





491-

**PHYSICIAN & SURGEON**

**Revenue Section**

Print Name Nucatola, Deborah

Return this portion with check & application

1F 0252090000 00236

4/6/21-01-8601-S2483

# Uniform Application for Licensure

Application ID: 270093

FID: 213580350

License Requested: MD

License Type: Permanent Medical License

Submitted to: Washington Medical Commission

Submission Date: 12/31/2020 1:13 PM

## Practitioner Name

Nucatola, Deborah Lynn

## Contact Information

### Address

Public Access	Board Contact	Type	Address
Yes	Yes	Business	23 LicenseeAddress UNITED STATES

### Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	No	Business	(800) 769-0045	
No	Yes	Mobile	(323) 697-6458	

### Email

Public Access	Board Contact	Email
No	Yes	dnucatola@yahoo.com
Yes	No	deborah.nucatola@ppgnhi.org

## Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
	22 Licensee	05/10/1972	New Hyde Park, NY UNITED STATES	F	1336166024	MD	Yes

## Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
SUNY Downstate Medical Center	450 Clarkson Avenue Box 97 Brooklyn, NY 11203 UNITED STATES	08/01/1994	05/21/1998	05/21/1998	DM

## Fifth Pathway

None Reported

## ECFMG

Certificate Number	Issue Date
None Reported	

## Postgraduate Training

<b>Hospital Name:</b>	LAC + USC Medical Center Los Angeles, CA UNITED STATES	<b>Program Code:</b>	
		<b>Attendance Dates:</b>	
<b>Institution:</b>	University of Southern California	<b>Start Date:</b>	07/01/2002
<b>Training Specialty:</b>	Fellowship in Family Planning	<b>End Date:</b>	06/30/2004
		<b>Program Type:</b>	Fellowship
<b>Training Status:</b>	Completed		
<b>Clinical %:</b>	100	<b>Administrative %:</b>	0

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<b>Hospital Name:</b>	University of Southern California/LAC+USC Medical Center Program Los Angeles, CA UNITED STATES	<b>Program Code:</b>	ACGME 2200511036
		<b>Attendance Dates:</b>	
<b>Institution:</b>	University of Southern California/LAC+USC Medical Center	<b>Start Date:</b>	06/24/1998
<b>Training Specialty:</b>	Obstetrics & Gynecology	<b>End Date:</b>	06/30/2002
		<b>Program Type:</b>	Internship/Residency
<b>Training Status:</b>	Completed		
<b>Clinical %:</b>	100	<b>Administrative %:</b>	0

## Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		06/11/1996	Pass	1
USMLE Step 2 CK Examination		03/03/1998	Pass	1
USMLE Step 3 Examination		12/01/1998	Pass	1

## State Licensure History

### MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Medical Licensing Board of Indiana	IN	01082206A	05/06/2019	10/31/2021	Full	Active
Illinois Department of Financial and Professional Regulation	IL	036140638	05/10/2016	07/31/2023		Active
New York State Board for Medicine	NY	256206	02/12/2010	04/30/2021	Full	Active
Kentucky Board of Medical Licensure	KY	52724	06/20/2019	02/28/2021	Full	Active
Medical Board of California	CA	A-70101	10/22/1999	05/31/2021	Full	Active
Hawaii Medical Board	HI	MD-18627	04/11/2016	01/31/2022	Full	Active
Washington Medical Commission	WA	MD60866458			Full	Canceled

## Physician Reported License History

Practitioner License Type	Licensing State	License Number	Issue Date	Expiration Date	Type	License Status
None Reported						

## Chronology of Activity Type

<b>Practice/Emp/ Desc:</b>	<b>SUNY Downstate Medical Center</b>	<b>Chronology Type:</b>	Medical Education
<b>Address:</b>	Brooklyn, NY US	<b>Attendance Dates:</b>	
<b>Position/Dept:</b>		<b>From:</b>	08/01/1994 to 05/21/1998
<b>Clinical %:</b>			
<b>Admin %:</b>			
<b>Employment:</b>	<b>Staff Privileges:</b>	<b>Affiliation:</b>	
<b>Practice/Emp/ Desc:</b>	<b>University of Southern California/LAC+USC Medical Center Program</b>	<b>Chronology Type:</b>	Accredited Training
<b>Address:</b>	Los Angeles, CA US	<b>Attendance Dates:</b>	
<b>Position/Dept:</b>		<b>From:</b>	06/24/1998 to 06/30/2002
<b>Clinical %:</b>	100		
<b>Admin %:</b>	0		
<b>Employment:</b>	<b>Staff Privileges:</b>	<b>Affiliation:</b>	
<b>Practice/Emp/ Desc:</b>	<b>LAC + USC Medical Center</b>	<b>Chronology Type:</b>	Other Training
<b>Address:</b>	Los Angeles, CA US	<b>Attendance Dates:</b>	
<b>Position/Dept:</b>		<b>From:</b>	07/01/2002 to 06/30/2004
<b>Clinical %:</b>	100		
<b>Admin %:</b>	0		
<b>Employment:</b>	<b>Staff Privileges:</b>	<b>Affiliation:</b>	
<b>Practice/Emp/ Desc:</b>	<b>LAC + USC Medical Center/ Keck Sch of Med of USC</b>	<b>Chronology Type:</b>	Work
<b>Address:</b>	1200 N State Street LOS ANGELES, CA 90033 US	<b>Attendance Dates:</b>	
<b>Position/Dept:</b>	Assistant Professor of Clinical Obstetrics and Gynecology - Obstetrics and Gynecology	<b>From:</b>	07/01/2004 to 02/04/2005
<b>Clinical %:</b>	90		
<b>Admin %:</b>	10		
<b>Employment:</b>	•	<b>Staff Privileges:</b>	•
<b>Affiliation:</b>	•		
<b>Practice/Emp/ Desc:</b>	<b>Planned Parenthood of Santa Barbara, Ventura and San Luis Obispo Counties</b>	<b>Chronology Type:</b>	Work

**Address:** 518 Garden Street  
Santa Barbara, CA 93101  
US

**Attendance Dates:**

**Position/Dept:** Medical Director - Clinical Services  
**From:** 02/22/2005 to 05/01/2007

**Clinical %:** 80  
**Admin %:** 20

**Employment:** • **Staff Privileges:** • **Affiliation:** •

**Practice/Emp/ Desc:** **Planned Parenthood Los Angeles** **Chronology Type:** Work

**Address:** 1057 Kingston Avenue  
Los Angeles, CA 90033  
US

**Attendance Dates:**

**Position/Dept:** Associate Medical Director, Research and Quality Assurance - Clinical Services  
**From:** 05/16/2007 to 07/14/2015

**Clinical %:** 90  
**Admin %:** 10

**Employment:** • **Staff Privileges:** • **Affiliation:** •

**Practice/Emp/ Desc:** **Planned Parenthood Federation of America** **Chronology Type:** Work

**Address:** 123 William Street, 10th Floor  
New York, NY 10038  
US

**Attendance Dates:**

**Position/Dept:** Senior Director, Medical Services - Medical Services  
**From:** 07/22/2009 to 12/28/2016

**Clinical %:** 0  
**Admin %:** 100

**Employment:** • **Staff Privileges:** • **Affiliation:** •

**Practice/Emp/ Desc:** **Eden Surgical Center/Carmenta Surgical Center** **Chronology Type:** Work

**Address:** 29525 Canwood Street #220  
Agoura Hills, CA 91301  
US

**Attendance Dates:**

**Position/Dept:** Director, Family Planning - N/A  
**From:** 01/01/2013 to In Progress

**Clinical %:** 99  
**Admin %:** 1

**Employment:** • **Staff Privileges:** • **Affiliation:** •

**Practice/Emp/ Desc:** **Planned Parenthood of Pasadena and the San Gabriel Valley** **Chronology Type:** Work

**Address:** 1045 N Lake Avenue  
Pasadena, CA 91104  
US

**Attendance Dates:**

**Position/Dept:** Physician - Clinical Services  
**From:** 01/01/2016 to In Progress

**Clinical %:** 100

Admin %: 0

Employment: • Staff Privileges: • Affiliation: •

**Practice/Emp/ Desc:** **Planned Parenthood of the Great Northwest and the Hawaiian Islands** **Chronology Type:** Work

**Address:** 839 S. Beretania St  
Honolulu  
Honolulu, HI 96813  
US

**Attendance Dates:**

**Position/Dept:** Medical Director, Hawai`i - Clinical Services **From:** 07/22/2016 to In Progress

**Clinical %:** 30

**Admin %:** 70

Employment: • Staff Privileges: • Affiliation: •

**Practice/Emp/ Desc:** **Family Planning Associates Medical Group Chicago** **Chronology Type:** Work

**Address:** 659 West Washington  
Boulevard  
Chicago, IL 60661  
US

**Attendance Dates:**

**Position/Dept:** Physician - N/A **From:** 08/01/2016 to In Progress

**Clinical %:** 100

**Admin %:** 0

Employment: • Staff Privileges: • Affiliation: •

**Practice/Emp/ Desc:** **Planned Parenthood of Indiana and Kentucky** **Chronology Type:** Work

**Address:** 200 S Meridian Street #400  
Indianapolis, IN 46225  
US

**Attendance Dates:**

**Position/Dept:** Medical Director, Indiana and Kentucky - Clinical Services **From:** 05/01/2019 to In Progress

**Clinical %:** 25

**Admin %:** 75

Employment: • Staff Privileges: • Affiliation: •

## Malpractice

None Reported



# 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, Eulless, TX 76039-3856 - Telephone (817) 868-4000

**Recipient:** WASHINGTON MEDICAL COMMISSION

**Date:** 03/23/2021

**Examinee:** Nucatola, Deborah Lynn

**Examinee ID:** 5-002-050-2

**Alt Name(s):**

**Date of Birth:** 05/10/1972

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: The USMLE Step 2 CS examination has been suspended since March 16, 2020.

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  
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400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

**Examinee:** Nucatola, Deborah Lynn

**Examinee ID:** 5-002-050-2

**Date of Birth:** 05/10/1972

## 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.*



# AMA Physician Profile

PREPARED FOR

Washington State Department of Health, Tumwater, WA

**Name and Mailing Address**

DEBORAH LYNN NUCATOLA  
518 GARDEN ST  
SANTA BARBARA, CA 93101-1606

**Primary Office Address**

CARMENTA SURGICAL CENTER  
29525 CANWOOD ST STE 220  
AGOURA HILLS, CA 91301-4231

**Phone** (808) 589-1149

**Birth date** 05/10/1972

**Physician's major professional activity**

OFFICE BASED PRACTICE

**Self-designated practice specialty**

OBSTETRICS & GYNECOLOGY (primary)  
UNSPECIFIED (secondary)

*Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.*

**AMA membership status** NON MEMBER

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All information from this point forward is provided by the primary source

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**Current and/or historical NPI information**

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1336166024	07/17/2006	NOT RPTD	NOT RPTD	NOT RPTD	11/20/2020

**Current and/or historical medical school**

SUNY DOWNSTATE MEDICAL CENTER COLLEGE OF MEDICINE

Degree Awarded: YES  
Degree Year: 1998

## Current and/or historical post graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)

*Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.*

*Beginning with the 2016/2017 cycle of the National GME Census post-graduate training segments will include a training type of specialty (residency) or subspecialty (fellowship). Training types for programs reported prior to 2016 will not include this designation.*

*Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.*

*If a segment below is indicated as "being re-verified", it typically means that the physician is a current resident and the AMA is confirming with the residency program that the physician is still enrolled - this standard process occurs on an annual basis.*

**Sponsoring Institution:** UNIVERSITY OF SOUTHERN CALIFORNIA/LAC+USC MEDICAL CENTER  
**Sponsoring State:** CALIFORNIA  
**Specialty:** OBSTETRICS & GYNECOLOGY  
**Training Type:**  
**Dates:** 7/2002 - 6/2004 (Verified)

**NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 0**

## Specialty Board Certification

*Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:*

*The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.*

**Certifying board:** TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.  
**Certificate:**

Certificate type:

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
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For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2021 American Board of Medical Specialties. All right reserved.

#### Current and/or historical medical licensure

License No.	MD / DO	Jurisdiction	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported
036140638	MD	IL	05/10/2016	07/31/2023		ACTIVE	UNLTD	12/21/2020
MD18627	MD	HI	04/11/2016	01/31/2022		ACTIVE	UNLTD	12/16/2020
01082206A	MD	IN	05/06/2019	10/31/2021		ACTIVE	UNLTD	03/05/2020
A00070101	MD	CA	10/22/1999	05/31/2021		ACTIVE	UNLTD	12/03/2020
60256206	MD	NY	02/12/2010	04/30/2021		ACTIVE	UNLTD	11/02/2020
52724	MD	KY	06/20/2019	02/28/2021		ACTIVE	UNLTD	12/04/2020

#### Action Notifications

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Department of Justice.

#### U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration Date	Last Reported Date	Address
XXXXXX320	22N 33N 4 5	10/31/2023	12/25/2020	Carmenta Surgical Center Ste 220 29525 Canwood St

DEA number	Schedule	Expiration Date	Last Reported Date	Address
				Agoura Hills, CA 91301-4231

*Only the last three characters of active DEA numbers are displayed*

*Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.*

### ECFMG Certification

Applicant Number:

*The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfmg.org/>*

### Profile Information

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission(AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.

If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

## PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure As of Date: 12/31/2020

## PRACTITIONER INFORMATION

Name: Nucatola, Deborah Lynn  
 DOB: 5/10/1972  
 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

## NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1336166024	Individual			06/04/2018

## LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CALIFORNIA	A-70101	10/22/1999	05/31/2021	12/30/2020
HAWAII	MD-18627	04/11/2016	01/31/2022	12/28/2020
ILLINOIS	036140638	05/10/2016	07/31/2023	12/18/2020
INDIANA	01082206A	05/06/2019	10/31/2021	12/01/2020
KENTUCKY	52724	06/20/2019	02/28/2021	12/21/2020
NEW YORK	256206	02/12/2010	04/30/2021	12/30/2020
WASHINGTON	MD60866458			12/31/2020

## US DRUG ENFORCEMENT ADMINISTRATION (DEA)

**PRACTITIONER PROFILE**

Prepared for:		Uniform Application for Physician State Licensure		As of Date:12/31/2020
Practitioner Name:		Nucatola, Deborah Lynn		
<b>DEA Number</b>	<b>Schedule</b>	<b>Address</b>	<b>Expiration Date</b>	<b>Last Reported</b>
BN6612320	22N 33N 4 5	AGOURA HILLS,CA 91301	10/31/2023	12/14/2020
FN6151271	22N 33N 4 5	KAHULUI,HI 96732	10/31/2022	12/14/2020
FN6151283	22N 33N 4 5	HONOLULU,HI 96813	10/31/2022	12/14/2020
FN6580422	22N 33N 4 5	CHICAGO,IL 60661	10/31/2022	12/14/2020
FN8535102	22N 33N 4 5	BLOOMINGTON,I N 47403	10/31/2022	12/14/2020
FN8535099	22N 33N 4 5	MERRILLVILLE,IN 46410	10/31/2022	12/14/2020
FN8468882	22N 33N 4 5	INDIANAPOLIS,IN 46268	10/31/2021	12/14/2020
FN8484103	22N 33N 4 5	LOUISVILLE,KY 40203	10/31/2021	12/14/2020

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**PRACTITIONER PROFILE**

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Prepared for: Uniform Application for Physician State Licensure As of Date:12/31/2020

Practitioner Name: Nucatola, 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.



**From:** [WMC](#)  
**To:** ["dnucatola@yahoo.com"](mailto:dnucatola@yahoo.com)  
**Subject:** Pending MD.60866458 License  
**Date:** Wednesday, February 17, 2021 8:36:00 AM  
**Attachments:** [WMC Postgrad Training Verification.pdf](#)  
[image002.png](#)  
[image003.png](#)  
**Importance:** High

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Dear Dr. Nucatola,

This is to acknowledge receipt of your application for your Physician and Surgeon licensure in the state of Washington. At this time these are the items we still need before we can fully review your application file.

### **MISSING ITEMS**

**-We need fees (\$491.00) and addendums/attestations associated with the Universal Application you submitted.**

<https://www.fsmb.org/siteassets/ua/states/048/instructions.pdf> please follow this link. The customer service information is listed below if you need their assistance.

UA Customer Support Center

Phone: [\(817\) 868-5194](tel:(817)868-5194); [\(800\) 793-7939](tel:(800)793-7939)

Email: [ua@fsmb.org](mailto:ua@fsmb.org)

**-We need your official USMLE transcript showing your scores. These were not available in your FSMB portal, we only had access to your Uniform Application. Please contact the FSMB below to release your scores to our Commission.**

### **Contact Us**

USMLE, FLEX and SPEX Transcripts Customer Support  
400 Fuller Wiser Road  
Euless, TX 76039  
Phone: (817) 868-4041  
Transcripts email: [transcripts@fsmb.org](mailto:transcripts@fsmb.org)

**-Your FBI fingerprint packet that was mailed to your [REDACTED] 23 address on: 01/06/2021. Please get these taken as soon as you are able to, once you receive your packet. If law enforcement agencies in your area are closed to the public, please get these done at any facility that provides fingerprinting services. A Google search for open facilities using your zip code will provide assistance with this step.**

**-We need the 1998-2002 USC PGT program verification. Please send the attached form to the program, and then can email back to our Commission upon completion.**

**\*If you are using the FCVS packet with the Federation of State Medical Boards (FSMB) you will need to contact FSMB to determine when this packet will be released to us. The FCVS packet will verify medical school transcripts, exam scores, and postgraduate training.\***

**Please note:** while this information was contained in the application packet you have submitted and is stipulated in Washington Administrative Code **(WAC) 246-12-020(3)**, let us reiterate that upon approval, your initial license will be issued *only* to your next birthday after the approval date – unless your birthday falls within 90 days of approval, in which case it will expire on your second birthday following approval.

**You can check your status online at any time: <https://fortress.wa.gov/doh/providercredentialsearch/>**

**If your mailing address has changed since application submission:**

**<https://fortress.wa.gov/doh/opinio/s?s=MQACContactChange>**

License Renewal Questions: <https://wmc.wa.gov/licensing/renewals>

Frequently Asked Questions: <https://wmc.wa.gov/resources/faq>

**Washington Medical Commission, 111 Israel Rd SE, Tumwater, WA 98501**

Sincerely,



**Licensing Unit**

[Washington Medical Commission](https://wmc.wa.gov/licensing/renewals)

**phone:** 360.236.2750

Were you satisfied with the service  
you received  
today? [Yes](#) or [No](#)



**From:** [Marienthal, Emma L \(WMC\)](#)  
**To:** [dnucatola@yahoo.com](mailto:dnucatola@yahoo.com)  
**Subject:** FW: Pending MD.60866458 License  
**Date:** Tuesday, May 4, 2021 10:16:00 AM  
**Attachments:** [WMC Postgrad Training Verification.pdf](#)  
[image002.png](#)  
[image003.png](#)  
**Importance:** High

---

Good morning Dr. Nucatola,

Items still pending for your MD application:

**-We need the 1998-2002 USC PGT program verification. Please send the attached form to the program, and then can email back to our Commission upon completion.**  
**-We need the addendums/attestations associated with the Universal Application you submitted.**  
<https://www.fsmb.org/siteassets/ua/states/048/instructions.pdf> **please follow this link.** The customer service information is listed below if you need their assistance.

UA Customer Support Center

Phone: [\(817\) 868-5194](tel:(817)868-5194); [\(800\) 793-7939](tel:(800)793-7939)

Email: [ua@fsmb.org](mailto:ua@fsmb.org)

Sincerely,



**Licensing Unit**

[Washington Medical Commission](#)

**phone:** 360.236.2750

Were you satisfied with the service you received today? [Yes](#) or [No](#)



---

**From:** WMC  
**Sent:** Wednesday, February 17, 2021 8:37 AM  
**To:** 'dnucatola@yahoo.com' <dnucatola@yahoo.com>  
**Subject:** Pending MD.60866458 License  
**Importance:** High

Dear Dr. Nucatola,

This is to acknowledge receipt of your application for your Physician and Surgeon licensure in the state of Washington. At this time these are the items we still need before we can fully review your application file.

**MISSING ITEMS**

**-We need fees (\$491.00) and addendums/attestations associated with the Universal Application you submitted.**

<https://www.fsmb.org/siteassets/ua/states/048/instructions.pdf> please follow this link. The customer service information is listed below if you need their assistance.

UA Customer Support Center

Phone: [\(817\) 868-5194](tel:(817)868-5194); [\(800\) 793-7939](tel:(800)793-7939)

Email: [ua@fsmb.org](mailto:ua@fsmb.org)

**-We need your official USMLE transcript showing your scores. These were not available in your FSMB portal, we only had access to your Uniform Application. Please contact the FSMB below to release your scores to our Commission.**

## Contact Us

USMLE, FLEX and SPEX Transcripts Customer Support  
400 Fuller Wiser Road  
Eules, TX 76039  
Phone: (817) 868-4041  
Transcripts email: [transcripts@fsmb.org](mailto:transcripts@fsmb.org)

-Your FBI fingerprint packet that was mailed to your [REDACTED] address on: 01/06/2021. Please get these taken as soon as you are able to, once you receive your packet. If law enforcement agencies in your area are closed to the public, please get these done at any facility that provides fingerprinting services. A Google search for open facilities using your zip code will provide assistance with this step.

-We need the 1998-2002 USC PGT program verification. Please send the attached form to the program, and then can email back to our Commission upon completion.

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**Washington Medical Commission, 111 Israel Rd SE, Tumwater, WA 98501**

Sincerely,



### Licensing Unit

[Washington Medical Commission](https://wmc.wa.gov)

phone: 360.236.2750

Were you satisfied with the service you received today? [Yes](#) or [No](#)





## Redaction Log

Total Number of Redactions in Document: 4

### Redaction Reasons by Page

Page	Reason	Description	Occurrences
3	23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	1
3	22 Licensee SSN	RCW 42.56.350(1): Health professionals. (1) The federal social security number of individuals governed under chapter 18.130 RCW maintained in the files of the department of health is exempt from disclosure under this chapter	1
17	23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	1
20	23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	1