Commonwealth of Massachusetts Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

#128437

FULL LICENSE APPLICATION

Non-refundable Application Fee: A $600.00 check or money order payable to the Commonwealth of Massachusetts must be included with your full license application.

TYPE OF APPLICATION

(Check One)	(Check One)
☑ Initial Full License	☑ U.S. or Canadian Medical School Graduate
☐ Administrative License	☐ International Medical School Graduate
☐ Volunteer License	

PERSONAL INFORMATION

1. Legal Name	Last: Wong	First: Melissa	Middle: Laya	Suffix:
2. Other Name(s) List other names that appear on your application documents (medical education, exams, etc.)				
3. Degree Type	☑ M.D. ☐ D.O. ☐ Other degree: _____			
4. Social Security Number	[redacted]	**5. Gender**	☐ Male ☑ Female	
6. NPI Number	1285167338			
7. Date of Birth	[redacted] Month Day Year	**8. Place of Birth**	City/State: Hackensack, NJ	Country if not USA:
9. Mailing Address This address will be used for correspondence	Number and Street: [redacted]			
	City: [redacted]	State/Province/Territory:	Zip (or postal) Code:	
10. Home Address	Number and Street: [redacted]			
	City: [redacted]	State/Province/Territory:	Zip (or postal) Code:	
11. Business Address	Number and Street: Boston Medical Center YACC-5 850 Harrison Avenue			
	City: Boston	State/Province/Territory: MA	Zip (or postal) Code: 02118	
12. Telephone Numbers	[redacted]	Business #: (617) 414-2000	Cell #: [redacted]	
13. Email Address Will be used for correspondence	[redacted]			

Date Received: 11, 9, 2020

Check #: 110

Check Amount: $ 600.00

Initials: AF

PRINT NAME: Melissa Laya Wong

Questions #14 – 16 are optional. This information will assist the Board in processing your application.	
14.	**Reason for requesting a Massachusetts medical license:** Employment
15.	**Name of anticipated practice location/facility:** Boston Medical Center Address: 850 Harrison Avenue City: Boston
16.	**Anticipated starting date in Massachusetts:** 07/01/2021

U.S. OR CANADIAN MEDICAL LICENSURE	
17.	**If you currently or have ever held a full license in the U.S. or Canada list the state/province abbreviation. This includes any active or inactive licenses. Do not report training or temporary licenses.** **NOTE: You must provide license verifications for every active or inactive full license issued to you in the U.S. or Canada. Verifications must be received in a sealed envelope, electronically from the licensing authority or through Veridoc.**

PRACTICE SPECIALTY	
18.	**List the medical specialt(ies) that you practice. If you are completing postgraduate training, list that specialty here. The specialties listed will be included on your Physician Profile on the Board's website to help consumers locate physicians in specific specialties.**
	Obstetrics and Gynecology

ABMS/AOA BOARD CERTIFICATION	
19.	**Are you certified by the American Board of Medical Specialties (ABMS)?** ☐ Yes ☑ No If "Yes", list Board Certification(s):
20.	**Are you certified by the American Board of Osteopathic Medicine (AOA)?** ☐ Yes ☑ No If "Yes", list Board Certification(s):

PRINT NAME: Melissa Laya Wong

EXAMINATION HISTORY

Please note below each medical licensure examination you have taken.

NOTE: Your official examination scores will be included in your FCVS Physician Profile.

Examination Requirements*: *(Please see Application Instructions for more information regarding eligibility.)

- **7 Year Time Limit: All Steps of the USMLE and all Levels of the COMLEX must be completed within 7 years. The Board may, in certain circumstances, grant a waiver of the 7 year time limit.**
- **Step/Level Attempt Limit: Each USMLE Step/COMLEX Level must be passed by the 4th attempt. No waiver is available for applicants that did not pass a Step/Level by the 4th attempt.**
- **Step 3/Level 3 Attempt Limit: If an applicant failed Step 3/Level 3 on the 3rd attempt, he/she must complete a year of ACGME/AOA postgraduate training prior to his/her 4th attempt. The Board may, in certain circumstances, grant a waiver of this requirement.**

Examination	Number of attempts	Passed (P) or Failed (F)	
USMLE Step I	1	☑ P	☐ F
USMLE Step II CK	1	☑ P	☐ F
USMLE Step II CS	1	☑ P	☐ F
USMLE Step III	1	☑ P	☐ F
NBME Part I		☐ P	☐ F
NBME Part II		☐ P	☐ F
NBME Part III		☐ P	☐ F
FLEX Component 1		☐ P	☐ F
FLEX Component 2		☐ P	☐ F
FLEX Pre-1985		☐ P	☐ F
COMLEX Level 1		☐ P	☐ F
COMLEX Level 2 CE		☐ P	☐ F
COMLEX Level 2 PE		☐ P	☐ F
COMLEX Level 3		☐ P	☐ F
MCCQE – Part I		☐ P	☐ F
MCCQE – Part II		☐ P	☐ F
State Board Exam	State of Examination:	☐ P	☐ F

PRINT NAME: Melissa Laya Wong

PRE-MEDICAL SCHOOL

A minimum of two or more academic years at a legally-chartered college or university is required. For international medical graduates, this education may be incorporated into your medical school training. If not, please indicate the school(s) where you completed this requirement.

Name of School	Degree	Dates of Attendance (Year)
George Washington University	BA	2009 To 2013
	City: Washington	State/Country: DC

Name of School	Degree	Dates of Attendance (Year)
		To
	City	State/Country

MEDICAL SCHOOL

List <u>all</u> medical schools of attendance regardless of whether a degree was awarded.

Medical School Name	Degree
George Washington University School of Medicine	MD
Street: 2300 I St NW	**City, State**: Washington, DC

Medical School Name	Degree
Street	**City, State**

Medical School Name	Degree
Street	**City, State**

PRINT NAME: Melissa Laya Wong

TIMELINE OF ACTIVITIES SINCE GRADUATION FROM MEDICAL SCHOOL

Please provide a chronological listing by month and year of ALL activities since graduation from medical school. You must include postgraduate training, research activities, hospital affiliations, medical staff appointments, faculty appointments, private practices, locum tenens and telemedicine assignments and any other employment or volunteer activities. Also include periods of unemployment or any activities outside of the practice of medicine. Do not write, "See CV" or "See attached"; you must complete this section AND attach your curriculum vitae. If you need additional rows, please print additional copies of this page. **You MUST account for any time gaps of 30 days or more since your graduation from medical school.** (***For example, if you graduated from medical school on May 31, 2015 and started residency on July 1, 2015, you must account for this gap of 30 days.***)

Start Date (mm/yyyy)	**End Date** (mm/yyyy)	**Position Held** (Resident, Attending, Research Fellow, etc.)	**Institution/Place of Employment**	**City, State/Country**
05 / 2017 (Month / Year)		**Medical School Graduation Date** *(start timeline from this date)*		
06 MW 07/2017	06/2021	Resident	Texas Tech University Health Sciences Center of El Paso	El Paso, TX, USA
__/__	__/__			
__/__	__/__			
__/__	__/__			
__/__	__/__			
__/__	__/__			
__/__	__/__			
__/__	__/__			
__/__	__/__			

PRINT NAME: Melissa Laya Wong

APPLICATION QUESTIONS

You must answer "yes" or "no" to questions #21 – 47.
NOTE: A "yes" response requires a detailed explanation on the *Explanation for Application Questions* page and submission of documentation related to the underlying occurrence from the appropriate institution.

	PRE-MEDICAL SCHOOL AND MEDICAL SCHOOL	YES	NO
21.	While enrolled in college, medical school or graduate school were you ever the subject of any disciplinary action? (This includes action that was formal or informal, oral or written, voluntary or involuntary. A confidentiality agreement does not absolve you of your requirement to answer this question.)		[redacted]
22.	Have you ever been terminated from a medical school?		
23.	Have you ever withdrawn or transferred from a medical school?		
24.	Have you ever been granted a leave of absence by a medical school? (This includes a leave for research, public service, participated in a joint degree program such as an M.D./Ph.D. program, medical leave or for any other "personal reasons".)		
25.	Have you ever been placed on probation or remediation by a medical school or graduate school?		
26.	If you are a US or Canadian graduate, did you take more than four (4) years to complete medical school; or if you are an international medical graduate, did you take more than six (6) years to complete medical school?		

	POSTGRADUATE TRAINING	YES	NO
27.	While enrolled in postgraduate training were you ever the subject of any disciplinary action or under investigation? (This includes action that was formal or informal, oral or written, voluntary or involuntary. A confidentiality agreement does not absolve you of your requirement to answer this question.)		[redacted]
28.	Have you ever been suspended, terminated or dismissed from any postgraduate training program?		
29.	Have you ever had to repeat a year of postgraduate training?		
30.	Have you ever withdrawn or transferred from a postgraduate training program?		
31.	Have you ever been granted a leave of absence from a postgraduate training program? (This includes a leave for research, public service, medical leave or for any other "personal reasons".)		
32.	Have you ever been placed on probation or remediation by a postgraduate training program?		
33.	Were any limitations or special requirements imposed on you because of questions of competency or disciplinary problems?		
34.	Did you ever receive partial or no credit for a postgraduate training program?		
35.	Have you ever had a postgraduate training program contract not be renewed?		

PRINT NAME: Melissa Laya Wong

	ACTIONS BY ANY HEALTHCARE FACILITY, EMPLOYMENT, PROFESSIONAL ORGANIZATION, STATE BOARD OR ANY OTHER GOVERNMENTAL AGENCY	YES	NO
36.	Have you been denied the privilege of taking or finishing an examination or been accused of or found to have cheated or engaged in improper conduct during an examination?		
37.	Have you ever been denied a medical license, whether full, limited, temporary, or have you withdrawn an application for medical licensure?		
38.	Have you ever surrendered a license to practice medicine or any professional license or has your license or certificate ever been revoked? (You do not need to report a lapsed license.)		
39.	Have you been denied American Board of Medical Specialties or American Board of Osteopathic Medicine certification or has your certification ever been suspended or revoked?		
40.	Are you aware of any open complaint, pending investigation or inquiry into your professional conduct by any entity or are any disciplinary charges pending against you?		
41.	Since your completion of postgraduate training, has any disciplinary action ever been taken against you? (A confidentiality agreement does not absolve you of your requirement to answer this question.)		
42.	Since your completion of postgraduate training, have you taken a leave of absence from any health care facility, group practice or employer for reasons related to your competency to practice medicine?		
43.	Has your medical staff membership, medical privileges, medical staff status or association with a health care facility ever been limited, suspended, revoked, not renewed or subject to probationary conditions or has processing toward any of those ends been instituted or recommended by a medical staff committee, administration or governing board?		
44.	Have you ever withdrawn an application for hospital privileges or appointment, or have you ever been denied medical staff membership, advancement in medical staff status or association with a health care facility, or has such denial been recommended by a medical staff committee, administration or governing body?		
45.	Has your privilege to manufacture, distribute, administer, possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted or surrendered, or have you ever been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?		
46.	Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition on your coverage or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider?		
47.	Have you ever had an application for membership as a participating provider denied by any third-party payor, Medicare or Medicaid (any state) or have you ever been the subject of any termination, suspension or probation proceedings instituted by any third-party payor, Medicare or Medicaid (any state) or have you ever been restricted from receiving payments from any third-party payor, Medicare, Medicaid (any state)?		

PRINT NAME: Melissa Laya Wong

MEDICAL MALPRACTICE HISTORY QUESTION			
You must answer "yes" or "no" to question #48. **NOTE: A "yes" response requires a detailed explanation of each malpractice claim. Please use the *Explanation for Malpractice History Question*. You must also arrange for your lawyer or liability carrier to provide the requested supporting documentation.**		**YES**	**NO**
48.	Has any medical malpractice claim ever been made against you, whether or not a lawsuit was filed in relation to the claim? **NOTE:** You must report any medical malpractice claims that have been made against you, even if the claim against you was dropped, dismissed, settled, adjudicated or otherwise resolved.	[redacted]	

CRIMINAL HISTORY QUESTION			
You must answer "yes" or "no" to question #49. **NOTE: A "yes" response requires a detailed explanation of each offense/arrest. Please use the *Explanation for Criminal History Question*. You must also arrange for submission of the court and police records directly from the primary source or from your lawyer.**		**YES**	**NO**
49.	Have you ever been charged with any criminal offense? **NOTE:** You must report being arrested, arraigned, indicted or convicted, even if the charges against you were dropped, filed, dismissed or otherwise discharged. Minor traffic or parking violations need not be reported. You must report serious traffic offenses such as reckless driving, hit and run, driving with a suspended license, or operating under the influence or its equivalent. This list is not all-inclusive. If in doubt as to whether an arrest or criminal offense must be disclosed, it is best to disclose the action on your application. A medical malpractice claim is a civil, not a criminal matter and should not be reported on this question. Expunged/Sealed Offenses: While expunged/sealed offenses, arrests, tickets or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact been expunged or sealed. Failure to reveal an offense, arrest, ticket or citation that is not in fact expunged or sealed, raises questions related to truthfulness in addition to questions regarding the offense itself. **You may have been told your record is expunged or sealed when in fact it is not.** If, during the course of the application process, information about an offense is discovered which you did not disclose because you believed it to be expunged or sealed, you will be required to provide a copy of the expunction or sealing order.	[redacted]	

PRINT NAME: Melissa Laya Wong

CONFIDENTIAL INFORMATION QUESTIONS			
For purposes of the following questions, "currently" does not mean on the day of, or even the weeks or months preceding the completion of this application. It means recently enough to have an impact on one's functioning as a licensee, or within the past two years. You must answer "yes" or "no" to questions #50 - 52. **NOTE: A "yes" response to questions # 50 - 52 requires a detailed explanation. Please use the *Explanation for Confidential Information Questions.***		**YES**	**NO**
50.	Do you have a medical or physical condition that currently impairs your ability to practice medicine?	[redacted]	
51.	Have you engaged in the use of any substance(s) with the result that your ability to practice medicine is currently impaired?		
52.	Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of chemical substances?		

**** IMPORTANT NOTE REGARDING PHYSICIAN WELLNESS ****

If you have a substance use disorder or mental or physical health diagnosis that impacts your ability to practice medicine, the Board encourages you to seek assistance voluntarily and to abide by any recommendations of your health care provider.

When the Board receives notice of a substance use disorder, its primary mission is to protect the public; however, the Board also seeks to ensure successful rehabilitation through the physician's participation in approved treatment programs and supervised structured aftercare. Similarly, when the Board receives notice of a mental health or physical health diagnosis that impacts a physician's ability to practice, the Board needs to ensure that the physician can practice medicine safely.

In regard to issues of physician impairment, whether the impairment is caused by a substance use disorder, or a mental or physical health diagnosis, the Board works cooperatively with the Massachusetts Medical Society's Physician Health Services (PHS) and encourages physicians to contact PHS to determine what services may be available to them in order to ensure their safe practice of medicine. Please call PHS at (781) 434-7404.

PHS is a nationally recognized physician assistance program designed to assist physicians with the following: alcohol misuse; substance use disorder; behavioral or mental or physical health issues that currently impair the ability to practice medicine; stress including administrative burdens; financial pressures; and work-family balance issues. PHS does not treat but may refer a physician for evaluation and treatment, if necessary. PHS services are available to all physicians in Massachusetts, whether or not they belong to the Massachusetts Medical Society.

Melissa L. Wong

[redacted]

Education

Texas Tech University Health Sciences Center Resident Physician, Obstetrics and Gynecology	2017-2021 El Paso, TX
George Washington University School of Medicine Doctor of Medicine, Health Policy Track Early Selection Program	2013-2017 Washington, DC
George Washington University Bachelor of Arts, Magna Cum Laude University Honors Program	2009-2013 Washington, DC

Research

- Wong, Melissa L., Nikki Skrinak, Christina Bracamontes, Zuber Mulla, and Sireesha Y. Reddy. "Promoting Reproductive Justice in the Office: A Pilot Study of LARC Removal Counseling at the Time of Placement". *Texas Tech University Health Sciences Center El Paso.* 2019.
- Lyn, Heidi, Stephanie Mishaw, Melissa L. Wong, Heather Hohmann, and Sireesha Y. Reddy. "A Spoonful of Sugar Helps the Medicine Go Down: Strategies to Address Student Mistreatment in OB/GYN". *Texas Tech University Health Sciences Center El Paso.* 2019.
- Wong, Melissa L., Christina Bracamontes, Shirley Hinshaw, and Zuber Mulla. "Does Education Affect Acceptance? Perceptions of Emergency Contraception on the U.S.-Mexico Border". *Texas Tech University Health Sciences Center El Paso.* 2018.
- Schaffer, Michael, et al. "Compare the Q-Cup with other umbilical blood collection techniques: A Feasibility Study". *Texas Tech University Health Sciences Center El Paso.* 2019.
- Cigna, Sarah T., Melissa L. Wong, Nancy Gaba, Michael Gallagher, Myriam Ferzli, and Courtney Townsel. "Implementing and evaluating a new ultrasound curriculum for Obstetrics and Gynecology residents at George Washington University." *George Washington University.* 2017.

Publications

- Wong, Melissa L. "Approach to elective abortion." Toy, Eugene C.; Ross, Patti J. *Case Files Obstetrics and Gynecology, 6th ed.* New York: McGraw-Hill Publishers, in press.
- Wong, Melissa L., et al. "Connect the Dots—November 2019." *Obstetrics & Gynecology* 134.5 (2019): 1112-1113.
- Camacho, Margarita T. and Melissa L. Wong. "Surgical Treatment of Ischemic Coronary Disease in the Elderly." *Cardiothoracic Surgery in the Elderly.* Springer Science & Business Media, 2011 (389-401).

Presentations

- Wong, Melissa L., Christina Bracamontes, Shirley Hinshaw, and Zuber Mulla. "Does Education Affect Acceptance? Perceptions of Emergency Contraception on the U.S.-Mexico Border". *Texas Tech University Health Sciences Center El Paso.* 2018. *Poster accepted to ACOG Annual Clinical Science Meeting 2020.*
- Lyn, Heidi, Stephanie Mishaw, Melissa L. Wong, Heather Hohmann, and Sireesha Y. Reddy. "A Spoonful of Sugar Helps the Medicine Go Down: Strategies to Address Student

Mistreatment in OB/GYN". *Texas Tech University Health Sciences Center El Paso*. 2019. *Discussion Den presented at CREOG & APGO 2020 Annual Meeting.*

- Cigna, Sarah T., Melissa L. Wong, Nancy Gaba, Michael Gallagher, Myriam Ferzli, and Courtney Townsel. "Implementing and evaluating a new ultrasound curriculum for Obstetrics and Gynecology residents at George Washington University." *George Washington University*. 2017. *Poster presented at 2018 CREOG & APGO Annual Meeting.*

Leadership Experience

- CREOG Resident Workshop: Preparing to Be Teachers and Leaders 2020
- Co-Administrative Chief Resident 2020-2021
- Resident Co-Founder of Medical Students for Choice of El Paso 2019-Present
- ACOG District XI Junior Fellow Legislative Chair, Toy Fellow 2019-Present
- ACOG District XI, Section 1 Junior Fellow Chair 2018-2020
- Graduate Medical Education House Staff OBGYN Representative 2018-2019
- Diversity, Inclusion and Global Perspectives Committee Representative 2018-2019
- Program Education Committee, Class of 2021 Representative 2017-Present
- ACOG District XI, Section 1 Junior Fellow Vice Chair 2017-2019
- Co-President of the Preventive Medicine Interest Group, *GWU SMHS* 2014-2015
- Co-President of GlobeMed at GWU 2011-2013

Work Experience

- Clinton Health Matters Initiative Intern, *Clinton Foundation* 2014
- GrassRoots Onsite Work Intern, *GlobeMed at GWU* 2012
- Research Assistant, *The New Jersey Sharing Network* 2010

Volunteer Experience

- White Coats for Black Lives, TTUHSC 2020
- Abstract Reviewer, Society of Family Planning Annual Meeting 2020
- West Fund Volunteer 2019-Present
- Resident Founder of Medical Students for Choice of El Paso 2018-Present
- Join Us For Justice, Board Member 2018-Present
- Gender Equity in Global Surgery Mentor, Harvard Medical School 2018-Present
- International Service Learning Student, Tanzania 2011

Professional Memberships

- Society of Family Planning Junior Fellow 2019-Present
- Association of Professors of Gynecology and Obstetrics 2017-Present
- American Medical Association 2017-Present
- American College of Obstetrics and Gynecology 2016-Present

Awards and Certifications

- Selected Participant by the Society of Family Planning, Write to Change the World 2020
- Texas Women's Health Hero, Me and My OBG 2020
- Fundamentals of Laparoscopic Surgery Certification 2019
- PGY-2 Outstanding Resident, TTUHSC 2018-2019
- Ryan Resident Scholarship, North American Forum on Family Planning 2018
- Strasser Prize for Creative Writing, GWU Honors Program 2010
- Presidential Academic Scholarship, GWU 2009

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LIABILITY CARRIER REQUEST FORM

Applicant Print Name: Melissa Laya Wong

APPLICANT INSTRUCTIONS: **Print name above.** In **chronological order**, list your liability carriers covering the **past 10 years that you have held a full license in the U.S. or Canada**. Only include liability carriers from postgraduate training if it was within the past 10 years and you held a full license at that time. Send a copy of this form to each carrier in order to request a claims history report. Send the original form to the Board with your application.
This form is not required if you have never held a full license in the U.S. or Canada.

Liability Carrier			
Dates of Coverage	From: ____ ____ To: ____ ____	**Policy Number**	
Liability Carrier			
Dates of Coverage	From: ____ ____ To: ____ ____	**Policy Number**	
Liability Carrier			
Dates of Coverage	From: ____ ____ To: ____ ____	**Policy Number**	
Liability Carrier			
Dates of Coverage	From: ____ ____ To: ____ ____	**Policy Number**	
Liability Carrier			
Dates of Coverage	From: ____ ____ To: ____ ____	**Policy Number**	

LIABILITY CARRIER INSTRUCTIONS: Please provide the following documentation directly to the Board at the above listed mailing address or via email at: malpractice.reports@MassMail.State.MA.US. If sending documents via email, you must include the physician's name in the subject line of the email.

Claims History Report/Loss Run Report: Please provide a claims history report on letterhead, which includes:

1. Policy number
2. Dates of policy coverage;
3. If your company's name has changed, please provide any former company names.
4. Whether the applicant has any claims history;
5. If the applicant has a claims history, please include:
   a. the name/initials of the claimant(s);
   b. nature and date of claim(s);
   c. whether the claim is pending or closed. If closed, final disposition; and
   d. amounts paid on the applicant's behalf, if any.

Additional Claim Documentation: If the applicant has a claims history, please provide copies of the following:

1. Complaint, notice of intent to file a claim, or other claim letter; and
2. Final judgment, settlement and release, or other final disposition of each claim.

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200 Harvard Mill Square, Suite 330 – Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

Sealed Envelope
Initials:

CERTIFICATE OF MORAL AND PROFESSIONAL CHARACTER

INSTRUCTIONS TO THE APPLICANT: This form must be signed by a physician legally authorized to practice medicine in the United States. Someone who has known you for at least one year and is not a relative should execute this statement. The Board of Registration in Medicine prefers statements from physicians licensed to practice in Massachusetts. You may use the same physician to complete both the Supervisory Evaluation Form and the Certificate of Moral and Professional Character, if they have known you for at least one year and are not a relative.

CERTIFYING PHYSICIAN INSTRUCTIONS:

- **Please complete the below certification.**
- **Return to the applicant in a sealed envelope with your name affixed across the envelope seal.**

CERTIFICATION OF MORAL AND PROFESSIONAL CHARACTER

This certifies that I have been personally acquainted with the physician named below:

Melissa Laya Wong
(print name of applicant)

for 3.5 **years. I believe that the above named physician is of good moral character and worthy of confidence and recommend him/her to the Massachusetts Board of Registration in Medicine.**

SIGNATURE: _____ **DATE:** 11-2-2020

Print Name: T. IGNACIO MONTOYA, MD

License Number: N5879 **State:** TX

Address: 4801 ALBERTA AVE SUITE C250

City: EL PASO **State:** TX **Zip:** 79905

Email: teodoro.montoya@ttuhsc.edu

RETURN THE COMPLETED CERTIFICATION TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE AFFIXED ACROSS THE ENVELOPE SEAL.

PRINT NAME: Melissa Laya Wong

STATUTORY AND REGULATORY REQUIREMENTS FOR LICENSURE

NOTE: You must complete the following requirements. Please see the Instructions for further information.

53. Opioid and Pain Management Training: (You must check one.)

- [x] I completed three (3) credits of Board-approved CME credit in effective pain management. (i.e., www.opioidprescribing.com)
- [ ] I do not prescribe controlled substances (Schedules II – VI).

54. Child Abuse or Neglect Recognition and Reporting Training: (You must check one.)

- [x] I received training in child abuse and neglect assessment in medical school or postgraduate training.
- [ ] I completed a hospital sponsored training program in recognizing the signs of child abuse and neglect.
- [ ] I completed a CME program in identifying and reporting child abuse and neglect.
- [ ] I completed an online training program (i.e. The Middlesex Children's Advocacy Center's program "51A Online Mandated Reporter Training: Recognizing and Reporting Child Abuse, Neglect and Exploitation" www.middlesexcac.org/51A-reporter-training).
- [ ] I completed a specialized certification (i.e., Child Abuse Pediatrics)

55. Domestic and Sexual Violence Education and Training: (You must complete.)

- [x] I completed the Massachusetts Department of Public Health online training in Domestic and Sexual Violence for licensed healthcare professionals. https://www.mass.gov/service-details/domestic-and-sexual-violence-integration-initiative

56. MassHealth Enrollment Requirement: (You must check one.)

- [ ] I am enrolled or have applied to enroll in MassHealth as a nonbilling provider. (Nonbilling application: https://www.mass.gov/doc/nonbilling-orp-provider-contract-and-application-3/download)
- [x] I am enrolled or have applied to enroll in MassHealth as a billing provider. (Billing provider application must be requested through MassHealth at 1-800-841-2900)

57. Electronic Health Records (EHR) Proficiency Requirement: (You must check one.)

I have DEMONSTRATED PROFICIENCY in the use of EHR through my:

- [ ] participation in a Meaningful Use program as an eligible professional.
- [x] my employment with, credentials to provide patient care at, or contractual agreement with an eligible hospital or critical access hospital that has implemented an electronic health record.
- [ ] participation as either a Participant or an Authorized User in the Massachusetts Health Information Highway.
- [ ] completion of 3 hours of a Category 1 EHR-related CME course that discusses, at a minimum, the core and menu objectives and the Clinical Quality Measures ("CQMs") for Meaningful Use.

OR

I am EXEMPT from the EHR Proficiency requirement because I am an applicant:

- [ ] for an Administrative or Volunteer License.
- [ ] who will not be engaged in the practice of medicine as defined in 243 CMR 2.01(4).
- [ ] on active duty as a member of the National Guard or of a uniformed service called into service during a national emergency or crisis.

Certificate of Completion

This is to certify that

Melissa Wong

Successfully Completed

TRAINING AND EDUCATION IN SEXUAL AND DOMESTIC VIOLENCE IN COMPLIANCE WITH CHAPTER 260

on **October 18, 2020**

PRINT NAME: Melissa Laya Wong

90-DAY RENEWAL INFORMATION

State law requires that renewal of your license occur on your first birthday after your license is issued, unless your birthday falls within ninety (90) days of your license issue date. If your first birthday is within the 90-day time period that your license is issued, you will not be required to renew your license until your following birthday.

Example: If your birthday falls on September 1, 2014, and your license is issued on July 1, 2014, your renewal date will be September 1, 2015. However, if your birthday falls on September 1, 2014, and your license is issued on January 1, 2014, you will be required to renew your license by your birthday on September 1, 2014. Renewals thereafter will be on a two-year birthday cycle.

Check one:

☑ Do not hold my Full License Application; send it to the Board as soon as it is completed.

☐ Hold my Full License Application until it is within the 90-day time period.

My birthday is: [redacted]
Month Day Year

CERTIFICATIONS

- Pursuant to M.G.L. c. 112, § 2 and 243 CMR 2.07(15), I certify that I will not charge to or collect from a Medicare beneficiary more than the Medicare "reasonable charge" for services, in compliance with Chapter 475 of the Acts of 1985. (*Note:* providing certification does not imply that you will participate in the Medicare program).
- Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed any Massachusetts state tax returns and paid any Massachusetts state taxes that are required under law. (*Note:* This applies even if you reside out of the state or out of the country.)
- Pursuant to M.G.L. c. 62C, § 49A, to the best of my knowledge and belief, I am in compliance with G.L. c. 119A relating to withholding and remitting child support.
- Pursuant to M.G.L. c. 119, § 51A, I certify under the penalties of perjury that I will fulfill my obligation to report abuse or neglect of children.
- By signing this application, I am providing my consent for the Massachusetts Board of Registration in Medicine and, where relevant, their supervising state agencies and the Massachusetts Executive Office of Health and Human Services, and where relevant, its provider enrollment vendor, to obtain, read, copy, and share with each other information regarding your MassHealth application and enrollment status and Massachusetts licensure status.
- I have read the Board's regulations, 243 CMR 1.00 through 3.00.

Certification:

☑ **I confirm I have read and agree to comply with these statutory and regulatory requirements.**

DECLARATION OF APPLICANT

I, Melissa Layá Wong :
(PRINT LEGAL NAME)

being duly sworn, depose and say that I am the person described and identified in this application. I declare that I have examined this complete application and to the best of my knowledge and belief, the information contained herein and evidence or other credentials submitted herewith are true, correct and complete. **I understand that any falsification or misrepresentation of any item or response on this application or any attachment hereto may be a sufficient basis for denying or revoking a license.** I hereby request and authorize every person, institution, professional licensing board of any state in which I hold or may have held a license to practice my profession, hospital, clinic, government agency (local, state, federal or foreign), law enforcement agency, or other third parties and organizations and their representatives to release information, records, transcripts and other documents concerning my professional qualifications and competency, ethics, character and other information pertaining to me to the Massachusetts Board of Registration in Medicine. I hereby extend absolute immunity to and release, discharge, and hold harmless from any and all liability: 1) the Board of Registration in Medicine, its agents, representatives, directors and officers; 2) other agencies, institutions, hospitals and clinics providing information, their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by the Board of Registration in Medicine. I hereby authorize the Board of Registration in Medicine to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, or individual, who, in the judgement of the Board, has a legitimate interest in such information.

SIGNATURE: MLW **DATE:** 04/26/21 MW

PHOTOGRAPH

SIGNATURE OF APPLICANT:

MLW

(Sign in the presence of a notary)

NOTARY SECTION

NOTARY: I certify that the photograph above is a genuine likeness of the maker of the signature above.

On this 19 day of October, 2020, before me, the undersigned notary public, personally appeared Melissa Layá Wong (name of document signer), proved to me through satisfactory evidence of identification, which were Drivers License, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Claudia Esparza
Signature of Notary Public

10/31/2021
Commission Expires On

NOTARY SEAL

CLAUDIA ESPARZA
Notary Public, State of Texas
Comm. Expires 10-31-2021
Notary ID 12960200-9

286437

Board of Registration in Medicine
178 Albion Street, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8382
www.mass.gov/massmedboard

REQUEST FOR WALLET CARD

Please explain why you are requesting a wallet card:

- ☐ Lost
- ☒ Never Received
- ☐ Stolen
- ☐ Other _____

I declare under the penalties of perjury that my statement above is true and correct.

Melissa Laya Wong — 06 / 03 / 2021
Signature — Date

PRINT NAME: Melissa Laya Wong LICENSE #: 286437

MAILING ADDRESS: [redacted]

CITY: [redacted] STATE: [redacted] ZIP: [redacted]

PHONE NUMBER: [redacted] EMAIL: [redacted]

☒ This is a change of address.

If this is a change of address, please indicate if this change should also be reflected on your home or business address.

- ☒ Home
- ☐ Business

For Office use only

Date Received: 6/3/21 Date Completed: 6/16/21

Completed by: [signature]

Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Melissa L Wong, M.D. **License No.:** 286437

Current Status: Active **License Expiration Date:** 12/13/2021

1) **Activity Status:** Active

2) **Address & Contact Information**

Mailing Address: [redacted]

Home Address:

Business Address:
45 East Newton Street
Apt 616
Boston
Massachusetts - 02118
United States of America
(617) 414-2000

3) **Email Address:** [redacted]

4) **Fax Number:**

5) **Specialties**
Family Planning Fellowship
Obstetrics and Gynecology

6) **Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information**

ABMS/AOA	Board Name	Certification	Subspecialty
		None Reported	

7) **Drug License Numbers**

Massachusetts	Federal (DEA)	Federal (DEA) XS
[redacted]		

8) **Other states where you are now licensed to practice**
Texas

9) **States where you were previously licensed**
None Reported

10) **Work Sites**
List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
Boston Medical Center	

Physician Name: Melissa L Wong, M.D. **License No.:** 286437

11) Care of patients in Massachusetts
Average weekly hours involved in: **a) inpatient care** 2 hrs/wk
b) outpatient care 40 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Boston Medical Insurance Co.	07/01/2021	06/30/2022	Claims made with tail coverage

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made
a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed
Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits
Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.
a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges
a) Have you been charged with any criminal offense during this period?
b) Have any criminal offenses/charges against you been resolved during this time period?
c) Are there any criminal charges pending against you today?
d) Are any Application of Issuance of Process pending against you?

18) Other Issues
a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
b) Have you taken a leave of absence from any health care facility, group practice or employer for reasons related to your competence to practice medicine?
c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?

22) Have you completed all of the CPD requirements for this renewal cycle? If you are renewing your license for the first time or participating in postgraduate training, please answer Yes. Yes

23) Do you have a medical or physical condition that currently impairs your ability to practice medicine? [redacted]

24) Have you engaged in the use of any chemical substance(s) with the result that your ability to practice medicine is currently impaired?

25) Alzheimer's Training Requirement

I did not complete the required Alzheimer's and Dementia Training.

Licensees applying to renew a license must complete the required course by November 7, 2022.

Physician Name: Melissa L Wong, M.D. **License No.:** 286437

[redacted]

Compliance with Legal Responsibilities

Online profile:

[X] I have reviewed my Physician Profile and confirm that the information is accurate.

1) I understand and agree to comply with my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119 sec. 51A and I understand the punishment for failure to comply.

2) I understand and agree to comply with my obligations to report abuse or neglect of disabled persons pursuant to M.G.L. c. 19C sec. 10 and I understand the punishment for failure to comply.

3) I understand and agree to comply with my obligations to report abuse, neglect or Financial exploitation of elderly persons pursuant to M.G.L. c. 19A sec. 15 and I understand the punishment for failure to comply.

4) I understand and agree to comply with my obligations to report the treatment of wounds, burns and other injuries pursuant to M.G.L. c. 112 sec. 12A and I understand the punishment for failure to comply.

5) I understand and agree to comply with my obligations to report the treatment of victims of rape or sexual assault pursuant to M.G.L. c. 112 sec. 12A 1/2 and I understand the punishment for failure to comply.

6) I understand and agree to comply with my obligations to report a physician to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when I have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.

7) I understand and agree to comply with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, pursuant to M.G.L. c. 112 sec. 2.

8) I understand and have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes and I understand that, pursuant to M.G.L. c. 62C sec. 49A, my license shall not be issued or renewed unless I make this certification under penalties of perjury.

9) I understand and agree to comply with my obligations related to the reporting of the wages of employees and contractors pursuant to M.G.L. c. 62E Sec. 2.

10) I understand and agree to comply with my obligations related to the withholding and remitting of child support payments pursuant to M.G.L. c. 119A.

11) I understand and agree to comply with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to M.G.L. c. 112 sec. 5 and 243 CMR 3.00 et seq. and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.

12) I understand and agree to comply with my obligations to disclose ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services, pursuant to M.G.L. c. 112 sec. 12AA.

13) I am aware of my obligations and responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the requirement that I obtain and provide to the Board a National Provider Identifier (NPI) number.

14) I understand and am in compliance with HIPAA and all other federal and state obligations placed upon me as a physician.

15) I understand that as an applicant for a license renewal to practice medicine a criminal record check may be conducted for conviction and pending criminal case information only from the Criminal History Systems Board and that it will not necessarily disqualify me.

16) By signing this form, I am providing my consent for the Massachusetts Board of Registration in Medicine and, where relevant, their supervising state agencies and the Massachusetts Executive Office of Health and Human Services, and where relevant, its provider enrollment vendor, to obtain, read, copy, and share with each other information regarding my MassHealth application and enrollment status and Massachusetts licensure status.

Physician Name: Melissa L Wong, M.D. **License No.:** 286437

☒ **I have reviewed the above statements and certify that I understand my requirement to comply with the responsibilities and obligations of each and agree to do so.**

☒ **Under penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.**