

- [Division Home](#)
- [Consumer Protection](#)
- [Licensing Boards](#)
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Search Criteria - License Number: 25675

Your search did not find any physicians. For more search options, use the [Advanced Physician Search](#).

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Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

License Information *

07/01/2020

Name : VICKERY ZEVIDAH

Address : BIRMINGHAM MI

Profession : MEDICINE

License No: 278831

Date of Licensure : 03/12/2015

Additional Qualification :

Status : REGISTERED

Registered through last day of : 09/22

Medical School: BEN-GURION UNIV OF NEGEV **Degree Date :** 05/24/2005

(Use your browser's back key to return to licensee list.)

* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

Note: The Board of Regents does not discipline *physicians(medicine)*, *physician assistants*, or *specialist assistants*. The status of individuals in these professions may be impacted by information provided by the NYS Department of Health. To search for the latest discipline actions against individuals in these professions, please check the New York State Department of Health's [Office of Professional Medical Conduct](#) homepage.

Further information on physicians may be found on the following external sites (The State Education Department is not responsible for the accuracy or completeness of information located on external Internet addresses.):

[American Board of Medical Specialties](#)

[American Medical Association:](#)

- For the general public: [AMA Physician Select, On-line Doctor Finder](#)

- For organizations that verify physician credentials: [AMA Physician Profiles](#)

[American Osteopathic Association, AOA-Net](#)

[Association of State Medical Board Executive Directors-\(A.I.M."DOCFINDER"\)](#)

[New York State Department of Health Physician Profiles](#)

The following sites provide additional information concerning the medical profession:

[CLEAR \(Council on Licensure, Enforcement and Regulation\)](#)

[Federation of State Medical Boards](#)

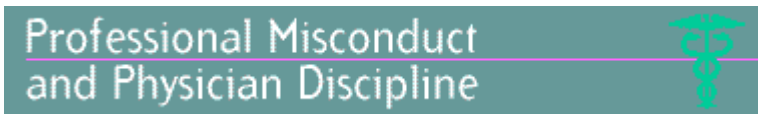


June 30, 2020 | 12:24 pm

Information on Novel Coronavirus

Coronavirus is still active in New York. We have to be smart. Wear a mask and maintain 6 feet distance in public.

GET THE FACTS >



New Physician Search **Search** **0 documents found**
 Physician Records **Results -**

On: 7/1/2020 10:51 AM

You searched for: Last Name: ----- First Name: ----- Middle Name: -----
 License: 278831 Type: -----
 Effective Date From: ----- Effective Date To: -----
 Update Date From: ----- Update Date To: -----

*** If there is a list of name(s) above, click on each name to see the disciplinary information.
 If there is no list of names, there is no public disciplinary action that matches what you entered for the search.**

Reminder: This database contains public disciplinary actions for 1990 and later.

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Questions or comments: nhinfo@health.ny.gov

Revised: March 2017

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Licensed Professional Information: Medical Doctor 4301115198

Licensee Detail

License Type:

Medical Doctor

License Number:

4301115198

Name:

Zevidah&nbsp;Vickery

License Issue Date:

05/17/2018

License Expiration Date:

01/31/2022

License Status:

Active

County:

Oakland

CONTROLLED SUBSTANCE LIST

City: Sterling Heights

State or Province: Michigan

ZIP or Postal Code: 48310

CS Record Number: 5315093617

CS Status: Active

CS Expiration Date: 01/31/2022

City: Southfield

State or Province: Michigan

ZIP or Postal Code: 48075

CS Record Number: 5315093615

CS Status: Active

CS Expiration Date: 01/31/2022

City: Westland

State or Province: Michigan

ZIP or Postal Code: 48185

CS Record Number: 5315092439

CS Status: Active

CS Expiration Date: 01/31/2022

City: Detroit

State or Province: Michigan

ZIP or Postal Code: 48235

CS Record Number: 5315215602

CS Status: Active

CS Expiration Date: 01/31/2022

City: Eastpointe

State or Province: Michigan

ZIP or Postal Code: 48021

CS Record Number: 5315217850

CS Status: Active

CS Expiration Date: 01/31/2022

DRUG CONTROL LIST

City: Westland

State: Michigan

ZIP Code: 48185

DC Record Number: 5307004215

DC Status: Active

DC Expiration Date: 01/31/2022

City: Southfield

State: Michigan

ZIP Code: 48075

DC Record Number: 5307005655

DC Status: Active

DC Expiration Date: 01/31/2022

City: Sterling Heights
State: Michigan
ZIP Code: 48310
DC Record Number: 5307006127
DC Status: Active
DC Expiration Date: 01/31/2022

City: Detroit
State: Michigan
ZIP Code: 48235
DC Record Number: 5307008879
DC Status: Active
DC Expiration Date: 01/31/2022

City: Eastpointe
State: Michigan
ZIP Code: 48021
DC Record Number: 5307009228
DC Status: Active
DC Expiration Date: 01/31/2022

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No records found.	

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State Medical Board of
Ohio

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
(614) 466-3934
www.med.ohio.gov

7/6/2020

Dear Zevidah Vickery:


This is to notify you that you are now licensed to practice in the State of Ohio. The Board approved your request and your license number **35.140100** was issued on 07/06/2020 and will expire on 07/06/2022.

Below is a printable wallet card for your convenience. A wall certificate will be mailed to you within the next five business days. Please be advised that verification of your Ohio license must be obtained directly from the website at <https://elicense.ohio.gov>. This website is updated immediately to reflect license status.

Questions concerning licensure or renewal can be sent to license@med.ohio.gov.

Sincerely,

State Medical Board of Ohio
Licensure & Renewal Department

	State Medical Board of Ohio	30 East Broad Street, 3 rd Floor Columbus, OH 43215-6127 614-466-3934 www.med.ohio.gov
THE RECORDS OF THE STATE MEDICAL BOARD OF OHIO INDICATE THAT YOU HOLD THE FOLLOWING ACTIVE LICENSE:		
35.140100 Zevidah Vickery		
Effective Date: 07/06/2020 Expiration Date: 07/06/2022		