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Website Verification**

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140 NW 14TH AVE  
PORTLAND, OR 97209-2601

**Name:** NICHOLAS STUART FOGELSON **Profession:** [MD](#) **Office Phone:** 5037711883

**Basis:** [02](#) **School:** [OR](#) **Graduation:** 06/08/2001

**License No:** 23610 **Date Issued:** 03/13/2003 **Expiration:** 06/30/2019

**Specialty:** [OBG\\* GYN](#)

**Rx#:**

**Rx Issue Date:**

**Primary Source Verification of Graduation Certified**

**Hospital Affiliation (s):** None

**Credential Status:** Lapsed

No disciplinary action taken by the Board. This certifies that the above licensee was in good standing at the time of expiration of the license.

**Board Public Action History:**[View Orders](#)[View Other License for this Person](#)[No Orders Found](#)**License History:**

Temporary License Number: 0T7913

Temporary License Issue Date: 01/08/2003

Limited License Number: LL4136

Limited License Issue Date: 07/01/2002

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