

Nucatola, Deborah, M.D.

Constlt ID: 060886

(C)

PH License: 52724 Date Issued: 4.20.19

TP License: _____ TP Approval: _____ Date TP Issued: _____

Application/Fee Received: 1/15/2019 Application Statement and Fingerprint Cards Mailed: 1.16.19

Email: [REDACTED] Authorized Person(s): Sheila Mahoney

PH Licensure Requirements:

- ☒ FCVS 2.1.19
- ☒ Application Appendix
- ☒ License Verifications CA HI TX NY
- ☒ Release and Waiver Form with Photo
- ☒ Category I & II
- ☐ Temporary Permit Request
- ☒ Hospital/ Clinic Affiliation List
- ☒ NPDB/HIPDB
- ☒ CME Form

- ☒ Medical School Entered
- ☒ State Licensure Entered
- ☒ Endorsement Entered
- ☒ Merge Code Changed/Added
- ☒ Board Location Entered

Criminal Background Checks:

- 2.21 Date fingerprint card & fee received by KBML
- 3.1 Date mailed to KSP
- 3.21 Date reports received from KSP/FBI

Board Meeting: Mar/ June/ Sep/ Dec

Board Date Input 4.3.19

Board Approved Date 6.20.19

Due Process/Special Invite Letter _____
(If Applicable)

Special Licensure Item:

Id Number: Deborah Nucatola M.D.

Kentucky Board of Medical Licensure
310 Whittington Parkway, #1B
Louisville, KY 40222
(502) 429-7150
www.kbml.ky.gov

Application for Medical/Osteopathic License

The following information was entered by the applicant as part of the online application on 1/15/2019. Applicant's required addendums will follow this page.

Notice: Failure to truthfully and completely answer any question on this application (electronic or manual), including intentional and inadvertent non-disclosure, will result in a minimum fine of \$1,000.00.

Name: Deborah Nucatola M.D.

Date of Birth: [REDACTED]

Birth Place: [REDACTED]

Gender: [REDACTED]

Address Information:

Mailing Address: [REDACTED]

Practice Address: 200 S. Meridian Street Suite 400
Indianapolis, IN 46225-1076

Work Number: (323) 697-6458

Home Number:

Email Address: [REDACTED]

Practice Information:

Specialty: Obstetrics/Gynecology

Medical Status: Obstetrics/Gynecology

Date: 01/15/19

Name: Deborah Nucatola

Constit ID: 060886

Category I Questions:

NOTE: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer 'yes' in such circumstance even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes' and providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license. This application may not be altered in any way.

1. Have you ever been dismissed from, resigned while under investigation, been placed on a disciplinary probation or reprimanded at a medical school or a postgraduate training program?
(Academic probation is not reportable.)

No

2. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

3. Have you ever been denied a license or denied the privilege of taking a licensure examination by any State, Federal or International licensure jurisdiction?

No

4. Have you ever had any license, certificate, registration or other privilege as a health care professional denied, revoked, suspended, probated, restricted or limited, or subjected to any other disciplinary action, by a State medical/osteopathic licensing board, or Federal, or International authority?

No

5. Have you ever been disciplined by any licensed hospital (including postgraduate training) or the medical staff of any licensed hospital, including removal, suspension, probation, limitation of hospital privileges or any other disciplinary action if the action was based upon what the hospital or medical staff found to be unprofessional conduct, professional incompetence, malpractice or a violation of a provision(s) of a Medical Practice Act?

No

6. Have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?

No

7. Have you ever resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital, while under investigation or while you were subject to disciplinary proceedings by the hospital?

No

Date: 01/15/19

Name: Deborah Nucatola

Constit ID: 060886

8. Have you ever been removed, suspended, expelled or disciplined by any professional medical facility, association or society?
No

9. Have you ever voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
No

10. Have you ever been or are you currently under investigation by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
No

11. Are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
No

12. Have you ever been convicted of a felony or misdemeanor by any State, Federal or International court?
No

13. Are any criminal charges presently pending against you in any of those courts?
No

14. To your knowledge, are you the subject of an investigation for a criminal act?
No

15. In the past ten (10) years have you had to pay a settlement or judgment in a malpractice action or other civil action against your medical practice, or are there any malpractice or other civil actions against your medical practice presently pending in any court?
No

I hereby state that the information contained in this application has not been altered in any way and is true, accurate, and complete to the best of my knowledge and belief. I understand that under Kentucky law the submission of any false, fraudulent or forged statement, document or other matter in connection with this application is grounds for criminal prosecution and the denial of licensure. I authorize the Board (KBML) or its agents to obtain from other sources any information necessary for determining my qualifications for licensure. I also authorize them to furnish any information they may now or in the future have concerning my qualifications and fitness to practice medicine/osteopathy to any person, institution, association, school, hospital or government entity.

Signature: Deborah L. Nucatola

Date: 01/15/19

Date: 01/15/19

Name: Deborah Nucatola

Constit ID: 060886

Category II Questions:

The answer to this question is exempt from public disclosure under KRS 61.878(1)(a) and (l) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answer to the question may be considered by the Board (KBML) and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

1. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?

See above exemption

I hereby state that the information contained in this application has not been altered in any way and is true, accurate, and complete to the best of my knowledge and belief. I understand that under Kentucky law the submission of any false, fraudulent or forged statement, document or other matter in connection with this application is grounds for criminal prosecution and the denial of licensure. I authorize the Board (KBML) or its agents to obtain from other sources any information necessary for determining my qualifications for licensure. I also authorize them to furnish any information they may now or in the future have concerning my qualifications and fitness to practice medicine/osteopathy to any person, institution, association, school, hospital or government entity.

Signature: Deborah L. Nucatola

Date: 01/15/19

RECEIVED

Kentucky Board of Medical Licensure
Application Appendix

MAR 01 2019

Applicant Name NUCATOLA DEBORAH L K.B.M.D.L.
Last First MI Degree
Applicant Signature [Signature] Date: 11/27/17

Medical School:

List name, location and dates of attendance of every college and medical school you have attended:

Name	City/State/Country	Dates (From - To)	Degree
SUNY DOWNSTATE	BROOKLYN, NY, USA	8/94 - 6/98	MD

State or Professional Licensure:

List ALL states and Canadian provinces where you currently hold or have ever held ANY type of medical/osteopathic license. In addition, you must order verification of each license from each medical board. The verifying entity must forward all documentation directly to the Kentucky Board of Medical Licensure. Please note some state boards charge a fee for this information. Contact the state board where you currently hold or have held a license to determine their requirements.

Original (Full Unrestricted) Licensing State CALIFORNIA Date License Issued 10/22/79
(This blank MUST BE FILLED IN: if there is no original full license, write "NONE")

State Licensed:	<u>CALIFORNIA</u>	License #	<u>A070101</u>	License Type	<u>MD, ACTIVE</u>
State Licensed:	<u>NEW YORK</u>	License #	<u>256306</u>	License Type	<u>MD, ACTIVE</u>
State Licensed:	<u>ILLINOIS</u>	License #	<u>036.140638</u>	License Type	<u>MD, ACTIVE</u>
State Licensed:	<u>HAWAII</u>	License #	<u>MD-15627</u>	License Type	<u>MD, ACTIVE</u>
State Licensed:		License #		License Type	
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State Licensed:		License #		License Type	

COPY THIS PAGE TO LIST ADDITIONAL STATE LICENSES

Instructions: You must attach a recent (less than 6 months old) passport quality, color photograph of yourself to this form. Take the form to a notary public and sign the form in the presence of the notary public. The notarized form then must be sent directly to the Kentucky Board of Medical Licensure.

RECEIVED

Kentucky Board of Medical Licensure
Affidavit and Authorization for Release of Information

MAR 01 2019

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application and 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 the Application for Medical/Osteopathic Licensure and have answered all questions contained in the 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 Kentucky Board of Medical Licensure, 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 a license to practice medicine 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 my licensure or permit to practice medicine.

Applicant's Signature (must be signed in the presence of a notary)

Deborah Nucatola Nucatola, Deborah L

Applicant's Printed Name (Last, First MI, Suffix)

2/5/19

Date of Signature



NOTARY

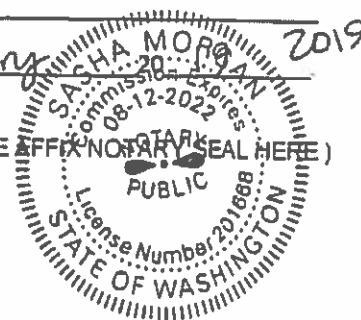
Dated 2/5/19 Signed Sasha Morgan

State of Washington County of King

Subscribed and Sworn to before me this 5th day of February 2019

My commission expires: 8/12/22

(PLEASE AFFIX NOTARY SEAL HERE)



Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

MAIL ROOM RECEIVED

Hospital, Clinic, Facility Affiliation List

MAR 01 2019

Physician's Name DEBORAH NUKATOLA M.D. / D.O.

List all hospitals, clinics, etc., other than training (see below) where you have practiced medicine within the last five (5) years. This includes moonlighting, administrative, and all locum tenens assignments. If you have been in training or are still in training, this form still needs to be completed. Please mark "in training" on the form and submit. If there is a gap in time, please provide an explanation. No substitutions for this form will be accepted; it can be copied as needed. The only attachments accepted will be explanations of disciplinary actions and gaps in time.

Dates (From - To)	Hospital/Clinic/Facility Office Name & Address	Disciplinary Action Must Write "Yes" or "No" If "Yes," Provide Explanation	Indicate Locum Tenens, Moonlighting or Type of Privileges
7/1/16 - present	Planned Parenthood Hawaii 1350 Spring Street Honolulu, HI 96814	No	Medical Director
7/1/13 - present	Eden Surgical Center 23451 Craftsman Road Calabasas, CA 91302	No	Director, Family Planning
1/1/10 - present	Family Planning Associates Medical Group 659 W. Washington Blvd Chicago, IL 60661	No	Physician-in- staff
7/1/04 - 7/15/15	Planned Parenthood Los Angeles 1051 Kingston Avenue Los Angeles, CA 90033	No	Physician Staff / Associate Medical Director
4/1/16 - present	Planned Parenthood of Pasadena and the San Gabriel Valley 1045 N. Lake Avenue Pasadena, CA 91104	No	Physician Staff

I attest that the information contained here is true, accurate, and complete to the best of my knowledge.


Physician's Signature

Date 2/5/19

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MAR 01 2019

K.B.M.L.

MAIL FORM TO KBML

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

CME Form

Name Deborah Nucato
(Please Print or Type)

Record of Category I Continuing Medical Education Credits
(Last 3 years only)

DO NOT PROVIDE DOCUMENTATION

Please note: If you have been in training or are still in training this form still needs to be submitted. Please write "In training" on the form.

Dates:	Name of Activity/Course	# of Credit Hours
<u>2/5/16</u>	<u>AIUM Practical Approach to the Sonographic Evaluation of Adnexal Cysts</u>	<u>1</u>
<u>2/26-25/16</u>	<u>MAHC 13th Annual Update on Reproductive Health and Medical Leadership</u>	<u>13.5</u>
<u>4/10/16</u>	<u>Advanced Approaches to Second Trimester Ultrasound</u>	<u>6.5</u>
<u>4/18-17/16</u>	<u>NAF's 40th Annual Meeting</u>	<u>10</u>
<u>4/17/16</u>	<u>Security Workshop for Abortion Providers</u>	<u>6.5</u>
<u>5/16/16</u>	<u>Fellowship in Family Planning Annual Meeting</u>	<u>20.25</u>
<u>9/16/16</u>	<u>ACLS Recertification</u>	<u>4</u>
<u>1/19-22/17</u>	<u>MAHC 14th Annual Update on Reproductive Health and Medical Leadership</u>	<u>13.75</u>
<u>4/24-25/17</u>	<u>NAF's 41st Annual Meeting</u>	<u>12</u>

MORE ON REVERSE:

I attest that the above is valid.

Signature

Date

2/5/19

Dates:	Name of Activity:	# of Credit Hours:
6/11-12/17	2017 National Transgender Health Summit	7.5
2/22-25/15	Hedels 14th Annual Update on Reproductive Health and Medical Leadership	17
4/21/15	Establishing Trans Health Services Workshop	3.75
4/23-24/13	NAFIS 42nd Annual Meeting	9
7/15-15/15	National Reproductive Health Conference	26.25
10/20-22/15	2015 North American Forum on Family Planning	14
11/3-7/16	2016 North American Forum on Family Planning	15.25

Dates:

Name of Activity:

of Credit Hours:

4/11-12/17

2017 National Transgender
Health Summit

7.5
RECEIVED

2/22-25/18

Med's 14th Annual Update on
Reproductive Health and
Medical Leadership

MAR 01 2019
17

K.B.M.L.

4/21/18

Establishing Trans Health
Services Workshop

3.75

4/23-24/18

NAFIS 42nd Annual Meeting

9

7/15-18/18

National Reproductive Health
Conference

26.25

10/20-22/18

2018 North American Forum
on Family Planning

14

11/3-7/16

2016 North American Forum
on Family Planning

18.25

Dates:	Name of Activity:	# of Credit Hours:
4/11-12/17	2017 National Transgender Health Summit	7.5
2/22-25/18	Med's 14th Annual Update on Reproductive Health and Medical Leadership	17
4/21/18	Establishing Trans Health Services Workshop	3.75
4/23-24/18	NAFIS 42nd Annual Meeting	9
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10/20-22/18	2018 North American Forum on Family Planning	14
11/3-7/16	2016 North American Forum on Family Planning	18.25



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advocating high quality, safe medical care

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

April 1, 2019

Kentucky Board of Medical Licensure
Hurstbourne Office Park
310 Whittington Pkwy, Suite 1B
Louisville, KY 40222

To Whom It May Concern:

This is to certify that as of March 28, 2019, the records of the Medical Board of California (Board) indicate the following information:

Physician:	DEBORAH LYNN NUCATOLA
License Number:	A70101
Issued Date:	October 22, 1999
Exam Type:	A Written Examination
Expiration Date:	May 31, 2021
License Status:	CURRENT
Board Discipline and/or Administrative Action:	No

If Board Discipline and/or Administrative Action is indicated, public records may be available at <http://www.mbc.ca.gov>; or you may contact the Board's Enforcement Program, Central File Room by email at central.fileroom@mbc.ca.gov, by fax at (916) 263-2420 or by mail at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain information concerning the action.

April Alameda

April Alameda
Chief of Licensing

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, NUCATOLA DEBORAH LYNN was issued license/certificate number 256206 for the practice of MEDICINE on 02/12/2010.

Our records also indicate the following information:

Date of birth: [REDACTED]
School attended: SUNY DOWNSTATE MED CTR
Date of graduation: 05/21/98
Degree earned: MD

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

DATE	FLEX1	NBME1	USML1	NBME2	FLEX2	USML2	NBME3	USML3	OTHER
12/98									
03/98						00085			00081 OOSCA
06/96			00086						

EXMS TAKEN=03

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: YES Reg period ends: 04/30/21
Address: [REDACTED]

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Audrey Bell, Education Program Assistant 1, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Education Program Assistant 1 of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

SEAL



Audrey Bell
Education Program Assistant 1 04/23/19

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
P.O. BOX 3469
HONOLULU, HAWAII 96801

05/03/19

KENTUCKY BOARD OF
MEDICAL LICENSURE
310 WHITTINGTON PKWY
SUITE 1B
LOUISVILLE KY 40222

RE: VERIFICATION OF LICENSE/EXAM SCORES DATED 04/26/19 FOR
DEBORAH L NUCATOLA

BOARD/COMMISSION: HAWAII MEDICAL BOARD
LICENSE TYPE: PHYSICIAN
LICENSE IDENTIFICATION: MD 18627
METHOD OF LICENSURE: PASSED USMLE
DATE LICENSED: 04/11/16
LICENSE STATUS: CURRENT, VALID & IN GOOD STANDING
LICENSE EXPIRATION DATE: 01/31/20
DISCIPLINARY ACTION: NONE

ACCORDING TO OUR COMPLAINT RECORDS WHICH DATE BACK TO 1985:

- ☒ NO DEROGATORY INFORMATION IS ON FILE.
- ☐ THE ATTACHED INFORMATION IS ON FILE CONCERNING THIS
LICENSEE.

RECEIVED

MAY 10 2019

K.B.M.L.

CERTIFIED BY:

Ahlani Quiogue

AHLANI QUIOGUE
EXECUTIVE OFFICER



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

JB Pritzker
Governor

Deborah Hagan
Acting Secretary

Mark Thompson
Secretary's Designee
Division of Professional Regulation

CERTIFICATION OF LICENSURE

KY BOARD OF MEDICAL LICENSURE
310 WHITTINGTON PKWY STE 1B
LOUISVILLE, KY 40222

Licensee: DEBORAH L NUCATOLA MD
License Number: 036.140638
Profession: LICENSED PHYSICIAN AND SURGEON
Date of Issuance: 05/10/2016
Expiration Date: 07/31/2020
License Status: ACTIVE
License Method: ENDORSEMENT / USMLE
Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Deborah Hagan
Acting Secretary
Division of Professional Regulation

May 15, 2019
Date

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Nucatola, Deborah Lynn**

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

FID#: **213580350**

Recipient: **KY - Kentucky Board of
Medical Licensure**

Delivery Date: **01/29/2019**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the institution issuing such document. FCVS maintains all original documents (including third party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. ("Federation") as a reference source for and only for its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold in whole or part for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



FEDERATION OF
STATE MEDICAL BOARDS

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Affidavit and Release**Federation of
**STATE
MEDICAL
BOARDS**

I, the undersigned, hereby certify under oath 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 answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me 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 Federation Credentials Verification Service 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 Federation Credentials Verification Service 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 Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, materials, documents, orders or the like relating to me or this application to any entity at my request.

Notary:

Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.



[Signature]
Applicant's signature must be legible and correspond to the name.

Nurathin
Applicant's Printed Name

Deborah L. Nurathin
Applicant's Printed Name (if different from above)

5/11/18
Date of signature must correspond to date of notary entry.

State of HawaiiCounty of MAUI

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 9 day of MAY, 2018.

Notary Public Commission

[Signature]

SEE ACKNOWLEDGEMENT

My Notary Commission Expires

8/23/2019

Please complete and mail this original document to the Federation of State Medical Boards at:

400 FULLER WISER ROAD SUITE 100 EUREKA, CA 94501 TEL: 916-434-1300

HAWAII ALL-PURPOSE ACKNOWLEDGMENT
H.R.S 502-41(6)

State of Hawaii

County of Mau

} 55

On this 9 day of MAY 2018 in the 2nd Circuit Court, State of Hawaii,
Day Month Year Name of Circuit

before me personally appeared DEBORAH L NUCATOLA
Name of Signer 1

(and _____) to me personally known or
Name of Signer 2 (if any)

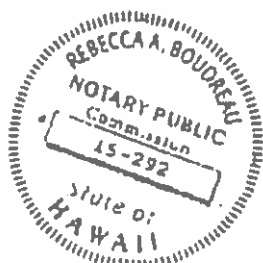
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to
this instrument who being by me duly sworn or affirmed did say that such person(s) executed the foregoing

instrument identified or described as AFFIDAVIT AND RELEASE as the free act
Type of Document

and deed of such person(s) and if applicable in the capacity shown having been duly authorized to execute

such instrument in such capacity. The foregoing instrument is dated 5/9/2018
Date of Document

and contained 1 pages at the time of this acknowledgment/certification
No. of Pages



Place Notary Seal or Stamp Above

Rebecca A Boudreau

Printed Name of Notary Public

Notary Public — STATE OF HAWAII

My commission expires 08/23/2019

A handwritten signature in black ink, appearing to be "RAB", written over a horizontal line.

Signature of Notary Public

011080750

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Identity



Biographic Information

Medical professional Name(s): **Nucatola, Deborah Lynn**

Date of Birth:

[REDACTED]

Place of Birth:

[REDACTED]

Contact Information

Business Address:

[REDACTED]

Mobile Phone:

[REDACTED]

Email:

[REDACTED]

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION
Certification by Notary Public Is Required

Applicant Full Legal Name: Nucatola Deborah Lynn
Last First Middle

FCVS ID Number: 213580350

Notary – Please complete the section below:

State of California County of Los Angeles

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

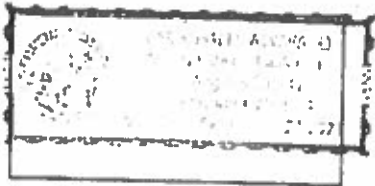
The statements on this document are subscribed and sworn to before me by the applicant on this
(Day) 11 of (Month) February, Year 2016.

Notary Public Signature: [Signature]

Commission Expiration Date: (Month) 02 (Day) 27 Year 2021

* The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.

Notary Stamp Here



Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards
ATTN: FCVS
400 Fuller Wiser Rd., Suite 300
Fulshear, TX 76059-3856

213580350

FCVS**FEDERATION CREDENTIALS
VERIFICATION SERVICE****Chronology of Activities**

The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
08/01/1994	05/21/1998	Medical Education	SUNY Downstate Medical Center Brooklyn New York UNITED STATES
06/24/1998	06/30/2002	Postgraduate Training	University of Southern California/LAC+USC Medical Center Program Los Angeles California UNITED STATES
07/01/2002	06/30/2004	Postgraduate Training	LAC + USC Medical Center Los Angeles California UNITED STATES

End of Chronology of Activities report for: Nucatola, Deborah Lynn

FCVS

**FEDERATION CREDENTIALS
VERIFICATION SERVICE**

Medical Education



Medical Education

Medical School: SUNY Downstate Medical Center

Location: Brooklyn, NY

UNITED STATES

Credentials Analysis Information for Medical Education

Issue:

The Verification of Medical Education Form from SUNY Downstate Medical Center does not contain all the required elements.

Solution(s):

See the Credential/Degree presented field for the pre-medical requirements of this institution.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Verification of
Medical Education**Federation of
**STATE
MEDICAL
BOARDS**

Page 1

Instruction to the Dean

Please complete both pages
of this form, sign date and
seal on the front page then
return to:

Federation Credentials
Verification Service
400 Fuller Wiser Road
Suite 300
Euless, TX 76039

The individual identified on the attached Authorization for Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution.

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover.

If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

Institution Name: SUNY Downstate Medical Center

Address Line 1: 450 Clarkson Avenue Box 98

Address Line 2:

City: Brooklyn

State/Province: NY

Zip Code (Postal Code): 112032098

Country: US

If name of institution was different when this individual attended, please note this name below:

N/A

Premedical Education:

Years of education required for admission to your medical school:

Credential/degree presented by the applicant for admission to your medical school: 0/N/A

Enrollment and Participation: Our records indicate that Nucatola, Deborah Lynn

(type print individual's name Last, First Middle Initial)

attended our medical school for total of 160 weeks of medical education on the following dates: From: 08/22/1994 To: 05/21/1998

Month Day Year Month Day Year

This individual

Was awarded the degree of Doctor of Medicine

on 05/21/1998

Was NOT awarded a degree because: (please explain - additional page if necessary)

Month Day Year

Attestation Affix Institutional Seal Here If no seal is available, this form must be notarized.	Watermark For FCVS internal use only ELECTRONIC SEAL VERIFIED	Name: William Davenport Signature: William Davenport Title: Registrar Assistant Date of Signature: 05/21/2018 Phone: (718) 270-1328 Fax: (718) 270-7592 Email: william.davenport@downstate.edu
--	--	--

213580350

1481

213580350

Unusual Circumstances

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?

No

If Yes, please specify the reason(s) for, indicate the date of the interruptions(s) or extension(s) and check whether the interruption/extension was approved or unapproved:

From Date:

To Date:

Personal/Family _____

Academic remediation _____

Health _____

Financial _____

Participation in joint degree Program (e.g., MD/PhD)

Participation in non-research special study

(e.g., fellowship, international experience) _____

Participation in non-degree research _____

Other:

Other:

Please Specify

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?

No

If YES, please select the reason(s) for the probation, indicate the dates of placement on and removal from probation and attach additional documentation to this report:

From Date:

To Date:

Academic Probation _____

Probation for unprofessional conduct/behavioral _____

Other:

Please specify a reason

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?

No

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university?

No

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?

No

If YES, please provide detailed documentation/information about the nature of the limitations or special requirement:

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances**Federation of
**STATE
MEDICAL
BOARDS****Medical School**

Medical Professional Name: Nucatola, Deborah Lynn

SUNY Downstate Medical Center

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education?	No
Were you ever placed on probation?	No
Were you ever disciplined or placed under investigation?	No
Were any negative reports for behavioral reasons ever filed by instructors?	No
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	No

End of Applicant Reported Unusual Circumstances report for: Nucatola, Deborah Lynn

Printing Date : 7/30/08

State University of New York
Health Science Center at Brooklyn
also known as SUNY Downstate Medical Center

Page 1 of 1

Academic Transcript

Student Name : Nucatola, Deborah Lynn

College : College of Medicine

IDN : [REDACTED]

Program/Class of

Matriculation Date : Fall 1994

Degree Awarded : Doctor of Medicine

Date Awarded : 5/21/98

SUBJ NO	Course Title	Credits	Grade	SUBJ NO	Course Title	Credits	Grade
Fall 1994				Fall 1997			
ANCB 1000	Genet Anatomy	4.5	P	MBDI 4100	Subinternship in Medicine	4.0	H
BICH 1000	General Biochemistry	4.5	HP	OBGY 4310	Perinatal Medicine	4.0	H
PSYH 1000	Behavioral Science	3.0	H	MEDI 4106	Emergency Care Med	4.0	HP
PSYH 1001	Intro to Clinical Medicine	0.5	R	AMBI 4800	Ambulatory Care	4.0	HP
ANCB 1002	Embryology	0.5	HP		Earned Credits :	16.0	
HUME N124	Medical Spanish Elective		RP	Spring 1998			
MEDI N210	Preceptorship in Primary Care I		HP	HUME 4050	Biomedical Ethics	2.0	P
	Earned Credits :	12.0		ANAT 4001	Regional Human Gross Anatomy	2.0	HP
Spring 1995				RADI 4550	Diagnostic Radiology	4.0	P
MBIM 1000	Human Genetics	0.5	P	MEDI 4171	Electrolyte Metabolism Division	4.0	P
MBSC 1000	Neuroscience	3.5	P		Earned Credits :	12.0	
PHYS 1000	Physiology	4.0	H	Total Earned Credits :			
ANCB 1001	Histology/Cell Biology	1.0	H	152.0			
PREV 1011	Epidemiology	1.0	P	--- No entries below this line ---			
PREV 1012	Biostatistics	1.0	HP				
MEDI N210	Preceptorship in Primary Care I		RP				
	Earned Credits :	11.0					
Fall 1995							
HUME N124	Medical Spanish Elective		RP				
MEDI N213	Preceptorship in Primary Care II		RP				
PSYH 2006	Psychopathology	2.0	Y				
PREV 2005	Preventive Medicine	2.0	Y				
PHAR 2003	Pharmacology	3.5	Y				
PATH 2000	Pathology	4.5	Y				
MEDI 2002	Preparation for Clinical Medicine	3.0	Y				
MEDI 2001	Pathophysiology	4.0	Y				
MBIM 2004	Microbiology	4.5	Y				
BICH 2007	Nutrition	1.0	Y				
	Earned Credits :	24.5					
Spring 1996							
MEDI N213	Preceptorship in Primary Care II		RP				
PSYH 2006	Psychopathology	2.0	P				
PREV 2005	Preventive Medicine	2.0	P				
PHAR 2003	Pharmacology	3.5	P				
PATH 2000	Pathology	4.5	P				
MEDI 2002	Preparation for Clinical Medicine	3.0	P				
MEDI 2001	Pathophysiology	4.0	P				
MBIM 2004	Microbiology	4.5	P				
BICH 2007	Nutrition	1.0	P				
	Earned Credits :	24.5					
Fall 1998							
SURG 3400	Surgery Clerkship	12.0	H				
PEDI 3400	Pediatric Clerkship	8.0	HP				
NERO 3200	Neurology Clerkship	4.0	H				
	Earned Credits :	24.0					
Spring 1997							
MEDI 3100	Medicine Clerkship	12.0	HP				
PSYH 3300	Psychiatry Clerkship	6.0	H				
OBGY 3300	OB/GYN Clerkship	4.0	HP				
	Earned Credits :	24.0					
....						
--- No entries below this line ---							

Completed requirements: 05/01/98

Start Date End Date COMMENT :
8/94

Primary Care Program

Anne Shonbrun

Anne Shonbrun
Associate Registrar

This Academic Transcript is considered Official ONLY
with the impression of the Institution Seal and the
signature stamp of the Associate Registrar are affixed

In accordance with the Family Education Rights and Privacy Act of 1974, as amended, information contained herein shall not be disclosed to a third party without the written authorization of the student.

Confidential record for your exclusive use only.

NOT TO BE GIVEN TO STUDENT UNDER ANY CIRCUMSTANCES.

ELECTRONIC
SEAL
VERIFIED

STATE UNIVERSITY OF NEW YORK

HEALTH SCIENCE CENTER AT BROOKLYN

COLLEGE OF MEDICINE

ON THE RECOMMENDATION OF THE FACULTY
AND BY VIRTUE OF THE AUTHORITY VESTED IN THEM
THE TRUSTEES OF THE UNIVERSITY HAVE CONFERRED ON

DEBORAH LYNN NUCATOLA

THE DEGREE OF
DOCTOR OF MEDICINE


Anne Shonbrun, Registrar


AND HAVE GRANTED THIS DIPLOMA AS EVIDENCE THEREOF
GIVEN IN THE CITY OF NEW YORK IN THE STATE OF NEW YORK
IN THE UNITED STATES OF AMERICA ON THE TWENTY-FIRST
DAY OF MAY ONE THOUSAND NINE HUNDRED NINETY-EIGHT



Thomas J. Egan
Chairman of the Board of Trustees


Brian Butler
Chairman of the Medical Center Council



This is to certify that the afore-
mentioned student graduated from
SUNY Downstate Medical Center on
the date stated.


Chancellor of the University


Eugene B. Lenz M.D.
Interim President of the Medical Center
and Dean of the College of Medicine

ELECTRONIC
SEAL
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FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Postgraduate Training****Postgraduate Training**

Accreditation ID: 2200511036
Institution: University of Southern California/LAC+USC Medical Center Program
Location: Los Angeles, CA
UNITED STATES

Accreditation ID: None
Institution: LAC + USC Medical Center
Location: Los Angeles, CA
UNITED STATES

Credentials Analysis Information for Postgraduate Training**Issue:**

The Verification of Post Graduate Training Form from LAC + USC Medical Center dated 07/01/2002 to 06/30/2004 reported in the Chronology of Activities is not included in the Profile.

Solution(s):

FCVS does not obtain verification of non-accredited training programs.

Federation Credentials Verification Service (FCVS)

400 Fuller Weger Rd, Euless, TX 76039
Tel (817) 868-5000 Fax (817) 868-5099 Email fcvs@fmb.org

Verification of Postgraduate Medical Education

Institution University of Southern California/LAC+USC Medical Center Program

Attention Program Director

Specialty Obstetrics & Gynecology

Affiliated University University of Southern California

Address Los Angeles, CA

Verification For:

Name: Deborah Lynn Nucatola

DOB: [REDACTED]

Individual's Name on Record (if different from above) _____

Program

Participation:
Important:

Report incomplete
postgraduate years (PGY)
separate from those that
were successfully
completed

If the postgraduate year is
currently in progress report
the expected completion
date in the "To" field

Report Internships,
Residencies and
Fellowships separately

Use one section per
Department/Specialty if the
Department/Specialty is
rotating or transitional please
provide a schedule of
rotations

PGY: 1

Specialty/Subspecialty: Obstetrics & Gynecology

- ☒ Internship
☐ Residency
☐ Chief Residency
☐ Fellowship
☐ Research

From: 6/24/1998

To: 6/24/1999

Successfully Completed?: ☒ Yes ☐ No ☐ In Progress

Accredited by: ☒ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC
☐ RCPSC ☐ APPAP ☐ None of these

PGY: 2-4

Specialty/Subspecialty: Obstetrics & Gynecology

- ☐ Internship
☒ Residency
☐ Chief Residency
☐ Fellowship
☐ Research

From: 7/1/1999

To: 6/30/2002

Successfully Completed?: ☒ Yes ☐ No ☐ In Progress

Accredited by: ☒ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC
☐ RCPSC ☐ APPAP ☐ None of these

PGY: _____

Specialty/Subspecialty: _____

- ☐ Internship
☐ Residency
☐ Chief Residency
☐ Fellowship
☐ Research

From: _____

To: _____

Successfully Completed?: ☐ Yes ☐ No ☐ In Progress

Accredited by: ☐ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC
☐ RCPSC ☐ APPAP ☐ None of these

Unusual

Circumstances:

Check the correct response
Omitted responses require
written explanation

If necessary you may
continue your explanation
on a separate sheet of
paper

ELECTRONIC
SEAL
VERIFIED

1. Did this individual ever take a leave of absence or break from his/her training? ☐ Yes ☒ No

2. Was this individual ever placed on probation? ☐ Yes ☒ No

3. Was this individual ever disciplined or placed under investigation? ☐ Yes ☒ No

4. Were any negative reports for behavioral reasons ever filed by instructors? ☐ Yes ☒ No

5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? ☐ Yes ☒ No

Please explain any "Yes" response from above

Certification:

Affix your institutional
seal in this space. If
no seal is available,
you must have this
form notarized

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M/D/O only)

Name Christina Dancz, MD

Signature [Signature]

Title Program Director

Date of Signature 5-24-18

Tel 323-409-3416

Fax 323-226-3509

E-Mail iodannel@usc.edu

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**Applicant Reported
Unusual Circumstances**Federation of
**STATE
MEDICAL
BOARDS****Graduate Medical Education**

Medical Professional Name: Nucatola, Deborah Lynn

Accreditation ID: 2200511036

Institution: University of Southern California/LAC+USC Medical
Center Program

Specialty: Obstetrics & Gynecology

Unusual Circumstances

Training Period: 6/24/1998 - 6/30/2002 Internship/Residency

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Nucatola, Deborah Lynn

FCVS

**FEDERATION CREDENTIALS
VERIFICATION SERVICE**

Licensure / Examinations

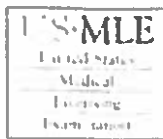


Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Euless, TX 76039-3856 • Telephone (817) 868-4000

Date: 01/29/2019

Federation Credentials Verification Service
ATTN: FCVS

FCVSIID: 396578

Examinee: Nucatola, Deborah Lynn
Alt Name(s):

Examinee ID: 5-002-050-2
Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/11/1996	Pass ✓	215	(176)	

USMLE STEP 2

Clinical Knowledge (CK)

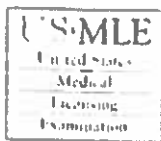
Test Date	Pass/Fail	Score	Minimum Pass	Comments
03/03/1998	Pass ✓	216	(170)	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
12/01/1998	Pass ✓	199	(177)	

End of Exam History

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Eufless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Nucatola, Deborah Lynn

Examinee ID: 5-002-050-2

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03 2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

PRACTITIONER PROFILE

Prepared for: FCVS As of Date: 1/29/2019

PRACTITIONER INFORMATION

Name: Nucatola, Deborah Lynn
DOB: [REDACTED]
Medical School: SUNY Downstate Medical Center
Brooklyn, New York, UNITED STATES
Year of Grad: 1998
Degree Type: MD
NPI: 1336166024

BOARD ACTIONS

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

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CALIFORNIA	A 70101	10/22/1999	05/31/2019	01/23/2019
HAWAII	MD-18627	04/11/2016	01/31/2020	12/26/2018
ILLINOIS	036140638	05/10/2016	07/31/2020	12/20/2018
NEW YORK	256206	02/12/2010	04/30/2019	01/23/2019
WASHINGTON	MD60866458			12/31/2018

PRACTITIONER PROFILE

Prepared for:

FCVS

As of Date:1/29/2019

Practitioner Name:

Nucalola, Deborah Lynn

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

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.

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

2020 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: \$150.00

Application Renewed On: 01/13/20 11:45 AM
Deborah Nucatola M.D. KY License #: 52724

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer, 'yes' in such circumstances even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes', providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Failure to truthfully and completely answer any question on this application (electronic or manual), including intentional and inadvertent non-disclosure, will result in a minimum fine of \$1,000.00.

1. Mailing Address: 200 S. Meridian Street
Suite 400
Indianapolis, IN 46225-1

2. Practice Address:

3. Phone: [REDACTED]

4. Email: [REDACTED]

5. Are you retired? No

6. Are you currently practicing in Kentucky? No

2020 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/13/20 11:45 AM

Deborah Nucatola M.D. KY License #: 52724

7. Please provide KY County and number of hours worked weekly in this county:

- a) county Out of State
- b) Hours 0

If you have additional practice counties in Kentucky, please indicate so below:

a) county Hours 0

b) county Hours 0

8. Do you currently have hospital staff privileges in Kentucky? No

9. Do you currently have a collaborative agreement with an Advanced Practice Registered Nurse (APRN)? Yes

If so, please list their names.

Abbi Auger, Dawn Sirek, Dyna Zehnder, Juanita Lock, Rebecca Rice, Whitney Graves, Tracey Dillingham

10. Do you have plans to practice medicine in Kentucky during the year? Yes

11. Type of Practice? Public Hth/Gov

12. Specialty? Obstetrics/Gynecology

13. Do you work in or own a pain/bariatric clinic? No

14. Do you dispense/administer controlled substances to patients from your private office setting (i.e. outside of a hospital, long-term care facility)? Yes

15. Do you have an active DEA license? yes

DEA Number(s): [REDACTED]

16. State law requires Kentucky licensed physicians who are authorized to prescribe or dispense controlled substances in the Commonwealth to register for an account with the KASPER system. Have you registered for an account with the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system? Yes

17. Gender [REDACTED]

18. Race



2020 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/13/20 11:45 AM

Deborah Nucatola M.D. KY License #: 52724

1. Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?

No

2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?

No

3. Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

4. Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?

No

5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?

No

6. Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?

No

7. Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?

No

2020 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/13/20 11:45 AM

Deborah Nucatola M.D.

KY License #: 52724

8. Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

9. Since you last registered, have you been removed, suspended, expelled or disciplined by any professional medical association or society?

No

10. Since you last registered, have you entered a guilty plea, nolo contendere plea or 'Alford' plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?

No

11. Since you last registered, have you had to pay a settlement or judgement greater than \$250,000 in a malpractice or other civil action against your medical license?

No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?

No

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Deborah L Nucatola
Date: 01/13/20

2020 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/13/20 11:45 AM

Deborah Nucatola M.D. KY License #: 52724

The answer to this question is exempt from public disclosure under KRS 61.878(1) (a) and KRS311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answer to the question may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

(1.) Since you last registered, have you suffered from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?
☐

See above exemption

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Electronic Signature: Deborah L Nucatola
Date: 01/13/20

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

2021 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: \$150.00

Application Renewed On: 01/11/21 12:30 PM
Deborah Nucatola M.D. KY License #: 52724

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer, 'yes' in such circumstances even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes', providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Failure to truthfully and completely answer any question on this application (electronic or manual), including intentional and inadvertent non-disclosure, will result in a minimum fine of \$1,000.00.

1. Mailing Address: 200 S. Meridian Street
Suite 400
Indianapolis, IN 46225-1
2. Practice Address:
3. Phone: (206) 328-7722
4. Email: deborah.nucatola@ppgnhi.org
5. Are you retired? No
6. Are you currently practicing in Kentucky? Yes

2021 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/11/21 12:30 PM
Deborah Nucatola M.D. KY License #: 52724

7. Please provide KY County and number of hours worked weekly in this county:

a) county Jefferson
b) Hours 4
842 S 7th Street
Louisville, KY 40203

If you have additional practice counties in Kentucky, please indicate so below:

a) county Hours 0

b) county Hours 0

8. Do you currently have hospital staff privileges in Kentucky? No

9. Do you currently have a collaborative agreement with an Advanced Practice Registered Nurse (APRN)? Yes

If so, please list their names.

Abbi Auger, Dawn Sirek, Dyna Zehnder, Juanita Lock, Rebecca Rice, Whitney Graves, Tracey Dillingham

10. Do you have plans to practice medicine in Kentucky during the year? Yes

11. Type of Practice? Public Hth/Gov

12. Specialty? Obstetrics/Gynecology

13. Do you work in or own a pain/bariatric clinic? No

14. Do you dispense/administer controlled substances to patients from your private office setting (i.e. outside of a hospital, long-term care facility)? Yes

15. Do you have an active DEA license? yes

DEA Number(s): [REDACTED]

16. State law requires Kentucky licensed physicians who are authorized to prescribe or dispense controlled substances in the Commonwealth to register for an account with the KASPER system. Have you registered for an account with the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system? Yes

17. Gender [REDACTED]

18. Race

2021 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/11/21 12:30 PM

Deborah Nucatola M.D. KY License #: 52724

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No

2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?

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3. Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

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5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?

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6. Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?

No

7. Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?

No

2021 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/11/21 12:30 PM

Deborah. Nucatola M.D.

KY License #: 52724

8. Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

9. Since you last registered, have you been removed, suspended, expelled or disciplined by any professional medical association or society?

No

10. Since you last registered, have you entered a guilty plea, nolo contendere plea or 'Alford' plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?

No

11. Since you last registered, have you had to pay a settlement or judgement greater than \$250,000 in a malpractice or other civil action against your medical license?

No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?

No

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2021 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/11/21 12:30 PM

Deborah Nucatola M.D. KY License #: 52724

The answer to this question is exempt from public disclosure under KRS 61.878(1) (a) and KRS311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answer to the question may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

(1.) Since you last registered, have you suffered from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?

██████████

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2021 Application for Renewal of Kentucky Medical/Osteopathic License

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Deborah Nucatola M.D. KY License #: 52724

Continuing Medical Education Requirements

Continuing Medical Education (CME) regulation 201 KAR 9:310 requires all medical and osteopathic physicians maintaining an active Kentucky medical license to obtain 60 hours of CME every three years. Thirty hours must be in Category 1 accredited by the Accreditation Council on Continuing Medical Education or the American Osteopathic Association and thirty hours may consist of non-supervised personal activities.

According to 201 KAR 9:310, each physician licensed to practice medicine or osteopathy within Kentucky who is authorized to prescribe or dispense controlled substances within the Commonwealth shall complete at least 4.5 hours of approved Category I Credit continuing medical education hours relating to the use of KASPER, pain management, addiction disorders or a combination of two or more of those subjects. A licensee may satisfy this requirement by completing a single approved program of 4.5 hours or longer or by completing multiple approved programs for a total of 4.5 hours or longer for this cycle. Information on approved courses can be found on the Board's website.

A physician who obtained a new license during the CME cycle should refer to the information below for calculating CME hours due.

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:

- (a) A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;
- (b) If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.
- (c) A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of sixty (60) hours of CME before the end of the cycle;
- (d) A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;
- (e) A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted: completion of twenty (20) hours of CME before the end of the cycle.

2021 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/11/21 12:30 PM
Deborah Nucatola M.D. KY License #: 52724

Continuing Medical Education Requirements

You are required to report that you have completed the CME requirements for the years that you have maintained an active medical license in Kentucky during the cycle.

1. Have you completed your CME requirements for the CME cycle January 1, 2018 to December 31, 2020?

Yes

If you have not satisfied the CME requirements, you may request an extension of time. If you request an extension, the Board will assess a \$100.00 fee. According to 201 KAR 9:310. section 4, 'The Board may grant an extension of time to a physician who for sufficient cause has not yet received continuing medical education requirements for the cycle.' In order to request an extension, please provide explanation below. You will receive correspondence from the Board after April 1, 2021 accepting your extension request with instructions for submitting required CME hours. Your extension acceptance letter will be mailed separate from your wallet card.

Please grant an extension to complete the Continuing Medical Education hours required for the CME cycle January 1, 2018 - December 31, 2020. I did not complete the required hours because:

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