



The New Mexico Physician and Practitioner
Credentials Application ©

Physician Application



Applying for Telemedicine Licensure? ☐

Applying for first ever Full Physician License in any state? ☐

****ALL FEES ARE NON-REFUNDABLE****

****If this application is incomplete upon one (1) year of receipt, the application and supporting documentation will become dormant, and application will become null and void.****

Date of Application: 12/22/2021

Application Fee: \$400.00

PayPal Confirmation: AJ0A4C175B5B

TOTAL: \$400.00

Name: Angela Marchin

Title: MD

Other:

Maiden or Other Names Used

Applying using: ☒ NMMB ☐ HSC ☐ FCVS

What are your NM practice plans?

delivery of reproductive health care services once license obtained

CC 5824 \$400
R# 2437745

EXAM

Gender: Female

Citizenship: United States

Place of Birth:

Social Security Number: [REDACTED]-1355

Date of Birth: [REDACTED] 1987

State Tax ID#: Colorado

☐ Pending

Fed. Tax ID#:

☐ Pending

Medicare#:

☐ Pending

Medicaid #:

☐ Pending

Unique Physician Identification Number (UPIN):

☐ Pending

National Provider Identifier Number (NPI): 1497199970

☐ Pending

CLIA Number (if applicable):

Approval Level:

Expiration Date:

Home Address

Street Address: [REDACTED]

City, State/Province and Zipcode: Denver, CO, 80207

Country: United States

Telephone Number: [REDACTED] 2458

Pager Number:

Cell Phone Number:

Spouse's Name (Optional):

Credentials Correspondence Address

Department:

Street Address: [REDACTED]

City, State/Province and Zipcode: Denver, CO, 80207

Country: United States

Email: [REDACTED]@pprm.org

Telephone Number: [REDACTED] 2458

Facsimile Number: 303-321-0498

Military Service

Branch:

Type of Discharge:

Dates: From:

To:

☐ Current

Rank:

Immigration

Status:

Certification Number:

ECFMG (Educational Commission for Foreign Medical Graduates)

Number (if applicable):

Date Issued:

(Please attach a copy of your ECFMG certificate)



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Languages

Foreign Languages (spoken fluently by practitioner): English

Certifications

ACLS CERTIFICATION

Certified? ☒ Yes ☐ No

Expires: 3/31/2023

ATLS CERTIFICATION

Certified? ☐ Yes ☒ No

Expires:

PALS CERTIFICATION

Certified? ☐ Yes ☒ No

Expires:

HOSPITAL AND HEALTHCARE AFFILIATIONS

☐ Are you a PCP?

☒ Do you deliver babies?

☒ Are you an MD, DO, or DPM?

If you answered yes to any question above, you must:

(a) Have admitting privileges at a hospital (list below) OR

(b) Provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

☒ Do you have courtesy or consulting privileges at this facility.

☒ If yes, do these courtesy or consulting privileges allow you to admit patients.

If no, provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

Please list all hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years, and your status (active, courtesy, consulting, etc.) If an institution is no longer in existence, please provide an alternative source of verification. Attach a separate page if necessary.

No affiliation information provided

Facility Name:

☐ Is this your primary admitting facility

Department:

Street Address:

City:

State/Province:

Zip Code:

Country:

Phone Number:

Facsimile:

Appointment Dates From:

To:

☐ Present

Type of Appointment:

Privileges Assigned:

WORK HISTORY

Please list all previous experience for the past fifteen (15) years, including months and years, listing the most recent first. Attach a separate page if necessary. Please attach a current CV or resume.

Organization: Planned Parenthood of the Rocky Mountains

From: 08/2019 To:

☒ Present

Department:

Street Address: 7155 E 38th Ave

City: Denver

State/Province: CO

Zip Code: 80207

Country: United States

Phone Number: 303-321-2458



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Contact:

Fax Number:

Type of Practice: Active

Please provide written explanation for any gaps in work history of six (6) months or more.

Organization: Mednax/Obstetrix Medical Group of Washington From: 11/2019 To: ☒ Present

Department: OB-GYN

Street Address: 1301 Concord Terrace

City: Sunrise

State/Province: FL

Zip Code: 33323

Country: United States

Phone Number: 954-384-0175

Contact:

Fax Number:

Type of Practice: Active

Please provide written explanation for any gaps in work history of six (6) months or more.

Organization: Locum Tenens

From: 09/2019 To: 11/2019 ☐ Present

Department:

Street Address: 275 Northwinds Parkway

City: Alpharetta

State/Province: GA

Zip Code: 30009

Country: United States

Phone Number: 678-690-7415

Contact:

Fax Number: 863-696-9004

Type of Practice: Locum

Please provide written explanation for any gaps in work history of six (6) months or more.

Organization: Trust Women

From: 09/2019 To: 05/2020 ☐ Present

Department:

Street Address: 5107 E Kellogg Dr

City: Wichita

State/Province: KS

Zip Code: 67218

Country: United States

Phone Number:

Contact:

Fax Number:

Type of Practice: Contract

Please provide written explanation for any gaps in work history of six (6) months or more.

Organization: University of Colorado School of Medicine

From: 08/2019 To: 05/2020 ☐ Present

Department:

Street Address: 12631 E 17th Ave

City: Aurora

State/Province: CO

Zip Code: 80045



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Country: United States

Phone Number:

Contact:

Fax Number:

Type of Practice: Asst Professor

Please provide written explanation for any gaps in work history of six (6) months or more.

Work history gap explanations follow:

PRACTICE LOCATIONS

Group Name: Planned Parenthood of the Rocky Mountains

Effective Date: 8/2019

Department:

Street Address: 7155 E 38th Ave

City: Denver

State/Province: CO

Zip Code: 80207

Country: United States

Phone Number: 303-321-2458

Facsimile Number: 303-321-0498

Email Address: [REDACTED]@pprm.org

Answering Service Number:

Foreign Languages (spoken fluently at practice):

Office Manager or Contact Person:

Phone:

Billing Address

Billing Information same as practice information

Practice Associates (if applicable):

Call Coverage (if applicable):

What are the office hours for your Practice or Group Practice? (Provide days/hours):

What provisions have been made for after hours?:

CONTINUING EDUCATION

1. If you are applying for privileges at a hospital or clinic, please attach documentation of all continuing education hours you have obtained in the last two(2) years or complete the attached statement of continuing medical education.

2. If you are applying for privileges at a hospital or clinic, please complete the enclosed privilege request form and ensure that you include any additional privileges that you are requesting. This will ensure your application is considered based upon the most accurate information available.

PROFESSIONAL REFERENCES



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Phone Number: 303-321-2458

Facsimile Number:

LICENSURE REGISTRATION INFORMATION

List all licenses held in all jurisdictions. Attach a separate page if necessary.

State Professional License/Certification Number: CDRH.0058317

☐ Pending

State: Colorado

Issue Date: 5/1/2021

Expiration Date: 4/30/2023

State Professional License/Certification Number: 04-42559

☐ Pending

State: Kansas

Issue Date: 11/2/2021

Expiration Date: 7/31/2022

State Professional License/Certification Number: 19727

☐ Pending

State: Nevada

Issue Date: 6/9/2021

Expiration Date: 6/30/2023

LICENSING EXAM

Please check all that apply:

<input type="checkbox"/> State Board Exam (Prior to 1973)	Which State?	Date(s) passed?
<input type="checkbox"/> FLEX		
Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed
<input type="checkbox"/> LMCC		
Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed
<input checked="" type="checkbox"/> NBME (MD Only):		
Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed
<input type="checkbox"/> NBOE (DO Only):		
Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed
<input type="checkbox"/> COMPLEX (DO Only):		
Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed
<input checked="" type="checkbox"/> USMLE		
Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed

DRUG CERTIFICATION INFORMATION

Federal Drug Enforcement Administration (DEA) Registration:

☐ N/A

DEA Number: [REDACTED] 9092

Expiration Date: 1/31/2022

☐ Pending

DEA Number: [REDACTED] 8697

Expiration Date: 1/31/2022

☐ Pending



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DEA Number: [REDACTED] 9759

Expiration Date: 1/31/2024

☐ Pending

State Controlled Substance Registration (CSR):

☐ N/A

CSR Number: CS31497

Expiration Date: 10/31/2022

State: Nevada

☐ Pending

EDUCATION

List all medical, osteopathic, dental or podiatric schools attended for graduate education and list all hospitals where you received training for post - graduate training. Attach a copy of your certificate. Disclose every residency program initiated, whether completed or not, and all completed programs. Attach a separate page if necessary. Check the type of education listed.

Degree Level: Fellowship

Institution: School of Medicine University of Colorado

Dates Attended:

Department:

From: 7/2017

Street Address: 13199 E Montview Blvd.

To: 6/2019

City: Aurora

State/Province: CO

Zip Code: 80045

Country: United States

Graduation Date: 2019

Degree Earned: FEL - Fellowship

or Specialty: Post-Graduate Program

If teaching appointment: Department/Position

Degree Level: Residency

Institution: Ohio State University Wexner Medical Center

Dates Attended:

Department:

From: 7/2013

Street Address: 410 W 10th Ave

To: 6/2017

City: Columbus

State/Province: OH

Zip Code: 43210

Country: United States

Graduation Date: 2017

Degree Earned: RES - Residency

or Specialty: Obstetrics/Gynecology

If teaching appointment: Department/Position

Degree Level: Graduate

Institution: Michigan State University College of Human Medicine (Edu)

Dates Attended:

Department: Office of Student Affairs and Services

From: 8/2009

Street Address: 804 Service Road, Suite A112

To: 6/2013

City: East Lansing

State/Province: MI

Zip Code: 48824

Country: United States

Graduation Date: 2013

Degree Earned: MD - Doctor of Medicine

or Specialty: Medicine

If teaching appointment: Department/Position



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SPECIALTY BOARD CERTIFICATIONS

NOTE: If you are not board certified by the American Board of Medical Specialties or the American Osteopathic Association, or accepted for examination in your specialty, please give brief explanation on the attached sheet.

☒ Board or ☐ Specialty Board Name: American Board of Obstetrics and Gynecology
Date Certified: 12/09/2019 Date Last Recertified: Expiration Date: 12/31/2022 ☐ Lifetime
Certification Number:

MEDICAL MALPRACTICE INSURANCE

Do you have current medical malpractice insurance? ☒ Yes ☐ No

Please list medical malpractice insurance carriers for the past five (5) years. Attach a separate page if necessary.

Carrier: Marsh Affinity Group Services Limits: [REDACTED]
Department: Svc of Seabury & Smith
Street Address: 225 North 9th Street ☐ Pending
City, State/Province and Zipcode: Boise, ID, 83702
Country: United States
Dates Insured: From: To: 01/01/2022 Policy Number: [REDACTED] 2021

Carrier: Denise D. Barnes, USI Southwest, INC Limits: [REDACTED]
Department:
Street Address: 9811 Katy Freeway, Suite 500 ☐ Pending
City, State/Province and Zipcode: Houston, TX, 77024
Country: United States
Dates Insured: From: 05/2020 To: 05/01/2022 Policy Number: [REDACTED] 2781

Carrier: Ohio State University Self Insurance Program (USIP) Limits: ,
Department:
Street Address: PO Box 183012 ☐ Pending
City, State/Province and Zipcode: Columbus, OH, 43218-3012
Country: United States
Dates Insured: From: To: 07/01/2017 Policy Number:

Carrier: KAMMCO Limits: [REDACTED]
Department:
Street Address: 623 SW Tenth ☐ Pending
City, State/Province and Zipcode: Topeka, KS, 66612



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Country: United States

Dates Insured: From: 11/2021

To: 11/02/2022

Policy Number: [REDACTED] 9609

Carrier: COPIC

Limits: [REDACTED]

Department:

Street Address: 7351 E. Lowry Blvd. #400

☐ Pending

City, State/Province and Zipcode: Denver, CO, 80230

Country: United States

Dates Insured: From:

To: 07/16/2020

Policy Number: [REDACTED] 4384

Carrier: University of Colorado Self-Insurance and Risk Management Trust

Limits: ,

Department:

Street Address: 13001 E 17th Place

☐ Pending

City, State/Province and Zipcode: Aurora, CO, 80045

Country: United States

Dates Insured: From:

To: 02/29/2020

Policy Number:



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PROFESSIONAL PRACTICE QUESTIONS

Read carefully before answering questions.

- A. You must answer all questions. You must provide explanatory information –
- for any “yes” answer to questions numbered 1-18 and
 - for any “no” answer to questions numbered 19-23.

Your failure to provide full and accurate details for any or all of those answers may result in disciplinary action or denial of your application. If in doubt, disclose.

B. The Board expects full and accurate disclosure of all information. You must update any information that changes while your application is pending.

C. The term “you” means you personally and any healthcare entity for which you serve as a business owner, officer or medical director.

Licensing & Professional Membership

1.a. Regardless of the outcome, have you been subject to investigation by a licensing board or other government entity that resulted or could have resulted in any type of sanction (e.g., fine, reprimand, suspension, revocation, limitation, probation)? ☐ Yes ☒ No

1.b. Is any license you now hold under investigation or being challenged? ☐ Yes ☒ No

2. Have you ever been denied membership or renewal, or been subject to investigation or discipline, by a professional organization? ☐ Yes ☒ No

3. Has a federal or state controlled substance registration issued to you ever been voluntarily or involuntarily restricted, limited, suspended, or revoked? ☐ Yes ☒ No

Education

4. Have you, for any reason, ever

4.a. been suspended, dismissed, terminated, resigned or withdrawn from a medical school or postgraduate training (PGT) program? ☐ Yes ☒ No

4.b. been placed on probation or remediation by a medical school or PGT program? ☐ Yes ☒ No

4.c. taken a leave of absence or break from, had any interruption to, or any extension of a medical school or PGT program (reasons might include illness, disability, pregnancy or parental leave, academics, military service)? ☐ Yes ☒ No

Privileges/Appointments

5.a. For any reason, have your privileges at any healthcare entity ever been subject to investigation, which resulted in a voluntary or involuntary restriction, reduction, suspension, surrender, revocation or non-renewal of your privileges? ☐ Yes ☒ No

5.b. Have you ever agreed to limit or not to exercise your clinical privileges while under investigation? ☐ Yes ☒ No

6. Have you ever been disciplined or suspended by any healthcare entity with which you have been employed, or resigned in lieu of investigation or other action? ☐ Yes ☒ No

7. Have you ever been subject to a request for corrective action by a healthcare entity where you held appointment as a member of the medical staff? ☐ Yes ☒ No

Insurance/Health Care Plans

8. Has any private or government health plan or network, e.g., a private healthcare insurance provider, Medicare, Medicaid, ever limited, sanctioned or terminated you as a provider? ☐ Yes ☒ No

Liability

9. Has your professional liability coverage ever been terminated by action of the insurance company, except as a result of the company ceasing to offer insurance to physicians? ☐ Yes ☒ No

10. Have you ever been denied professional liability insurance coverage? ☐ Yes ☒ No

11. Has your professional liability insurance carrier ever excluded any procedures from your coverage? ☐ Yes ☒ No



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12. Within the past ten (10) years, have you ever been involved in a public or private settlement, or a medical malpractice claim or suit, or been notified in writing of the intent to file a malpractice suit? **If yes, please complete the attached Malpractice History Form for each case.** ☐ Yes ☒ No
13. Have you ever been reported to the National Practitioner Data Bank (NPDB)? ☐ Yes ☒ No
Ethics/Impairment
14. Regardless of the outcome and the status of the proceeding, have you ever been arrested or named as a defendant in any criminal action, e.g., convicted, acquitted, dismissed, vacated, sealed, expunged, appealed? ☐ Yes ☒ No
- 15.a During the past five (5) years, have you engaged in any behavior(s) or used any substance(s) (e.g., alcohol, street drugs, prescription medications) in a manner characteristic of an addiction disorder? ☐ Yes ☒ No
- 15.b Are you now engaging in any behavior(s) or using any substance(s) (e.g., alcohol, street drugs, prescription medications) in a manner characteristic of an addiction disorder? ☐ Yes ☒ No
- 15.c Have you been diagnosed with or treated for an addiction disorder at any time during the past five years (including the present)? ☐ Yes ☒ No
16. Are you now, being treated with any opioid analgesic(s) for chronic pain? If yes, please provide a current neuropsychological evaluation and written clearance to practice from your treating physician. See Rule 16.10.14.10. ☐ Yes ☒ No
17. Do you have, or have you been diagnosed with, an illness or condition which impairs your judgment or affects your ongoing ability to practice medicine in a competent, ethical and professional manner? **If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis, treatment, and current status.** ☐ Yes ☒ No
18. Are you currently out of compliance with a judgment and order for child support in New Mexico? ☐ Yes ☒ No
- Attestations**
19. I attest I will limit my practice to areas in which I am competent to practice. ☒ Yes ☐ No
20. I attest I understand I have a continuing duty to report any adverse action taken against me or my license as required by Board Rule Part 16.10.10 NMAC. ☒ Yes ☐ No
21. I attest I have reviewed the completed form and the information it contains is complete and accurate. ☒ Yes ☐ No
22. I attest I have provided a reliable and reasonable address for correspondence to be sent to me by the Board and will notify the Board of any address changes. ☒ Yes ☐ No
23. I attest I will adhere to AMA's ethical standards and the principles of professionalism, honesty and respect for the law at all times. ☒ Yes ☐ No

If you answered "YES" to questions 1-18, and/or "NO" to questions 19-23, please provide a detailed written explanation for each of those answers with this application.



AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

Name and Mailing Address

ANGELA LYNN MARCHIN
DEPT OF OBSTETRICS-GYN 5TH FLR
395 W 12TH AVE
COLUMBUS, OH 43210-1267

Primary Office Address

SAME AS MAILING ADDRESS

Birth date [REDACTED] 1987

Phone (303) 493-7000

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

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

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1497199970	04/26/2013	NOT RPTD	NOT RPTD	NOT RPTD	12/17/2021

Current and/or historical medical school

MICHIGAN STATE UNIVERSITY COLLEGE OF HUMAN MEDICINE

Degree Awarded: YES
Degree Year: 2013

AMA files checked
12/30/2021 14:24:22

AMA Physician Profile for Angela Lynn Marchin, MD
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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: OHIO STATE UNIVERSITY HOSPITAL
Sponsoring State: OHIO
Program name: OHIO STATE UNIVERSITY/MOUNT CARMEL HOSPITAL PROGRAM
Specialty: OBSTETRICS & GYNECOLOGY
Training Type: SPECIALTY
Dates: 7/2013 - 6/2017 (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: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
Certificate: OBSTETRICS & GYNECOLOGY

Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
TIME LIMITED	Active	12/31/2020	12/31/2021		RE-CERT	12/28/2021	Y
TIME LIMITED	Expired	12/09/2019	12/31/2020		INITIAL	12/28/2021	Y

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.

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Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
19727	MD	NV	03/23/2020	06/30/2023		ACT	UNL	12/13/2021	Angela Lynn MARCHIN
04-42559	MD	KS	09/06/2019	07/31/2022		ACT	UNL	12/02/2021	Angela NULL Marchin
58317	MD	CO	04/04/2017	04/30/2021	05/01/2019	INA	UNL	02/04/2020	Angela Lynn Marchin
57.023815	MD	OH	10/23/2013	06/23/2017	06/24/2016	INA	RES	12/03/2021	Angela Lynn Marchin

Abbreviation key: ACT = Active, DEN = Denied, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

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*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
-----697	C-0	22N 33N 4 5	Active	01/31/2022	Paid	11/19/2021	South Wind Women's Center 5107 E Kellogg Dr Wichita, KS 67218-1625

* Only the last three characters of DEA numbers are displayed

† The Business Activity code and subcode provide additional detail about the physician. For instance, Business Activity code-subcode combinations C-1, C-4, C-5, C-6, C-9, C-A, C-B, C-C, and C-D indicate the physician holds a DEA DATA waiver. [Learn more](#) about Business Activity code-subcode combinations.

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: New Mexico Medical Board As of Date:12/30/2021

PRACTITIONER INFORMATION

Name: Marchin, Angela Lynn
DOB: [REDACTED] 1987
Medical School: Michigan State University College of Human Medicine
East Lansing, Michigan, UNITED STATES
Year of Grad: 2013
Degree Type: MD
NPI: 1497199970

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
1497199970	Individual			10/01/2019

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date:12/30/2021
Practitioner Name: Marchin, Angela Lynn

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
COLORADO			08/16/2019	12/28/2021
		FSMB License Status: Expired		
COLORADO	DR.0058317	04/04/2017	02/26/2020	12/28/2021
		FSMB License Status: N/A		
COLORADO	0058317	02/26/2020	04/30/2023	12/28/2021
		FSMB License Status: Active		
KANSAS	04-42559	09/06/2019	07/31/2022	12/01/2021
		FSMB License Status: Active		
NEVADA	19727	03/23/2020	06/30/2023	12/28/2021
		FSMB License Status: Active		
OHIO	57.023815	10/23/2013	06/23/2017	12/23/2021
		FSMB License Status: Inactive		

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
9092	22N 33N 4 5	AURORA,CO 80012	01/31/2022	12/07/2021
8697	22N 33N 4 5	WICHITA,KS 67218	01/31/2022	12/07/2021
9759	22N 33N 4 5	LAS VEGAS,NV 89121	01/31/2024	12/07/2021

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date: 12/30/2021
Practitioner Name: Marchin, Angela Lynn

ABMS® CERTIFICATION HISTORY

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

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2020	12/31/2021		Recertification	11/25/2021
Expired	Time Limited	12/09/2019	12/31/2020		Initial	11/25/2021

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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