

**STATE OF NEW HAMPSHIRE**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF HEALTH PROFESSIONS**

Board of Medicine  
7 Eagle Square  
Concord, N.H. 03301  
Telephone 603-271-1203 · Fax 603-271-6702



November 4, 2020

MATTHIAS GOTTFRIED MUENZER, MD

Dear Dr. Muenzer:

Congratulations. The New Hampshire Board of Medicine has granted your application for licensure. Your license number is 20986 and is dated November 4, 2020.

You are required to renew your license on a biennial basis and forms for that purpose will be forwarded to you at the address on file with the Board in April of the year in which your renewal is set to occur. For this reason, a form is enclosed which should be returned to us if and when you change your home or business address. Please be aware that you are required to inform the Board of any change of address within 30 days of that change.

**IMPORTANT: As a licensee in New Hampshire, you are required to register for the NH Prescription Drug Monitoring Program ("NH PDMP") within 90 days from the date your license was issued. (Med 501.02(I)) Please visit the website at <https://newhampshire.pmpaware.net/login> and register using the attached instructions. The NH PDMP Help Desk information is 855-353-9903.**

An embossed certificate of licensure will be provided to you within the next six months. This certificate is for display purposes only and does not constitute a legal document which verifies current licensure. The enclosed pocket size card should be used for that purpose.

Please feel free to contact this office if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Sharon Canney".

Sharon Canney  
Administrative Supervisor

Encl.

Dear Mrs. Taylor

As far as I remember, and this is over 20 years ago, in 1997 - I started in 1995 as a PGY1 at Nassau County Medical Center NCMC (the name was changed later on to Nassau University Medical Center). Towards the end of the first year of my residency a second year resident was let go. The program was beginning to look for a replacement and I offered to step in, based on the fact that I had already completed an ObGyn residency program in Germany. "Stepping in" meant that I would go from being a PGY1, a first year resident, to a PGY3, a third year resident and skip the second year of the residency training. The program agreed and I advanced from year one to year three in my second calendar year at NCMC. During that year I applied for advanced standing from the American Board of ObGyn, hoping to be allowed to graduate from residency after three years only. I argued that I already was board certified in Germany and also had received excellent reviews from my attendings in my first year of residency. The previous chairman, Dr Halitzky and the present chairman, Dr Hong as well as the program director Dr Santana-Fox each wrote a letter in support, and these letters are enclosed in PDF format (and they are quite favorable). The request was denied by Dr Norman Gant, the Executive Director of the American Board of ObGyn.

Now I was in the following situation: I would have to train 4 years at a residency program in the United States, but was only scheduled to train a year one, three and four as a routine, standard, regular resident at NCMC. The teaching, structure, the salary and the possibility of certification of the fourth calendar year was uncertain. I spoke to the chairman of the department about my options and was offered to work night calls at a nearby hospital for income, while continuing a training role during the day at NCMC in order to satisfy the requirement of a 4 year residency.

This plan was not very satisfying and did not appear stable and reliable enough. Therefore I started looking for a new residency program towards the end of my second calendar year at the program (while serving as a third year resident). This was after (!) I had requested support for advanced standing and after (!) the request had been denied. Back then, this happened by calling the "hotline", a telephone line where open residency positions were announced on an answering machine I applied to two programs and Beth Israel Deaconess Medical Center in Boston, a Harvard teaching hospital, was interested. While I was interviewing in Boston I was asked to sign the letter of commitment to the following year of residency at NCMC. I delayed signing it and then was accepted for a third year residency position in Boston.

This was an opportunity that was hard to pass over, as you might understand and I agreed to move to Boston. I was happy to finish my second calendar year at NCMC, nobody forced me to do this. The department at NCMC was not happy about a third year resident leaving, since it meant that they had only 3 chief residents instead of 4 during the following year.

I am really not sure if there was an overlap of me asking for support, since me asking for support dates back to February 1996 - as you can see from the enclosed letters. I only started looking for a new position after I realized that my fourth calendar year at NCMC would be unconventional in terms of certification and salary. I am aware that Dr Santana wrote a letter of support in May 1997, which must have been shortly before I interviewed at Beth Israel Deaconess in Boston, but after 20 years I do no longer have the receipts of the travel, the hotel or any other receipts that might confirm that I interviewed relatively late in Boston and most likely after the letter of support by Dr Santana.

That aside - is it really immoral to apply for a more secure, more reputable position and not to tell the present program? At that time, I also really was not sure that a Harvard hospital would even be interested in an application of a foreign medical graduate coming from a county hospital - as you can imagine.

Nevertheless, once I was - to my surprise - offered this opportunity I did not want to miss it- would you say no to switching your training from a County Hospital to a Harvard hospital? And the reputation of my training hospital was only half the reason, the other half of the reason was the fact that my fourth calendar

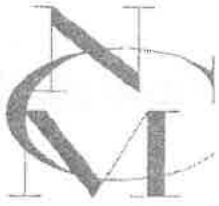
year at NCMC would have been a non-standard year with quite a few uncertainties. The move was most certainly not illegal as I did confirm with the legal department of NCMC at the time. The Massachusetts Board of Medicine, the Florida Board of Medicine and the New Jersey Board of Medicine did not bring up this issue up when I applied for a license in their respective states in the years 1999 and 2000.

I considered my leaving Nassau County Medical Center to be a switch in hospitals during residency and did not consider this an unusual event or occurrence. That is why I answered "no" on the FCVS questionnaire. I am sorry that the program director at Nassau County Medical Center saw this differently.

Please also take into account that this was over 20 years ago and that there are no other doubts about my reputation or moral behavior before and after. I would be very happy to explain this further and provide whatever explanations you require.

Please consider my application for a medical license in New Hampshire favorably.

Sincerely  
Matthias G Muenzer MD



# NASSAU COUNTY MEDICAL CENTER

2201 HEMPSTEAD TURNPIKE • EAST MEADOW, N.Y. 11554 • (516) 572-0123



THOMAS G. GULOTTA  
COUNTY EXECUTIVE

February 16, 1996

Norman F. Gant, M.D.  
Executive Director  
American Board of Obstetrics and Gynecology  
2915 Vine Street  
Dallas, TX 75204

Dear Dr. Gant:

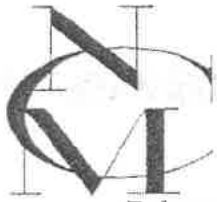
In 1995, we ranked Dr. Muenzer at the top of our NRMP list, based on his outstanding credentials and extensive experience not only in our field, but also in surgery, anesthesiology and pathology.

Dr. Muenzer has completely fulfilled our expectations and has proven to be a highly skillful, knowledgeable, resourceful and efficient resident. Concluding from what I have observed and from the reports of his attendings and chief residents his prior training, which led to Board Certification in Germany, has provided him with a strong foundation according to American standards. Dr. Muenzer has performed at a superior level in all aspects, he is an extremely competent and well versed surgeon, has extensive theoretical knowledge, shows excellent bed-side manners and his behavior towards fellow residents, faculty and nursing staff is outstanding.

The faculty and I unanimously agree that Dr. Muenzer would be more than competent and would perform in the same excellent manner in a third year residency position starting July 1996. We therefore strongly support his request for residency time credit and would be very appreciative if you and the Board would rule in his favor.

Sincerely,

Peter Hong, M. D.  
Acting Chairman  
Department of Ob/Gyn



# NASSAU COUNTY MEDICAL CENTER

2201 HEMPSTEAD TURNPIKE • EAST MEADOW, N.Y. 11554 • (516) 572-0123



February 22, 1996

THOMAS S. GULOTTA  
COUNTY EXECUTIVE

Norman F. Gant, M. D.  
Executive Director  
American Board of Obstetrics & Gynecology  
2915 Vine Street  
Dallas, TX 75204

RE: Matthias G. Muenzer, M. D.  
Resident Physician

Dear Dr. Gant:

I am writing you in total support of Dr. Matthias Muenzer's request for residency time credit.

I personally interviewed Dr. Muenzer prior to the match for the 1995 academic year and found him far superior to all the other candidates interviewed and subsequently ranked. This was due not only to his innate intelligence but because he was already a fully trained and experienced German Obstetrician/Gynecologist who would subsequently be certified in Germany (April 19, 1995).

Dr. Meunzer has obviously performed admirably in all respects as a PGY-1 in the Obstetrics and Gynecology Residency Program at the Nassau County Medical Center. There is no question in my mind that he would perform equally well as a PGY-4 or even as a junior faculty member.

I understand the Board's reluctance to grant residency time credits but in Dr. Meunzer's case I hope the Board, after evaluation of his documentation, will see fit to grant him time toward his residency training in the United States.

Sincerely,

Victor Halitsky, M. D.  
Former Chairman and Program Director

Professor of Clinical Obstetrics and  
Gynecology  
State University of New York  
at Stony Brook

VH/ld  
muenzer

CLINICAL CAMPUS, STATE UNIVERSITY OF NEW YORK at STONY BROOK: HEALTH SCIENCES CENTER

**NASSAU COUNTY MEDICAL CENTER HEALTH CARE SYSTEM**

2201 Hempstead Turnpike, East Meadow, N.Y. 11554  
(516) 572-0123

**THOMAS S. GULOTTA**  
COUNTY EXECUTIVE

**H E A L T H F I R S T** AFFILIATE  
CLINIC CAMPUS, STATE UNIVERSITY OF NEW YORK AT STONY BROOK

**JOSEPH R. ERAZO**  
EXECUTIVE DIRECTOR



**BOARD OF MANAGERS**

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SALLY M. RAVICH  
ERIC S. ROSENBLUM, ESQ.  
ROBERT C. WILLIAMS, ESQ.

May 12, 1997

Norman F. Gant, M. D.  
Executive Director  
American Board of Obstetrics and Gynecology  
2915 Vine Street  
Dallas, TX 75204

Dear Dr. Gant:

I am writing on behalf of Dr. Matthias Muenzer as his Program Director. Dr. Muenzer is currently requesting credit towards one year of residency training and I totally support his plea.

Dr. Muenzer began his residency at Nassau County Medical Center in May 1995 as a PGY-I. He came to us after being fully and very respectfully trained in Germany. His transcripts and resume prove that he is an outstanding physician and has the qualifications of an attending physician. We received many applications including a few of priorly trained physicians and some who received credit in the United States for foreign training. Dr. Muenzer far superceded these candidates. We had the opportunity to accelerate his training and we did so because he was well deserving. Since he has been in our program he has scored well above that of his seniors on all his in-service exams. Surgically he is well qualified to carry on surgery without supervision or guidance.

Unfortunately, Dr. Muenzer cannot take the American Boards unless he has received credit for four years of training in the United States. We are again pleading to the Board to reconsider his application for one year's credit towards his training. This is a gentleman the United States is lucky to have trained and whom I am sure will be a superb addition to our field. His skills and knowledge rank him among the best and I hope the Board will take this into consideration.

Sincerely,

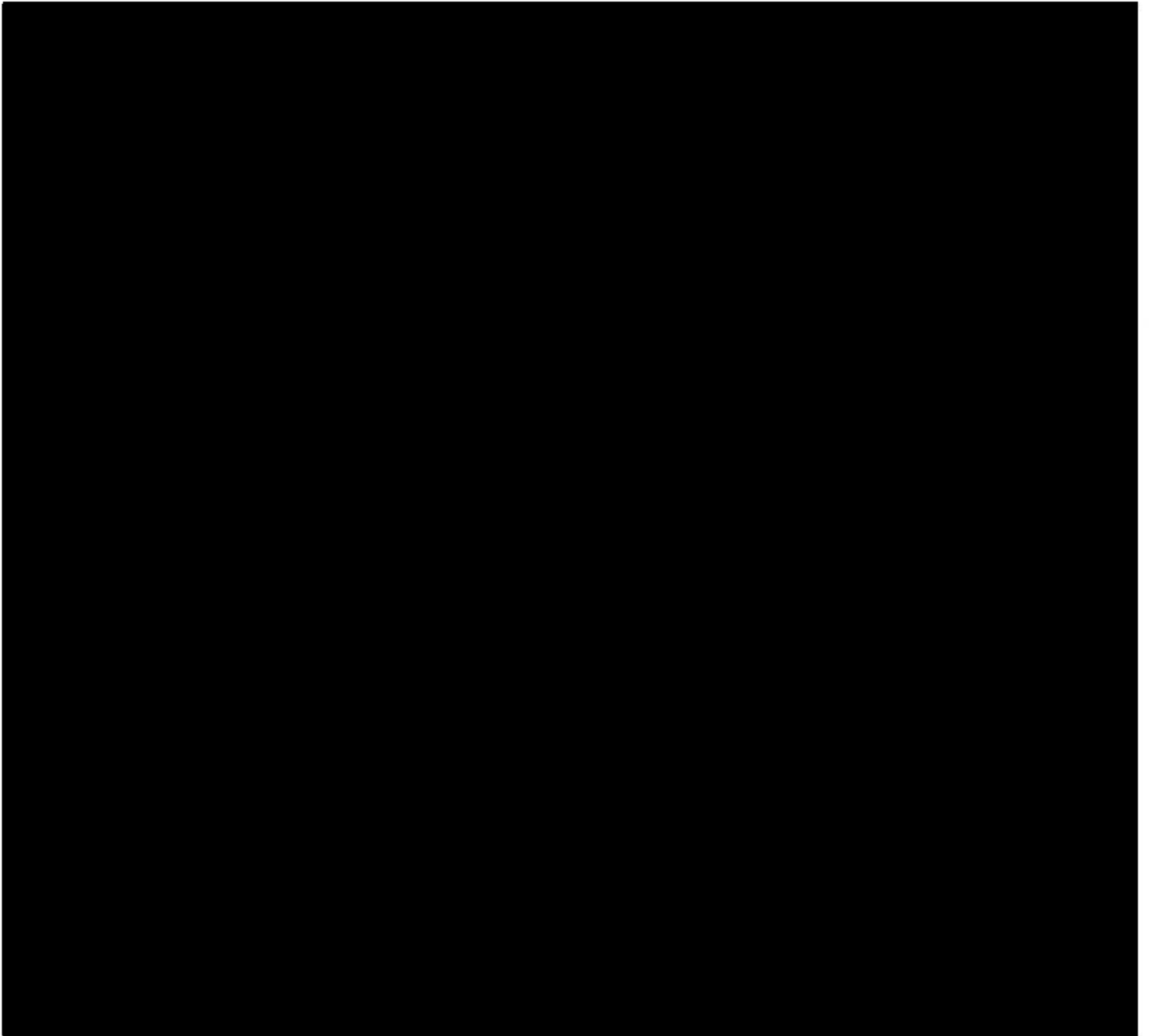


Elsie Santana-Fox, M. D.  
Director - Residency Training Program

ESF/ld  
ES-Muenzer/Bornas

**A. HOLLY PATTERSON GERIATRIC CENTER • 875 JERUSALEM AVENUE, UNIONDALE, N.Y. 11553**

CONFIDENTIAL MEMO



Taylor, Penny

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**From:** Taylor, Penny  
**Sent:** Friday, October 30, 2020 11:11 AM  
**To:** [REDACTED]  
**Subject:** NH Medical License Application

Dear Dr. Muenzer,

The New Hampshire Board of Medicine (“Board”) staff has reviewed your application for license as a physician in this state. It was noted on your Federation Credentials Verification Service (“FCVS”) packet that you answered “no” to all of the questions in the Unusual Circumstances Section for attendance at Nassau University Medical Center Program.

Nassau University Medical Center answered “yes” to the following question:

- Were any negative reports for behavioral reasons ever filed by instructors?

The explanation given by Nassau University Medical Center is:

**“Upon review of documentation in his file, while requesting support by our program of his request for advanced credit of prior training from the board, he was already applying for acceptance into another program without our knowledge and resigned his position prematurely but was legally obligated to complete the PGY2 year and required to do so prior to leaving.”**

\*\*Please explain this discrepancy between your answer and the answer from Nassau University Medical Center in regards to the above issue, and also submit an explanation as to the circumstances surrounding the above issue at this facility.

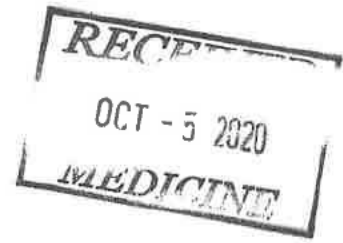
Thank you.

Sincerely,

Penny Taylor, Administrator  
Office of Professional Licensure and Certification  
NH Board of Medicine  
7 Eagle Square, Concord, NH 03301  
Tel: (603) 271-1205 | Website: <https://www.oplc.nh.gov/medicine>



Matthias Muenzer, MD



To  
Board of Medicine, Licensure and Certification  
7 Eagle Square  
Concord NH 03301  
603-271-4728 phone, 603-271-6702 fax

September 30th 2020

Dear NH Board of Medicine:

I have applied for a permanent license to practice medicine in the state of New Hampshire with the goal of joining the staff at Frisbie Memorial Hospital in Rochester. Most documentation has been submitted, and you have kindly send me a letter notifying me of the material still missing. I am working on that.

In addition I am now **applying for a temporary license**, in order to ensure that I will be able to start on January 1st 2021 and have included the following material:

1. A check over \$50 licensing fee.
2. Printouts from my email exchanges with FCVS as proof that I have submitted my material.
3. Copies of my active license to practice medicine in MA, re-appointment letter to the medical staff of my hospital and copy of my Mass DEA license, all showing that I will have a valid license to practice medicine until mid / late 202.
4. You should receive the confirmation of my MA license directly from the MA Board of Medicine within a week or two.

Please let me know if you require additional material.

Thank you very much, your

Matthias Muenzer, MD

**From:** noreply@fsmb.org  
**Subject:** FCVS Application Submitted  
**Date:** September 15, 2020 at 16:37  
**To:** [REDACTED]



Dear Matthias Gottfried Muenzer,

Thank you for using the Federation Credentials Verification Service (FCVS) online application. All necessary verification requests have been initiated and we will keep you updated on the status of your portfolio.

**If you have not already done so**, please submit the following documents. FCVS is prohibited from releasing any documentation to any designation without these [required documents](#).

- FCVS Affidavit and Release form (eNotary\* or mail to FCVS)
- Certification of Identification (CID) form with photocopy of Birth Certificate or Passport (eNotary\* or mail to FCVS)

*\*For your convenience, these documents can be submitted to FCVS electronically using [Notary Cam](#) (exclusions and an additional fee applies).*

Please visit your designated board website(s) to view their specific application and requirements. Many state medical boards will require additional information and instructions for the licensure process. We appreciate the opportunity to assist you with establishing an education and training credentials portfolio.

**Regards,**

Federation Credentials Verification Service  
Have a Question? Please [Contact Us](#) and reference your FID# 201071743  
Phone: 1-888-ASK-FCVS (275-3287)  
Email: [fcvs@fsmb.org](mailto:fcvs@fsmb.org)



**Payment Summary**

- Transaction Date: 9/15/2020 3:35:06 PM
- Total: [REDACTED]
- Balance: [REDACTED]
- 

Total Quantity	Item Description	Unit Price	Extended Price
1	ECFMG Certification	[REDACTED]	[REDACTED]
1	ECFMG Med Ed Request Fee	[REDACTED]	[REDACTED]
1	FSMB Transcript	[REDACTED]	[REDACTED]
1	Initial Processing/Portfolio	[REDACTED]	[REDACTED]
1	NPDB Report	[REDACTED]	[REDACTED]

- Payment Reference Number: [REDACTED]

**Designations:**

- New Hampshire Board of Medicine

**From:** noreply@fsmb.org  
**Subject:** There has been an update to your FCVS Portfolio  
**Date:** September 18, 2020 at 06:18  
**To:** [REDACTED]



Dear Matthias Muenzer,

As part of the credentials verification process, FCVS will provide you with status notifications when your Certification of Identity (CID) has been received or your Medical Education and Postgraduate Training have been completed. A final notification will be provided when your entire portfolio is complete.

Please be sure to notify FCVS if you update or change information within your application. Changes to your application will impact the accuracy of this notification.

A separate notification will be provided when your entire portfolio is complete.

<b>Status</b>	<b>Document(s)</b>
Received	Certification of Identification

Thank you,

FCVS Staff  
Federation of State Medical Boards

Need Help? Have a Question? Please [Contact Us](#).

When contacting customer support, reference your Federation ID: 201071743

**From:** fcvsinbox fcvsinbox@fsmb.org  
**Subject:** [REDACTED] Certification for Matthias Muenzer MD  
**Date:** September 29, 2020 at 13:54  
**To:** [REDACTED]



Hello Dr. Muenzer,

Thank you for contacting FCVS regarding this matter. The time for processing applications varies. Our goal at FCVS is to process initial applications in 45 business days or less from submission. Building a credential portfolio can be a time-consuming process. It involves contacting multiple sources for credentials verification and is dependent on their timely and complete responses. FCVS will resubmit the request if a response is not received in a timely manner. We are committed to communicating with you during the process. Should you require further assistance, please contact customer support at 888-275-3287 and a Customer Support Representative will be happy to assist you.

Thank you!  
**Katie Smith**  
Customer Support Representative II, FCVS

**Federation of State Medical Boards**  
400 Fuller Wisser Road | Suite 300 | Euless, TX 76039  
1-888-275-3287 phone  
[www.fsmb.org](http://www.fsmb.org)



----- Original Message -----

**From:** "Matthias Muenzer" [REDACTED]  
**Received:** 9/28/2020 6:45 PM (Central Daylight Time)  
**To:** fcvs@fsmb.org  
**Subject:** Certification for Matthias Muenzer MD

**CAUTION:** This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear FCVS,  
I just heard from the NH Board of Medicine that they have not received the certification from your organization. I am applying for a physician license in NH. Is there anything I can do? Do you need additional information?  
Please let me know  
Sincerely  
Matthias Muenzer MD

your name as Matthias Gottfried Munzer; however, the legal name selected in your application is Matthias Gottfried Muenzer. Please confirm the correct order of your name. If the name you selected is correct, please provide me with an identity document or secondary document (Passport, Birth Certificate, Marriage Certificate, Name Change Court Papers, Divorce Decree, Naturalization Certificate, Baptismal Certificate, or Refugee Travel Document) that supports your name as <<>>. If the passport in your file is correct, please log into your FCVS account, click on the start or continue button, navigate to the 'Personal Identification' section, and edit the legal name on the profile. Please note, you do not have to submit the application for these changes to be made.

**\*\*\* Once you have completed this change, please send me an email letting me know it is okay to proceed with processing of your profile. \*\*\***

Thank you.

Kind regards,

**Annette Latigo**

Credentials: II

Federation Credentials Verification Service  
Federation of State Medical Boards  
400 Fuller Wear Road | Suite 300 | Dallas, TX 75039  
817-868-5094 direct | 817-868-4241 fax  
[alatigo@fsmb.org](mailto:alatigo@fsmb.org) | [www.fsmb.org](http://www.fsmb.org)  
<image001.jpg>

**From:** Annette Latigo [alatigo@fsmb.org](mailto:alatigo@fsmb.org)  
**Subject:** RE: Welcome to FCVS - Action Required - [REDACTED]  
**Date:** September 21, 2020 at 09:53  
**To:** Matthias Muenzer [REDACTED]



Good morning,

I appreciate the explanation.

Kind regards,

**Annette Latigo**

Credentialist II

Federation Credentials Verification Service  
Federation of State Medical Boards  
400 Fuller Wise Road | Suite 300 | Dallas, TX 75239  
817-868-5094 direct | 817-868-4241 fax  
[alatigo@fsmb.org](mailto:alatigo@fsmb.org) | [www.fsmb.org](http://www.fsmb.org)



---

**From:** Matthias Muenzer [REDACTED]  
**Sent:** Thursday, September 17, 2020 5:57 PM  
**To:** Annette Latigo <[alatigo@fsmb.org](mailto:alatigo@fsmb.org)>  
**Subject:** Re: Welcome to FCVS - Action Required - [REDACTED]

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi, Annette

Please take a close look at the passport and you will detect the ü in the passport. It is not a "u", but a "ü".

The two spellings are equivalent and interchangeable. No need to submit any additional documents. Münzer is the German spelling, Muenzer is the international spelling for those languages that do not have the "ü".

Hope that helps

Matthias Muenzer

On Sep 17, 2020, at 16:20, Annette Latigo <[alatigo@fsmb.org](mailto:alatigo@fsmb.org)> wrote:

Dear Dr. Muenzer,

My name is Annette and I am on a team of dedicated credentialists facilitating the processing of your FCVS portfolio.

After reviewing your identity documents, it appears your passport reports

RECEIVED  
OCT - 5 2020  
MEDICINE

COMMONWEALTH OF MASSACHUSETTS  
Board of Registration in Medicine

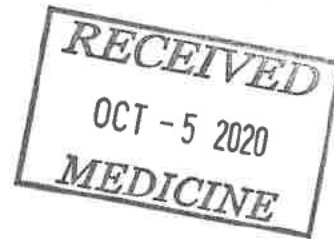


**Active License**

Matthias G. Muenzer M.D.



Lic. # 160382  
Expires: 08/26/2022



August 23, 2019

Matthias Gottfried Muenzer, MD  
101 Main St.  
Suite 217  
Medford, MA 02155

Dear Dr. Muenzer:

I am pleased to inform you that on AUGUST 15, 2019, the Board of Trustees/Board Quality Committee voted to approve the recommendation of the Medical Executive Committee of MelroseWakefield Healthcare and reappoint you to the Medical Staff. Your reappointment period begins 9/1/2019, granting you Clinical Privileges in the Department of OB/GYN. The Credentialing Department will provide you with application materials six (6) months prior to the end of your appointment cycle, which is 8/31/2021.

If approved for Active Staff with Clinical Privileges;

- You shall be assessed in accordance with Ongoing Professional Practice Evaluation (OPPE) & Focused Professional Practice Evaluation (FPPE). Your Department Chair can share the criteria and measures being used for your specialty for these evaluations that are now required by Joint Commission for all physicians with Clinical Privileges.
- May order tests & treatments within your scope of privileges.
- Must accept call or personally arrange for coverage of call in the Emergency Department.

If approved for Active Staff Refer and Follow;

- You will not be required to be monitored in accordance with OPPE/FPPE for the inpatient setting.
- You may refer patients to the hospital.
- You may follow a patient's progress while in the hospital.
- You may visit patients in the hospital, review the patient's medical record, and consult with other physicians, nursing, etc. but may not order any testing or treatments.
- You are not required to accept call in the Emergency Department.

I would like to personally thank you on behalf of the Board of Trustees for your continued support and commitment to providing quality healthcare at MelroseWakefield Healthcare. If you would like to discuss any issue regarding the system, please feel free to contact an appropriate member of our management team or visit with me at your convenience.

Sincerely,

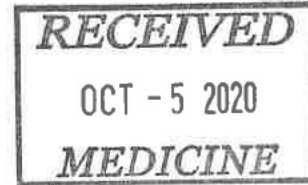
Susan Sandberg, MBA, RN  
Chief Executive Officer

MelroseWakefield Healthcare

A clinical partner of **Tufts** Medical Center



please visit our web site at <http://www.mass.gov/dph/boards>.



Matthias G Muenzer  
Tufts Medical Center Community Care  
50 Rowe Street  
Suite 400  
Melrose MA 02176

Fold, Then Detach Along All Perforations

**COMMONWEALTH OF MASSACHUSETTS**

DEPARTMENT OF PUBLIC HEALTH

**CONTROLLED SUBSTANCES REGISTRATION**

MCSR Physician MD

SCHEDULES II, III, IV, V, VI

Matthias G Muenzer  
Tufts Medical Center Community Care  
50 Rowe Street  
Suite 400  
Melrose MA 02176

*Matthias G Muenzer MD*  
Signature

MM0386943A

9/29/2023

1192215

LICENSE NO.

EXPIRATION DATE

SERIAL NO.

Fold, Then Detach Along All Perforations

DPH CONTROL# 1823564

**IMPORTANT**

If you find this license, please return to: **Bureau of Health Professions Licensure, 239 Causeway St., Suite 500, 5th Fl., Boston, MA 02114.**

If your name or address changes, you must notify your Board to ensure the proper mailing of your next Renewal Reminder. Always refer to your license number when corresponding with your Board. This license is subject to the provisions of the General Laws as amended. It is a privilege and cannot be loaned or assigned to any other entity. Keep this license on your person, posted, or as required by law.

Please visit our web site at: <http://mass.gov/dph/boards>

**FCVS**

**FEDERATION CREDENTIALS  
VERIFICATION SERVICE**

RECEIVED  
OCT 23 2020  
NH BOARD

## Medical Professional Information Profile

*This report provides credentialing information for:*

Name: **Muenzer, Matthias Gottfried**

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

FID#: [REDACTED]

Recipient: **NH - New Hampshire Board  
of Medicine**

Delivery Date: **10/23/2020**

### 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 (excluding 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**

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, material, 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.



OTAMBEA SWENS  
Notary Public  
State of Massachusetts  
Commission Expires  
24/07/2022

*Matthias G. Muenzer*

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

MUENZER

Applicant's Printed Last Name

MATTHIAS G.

Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

09/15/2020

Date of Signature (must correspond to date of notarization)

State of Massachusetts, County of Suffolk

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 15 day of September, 2020.

Notary Public Signature: *[Signature]*

My Notary Commission Expires: 06/24/2022

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

400 FULLER WISER ROAD | EULESS, TX 76039 | TEL (817) 868-5000

201 071 743



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**Biographic Information**

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Medical professional Name(s): **Muenzer, Matthias Gottfried**

Date of Birth: [REDACTED]

Place of Birth: [REDACTED]

---

**Contact Information**

---

Home Address: [REDACTED]

UNITED STATES

Home Phone: [REDACTED]

Mobile Phone: [REDACTED]

Email: [REDACTED]

Email: [REDACTED]

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**Credentials Analysis Information for Identity**

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There is no Omission/Discrepancy/Miscellaneous information identified.

**CERTIFICATION OF IDENTIFICATION**  
**Certification by Notary Public Is Required**

Applicant Full Legal Name: M UENZER MATTHIAS GOTTFRIED  
Last First Middle

FCVS ID Number: FCVS [REDACTED]

**Notary – Please complete the section below:**

State of Massachusetts County of Suffolk

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 Valid 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.

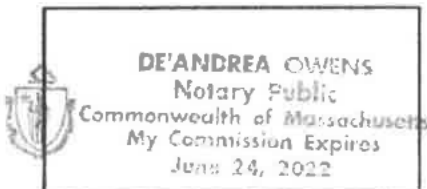
The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 15, of (Month) September, (Year) 2020.

Notary Public Signature: [Signature]

Commission Expiration Date\* (Month) 06 / (Day) 24 / (Year) 2022

**\* The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided. If you are in California, the notary may attach a California All-Purpose Acknowledgement form to this document.**

**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  
Eules, TX 76039-3856

FCVS ID Number  
201071743

BC/PP

FID Number  
-----

# ABSTAMMUNGSURKUNDE

E 2

(Standesamt Großen-Buseck -/-

Nr. 19/1954 )

Matthias Gottfried Münzer -/-

ist am

in

geboren.

Eltern:

Änderungen des  
Geburtsintrags: -/-

Großen - Buseck ,den 1. Oktober 1974

Der Standesbeamte



Bestell-Nr. 14/401-1 (Komplett-St.Amt Moppel Tasche 7)  
Abstammungsurkunde.  
Verlag für Standesamtswesen GmbH, Frankfurt/M.  
80 9 8 7 6 5 4 10 9

14/401-1

201 071 743

TRANSLATION OF CERTIFICATE OF ORIGIN

Abstammungsurkunde (Certificate of Origin)

Standesamt (Bureau of Vital Statistics): Grossen-Buseck -/-

Nr. 19/1954

Matthias Gottfried Münzer -/-

ist am (was born the):

in (in): Großen-Buseck -/-

(translator's note:

geboren.

Eltern (parents):

Änderungen des Geburtseintrags: -/-  
(Changes in the certificate)

Großen-Buseck, den 1. Oktober 1974  
(Großen-Buseck, October 1st 1974)

Der Standesbeamte  
(The Registrar of Vital Statistics)

Stamp and Seal and

signature of Mr. Jost

Hamburg, February 28th 1995

Certificate of the translator

This document has been translated with absolute accuracy and I am  
competent to translate.

Mitch Proctor



201 071 743





Written Explanation of Name

**Name:** Muenzer, Matthias Gottfried

**Explanation:**

In my passport there is a u with 2 small dots above in my last name - written as "ü " This is the original German spelling, also called "U Umlaut". It is pronounced as a sound that does not exist in English.

The international spelling is Muenzer, where the two little dots have been written as "e". Actually in the passport there is the international spelling as well, at the bottom.

I hope this helps, you can always consult a German speaking teacher or person about "ü" and "ue".

**Federation ID#:**

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
05/01/1975	12/30/1981	Medical Education	Medical Faculty, Ludwig Maximilians University of Munich Munich Bayern GERMANY
01/01/1982	07/30/1982	Work	Research, Department of Internal Medicine, Poliklinik der Universitaet Muenchen Pettenkoferstr.8 Muenchen, Bayern GERMANY
08/01/1982	10/30/1983	Military Service	Marine Sanitaetsstaffel Wilhelmshaven Wilhelmshaven Niedersachsen GERMANY
11/01/1983	12/31/1983	Seeking Employment	self Bueck Hessen GERMANY
01/01/1984	03/30/1985	PGT/Education	Anesthesia Department Zentralklinikum Augsburg Augsburg Bayern GERMANY
04/01/1985	07/30/1986	PGT/Education	Pathological Institute, University of Erlangen Erlangen Bayern GERMANY
08/01/1986	12/30/1986	PGT/Education	Klinikum Nuernberg Nord Nuernberg Bayern GERMANY
01/01/1987	12/31/1987	PGT/Education	Klinikum Bamberg Bamberg Bayern GERMANY
01/01/1988	04/30/1989	PGT/Education	Klinikum Bamberg Bamberg Bayern GERMANY
05/01/1989	10/30/1994	PGT/Education	Allgemeines Krankenhaus Hamburg-Barmbek Hamburg Hamburg GERMANY
11/01/1994	03/22/1995	Work	Practice Leidenberger, Weise und Partner Lornsen Strasse 6 Hamburg, Hamburg GERMANY
05/25/1995	06/30/1997	Postgraduate Training	Nassau University Medical Center Program East Meadow New York UNITED STATES
07/01/1997	06/15/1999	Postgraduate Training	Beth Israel Deaconess Medical Center Program Boston Massachusetts UNITED STATES

End of Chronology of Activities report for: Muenzer, Matthias Gottfried

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**Medical Education**

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**Medical School:** Medical Faculty, Ludwig Maximillians University of Munich

**Location:** Munich, BY  
GERMANY

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**Credentials Analysis Information for Medical Education**

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There is no Omission/Discrepancy/Miscellaneous information identified.

Instructions 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 Suite 300 400 Fuller Wiser Road Euless, TX 76039 or e-mail to: fcvsmeded@fsmb.org

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: Ludwica-Maximilians-University
Address Line 1: [Redacted]
Address Line 2: [Redacted]
City: [Redacted] State/Province: [Redacted] ZIP Code (postal code): [Redacted]
Country: [Redacted]

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

Premedical Education:

Years of education required for admission to your medical school: 12-13

Credential/degree presented by the applicant for admission to your medical school: Altitur Hochschulzugang

Enrollment and Participation: Our records indicate that Kuenzer, Matthias (typed on individual's name: Last, First, Middle, Suffix) attended our medical school for a total of 226 weeks of medical education on the following dates. From: 11/03/87 to 08/30/89

This individual:

Was awarded the degree of M.D. (Med. Doctor) on 10/20/1989 (Month/Date/Year)

Was NOT awarded a degree because: (please explain — attach additional pages if necessary)



Watermark For FCVS Internal use only

Print Name: A. Menninger
Signature: A. A. Menninger
Title: Med. Director Date: 10/19/2020
To: [Redacted]
E: [Redacted]

**Unusual Circumstances**

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education? YES  NO

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

Personal/Family	From (Mo) ____ / ____ / ____	To (Mo) ____ / ____ / ____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Academic remediation	From (Mo) ____ / ____ / ____	To (Mo) ____ / ____ / ____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Health	From (Mo) ____ / ____ / ____	To (Mo) ____ / ____ / ____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Financial	From (Mo) ____ / ____ / ____	To (Mo) ____ / ____ / ____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Participation in joint degree Program (e.g., MD/PhD)	From (Mo) ____ / ____ / ____	To (Mo) ____ / ____ / ____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Participation in non-research special study (e.g., fellowship, international experience)	From (Mo) ____ / ____ / ____	To (Mo) ____ / ____ / ____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Participation in non-degree research	From (Mo) ____ / ____ / ____	To (Mo) ____ / ____ / ____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Other	From (Mo) ____ / ____ / ____	To (Mo) ____ / ____ / ____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved
Other	From (Mo) ____ / ____ / ____	To (Mo) ____ / ____ / ____	<input type="checkbox"/> Approved	<input type="checkbox"/> Unapproved

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?

YES  NO

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

Academic Probation	From (Mo) ____ / ____ / ____	To (Mo) ____ / ____ / ____		
Probation for unprofessional conduct/behavioral	From (Mo) ____ / ____ / ____	To (Mo) ____ / ____ / ____		
Probation for other reason	From (Mo) ____ / ____ / ____	To (Mo) ____ / ____ / ____		

Please specify 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?

YES  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?

YES  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?

YES  NO

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

\_\_\_\_\_



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**Medical School**

Medical Professional Name: Muenzer, Matthias Gottfried

Medical Faculty, Ludwig Maximillians University of Munich

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**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

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End of Applicant Reported Unusual Circumstances report for: Muenzer, Matthias Gottfried

Der Dekan  
des Fachbereichs Medizin  
der Universität München

8000 München 2, am February 3, 1993  
Bavariaring 19  
Telefon 5160-7553

-Studiendekanat-  
Akt.-Zchn: Prof. G/B  
I-104/93

Letter of recommendation

Matthias G. Muenzer, born [REDACTED]  
studied medicine at the Ludwig-Maximilians-University of Muenchen  
from May 1975 to December 1981.

He passed all examens in time and with results in the upper 30 %  
range of his class. He completed his studies in the minimum time  
by German standards and expanded his scientific experience for 6  
months completing his experimental M.D.-thesis at the Department  
of Internal Medicine with Prof. Zöllner. His experiments using a  
photometric test for the enzyme xanthine oxidase provided new and  
very valuable insights into the effects of allopurinol on the uric  
acid metabolism.

During his rotations his patients praised him as a friendly and  
caring person with excellent bedside manners, his attendings noted  
that his interaction with patients and staff was always collegial  
and professional at the highest standard. They respected him for  
beeing honest, hard working, concienctious and very ambitious.

I consider Dr. Muenzer to be a very intelligent man with a broad  
cultural background and brilliant medical knowledge, with  
excellent character, the highest ethical standards and outstanding  
personal behaviour. He is highly driven, concientious and enjoyed  
a very good standing at the Faculty of Medicine.

His command of the English and Spanish language in speech and  
writing is superb; he grew up in Madrid, Spain and is married to  
an American citizen.

Therefore I can fully recommend Dr. Muenzer for a residency  
position without any reservations.

Prof. Dr. H. Gastpar  
Associate Dean







LUDWIG-  
MAXIMILIANS-  
UNIVERSITÄT  
MÜNCHEN

Dekanat Medizinische Fakultät  
Studiendekanat  
MeCuM - Team



Dekanat Medizinische Fakultät LMU München  
Bavariaring 19, 80336 München

Ansprechpartnerin:  
Frau Andrea Menzinger

Telefon: 089/4400-5-8916  
Telefax: 089/4400-5-8914

Email:  
Andrea.Menzinger@med.uni-  
muenchen.de

[www.med.uni-muenchen.de](http://www.med.uni-muenchen.de)

Postanschrift  
Dekanat Med. Fakultät  
LMU München  
Bavariaring 19  
80336 München

Ihr Zeichen, Ihre Nachricht vom

Unser Zeichen

Munich, 19<sup>th</sup> October 2020

## Transcript

<b>Name:</b> Name:	Matthias Muenzer
<b>Date of Birth:</b> Geburtsdatum:	██████████
<b>Dates of Matriculation:</b> Immatrikuliert von - bis:	1 <sup>st</sup> April 1975 - 30 <sup>th</sup> September 1981
<b>Program of Study:</b> Studiengang:	Medicine
<b>Date of final graduation:</b> Abschluss am:	30 <sup>th</sup> October 1981

Dienstgebäude  
Bavariaring 19, EG Zi. 06  
80336 München

Öffnungszeiten für den Parteiverkehr  
Montag bis Freitag: 09:00 bis 12:00 Uhr

Öffentliche Verkehrsmittel  
U-Bahn Linien U4/U5 Theresienwiese

Record of classes attended  
Aufstellung der besuchten Lehrveranstaltungen

**Preclinical terms**  
**Vorklinische Semester**

<b>1. Preclinical term</b> <b>1. Vorklinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Medical Terminology</i> Praktikum der medizinischen Terminologie	1
<i>Lecture and practical training in biology</i> Vorlesung und Praktikum der Biologie für Mediziner	4
<i>Lecture and practical training in chemistry</i> Vorlesung und Praktikum der Chemie für Mediziner	12
<i>Lecture and practical training in physics</i> Praktikum der Physik für Mediziner	9
<i>Anatomy of the viscera: lecture and colloquium</i> Vorlesung, Demonstrationen und Kolloquien Anatomie II (Eingeweidelehre)	9
<i>Embryology</i> Vorlesung und Demonstrationen: Entwicklungsgeschichte des Menschen	6
<i>Overview of possible medical professional branches</i> Praktikum der Berufsfelderkundung	1

<b>2. Preclinical term</b> <b>2. Vorklinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Anatomy of the skeletal system: lecture and colloquium</i> Vorlesung, Demonstrationen und Kolloquien Anatomie I (Bewegungsapparat)	9
<i>Lecture in histology and microscopic anatomy</i> Vorlesung und Demonstrationen: Histologie und mikroskopische Anatomie	6
<i>Course in histology and microscopic anatomy</i> Kursus der Mikroskopischen Anatomie	6
<i>Independent microscopy</i> Selbstständiges Mikroskopieren	1

<b>2. Preclinical term</b> <b>2. Vorklinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Introduction to clinical medicine and lectures, patient presentations</i> Einführung in die Klinische Medizin, mit Vorlesungen	4
<i>Lecture and practical training in biochemistry I</i> Hauptvorlesung und Praktikum der Biochemie I	10

<b>3. Preclinical term</b> <b>3. Vorklinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Lecture and practical training in biochemistry II</i> Hauptvorlesung und Seminar der Biochemie II	9
<i>Lecture in neuroanatomy</i> Vorlesung Anatomie III (Neuroanatomie und Sinnesorgane)	5
<i>Lecture in neurophysiology</i> Hauptvorlesung Neurophysiologie und Einführung in das Praktikum der Physiologie	5
<i>Seminar in physiology I</i> Seminar der Physiologie Teil I	2
<i>Lecture and course in medical psychology</i> Vorlesung und Kursus der Medizinischen Psychologie	7

<b>4. Preclinical term</b> <b>4. Vorklinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Lecture and course in gross anatomy dissection</i> Kursus der Makroskopischen Anatomie und begleitende Vorlesung	15
<i>Lecture in vegetative physiology</i> Hauptvorlesung Vegetative Physiologie und Einführung in das Praktikum der Physiologie	5
<i>Seminar in physiology II</i> Praktikum mit Seminar Teil II der Physiologie	8

<b>4. Preclinical term</b> <b>4. Vorklinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Seminar in anatomy</i> Seminar Anatomie	3
<i>Advanced microscopy exercises</i> Mikroskopisch-diagnostische Übungen für Fortgeschrittene	2
<i>Cerebral morphology course</i> Hirnmorphologischer Kurs	1

**Clinical terms**  
**Klinische Semester**

<b>1. Clinical term</b> <b>1. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Introductory physical examination courses:</i> Kursus der allgemeinen klinischen Untersuchungen in dem nicht-operativen und dem operativen Stoffgebiet:	
<i>Ophthalmological examination course</i> Untersuchungskurs Augenheilkunde	1
<i>Surgical examination course</i> Chirurgischer Untersuchungskurs	1
<i>ENT examination course</i> HNO-Untersuchungskurs	1
<i>Pediatric physical examination course</i> Pädiatrischer Untersuchungskurs	1
<i>Neurological examination course</i> Neurologischer Untersuchungskurs	1
<i>Auscultation, percussion and palpation</i> Medizinischer Untersuchungskurs	2
<i>Dermatology</i> Kursvorlesung Dermatologie	1
<i>Lecture: physical examination</i> Kursbegleitende Vorlesung für den Medizinischen Untersuchungskurs	1
<i>Course and lecture in general pathology</i> Kursus der Allgemeinen Pathologie mit Vorlesung	8

<b>1. Clinical term</b> <b>1. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Lecture in microbiology and immunology</i> Vorlesung Mikrobiologie und Immunologie	4
<i>Lecture in medical propedeutics I</i> Vorlesung Medizinische Propädeutik I	2
<i>Lecture in otolaryngology</i> Vorlesung Hals-, Nasen- und Ohrenheilkunde	1
<i>Lecture in history of medicine</i> Vorlesung Geschichte der Medizin	2
<i>Lecture in pathophysiology I</i> Vorlesung Pathophysiologie I	3
<i>Lecture in biostatistics</i> Kursvorlesung Biomathematik	2

<b>2. Clinical term</b> <b>2. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Biostatistics computer course</i> Kurs Biomathematik mit Computerkurs	1
<i>Lecture in medical propedeutics II</i> Vorlesung Medizinische Propädeutik II	2
<i>Lecture in pathophysiology II</i> Vorlesung Pathophysiologie II	3
<i>Lecture in clinical genetics</i> Vorlesung Klinische Genetik	2
<i>Lecture and practical training in clinical chemistry and haematology</i> Vorlesung und Praktikum der Klinischen Chemie und Hämatologie	3,5
<i>Medical ethics lecture and colloquium</i> Ethik – Kolloquium	2
<i>Practical training in microbiology and immunology</i> Praktikum der Mikrobiologie und der Immunologie	3
<i>Practical exercises in emergency medicine and first aid</i> Praktische Übungen für akute Notfälle und Erste ärztliche Hilfe	2

<b>2. Clinical term</b> <b>2. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Course in general and systematic pharmacology and toxicology</i> Kursus der allgemeinen und systematischen Pharmakologie und Toxikologie	6
<i>Lecture I and course in radiology</i> Vorlesung Radiologie I und Kursus der Radiologie einschließlich Strahlenschutzkurs	2

<b>3. Clinical term</b> <b>3. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Ophthalmology lecture and practical training</i> Praktikum der Augenheilkunde	3
<i>Lecture in surgery I</i> Vorlesung Chirurgie I	5
<i>Lecture in paediatric surgery</i> Vorlesung Pädiatrische Chirurgie	1
<i>Lecture in dermatology</i> Vorlesung Dermatologie	2
<i>Lecture in gynaecology and obstetrics I</i> Vorlesung Gynäkologie I	3
<i>Lecture in internal medicine I</i> Vorlesung Innere Medizin I	5
<i>Lecture in paediatrics I</i> Vorlesung Pädiatrie I	3
<i>Lecture in psychiatry I</i> Vorlesung Psychiatrie I	3
<i>Lecture in psychosomatic medicine I</i> Vorlesung Psychosomatik I	2
<i>Lecture and course in special pathology</i> Kursvorlesung und Kursus der Speziellen Pathologie	6

<b>4. Clinical term</b> <b>4. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Lecture in surgery II</i> Vorlesung Chirurgie II	5
<i>Lecture in gynaecology and obstetrics II</i> Vorlesung Gynäkologie II	3
<i>Lecture in internal medicine II</i> Vorlesung Innere Medizin II	5
<i>Lecture in paediatrics II</i> Vorlesung Pädiatrie II	3
<i>Lecture in radiology II</i> Vorlesung Radiologie II	2
<i>Lecture in neurology</i> Vorlesung Neurologie	3
<i>Lecture and practical training in orthopaedics</i> Vorlesung und Praktikum der Orthopädie	4
<i>Lecture in urology</i> Vorlesung Urologie	1
<i>Practical training in internal medicine</i> Praktikum der Inneren Medizin	4
<i>Lecture in medical statistics</i> Kursvorlesung Medizinische Statistik	1
<i>Practical training in psychiatry</i> Praktikum der Psychiatrie	3
<i>Practical training in psychosomatic medicine and psychotherapy</i> Praktikum der Psychosomatischen Medizin und Psychotherapie	2

<b>5. Clinical term</b> <b>5. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Lecture in psychiatry II</i> Vorlesung Psychiatrie II	2
<i>Lecture in psychosomatic medicine II</i> Vorlesung Psychosomatik II	2

<b>5. Clinical term</b> <b>5. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Lecture and practical training in otolaryngology</i> Vorlesung und Praktikum der Hals-, Nasen- und Ohrenheilkunde	3
<i>Practical training in urology</i> Praktikum der Urologie	1
<i>Practical training in neurology</i> Praktikum der Neurologie	2
<i>Practical training in paediatrics</i> Praktikum der Pädiatrie	2
<i>Practical training in surgery</i> Praktikum der Chirurgie	4
<i>Lecture in dentistry</i> Vorlesung: Zahn-, Mund- und Kieferheilkunde	1
<i>Lecture and course in occupational medicine</i> Kursvorlesung und Kurs Arbeitsmedizin	2
<i>Lecture and course in hygiene I</i> Kursvorlesung und Kurs Hygiene I	2
<i>Lecture in forensic medicine</i> Kursvorlesung Rechtsmedizin	3
<i>Practical training in gynaecology and obstetrics</i> Praktikum der Frauenheilkunde und Geburtshilfe	2
<i>Practical training in dermatology</i> Praktikum der Dermato-Venerologie	2
<i>Course in special pharmacology</i> Kursus der Speziellen Pharmakologie	4

<b>6. Clinical term</b> <b>6. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Lecture in hygiene II</i> Kursvorlesung Hygiene II/Sozialhygiene	1
<i>Lecture: differential diagnosis and therapy in internal medicine</i> Vorlesung Differentialdiagnose und Therapie	8



<b>6. Clinical term</b> <b>6. Klinisches Semester</b>	<b>weekly semester hours</b> <b>Wochenstunden</b>
<i>Lecture in naturopathy</i> Vorlesung Naturheilverfahren	3
<i>Lecture in radiology IIb</i> Vorlesung Radiologie IIb	1
<i>Practical training/course in general medicine, with lecture</i> Praktikum oder Kursus der Allgemeinmedizin mit Kursvorlesung Allgemeinmedizin	2
<i>Practical training in emergency medicine</i> Praktikum der Notfallmedizin	2

*During the holiday periods of the clinical stage of studies, students must complete 4 months of electives.*

Während der vorlesungsfreien Zeiten innerhalb des 2. Studienabschnitts müssen die Studierenden Famulaturen im Umfang von insgesamt 4 Monaten absolvieren.

*After successfully finishing the clinical stage of studies, students must complete a year of practical training in hospitals, clinics or medical practices.*

Nach Beendigung des 2. Studienabschnitts müssen die Studierenden für die Dauer eines Jahres das Praktische Jahr (PJ) in Krankenhäusern oder in Arztpraxen absolvieren.

*The successful completion of a course is confirmed by delivery of a certificate that shows no grades.*


Die erfolgreiche Teilnahme an einer Lehrveranstaltung wird durch einen Leistungsnachweis ohne Benotung bestätigt.

*The Clinical Electives and Practical final year are completed at national and international teaching hospitals not necessarily affiliated with the Ludwig-Maximilians University.*

Die Famulaturen und das Praktische Jahr können in Lehrkrankenhäusern sowohl im Inland als auch im Ausland absolviert werden, auch wenn diese nicht der Ludwig-Maximilians-Universität angehören.

*The summer semester and the winter semester last from April 1<sup>st</sup> to September 30<sup>th</sup> and October 1<sup>st</sup> to March 31<sup>st</sup>, respectively. Lectures and courses take place during the periods indicated.*

Das Sommersemester dauert jeweils vom 1. April bis zum 30. September, das Wintersemester vom 1. Oktober bis zum 31. März. Die Vorlesungen und Lehrveranstaltungen finden innerhalb der angegebenen Semesterzeiten statt.

  
sgd. Prof. Dr. med. Martin Fischer  
Associate Dean, medical studies

MeCuM<sup>LMU</sup>  
Dekanat Medizinische Fakultät  
Universität München  
Bavariaring 19, 80336 München

PROVIDED BY  
APPLICANT

BAYERISCHES STAATSMINISTERIUM DES INNERN

# ZEUGNIS

Über die  
ÄRZTLICHE PRÜFUNG

HERR     M A T T H I A S  
           M U E N Z E R

geboren am [REDACTED] in [REDACTED]

hat den schriftlichen Teil des Dritten Abschnitts der Ärztlichen Prüfung

am     13.10.1981     in     M U E N C H E N

und den mündlichen Teil des Dritten Abschnitts der Ärztlichen Prüfung

am     30.10.1981     in     M U E N C H E N

erfolgreich abgelegt und damit

die ÄRZTLICHE PRÜFUNG

am     30.10.1981     bestanden.

M U E N C H E N ,   D E N   5 .   N O V E M B E R   1 9 8 1



I. A.

A handwritten signature in black ink, appearing to be 'Bachmann', is written over the printed name.

DR. BACHMANN  
MINISTERIALRAT

# ZEUGNIS

ÜBER DEN  
ZWEITEN ABSCHNITT DER ÄRZTLICHEN PRÜFUNG

Der/Die Studierende der Medizin

MATTHIAS  
MUENZER

geboren am [REDACTED] in [REDACTED]

hat am 14.3.1980 in MUENCHEN

DEN

ZWEITEN ABSCHNITT DER ÄRZTLICHEN PRÜFUNG

BESTANDEN

MUENCHEN, DEN 14.1980



I.A.

A handwritten signature in dark ink, appearing to be 'Bachmann', written over the printed name.

Dr. Bachmann  
Ministerialrat


ZEUGNIS UEBER DIE  
-----  
AERZTLICHE VORPRUEFUNG  
-----

DER STUDIERENDE DER MEDIZIN  
MATTHIAS MUENZER,

[REDACTED]  
[REDACTED]  
DIE AERZTLICHE VORPRUEFUNG  
BESTANDEN.

MUENCHEN, DEN 15. 4.1977

I.A.

  
Dr. Bachmann  
Ministerialrat



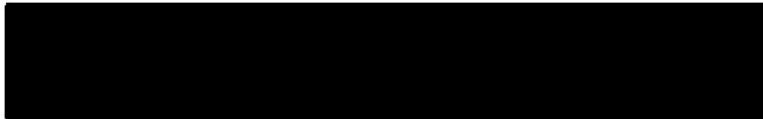
469-5

ZEUGNIS UEBER DEN

ERSTEN ABSCHNITT DER AERZTLICHEN PRUEFUNG

DER STUDIERENDE DER MEDIZIN

MATTHIAS MUENZER,



DEN ERSTEN ABSCHNITT DER AERZTLICHEN PRUEFUNG  
BESTANDEN.

MUENCHEN, DEN 12. 4. 1976

I.A.

A handwritten signature in dark ink, appearing to be 'Dr. Bachmann'.

Dr. Bachmann  
Ministerialrat

491-2



**BAVARIAN STATE MINISTRY OF THE INTERIOR**

# **CERTIFICATION**

of the  
**MEDICAL LICENSING EXAMINATION**

**MISTER            MATTHIAS  
                         MUENZER**

born on [REDACTED]  
has successfully passed both the written part of the third segment of the medical licensing examination  
on    10/13/1981 in MUNICH  
and the oral part of the third segment of the medical licensing examination  
on    10/30/1981 in MUNICH  
and has therefore passed

the **MEDICAL LICENSING EXAMINATION** on 10/30/1981.

**NOVEMBER 5, 1981 IN MUNICH**



[Signature]

**DR. BACHMANN  
ASSISTANT SECRETARY OF STATE**

**BAVARIAN STATE MINISTRY OF THE INTERIOR**

# **CERTIFICATION**

of the

## **SECOND SEGMENT OF THE MEDICAL LICENSING EXAMINATION**

The student of medicine

**MATTHIAS  
MUENZER**

born on

has passed the **SECOND SEGMENT OF THE MEDICAL LICENSING EXAMINATION**

on **03/14/1980** in **MUNICH**

**APRIL 1, 1980 IN MUNICH**

[Signature]

**Dr. Bachmann  
Assistant Secretary of State**



0921-8

**PROVIDED BY  
APPLICANT**

BAVARIAN STATE MINISTRY OF THE INTERIOR

**CERTIFICATE OF THE**  
**PRELIMINARY MEDICAL EXAMINATION**

THE STUDENT OF MEDICINE  
MATTHIAS MUENZER,  
BORN ON [REDACTED]  
HAS PASSED THE PRELIMINARY MEDICAL EXAMINATION  
ON MARCH 25, 1977  
IN MUNICH.

APRIL 15, 1977 IN MUNICH



[signature]

Dr. Bachmann  
Assistant Secretary of State

469-5



BAVARIAN STATE MINISTRY OF THE INTERIOR

**CERTIFICATE OF THE**  
**FIRST SEGMENT OF THE MEDICAL EXAMINATION**

THE STUDENT OF MEDICINE

MATTHIAS MUENZER,

[REDACTED]  
HAS PASSED THE FIRST SEGMENT OF THE MEDICAL EXAMINATION  
ON MARCH 31, 1978  
IN MUNICH.

APRIL 12, 1978 IN MUNICH

[Signature]

491-2

Dr. Bachmann  
Assistant Secretary of State





# Certificate of Accurate Translation

No. 10222020-301

Teneo Linguistics Company, LLC,

a translation company based in Tarrant County, state of Texas  
(TX state vendor ID: 120511285800), hereby certifies that the attached is a true and  
accurate translation of the original submitted, completed to the best of our knowledge,  
ability and belief by a qualified and certified translator of the  
German (Germany) and English languages. \*

Original Language: German (Germany)  
Target Language: English  
No. of pages: 4  
Type of Document: Diploma (Matthias Gottfried Muenzer)  
Date of Translation: October 22, 2020

**Tori  
Gugino** Digitally signed  
by Tori Gugino  
Date: 2020.10.22  
12:44:05 -07'00'

Tori Gugino  
Project Manager

\* Teneo Linguistics Co. does not warrant the authenticity of the original document.



Issue Date: 14 Oct 2020

To: NEW HAMPSHIRE BOARD OF MEDICINE  
SHARON CANNEY  
ADMIN. SUPERVISOR  
121 SOUTH FRUIT STREET  
CONCORD, NH 03301-2412

State Board Code:  
030

Please include this number on  
all requests.

**ECFMG® CERTIFICATION STATUS REPORT**

USMLE®/ECFMG Identification Number: 0-363-580-2

Applicant's Name: Matthias Gottfried Muenzer

Applicant's Date of Birth: [REDACTED]

ECFMG Certified: Yes

Certificate Issue Date: 08 Dec 1983

English Test Valid Through: Valid Indefinitely

Clinical Skills Assessment Valid Through:

**Passing Performance on Medical Science Examinations:**

Examination	Date	Two Digit Score	Three Digit Score
ECFMG Examination	26 Jan 1983	[REDACTED]	[REDACTED]

**Most Recent Passing Performance on Clinical Skills Examination:**

Examination	Date
ECFMG Clinical Skills Assessment	

**Most Recent Passing Performance on English Test: Mar 1995**

Name of Medical School and Country: Ludwig-Maximilians-Universität München Medizinische Fakultät, München,  
GERMANY  
Degree Year: 1981

Medical Education Credentials Status†: Complete

**How to Verify the Authenticity of this Report:**

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit <https://cvsonline2.ecfm.org/verify/verify.asp> and enter the unique verification code listed below. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report.

**Report Verification Code: GRJ0KEDIO5**

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

\* To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

†Since July 1986, ECFMG has verified medical school credentials directly with the issuing medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

**Important Note:**

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.

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**Postgraduate Training**

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**Accreditation ID:** 2203531174  
**Institution:** Nassau University Medical Center Program  
**Location:** East Meadow, NY  
UNITED STATES

**Accreditation ID:** 2202411123  
**Institution:** Beth Israel Deaconess Medical Center Program  
**Location:** Boston, MA  
UNITED STATES

---

**Credentials Analysis Information for Postgraduate Training**

---

**Issue:**  
FCVS has identified a Post Graduate Training Discrepancy at Nassau University Medical Center Program, Department of Obstetrics & Gynecology.

**Attendance Dates**  
Unusual Circumstances

**Solutions:**  
The Institution has verified that the information reported is accurate according to their records.

FCVS does not follow up with the Medical Professional or Institution with inconsistent information on Unusual Circumstance questions.

**Issue:**  
The Verification of Post Graduate Training Form from Beth Israel Deaconess Medical Center Program dated 07/01/1997 to 06/15/1999 reported in the Chronology of Activities is not included in the Profile.

**Solution:**  
The institution provided a standardized letter which does not reflect all the requested elements. The institution reports no additional information is available.



<b>Verification of Postgraduate Medical Education</b>																																																							
Institution: <u>Nassau University Medical Center Program</u> Specialty: <u>Obstetrics &amp; Gynecology</u> Address: <u>East Meadow, NY</u>	Attention: <b>Program Director</b> Affiliated University: _____																																																						
<b>Verification For:</b>	Name: <u>Matthias Gottfried Muenzer</u> DOB: <span style="background-color: black; color: black;">[REDACTED]</span> Individual's Name on Record (If different from above): _____																																																						
<b>Program Participation:</b> <b>Important:</b> 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.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">PGY: <u>1</u></td> <td style="width: 45%;">Specialty/Subspecialty: <u>Obstetrics &amp; Gynecology</u></td> <td style="width: 40%;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Internship</td> <td>From: <u>7/1/1995</u></td> <td>To: <u>6/30/1996</u></td> </tr> <tr> <td><input type="checkbox"/> Residency</td> <td>Successfully Completed?: <input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No <input type="checkbox"/> In Progress</td> </tr> <tr> <td><input type="checkbox"/> Chief Residency</td> <td>Accredited by: <input checked="" type="checkbox"/> ACGME</td> <td><input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC</td> </tr> <tr> <td><input type="checkbox"/> Fellowship</td> <td><input type="checkbox"/> RCPSA</td> <td><input type="checkbox"/> APPAP <input type="checkbox"/> None of these</td> </tr> <tr> <td><input type="checkbox"/> Research</td> <td></td> <td></td> </tr> </table> <table style="width: 100%; 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<b>Unusual Circumstances:</b> Check the correct response. Omitted responses require written explanation.  If necessary, you may continue your explanation on a separate sheet of paper.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1. Did this individual ever take a leave of absence or break from his/her training? .....</td> <td style="width: 5%;"><input type="checkbox"/> Yes</td> <td style="width: 15%;"><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>2. Was this individual ever placed on probation? .....</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>3. Was this individual ever disciplined or placed under investigation? .....</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>4. Were any negative reports for behavioral reasons ever filed by instructors? .....</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? .....</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table> <p><b>Please explain any "Yes" response from above:</b></p> <p>Upon review of documentation in his file, while requesting support by our program of his request for advanced credit of prior training from the board, he was already applying for acceptance into another program without our knowledge and resigned his position prematurely but was legally obligated to complete the PGY2 year and required to do so prior to leaving.</p>	1. Did this individual ever take a leave of absence or break from his/her training? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	2. Was this individual ever placed on probation? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	3. Was this individual ever disciplined or placed under investigation? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	4. Were any negative reports for behavioral reasons ever filed by instructors? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																																							
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<b>Certification:</b>  <div style="border: 1px dashed black; padding: 5px; width: fit-content;">           Affix your institutional seal in this space. If no seal is available, you must have this form notarized         </div>	<div style="border: 1px solid black; padding: 5px;">           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./D.O. only).         </div> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Name: <u>Mary Fatehi, MD</u></td> <td style="width: 50%;">Signature: <u>Mary Fatehi, MD signed electronically</u></td> </tr> <tr> <td>Title: <u>Program Director</u></td> <td>Date of Signature: <u>10/7/20</u></td> </tr> <tr> <td>Tel: <u>516-296-2832</u></td> <td>Fax: <u>516-572-3124</u> E-Mail: <u>mfatehi@numc.edu</u></td> </tr> </table>	Name: <u>Mary Fatehi, MD</u>	Signature: <u>Mary Fatehi, MD signed electronically</u>	Title: <u>Program Director</u>	Date of Signature: <u>10/7/20</u>	Tel: <u>516-296-2832</u>	Fax: <u>516-572-3124</u> E-Mail: <u>mfatehi@numc.edu</u>																																																
Name: <u>Mary Fatehi, MD</u>	Signature: <u>Mary Fatehi, MD signed electronically</u>																																																						
Title: <u>Program Director</u>	Date of Signature: <u>10/7/20</u>																																																						
Tel: <u>516-296-2832</u>	Fax: <u>516-572-3124</u> E-Mail: <u>mfatehi@numc.edu</u>																																																						

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**Graduate Medical Education**

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Medical Professional Name: Muenzer, Matthias Gottfried

Accreditation ID: 2203531174

Institution: Nassau University Medical Center Program

Specialty: Obstetrics & Gynecology

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**Unusual Circumstances**

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Training Period: 5/25/1995 - 6/30/1997      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: Muenzer, Matthias Gottfried



Department of Obstetrics & Gynecology  
Residency Program 2 October 2020

**Brett C. Young, MD**  
*Program Director*

**Huma Farid, MD**  
*Associate Program Director*

**L. Renata Vicari**  
*Manager, OBGYN Medical Education*

Federation Credentials Verification Service  
400 Fuller Wiser Road  
Eules, Texas 76039

**RE: Dr. Matthias Gottfried Muenzer**

To Whom it May Concern,

Dr. Muenzer was a trainee in the ACGME-accredited Obstetrics and Gynecology Residency Program at Beth Israel Deaconess Medical Center, an affiliate of Harvard Medical School, from July 1997 through June 1999.

Unfortunately, we do not have access to trainee records pertaining to the years Dr. Muenzer was a resident. If Dr. Muenzer can provide us with a copy of his diploma or other records from his residency, we can review and revisit the verification form.

Please do not hesitate to contact me should you have any questions or concerns.

Sincerely,



Brett C. Young, MD  
Residency Program Director

**Graduate Medical Education**

Medical Professional Name: Muenzer, Matthias Gottfried  
 Accreditation ID: 2202411123  
 Institution: Beth Israel Deaconess Medical Center Program  
 Specialty: Obstetrics & Gynecology

**Unusual Circumstances**

**Training Period: 7/1/1997 - 6/15/1999      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: Muenzer, Matthias Gottfried



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**Licensure / Examinations**

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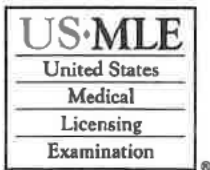
Exam: USMLE

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**Credential Analysis Information for Licensure / Examinations**

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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 Wisser Road, Eules, TX 76039-3856 - Telephone (817) 868-4000

Date: 10/23/2020

Federation Credentials Verification Service  
ATTN: FCVS

FCVSID: 564605

Examinee: Muenzer, Matthias Gottfried  
Alt Name(s):

Examinee ID: 0-363-580-2  
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
09/27/1995	Pass	[REDACTED]	(176)	

### USMLE STEP 2

*Clinical Knowledge (CK)*

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/30/1995	Pass	[REDACTED]	(167)	

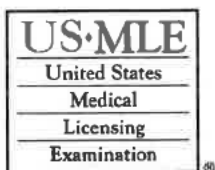
### USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
12/01/1998	Pass	[REDACTED]	(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  
Federation of State Medical Boards of the United States, Inc. (FSMB)  
400 Fuller Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Muenzer, Matthias Gottfried

Examinee ID: 0-363-580-2

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:10/23/2020

**PRACTITIONER INFORMATION**

Name: Muenzer, Matthias Gottfried  
 DOB: [REDACTED]  
 Medical School: Medical Faculty, Ludwig Maximilians University of Munich  
 Munich, Bayern, GERMANY  
 Year of Grad: 1981  
 Degree Type: MD  
 NPI: 1689655839

**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
1689655839	Individual			06/04/2018

**LICENSE HISTORY**

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
FLORIDA	ME86058	09/19/2002	01/31/2021	10/15/2020
MASSACHUSETTS	160382	09/22/1999	08/26/2022	10/01/2020
NEW JERSEY	25MA07161900	12/01/2000	06/30/2019	10/20/2020

**US DRUG ENFORCEMENT ADMINISTRATION (DEA)**

DEA Number	Schedule	Address	Expiration Date	Last Reported
BM6552031	22N 33N 4 5	MELROSE,MA 02176	01/31/2021	10/08/2020

**PRACTITIONER PROFILE**

Prepared for: FCVS As of Date:10/23/2020  
Practitioner Name: Muenzer, Matthias Gottfried

**ABMS® CERTIFICATION HISTORY**

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

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2019	12/31/2020		Recertification	09/24/2020
Expired	Time Limited	12/31/2018	12/31/2019		Recertification	09/24/2020
Expired	Time Limited	12/31/2017	12/31/2018		Recertification	09/24/2020
Expired	Time Limited	12/31/2016	12/31/2017		Recertification	09/24/2020
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	09/24/2020
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	09/24/2020
Expired	Time Limited	12/31/2013	12/31/2014		Recertification	09/24/2020
Expired	Time Limited	12/16/2012	12/31/2013		Recertification	09/24/2020
Expired	Time Limited	12/31/2011	12/31/2012		Recertification	09/24/2020
Expired	Time Limited	12/31/2010	12/31/2011		Recertification	09/24/2020
Expired	Time Limited	12/31/2009	12/31/2010		Recertification	09/24/2020
Expired	Time Limited	12/31/2008	12/31/2009		Recertification	09/24/2020
Expired	Time Limited	12/13/2002	12/31/2008		Initial	09/24/2020

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**AOA® CERTIFICATION HISTORY**

No AOA Certifications found.

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



**MUENZER, MATTHIAS GOTTFRIED**

**DCN: 5500000167048120**

**FOR AUTHORIZED USE BY: New Hampshire Board of Medicine**

Process Date: 10/14/2020

The following is a render of data received by National Practitioner Data Bank (NPDB) as interpreted by FSMB

**MUENZER, MATTHIAS GOTTFRIED**

**A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

**Practitioner Name:** MUENZER, MATTHIAS GOTTFRIED  
**Date of Birth:** [REDACTED]  
**Gender:** MALE  
**Work Address:** [REDACTED]  
**Home Address:** [REDACTED]  
**Social Security Numbers (SSN):** [REDACTED]  
**National Provider Identifiers (NPI):** 1689655839  
**Drug Enforcement Administration (DEA) Numbers:** BM6552031  
**License(s):** Physician (MD), 160382, MA  
 Physician (MD), 25MA07161900, NJ  
 Physician (MD), ME86058, FL  
**Professional School(s):** MEDICAL FACULTY, LUDWIG MAXIMILLIANS UNIVERSITY OF MUNICH (1981)

**B. QUERY INFORMATION**

**Statutes Queried:** Title IV, Section 1921, Section 1128E  
**Query Type:** This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.  
**Entity Name:** New Hampshire Board of Medicine  
**Authorized Agent:** Federation of State Medical Boards, (817) 868 - 4000  
**Customer Use:** 201071743

**C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 10/14/2020**

**The following report types have been searched:**

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports

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**MUENZER, MATTHIAS GOTTFRIED****DCN: 5500000167048120****FOR AUTHORIZED USE BY: New Hampshire Board of Medicine**

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Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports





# Uniform Application for Licensure

Application ID: 307991

License Requested: MD

FID: [REDACTED]

License Type: Permanent Medical License

Submitted to: New Hampshire Board of Medicine

Submission Date: 9/15/2020 4:07 PM

## Practitioner Name

Muenzer, Matthias Gottfried

## Contact Information

### Address

Public Access	Board Contact	Type	Address
Yes	Yes	Home	[REDACTED] UNITED STATES

### Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	No	Home	[REDACTED]	
No	Yes	Mobile	[REDACTED]	

### Email

Public Access	Board Contact	Email
No	Yes	[REDACTED]
Yes	No	[REDACTED]

RECEIVED  
SEP 16 2020  
NH BOARD

## Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	M	1689655839	MD	No

## Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
Medical Faculty, Ludwig Maximillians University of Munich	Bauariering 19 Munich, BY D80336 GERMANY	05/01/1975	12/30/1981	12/30/1981	DM

## Fifth Pathway

None Reported

## ECFMG

Certificate Number	Issue Date
03635802	12/08/1983

B6 ✓ 9/17/20

Muenzer, Matthias

## Postgraduate Training

<b>Hospital Name:</b>	<b>Beth Israel Deaconess Medical Center Program</b> Boston, MA UNITED STATES	<b>Program Code:</b>	ACGME 2202411123
<b>Attendance Dates:</b>			
<b>Institution:</b>	Beth Israel Deaconess Medical Center	<b>Start Date:</b>	07/01/1997
<b>Training Specialty:</b>	Obstetrics & Gynecology	<b>End Date:</b>	06/15/1999
<b>Training Status:</b>	Completed	<b>Program Type:</b>	Residency
<b>Clinical %:</b>	100	<b>Administrative %:</b>	0
<b>Hospital Name:</b>	<b>Nassau University Medical Center Program</b> East Meadow, NY UNITED STATES	<b>Program Code:</b>	ACGME 2203531174
<b>Attendance Dates:</b>			
<b>Institution:</b>	Nassau University Medical Center	<b>Start Date:</b>	05/25/1995
<b>Training Specialty:</b>	Obstetrics & Gynecology	<b>End Date:</b>	06/30/1997
<b>Training Status:</b>	Completed	<b>Program Type:</b>	Residency
<b>Clinical %:</b>	100	<b>Administrative %:</b>	0

## Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 2 CK Examination		08/30/1995	Pass	1
USMLE Step 1 Examination		09/27/1995	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
Massachusetts Board of Registration in Medicine	MA	160382	09/22/1999	08/26/2022	Full	Active
New Jersey State Board of Medical Examiners	NJ	25MA07161900	12/01/2000	06/30/2019	Full	Expired
Florida Board of Medicine	FL	ME86058	09/19/2002	01/31/2021	Full	Active

### 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>Medical Faculty, Ludwig Maximilians University of Munich</b>	<b>Chronology Type:</b>	Medical Education
----------------------------	---	-------------------------	-------------------

Address: Munich, BY  
DE

Attendance Dates:

Position/Dept:

From: 05/01/1975 to 12/30/1981

Clinical %:

Admin %:

Employment:

Staff Privileges:

Affiliation:

---

**Practice/Emp/ Desc:** Research, Department of Internal Medicine, Poliklinik der Universitaet Muenchen  
**Address:** Pettenkoferstr.8  
Muenchen, BY 80336  
DE  
**Position/Dept:** research student - Internal Medicine  
**Attendance Dates:**  
**From:** 01/01/1982 to 07/30/1982  
**Clinical %:** 0  
**Admin %:** 100

Employment:

Staff Privileges:

Affiliation:

---

**Practice/Emp/ Desc:** Marine Sanitaetsstaffel Wilhelmshaven  
**Address:** Heppenser Groden, 4te  
Einfahrt  
Wilhelmshaven, NI 26384  
DE  
**Position/Dept:** Attending Physician -  
Medical Clinic of Navy Base  
Wilhelmshaven  
**Attendance Dates:**  
**From:** 08/01/1982 to 10/30/1983  
**Clinical %:** 100  
**Admin %:** 0

Employment:

Staff Privileges:

Affiliation:

---

**Practice/Emp/ Desc:** self  
**Address:** Friedensstr.60  
Bueck, HE 35418  
DE  
**Position/Dept:**  
**Attendance Dates:**  
**From:** 11/01/1983 to 12/31/1983  
**Clinical %:** 0  
**Admin %:** 0

Employment:

Staff Privileges:

Affiliation:

---

**Practice/Emp/ Desc:** Anesthesia Department Zentralklinikum  
Augsburg  
**Address:** Stenglinstrasse 2  
Augsburg, BY 86156  
DE  
**Position/Dept:** resident - Anesthesia  
**Attendance Dates:**  
**From:** 01/01/1984 to 03/30/1985  
**Clinical %:** 100  
**Admin %:** 0

Employment:	Staff Privileges:	Affiliation:
<b>Practice/Emp/ Desc:</b>	<b>Pathological Institute, University of Erlangen</b>	<b>Chronology Type:</b> PGT/Education
<b>Address:</b>	Krankenhausstrasse 8-10 Erlangen, BY 91054 DE	<b>Attendance Dates:</b>
<b>Position/Dept:</b>	resident - Pathology	<b>From:</b> 04/01/1985 to 07/30/1986
<b>Clinical %:</b>	100	
<b>Admin %:</b>	0	
<b>Employment:</b>	<b>Staff Privileges:</b>	<b>Affiliation:</b>
<b>Practice/Emp/ Desc:</b>	<b>Klinikum Nuernberg Nord</b>	<b>Chronology Type:</b> PGT/Education
<b>Address:</b>	Prof.-Ernst-Nathan Strasse 1 Nuernberg, BY 90419 DE	<b>Attendance Dates:</b>
<b>Position/Dept:</b>	resident - ObGyn	<b>From:</b> 08/01/1986 to 12/30/1986
<b>Clinical %:</b>	100	
<b>Admin %:</b>	0	
<b>Employment:</b>	<b>Staff Privileges:</b>	<b>Affiliation:</b>
<b>Practice/Emp/ Desc:</b>	<b>Klinikum Bamberg</b>	<b>Chronology Type:</b> PGT/Education
<b>Address:</b>	Buger Strasse 60 Bamberg, BY 96049 DE	<b>Attendance Dates:</b>
<b>Position/Dept:</b>	Resident - Trauma Surgery	<b>From:</b> 01/01/1987 to 12/31/1987
<b>Clinical %:</b>	100	
<b>Admin %:</b>	0	
<b>Employment:</b>	<b>Staff Privileges:</b>	<b>Affiliation:</b>
<b>Practice/Emp/ Desc:</b>	<b>Klinikum Bamberg</b>	<b>Chronology Type:</b> PGT/Education
<b>Address:</b>	Buger Strasse 60 Bamberg, BY 96049 DE	<b>Attendance Dates:</b>
<b>Position/Dept:</b>	Resident - General and Vascular Surgery	<b>From:</b> 01/01/1988 to 04/30/1989
<b>Clinical %:</b>	100	
<b>Admin %:</b>	0	
<b>Employment:</b>	<b>Staff Privileges:</b>	<b>Affiliation:</b>
<b>Practice/Emp/ Desc:</b>	<b>Allgemeines Krankenhaus Hamburg-Barmbek</b>	<b>Chronology Type:</b> PGT/Education
<b>Address:</b>	Ruebenkamp 148 Hamburg, HH 22307 DE	<b>Attendance Dates:</b>
<b>Position/Dept:</b>	Resident - ObGyn	<b>From:</b> 05/01/1989 to 10/30/1994
<b>Clinical %:</b>	100	
<b>Admin %:</b>	0	

	Employment: *	Staff Privileges: *	Affiliation: *
<b>Practice/Emp/ Desc:</b>	<b>Practice Leidenberger, Weise und Partner</b>		<b>Chronology Type:</b> Work
	<b>Address:</b>	Lornsen Strasse 6 Hamburg, HH 22767 DE	<b>Attendance Dates:</b>
	<b>Position/Dept:</b>	Physician - Reproductive Endocrinology and Infertility	<b>From:</b> 11/01/1994 to 03/22/1995
	<b>Clinical %:</b>	100	
	<b>Admin %:</b>	0	

	Employment: *	Staff Privileges: *	Affiliation: *
<b>Practice/Emp/ Desc:</b>	<b>Self</b>		<b>Chronology Type:</b> Vacation
	<b>Address:</b>		<b>Attendance Dates:</b>
	<b>Position/Dept:</b>		<b>From:</b> 04/01/1995 to 05/01/1995
	<b>Clinical %:</b>	0	
	<b>Admin %:</b>	0	

	Employment: *	Staff Privileges: *	Affiliation: *
<b>Practice/Emp/ Desc:</b>	<b>Nassau University Medical Center Program</b>		<b>Chronology Type:</b> Accredited Training
	<b>Address:</b>	East Meadow, NY US	<b>Attendance Dates:</b>
	<b>Position/Dept:</b>		<b>From:</b> 05/25/1995 to 06/30/1997
	<b>Clinical %:</b>	100	
	<b>Admin %:</b>	0	

	Employment: *	Staff Privileges: *	Affiliation: *
<b>Practice/Emp/ Desc:</b>	<b>Beth Israel Deaconess Medical Center Program</b>		<b>Chronology Type:</b> Accredited Training
	<b>Address:</b>	Boston, MA US	<b>Attendance Dates:</b>
	<b>Position/Dept:</b>		<b>From:</b> 07/01/1997 to 06/15/1999
	<b>Clinical %:</b>	100	
	<b>Admin %:</b>	0	

	Employment: *	Staff Privileges: *	Affiliation: *
<b>Practice/Emp/ Desc:</b>	<b>Self</b>		<b>Chronology Type:</b> Vacation
	<b>Address:</b>		<b>Attendance Dates:</b>
	<b>Position/Dept:</b>		<b>From:</b> 07/01/1999 to 10/24/1999
	<b>Clinical %:</b>	0	
	<b>Admin %:</b>	0	

	Employment: *	Staff Privileges: *	Affiliation: *
<b>Practice/Emp/ Desc:</b>	<b>Planned Parenthood of Massachusetts</b>		<b>Chronology Type:</b> Work
	<b>Address:</b>	1055 Commonwealth Ave Boston, MA 02215 US	<b>Attendance Dates:</b>

Position/Dept: Attending - ObGyn From: 10/25/1999 to 02/27/2000

Clinical %: 100

Admin %: 0

Employment: \* Staff Privileges: \* Affiliation: \*

Practice/Emp/ Desc:

Seacoast ObGyn / Anna Jaques Hospital Chronology Type: Work

Address: 25 Highland Ave  
Newburyport, MA 01950  
US

Attendance Dates:

Position/Dept: Attending Physician - ObGyn From: 03/01/2000 to 07/01/2003

Clinical %: 100

Admin %: 0

Employment: \* Staff Privileges: \* Affiliation: \*

Practice/Emp/ Desc:

Hallmark Health Chronology Type: Work

Address: 101 Main Street, Suite 217  
Medford, MA 02155  
US

Attendance Dates:

Position/Dept: Attending Physician - ObGyn From: 07/22/2003 to 07/19/2020

Clinical %: 100

Admin %: 0

Employment: \* Staff Privileges: \* Affiliation: \*

Practice/Emp/ Desc:

Tufts Medical Center Coimmunity Care Chronology Type: Work

Address: 50 Rowe Street  
Suite 400  
Melrose, MA 02176  
US

Attendance Dates:

Position/Dept: Attending Physician - ObGyn From: 07/20/2020 to 09/01/2020

Clinical %: 100

Admin %: 0

Employment: \* Staff Privileges: \* Affiliation: \*

<b>Patient Name:</b>	[REDACTED]	<b>Court:</b>	Nassau County, Supreme Court
<b>State Incident Occurred:</b>	NY	<b>Insurance Carrier:</b>	County of Nassau, New York, One West St., Mineola, NY 11501
<b>Case Number:</b>	98/45315	<b>Date of Event:</b>	11/14/1996
<b>Case Status:</b>	Dismissed (No money paid out)	<b>Amount Paid:</b>	
<b>Judgement/Settlement Amount:</b>		<b>Date of Lawsuit:</b>	06/01/1998
<b>What is/was your status?</b>	Co-defendant		

**Provide specifics in reference to the event including the allegations and your role:**

I admitted the patient in labor and signed her out immediately afterwards at ca 18.00 and went home. In the early morning hours, around 4 AM, the breech delivery done by other residents was complicated, the baby was admitted to the NICU. I was not involved in labor and delivery.

The action against all residents was discontinued, without settlement and without consideration, abandoned by the plaintiff as baseless against me and the other residents on 2/6/02.





**PRACTITIONER PROFILE**

Prepared for: Uniform Application for Physician State Licensure As of Date:9/15/2020

**PRACTITIONER INFORMATION**

Name: Muenzer, Matthias Gottfried  
 DOB: [REDACTED]  
 Medical School: School Of Human Medicine, Justus Liebig University Of Giessen  
 Giessen, Hessen, GERMANY  
 Year of Grad: 1981  
 Degree Type: MD  
 NPI: 1689655839

**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
1689655839	Individual			06/04/2018

**LICENSE HISTORY**

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
FLORIDA	ME86058	09/19/2002	01/31/2021	09/15/2020
MASSACHUSETTS	160382	09/22/1999	08/26/2022	08/27/2020
NEW JERSEY	25MA07161900	12/01/2000	06/30/2019	08/27/2020

**US DRUG ENFORCEMENT ADMINISTRATION (DEA)**

DEA Number	Schedule	Address	Expiration Date	Last Reported
BM6552031	22N 33N 4 5	MEDFORD,MA 02155	01/31/2021	09/15/2020

**PRACTITIONER PROFILE**

Prepared for: Uniform Application for Physician State Licensure As of Date:9/15/2020

Practitioner Name: Muenzer, Matthias Gottfried

**ABMS® CERTIFICATION HISTORY**

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

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2019	12/31/2020		Recertification	08/27/2020
Expired	Time Limited	12/31/2018	12/31/2019		Recertification	08/27/2020
Expired	Time Limited	12/31/2017	12/31/2018		Recertification	08/27/2020
Expired	Time Limited	12/31/2016	12/31/2017		Recertification	08/27/2020
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	08/27/2020
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	08/27/2020
Expired	Time Limited	12/31/2013	12/31/2014		Recertification	08/27/2020
Expired	Time Limited	12/16/2012	12/31/2013		Recertification	08/27/2020
Expired	Time Limited	12/31/2011	12/31/2012		Recertification	08/27/2020
Expired	Time Limited	12/31/2010	12/31/2011		Recertification	08/27/2020
Expired	Time Limited	12/31/2009	12/31/2010		Recertification	08/27/2020
Expired	Time Limited	12/31/2008	12/31/2009		Recertification	08/27/2020
Expired	Time Limited	12/13/2002	12/31/2008		Initial	08/27/2020

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**AOA® CERTIFICATION HISTORY**

No AOA Certifications found.

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

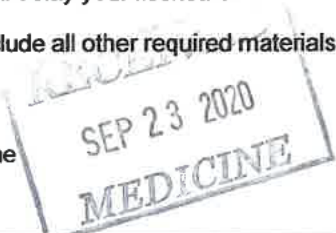
For State Board Use Only

**Affidavit and Authorization for Release of Information**

**Applicant:** In the presence of a notary public, sign this form with attached photo. If you are using FCVS for credentials verification, consider having that form notarized at the same time. Send the separate notarized FCVS form to FCVS. **Do not send this form to FCVS** as doing so will delay your licensure.

**Send this form to the board you are applying to for licensure.** Include all other required materials. A directory of state medical and osteopathic boards is available at: <http://www.fsmb.org/contact-a-state-medical-board/>.

Please send this form to: New Hampshire Board of Medicine  
121 South Fruit Street, Suite 301  
Concord, NH 03301-2412



I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of 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.

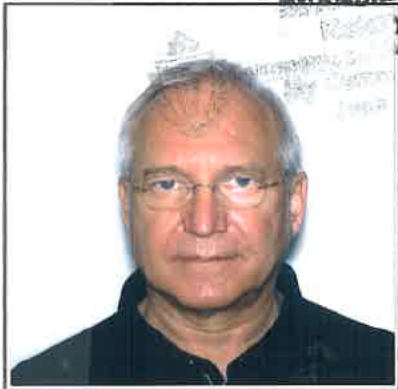
I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being 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 Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to 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 license or permit to practice medicine.



ANDREA OWENS  
Public  
of Massachusetts  
Notaries

*[Handwritten Signature]*

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

MUENZER MATTHIAS G.  
Applicant's printed last name, first name, middle initial, and suffix (e.g., Jr.)

09/21/2020  
Date of signature (must correspond to date of notarization)

**NOTARY:**

[Please note: The Notary Public seal should overlap the bottom of the photo to the left. Do not cover the entire face with the seal.]

State of Massachusetts County of Suffolk

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 21<sup>st</sup> day of Sept, 2020.

Notary Public Signature *[Signature]* My Notary Commission Expires 08/24/2022

## ADDENDUM TO APPLICATION

Applicant Name MATTHIAS G. MUENZER MD Date 09/15/2020

Please answer the following questions. If you answer "yes" to any of these questions, please explain on the reverse side of this sheet, or attach an additional 8 1/2" x 11" sheet(s) if necessary.

1. Have you been actively engaged in the practice of clinical medicine within the past 12 months? Yes  No
2. Are you certified by an American Specialty Board? (If yes, provide a notarized copy of all certificates.) Yes  No
3. Have you ever, for any reason, lost American Specialty Board Certification? Yes  No
4. Have you been denied required recertification by any specialty boards? (If yes, list each board and dates denied.) Yes  No
5. Has any medical malpractice suit been brought against you or has any claim been settled on your behalf in the last ten years? (If so, list each suit/claim on the Malpractice Liability Claims Information page within the online Uniform Application.) Yes  No
6. Have you ever applied for licensure or to sit for an examination, or taken an examination, under a different name? Yes  No
7. Have you ever been denied the privilege of taking or finishing an examination or been accused of cheating or improper conduct during an examination since you graduated from high school? Yes  No
8. Have you ever failed any national medical licensure examination or any part of that examination, state board examination, or failed to gain certification from the National Board of Medical Examiners? **You must report all exam failures, even if you later passed the examination.** (This does not include specialty board certification examinations.) Yes  No
9. Have you ever failed a foreign licensing or certification examination? Yes  No
10. Have you ever been denied a medical license, whether full, limited, or temporary, for any reason? Yes  No
11. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, limited, suspended, or revoked, or have you ever resigned from a medical staff in lieu of disciplinary action? Yes  No
12. Is any investigation or disciplinary action pending, or has any investigation or disciplinary action been taken against you in the last ten years by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state, or local)? Yes  No
13. Have you ever voluntarily surrendered a license to practice medicine or any healing art or allowed such a license to lapse in lieu of facing disciplinary investigation or action? Yes  No
14. Have you ever withdrawn an application for licensure, hospital privileges, or appointment for any reason? Yes  No

Applicant Name MATTHIAS G. MUENZER MD Date 09/15/2020

15. Have you ever been a defendant in a criminal proceeding including driving while under the influence or driving while suspended, which has not been annulled by a court, but not including traffic offenses not classified as misdemeanors or felonies? Yes  No

16. Has your privilege to possess, dispense, or prescribe controlled substances ever been suspended, revoked, denied, restricted, or surrendered, or have you ever been charged, investigated, or warned by a state or federal agency based on controlled substance issues? Yes  No

17. The NH Board of Medicine ("Board") acknowledges that it is not only normal but anticipated and acceptable for a physician or a physician assistant to feel overwhelmed from time to time and to seek help when appropriate. The Board emphasizes the importance of provider health, self-care, and appropriate treatment for all health conditions. The Board supports the NH Professionals Health Program ("NHPHP"). The NHPHP provides free-of-charge, confidential and "safe-haven non-reporting" intake assessments, referrals and monitoring (when appropriate) for all NH physicians and physician assistants who have potentially impairing or troubling conditions such as substance use, mental health conditions, burnout, physical illness or disruptive behavior. The Board encourages all providers to read about the NHPHP, provider wellness and resources found at www.nhphp.org.

Are you currently suffering from any condition, mental or physical that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? Yes  No

18. Are you currently or have you in the past been monitored or treated by a private, state, medical society or hospital physician health program, other than through the NH board approved physician health program? Yes  No

Anticipated Practice Location(s) (if known):

ROCHESTER, NH AT FRISBIE MEMORIAL HOSPITAL

[Signature] MUENZER 09/15/2020  
Applicant's Signature Applicant's Printed Last Name Date of Signature

**For Board Use Only:**  
Application Received: 9/23, 2020 Fee Paid: [Redacted] Check # [Redacted]  
License Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

## Curriculum Vitae of Matthias G. Muenzer, MD

Updated September 2020

**Matthias G. Muenzer, MD**



### **July 22, 2003 - present:**

Attending at Tufts Medical Center Community Care, formerly Hallmark Health Medical Associates, formerly Ell Pond Obstetrics and Gynecology. Office in the Boston suburb of Medford, MA 02155, at 101 Main Street until July 7th 2020. Since July 8th 2020 I am working part-time and practicing at 50 Rowe Street, Suite 400, Melrose, MA 02176. Affiliated with Melrose-Wakefield Hospital, a large community hospital with Level II neonatal nursery and an affiliation with Tufts Medical School, I am covering the complete spectrum of Obstetrics and Gynecology including infertility diagnostics and initial treatments, and urogynecological diagnostics and tension-free vaginal tape procedures. On call I deliver my own patients, those of my call group, and supervise and consult for primary care physicians. Served on financial committee and compensation committee of Melrose Wakefield Hospital.

I taught Obstetrics and Gynecology at the family residency program of Tufts University in nearby Malden (**Clinical Faculty at Family Residency Program at Tufts University**) from 2004 through 2008. This involves monthly lectures on gynecological topics since May 2004 and teaching residents in my office. Awarded "Teacher of the Year" in June 2005, 2006 and 2007.

Locum tenens work through Jackson and Coker in North Adams, MA for the ObGyn group of Williamstown Medical Associates during several weekends in 2006. The group, consisting of Charles O'Neill, MD and Susan Yates, MD, works at North Adams Regional Medical Center, Tel 1-413-664-5000.

Jackson and Coker maybe contacted at 3000 Old Alabama Road, Suite 119-608, Alpharetta, GA, Tel: 800-272-2707, Fax: 770-730-2870.

Locum tenens work through JC Nationwide on one to two weekends a month, Friday evening through Monday morning, from March through October 2004. Providing weekend coverage for Pilgrim Shores, Obstetrics, Gynecology & Midwifery group at **Jordan Hospital, 275 Sandwich St, Plymouth, MA 02360**. Dates: June 18-20, June 25-26, July 17-19, July 24-26,

September 24-27, October 22-24

The JC Nationwide contact is: Paula Christie, 1150 Hammond Drive, Suite A 1200, Atlanta, GA 30328, and Tel: 800 272 2707.

I also worked an average of one Saturday every two months at Planned Parenthood in Boston until 2009, contact information as below.

### **January 2003- July 2003**

Assignment from May through June through JC Nationwide at **St. Peter's University Hospital in New Brunswick, NJ**, practicing obstetrics and supervising Ob/Gyn residents of UMDNJ-Robert Wood Johnson Medical School in Brunswick, NJ. Residency Program Director was Joseph Jenci, MD, PhD. Dates of these 12 or 24 hour shifts: May 14, 23, 25, 29 and 30, and June 1, 2, 3, 6, 8, 9, 13, 15, 20, 24, 27 of 2003

The address of St. Peter's University hospital is: 254 Easton Ave, PO Box 591, New Brunswick, NJ 08903-0591. Tel: 732-745-8600

The JC Nationwide contact is: Paula Christie, 1150 Hammond Drive, Suite A 1200, Atlanta, GA 30328, and Tel: 800 272 2707

Assignment on June 30 through July 6<sup>th</sup> and July 25<sup>th</sup> through August 1<sup>st</sup>, 2003 through Weatherby Locums at **Fairview Hospital**, a community hospital in the **Berkshires**, Great Barrington, MA. This included work on labor and delivery, in the ER as well as in the office of Tim Moore, MD, Ob/Gyn.

Contact information: Nancy Merolle, Medical Staff Coordinator at Fairview Hospital, 29 Lewis Ave, Great Barrington, MA 01230-1713, Tel: 413 528 0790 or 8600

The Weatherby Locums address is 6451 North Federal Highway, Suite 800, Fort Lauderdale, FL 33308, Tel: (800) 586-5022

Also part-time attending at Planned Parenthood in Boston, working about once a week. Address and contact information as below.

### **October 2002 - December 2002**

#### **Diplomate of the American Board of Ob/Gyn**

Candidate number 9001788

Before that self-study time and courses (1 week Osler Ob/Gyn review course in Philadelphia as well as 3-day Exampro review and examination preparation course in Baltimore and New York)

**March 2000 – September 2002**

Attending in a hospital owned group practice. This practice was a completely new start-up resulting in a roller coaster ride of good and bad business experiences – often surprising and very instructive. Medically I covered the complete field of Ob/Gyn in a semi-rural area of New England. The practice was closed by the hospital after 3 years.

**Seacoast Ob/Gyn**

24 Morrill Place, Amesbury, MA 01913, Tel: (978) 388-5696,

Affiliated with Anna Jaques Hospital

25 Highland Ave, Newburyport, MA 01950

Tel: (978) 463-1000

CEO at the time: Scott Goodspeed, Tel: (978) 463-1016

**10/25/99 – February 2000**

Attending, performing first trimester abortions

**Planned Parenthood League of Massachusetts**

1055 Commonwealth Ave

Boston, MA 02215-1001

Medical Director at that time: Maureen Paul, MD

Tel: (617) 616-1600 or 616-1631

**6/19/99 – 10/24/99: job search, vacation in Germany, self-study time**

**Resident, graduated with full credit 6/18/99**

PGY 4 from 6/21/98 – 6/18/99 (Chief Resident and **Clinical Instructor at Harvard Medical School**)

PGY 3 from 6/29/97 – 6/20/98 (resident)

Department of Obstetrics and Gynecology,

**Beth Israel Deaconess Medical Center / Harvard Medical School**

330 Brookline Ave

Boston, MA 02215

Chairman at the time: Benjamin Sachs, MD

Program Director at the time: Henry Klapholz, MD

Tel: (617) 667-2285

Fax: (617) 667-5011

Outstanding academic training in a Harvard setting. Evidence based teaching with very valuable in-depth exposure to all three subspecialties, especially high-risk obstetrics. Very accomplished, superb academic teachers, truly outstanding surgeons, often leaders in



their field. High-risk patients, referred from a large area in and around Boston. Special training in laparoscopy with Dr. Robert Hunt and during a rotation in “special gynecological surgery” at Mount Auburn Hospital in Cambridge with laparoscopy expert Anthony Disciullo, MD, who taught me fully laparoscopic supracervical hysterectomy with morcellation and with Peter Rosenblatt, an accomplished Urogynecologist. Graduated with **award as “Outstanding Medical Student Teacher”** based on votes of Harvard Medical School students

Dr. Klapholz, the residency program director, later became the chairman of Metrowest Medical Center in Framingham, MA and later the Dean of Academic Affairs at Tufts Medical School in Boston.

**Resident, full credit received for PGY 1 and 3**

PGY 1 from 7/1/95 through 6/30/96

PGY 3 from 7/1/96 through 6/30/97

Department of Obstetrics and Gynecology,

**Nassau University Medical Center** (formerly Nassau County Medical Center)

Affiliated with SUNY at Stony Brook

2201 Hempstead Turnpike

East Meadow, NY 11554. USA

Chairman: Boris Petrovsky, MD (during my time it was Dr. Peter Hong)

Program Director (during my time): Elsie Santana-Fox, MD

Tel: (516) 572-6255 or -3145

Very high work volume, very good training - often by doing, very busy surgical service, many clinics including teen pregnancy, infertility, urogynecology and cystometry, very busy ER, diverse population with numerous Hispanic patients.

**5/22/95 through 6/30/95:** worked as regular physician employee of Nassau County Medical Center, East Meadow, NY, in the function of a resident PGY 1, but not yet officially part of the residency program - “Came in early to help out”

**3/23/95 through 5/21/95:** Vacation, study time for German Boards. Time also used to make international move from Hamburg, Germany to East Meadow, NY, USA

**Board certification for Obstetrics and Gynecology in Hamburg, Germany, obtained 4/19/1995**

Attending

**11 / 1 / 94 to 3 / 22 / 95.**

**Practice Leidenberger, Weise and Partners,**

Specialists in Reproductive Endocrinology and Infertility. High profile IVF center. I learned infertility work ups, ultrasound and egg cell retrieval and embryo transfer

Lornsenstr. 6  
22767 Hamburg, Germany,  
Director: Prof. Dr. Freimut Leidenberger  
Tel: 011-49-40-30628-321 (Secretary Mrs. Steegen)  
Fax: 011-49-40-30628-322  
Email: [F.Leidenberger@ivf-centrum-hamburg.de](mailto:F.Leidenberger@ivf-centrum-hamburg.de)

During this time I worked almost exclusively with Olaf Naether, MD and Robert Fischer, MD in the in-vitro-fertilization unit of the practice. These two physicians have since separated from the practice of Dr. Leidenberger, have started an independent practice and can now be reached under

Olaf G.J. Naether, MD / Robert Fischer, MD  
Fertility Center Hamburg  
Speersort 4  
20095 Hamburg, Germany  
Tel: 011-49-40-3080-4411  
Fax: 011-49-40-3080-4941  
Email: [onaether@fertility-center-hh.de](mailto:onaether@fertility-center-hh.de)  
Dr Naether is retired in 2020.

**Resident, PGY 1 – PGY 5**, full credit received for the whole time. Graduated with recommendation of the program director for board certification in Obstetrics and Gynecology in Germany. Board certification in Germany obtained 04/19/1995 May 1989 through October 1994 (graduation in Oct.94)

Department of Obstetrics and Gynecology  
**Barmbek General Hospital and Medical Center**  
Allgemeines Krankenhaus Hamburg-Barmbek  
Ruebenkamp 148  
22307 Hamburg-Barmbek, Germany

Chairman and Program Director: Prof. Dr. Constantin Martin  
Tel: 01149-40-6385-3511  
Fax: 01149-40-6385-2171

Prof. Dr. Constantin Martin has since retired. The new chairman is Prof. Dr. Schmidt-Rhode. He may be reached under the same address and telephone number.

During this time I spent one year assisting Prof. Dr. Joachim Hackeloer at his **nationally known prenatal diagnostics and ultrasound referral center – performing level II ultrasounds full time**. You may contact Dr. Hackeloer at 01149-40-6385-3490.

In 2020 Barmbek Hospital had been closed and the ObGyn department had been moved to Frauenklinik Finkenau, Hamburg

**Resident, PGY 1 and 2**, full credit received for the complete time period  
January 87 - April 1989

**Abdominal and Vascular Surgery (1/88-12/88 and 1/89-4/89)**

**Trauma Surgery (1/87-12 /87)**

**Bamberg Hospital and Medical Center (Klinikum Bamberg)**

Buger Strasse 60,

96049 Bamberg, Germany

Director General Surgery at the time: Prof. Dr. Joachim Eisenbach

Presently: Prof. Dr. Meister

Tel: 011-49-951-503-0

Fax: 011-49-951-503-2105

Director of Trauma Surgery: Prof. Dr. Hans Joachim Wiendl

**Resident, PGY 1**, full credit received for the complete time period

August 1986 - December 1986

Department of Obstetrics and Gynecology (Frauenklinik)

**Nuernberg General Hospital and Medical Center (Klinikum Nuernberg Nord)**

Prof.-Ernst-Nathan Str.1 (previously Flurstr. 7)

90419 Nuernberg, Germany

Chairman and Program Director: Prof. Dr. Guenther Stark

Presently: Prof.Dr.med Volker Terruhn

Tel: 011-49-911-398-2222

Fax: 011-49-911-398-3399

**Resident, PGY 1 and 2**, full credit received for the complete time period

April 1985 - July 1986

**Institute of Pathology**

**Erlangen-Nuernberg University Hospital and Medical Center**

Krankenhausstrasse 8-10

91054 Erlangen, Germany

Chairman and Program Director: Prof. Dr. Volker Becker

Presently: Prof. Dr. Kirchner

Tel: 011-49-9131-852-2286

Fax: 011-49-9131-852-4745

**Resident, PGY 1**, full credit received for the complete time period

January 1984 - March 1985

**Anesthesiology and Surgical Intensive Care**

**Augsburg Central Hospital and Medical Center (Zentralklinikum Augsburg)**

Stenglinstrasse 2

86156 Augsburg, Germany  
Chairman and Program Director at the time: Prof. Dr. Joachim Eckart  
Presently: Prof. Dr. Frost  
Tel: 011-49-821-4001  
Fax: 011-49-821-400-3317

**November and December 1983:** vacation and job interviews. This process is not as formalized as in the US. Doctors may take a new position at any time in the year and often start working shortly after interviewing.

**Military Service** as General Practitioner at the Wilhelmshaven Navy Base,  
August 1982 - October 1983  
Honorable discharge  
**Medical Department, Marinestuetzpunkt Heppenser Groden (Navy Base)**  
Heppenser Groden, 4. Einfahrt  
26384 Wilhelmshaven, Germany  
Director of the Facility: Dr. Pietsch, Flotillenarzt, Chef der Marinesanitaetsstaffel  
Presently: Flotillenarzt Dr. Sartorius  
Tel: 011-49-4421-5201  
Fax: 011-49-4421-5187

**Time period from 1/1/1982 through 7/30/1982: experimental MD thesis**  
"Xanthinoxidase activity in the liver and intestine of the rat under allopurinol and oxipurinol" at the  
Department of Internal Medicine of  
Downtown Munich University Medical Center  
(Poliklinik der Ludwig Maximilian Universitaet Muenchen, Innenstadt)  
Pettenkofenstr. 8a, Munich, 80336 Germany  
Tutor: Prof. Dr. N. Zoellner

## **MEDICAL SCHOOL**

May 1975 - December 1981  
**"Approbation als Arzt" (equivalent to the American "MD diploma") on 12/30/1981**  
**"Doktor der Medizin" (based on experimental research) on 03/11/1986**  
Medical School of Ludwig-Maximilian-University (LMU) in Munich,  
Address: Studiendekanat der LMU  
Bavariaring 19  
80336 Muenchen, Germany,  
Studiendekan (dean of students, changes yearly): Prof. Dr. H. Gastpar, Associate Dean

Secretary: Bettina Bruder  
Tel: 011-49-89-5160-8903, Fax: 011-49-89-5160-8902

**6/74** Graduated from **High School of the German School of Madrid, Spain** (Deutsche Schule, Madrid or Colegio Aleman de Madrid)  
Avenida Concha Espina 32  
28016 Madrid, Spain  
Tel:011-33-91-561-1272  
The School has been relocated to a Northern suburb of Madrid ca 2017

### **Examinations and Licenses**

#### **American Board of Obstetrics and Gynecology**

**Written** board examination on 06/28/99, passed, score 145 of 180  
**Oral** board examination passed on 12/11/2002 in Dallas, Tx  
**Board certification as of 12/13/2002, candidate number 9001788**  
**Annually updated, never lapsed**

#### **USMLE, NATIONAL BOARD EXAMS**

USMLE ID NUMBER 0-363-580-2 (IDENTICAL TO ECFMG ID NUMBER)

USMLE STEP 1, taken September 1995.	Passed, score	█	NY
USMLE STEP 2, taken August 1995.	Passed, score	█	NY
USMLE STEP 3, taken December 1998.	Passed, score	█	MA

**ECFMG NR: 0-363-580-2 issued 12/08/93**  
**Since 03/02/95 holding indefinitely valid ECFMG certificate.**

Passed FMGEMS clinical sciences component and the English test in July 91 (score █)  
and the basic sciences component in January 92 (score █).

**Massachusetts DEA, schedules II-VI**

MM 0386943 A, issued 09/29/99, renewed regularly, present certificate expires 9-29-2023

**Federal DEA**

BM 6552031, issued 10-22-99, exp 1-31-2021

**American Medical Association**

Education # 4091681 0140

**ACOG**

Fellow # 0414164

FSMB ID 201071743

UPIN H10586

NPI 168-965-5839

**Licenses**

**Massachusetts**

Lic # 160382            issued 09/22/99            exp 08/26/2022

**New Jersey**

MA 71619            issued 12/1/2000            exp 06/30/2019

I did not renew the NJ license in 2019, since I am unlikely to practice there

**Florida**

ME 86058            issued 9/20/2002            exp 1/31/2021

Limited permit to practice medicine in New York

Permit # P98104, issued 12/16/96, exp. 12/16/98

**Unrestricted, non-expiring license to practice medicine in Germany and the European community. This license does not have to be renewed and is valid for life.**

## **Spelling of my last name**

**Full legal name (never changed): Matthias Gottfried Muenzer**

**“Muenzer” is the international spelling, “Münzer” is the German spelling. English does not have the letter “ü” and therefore the international spelling is used in the US. Trivia: the two dots above the “u” that creates the letter “ü” are actually a shrunken version of the letter “e”. Both spellings are equivalent and interchangeable, and both are listed on the same page of my German passport!**

## **Common legal questions:**

**Have you had any malpractice problems or any pending now?**

I was mentioned in a single lawsuit in 1996, like everybody else on that chart. My role in the delivery was limited to admitting the patient. The delivery itself and the problems that resulted from the delivery happened 8 hours after my shift ended and after I left. I was dismissed together with all the other residents from the case before it was settled in 2002. The corresponding letter from the Nassau County, NY, district attorney is available.

No pending problems, no foreseeable problems, and no records requested.

**Have you experienced any licensing problems?**

No

**Have you experienced any hospital privilege problems with any hospital?**

No

**Have you had any Substance abuse problems?**

No

**Have you experienced any Medicare or Medicaid problems?**

No

**Are there any legal situations that we should know about?**

None

## References

- Daniel Witkowski, MD, Ob/Gyn, Tufts Medical Center Community Care, 50 Rowe St, Suite 400, Melrose, MA 02176. Phone: 781-665-6606, Fax; 781-665-1277 e-mail: [drdan.witkowski@gmail.com](mailto:drdan.witkowski@gmail.com). Chief of ObGyn at Melrose Wakefield Hospital
- Roy Epstein, MD, Attending, Ob/Gyn, Tufts Medical Center Community Care, 30 New Crossing Road, Suite 207, Reading, MA 01867 Phone: 781-246-3500, Fax: 781-246-3555 e-mail: [repstein@melrosewakefield.org](mailto:repstein@melrosewakefield.org). Colleague in the same department
- Steven Dakoyannis, MD, Attending, ObGyn, Tufts Medical Center Community Care, 280 Beach Street, Revere, MA 02151. Phone: 781-289-2266, Fax: 781-289-6993 email: [sdako@aol.com](mailto:sdako@aol.com). Colleague in same department
- Melanie Blackstock, MD, Attending ObGyn, Tufts Medical Center Community Care, 101 Main Street, Suite 217, Medford, MA 02155 Phone: 781-395-6000 Fax: 781-395-4703 Email: [melanie.Blackstock@gmail.com](mailto:melanie.Blackstock@gmail.com). Colleague in same department
- Patricia Sereno, MD, Attending, Family Practice, 178 Savin Street, Malden, MA 02148, phone: 781-338-7400 email: [leighpatty@yahoo.com](mailto:leighpatty@yahoo.com). Family practice attending who practices obstetrics at Melrose Wakefield Hospital

**End of CV of Matthias Muenzer**



Melanie R. Blackstock M.D.  
101 Main Street  
Medford, MA 02155



ref

September 30<sup>th</sup>, 2020

To: New Hampshire Board of Medicine  
7 Eagle Square  
Concord, NH 03301  
Re: Matthias Muenzer MD

To The Board,

I have had the pleasure of working with Dr Muenzer beginning May 1<sup>st</sup>, 2018. During our professional association, we have operated together on numerous occasions, and shared care of obstetrical patients as well. I have found his professionalism to be unparalleled and have enjoyed our work together. Dr. Muenzer provides excellent care to his patients and is highly regarded by his colleagues, as well as the nursing staff and other medical departments. He participates in departmental and organizational meetings and initiatives in a constructive manner. His patients are very pleased with his care, as are my patients when he is covering for me. His staff is quite loyal to him, enjoying his leadership and collegiality. I have known him to be an excellent clinician and strongly recommend him for New Hampshire licensure. Please don't hesitate to contact me via mail, phone, email or text if I can further expound on this applicant's professional acumen or capabilities.

Sincerely,  
  
Melanie R Blackstock MD  
918-607-8678





September 20, 2020

To: New Hampshire Board of Medicine  
7 Eagle Square  
Concord, NH 03301

Re: Matthias Muenzer MD



To The New Hampshire Board of Medicine,

It is with great enthusiasm that I recommend Dr. Muenzer for licensure through the New Hampshire Board of Medicine. I have worked with Matthias for 17 years at Melrose Wakefield Hospital. We are colleagues in our outpatient practices (Tufts Medical Center Community Care) as well as on the maternity unit. As a Family Physician who includes maternity care in my practice, Matthias has been my collaborating OB/GYN specialist. We meet monthly to review OB cases, and he and I co-manage patients on labor and delivery. Matthias is an outstanding Obstetrician Gynecologist. He is well read, empathic, and practices evidence based medicine. Matthias taught at the Tufts Family Medicine Residency here in Malden from 2004-2008. Matthias is well liked by his patients and respected by his colleagues. His surgical technique is excellent.

I highly recommend Dr. Matthias Muenzer for licensure in New Hampshire.

Sincerely,

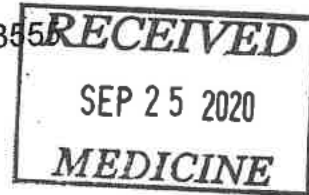


Patricia A. Sereno MD, MPH, FAAFP

Chair Family Medicine, Melrose Wakefield Healthcare

**Tufts Medical Center Community Care  
Obstetrics & Gynecology**

Roy Epstein, MD  
30 New Crossing Road, Suite 207  
Reading, MA 01867  
Tel: (781) 246-3500 Fax: (781) 246-3555



To whom it may concern,

It is my privilege to write this letter of recommendation for Dr. Matthias Muenzer in order to obtain a medical license in the state of New Hampshire.

I have worked with Dr. Meunzer for the last 17 years and I have the utmost respect for him as a physician and surgeon in the field of Obstetrics and Gynecology. I have assisted him in many major GYN and Obstetrical cases and he has been shown to be an excellent surgeon. His reputation as a highly respected obstetrician/gynecologist is well known at our hospital.

He has a great rapport with his colleagues and nursing staff who also seek him out for his exceptional knowledge in the field of OB/GYN. I have also heard many compliments from his patients concerning his compassion, medical knowledge and surgical abilities.

I highly recommend him for obtaining a medical license in New Hampshire.

If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Roy Epstein MD".

Roy Epstein, MD, FACOG  
Clinical Assistant Professor in OB/GYN  
Tufts University Medical School

*ref*

RECEIVED  
OCT -5 2020  
MEDICINE

Daniel J. Witkowski MD, FACOG, FACLM  
50 Rowe Street Suite 400  
Melrose, MA 02176  
(617) 257-9315



September 30, 2020

New Hampshire Board of Medicine  
7 Eagle Square  
Concord, NH 03301

To Whom It May Concern:

I have practiced Obstetrics and Gynecology at MelroseWakefield Healthcare since 1993 and Dr. Muenzer and I have been colleagues there for over 20 years.

As I have gotten to know Dr. Muenzer over the years, what stands out to me is his enthusiasm and passion for taking care of his patients. I have observed him interacting with staff and nurses with the utmost professionalism and respect, and I have seen first hand his surgical skills and high standards for clinical care.

It is without hesitation and with the most enthusiastic temper that I recommend that Dr. Muenzer receive his license to practice medicine in New Hampshire.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to be 'D. Witkowski', with a stylized flourish at the end.

Daniel J. Witkowski, MD, FACOG, FACLM



# The Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330  
Wakefield, Massachusetts 01880  
(781) 876-8200

[www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)  
Enforcement Division Fax: (781) 876-8381  
Legal Division Fax: (781) 876-8380  
Licensing Division Fax: (781) 876-8383

**GEORGE ABRAHAM, MD**  
Chair, Physician Member

**JULIAN N. ROBINSON, MD**  
Vice Chair, Physician Member

**WOODY GIESSMANN, LADC-I, CADAC, CIP, CAI**  
Secretary, Public Member

**DEBORAH LEVINE, MD**  
Physician Member

**HOLLY J. OH, MD**  
Physician Member

**LISA O'CONNOR, RN, BSN, MS**  
Public Member

**GEORGE ZACHOS, ESQ.**  
Executive Director



**CHARLES D. BAKER**  
Governor

**KARYN E. POLITO**  
Lieutenant Governor

**MARYLOU SUDDERS**  
Secretary  
Health and Human Services

**MONICA BHAREL, MD, MPH**  
Commissioner  
Department of Public Health

10/2/2020

To Whom It May Concern:

This certifies that Matthias G Muenzer, M.D., a 1981 graduate of Ludwig-Maximilians University, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 160382 was issued to Dr. Muenzer on 09/22/1999. The license status is: Active. The expiration date is 8/26/2022.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

**Closed Complaint Information**

Our files contain 0 closed complaint(s) on this physician.

**Final Board Disciplinary Action**

Our files contain 0 disciplinary action(s) taken against this physician by the Board.

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

[www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

Staff Member, Board of Registration in Medicine

Francee Mulero

SEAL

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

October 1, 2020

RECEIVED

OCT 01 2020

NH BOARD

New Hampshire Board of Medicine  
Sharon Canney  
7 Eagle Square  
Concord, NH 03301

RE: License Certification for Dr. Matthias Gottfried Muenzer

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Medical Doctor
LICENSE NUMBER:	ME86058
ORIGINAL CERTIFICATION:	09/19/2002
EXPIRATION DATE:	01/31/2021
CURRENT STATUS OF LICENSE:	CLEAR, ACTIVE
AGENCY ACTION:	No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

*Gerlisia K. Still*  
Regulatory Specialist II

/gs



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

---

October 1, 2020

New Hampshire Board of Medicine  
Sharon Canney  
7 Eagle Square  
Concord, NH 03301

RE: License Certification for Dr. Matthias Gottfried Muenzer

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Medical Doctor
LICENSE NUMBER:	ME86058
ORIGINAL CERTIFICATION:	09/19/2002
EXPIRATION DATE:	01/31/2021
CURRENT STATUS OF LICENSE:	CLEAR, ACTIVE
AGENCY ACTION:	No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

*Gerisita K. Still*  
Regulatory Specialist II

/gs



RECEIVED

OCT 28 2020

NH BOARD



PHILIP D. MURPHY  
Governor

SHEILA Y. OLIVER  
Lt. Governor

*New Jersey Office of the Attorney General*

Division of Consumer Affairs  
State Board of Medical Examiners  
P.O. Box 183, Trenton, NJ 08625-0183



GURBIR S. GREWAL  
Attorney General

PAUL R. RODRIGUEZ  
Acting Director

October 27, 2020

New Hampshire Board of Medicine  
7 Eagle Square  
Concord, NH 03301

**For Delivery Services:**  
140 East Front St.  
PO Box 183 2<sup>nd</sup> Floor  
Trenton, NJ 08608  
(609) 826-7100  
(609) 777-0956 FAX

To Whom It May Concern:

The New Jersey State Board of Medical Examiners has been requested by MATTHIAS G MUENZER to forward a letter of good standing regarding the Medical Doctor's license to practice in the State of New Jersey.

A review of the Board's files indicates that MATTHIAS G MUENZER was issued a New Jersey license 25MA07161900 on or about 12/01/2000 and is currently Expired with an expiration date of 06/30/2019. A review of the Board's files further indicates that no public disciplinary action has been taken against this Medical Doctor.

Very truly yours,  
BOARD OF MEDICAL EXAMINERS

William V. Roeder  
Executive Director

WVR/mnd



DIPLOMATE

# American Board of Obstetrics and Gynecology

COMPOSED OF MEMBERS NOMINATED BY THE  
AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY  
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS  
AMERICAN GYNECOLOGICAL AND OBSTETRICAL SOCIETY  
ASSOCIATION OF PROFESSORS OF GYNECOLOGY AND OBSTETRICS

## Obstetrics and Gynecology

Matthias Gottfried Muenzer, M.D.

HAVING PURSUED AN ACCEPTED COURSE OF GRADUATE STUDY AND CLINICAL WORK,  
HAS MET THE STANDARDS AND QUALIFICATIONS, AND PASSED THE EXAMINATIONS  
REQUIRED BY THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC.,  
AND IS AN ACKNOWLEDGED DIPLOMATE OF THE BOARD  
FROM DECEMBER, 2002 THROUGH DECEMBER 31, 2008

<u>Philip J. Difuria</u> <i>Philip J. Difuria</i>	<u>Frederick L. Green</u> <i>Frederick L. Green</i>	<u>M. Scott, MD</u> <i>M. Scott, MD</i>	Executive Director
<u>William Crossman</u> <i>William Crossman</i>	<u>Mary C. Carty, MD</u> <i>Mary C. Carty, MD</i>	<u>Ray T. Hologans, MD</u> <i>Ray T. Hologans, MD</i>	
<u>Henry C. Libby III</u> <i>Henry C. Libby III</i>	<u>Richard De Cruz</u> <i>Richard De Cruz</i>	<u>Valerie Wang</u> <i>Valerie Wang</i>	
<u>Debra Weiss</u> <i>Debra Weiss</i>	<u>Sherman Elias</u> <i>Sherman Elias</i>	<u>Veera Sava</u> <i>Veera Sava</i>	
<u>Wesley C. Folch</u> <i>Wesley C. Folch</i>	<u>D. Jim Fisher</u> <i>D. Jim Fisher</i>	<u>Robert Schuster MD</u> <i>Robert Schuster MD</i>	
<u>Michael J. Merritt</u> <i>Michael J. Merritt</i>	<u>Ronald S. Givis</u> <i>Ronald S. Givis</i>	<u>Q. Sunny Lim</u> <i>Q. Sunny Lim</i>	
<u>Justin A. Stricker</u> <i>Justin A. Stricker</i>		<u>Michael Abel</u> <i>Michael Abel</i>	

DECEMBER 13, 2002

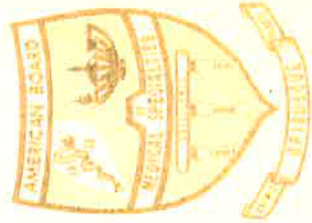
DEANDREA OWENS  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
June 24, 2022

RECEIVED  
SEP 23 2020  
MEDICINE

On this 21 day of Sept 2020, I certify that the  
above or attached document is a true, exact, complete, and unaltered  
copy made by me of Diploma  
(describe document), presented  
to me by Matthias Muenzer  
Notary Signature



DIPLOMATE NO. 9001788




DEANDREA OWENS  
 Notary Public  
 Commonwealth of Massachusetts  
 My Commission Expires  
 Jan 24, 2022

On this 21<sup>st</sup> day of sept, 2020, I certify that the above or attached document is a true, exact, complete, and unaltered copy made by me of Controlled Substance Reg Certificate (describe document), presented to me by Matthias G. Muenzer

Notary Signature 

RECEIVED  
 SEP 23 2020  
 MEDICINE

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BM6552031	01-31-2021	
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	PRACTITIONER	01-02-2018
MUENZER, MATTHIAS G MD HALLMARK HEALTH MEDICAL ASSOCIATES 101 MAIN STREET SUITE 217 MEDFORD, MA 02155		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BM6552031	01-31-2021	
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	PRACTITIONER	01-02-2018
MUENZER, MATTHIAS G MD HALLMARK HEALTH MEDICAL ASSOCIATES 101 MAIN STREET SUITE 217 MEDFORD, MA 02155		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)