

Application - Physician

Name	Montida Caroline Fleming
Credential	Physician

Fee Details

DR - Original License Fee	\$275.00
DR - Peer Fee Application	\$140.00
	\$415.00

Physician - Welcome

Physician Application | Welcome

Please complete the information on the following pages. All questions with a red asterisk (*) are required.

Welcome to Online Physician Application. Before you begin, please review the important information below:

There are two methods you may use to become licensed. To apply by one of the available methods you will have to have already completed, or have in your possession verification of the below. Please use the links below for the specific requirements:

- [Physician by Original](#)

- Graduation from an approved medical college. If you have not graduated yet, do not apply.
- Completion of at least 1 year of an internship or post graduate training approved by the Colorado Medical Board. If you have not completed at least 1 year, do not apply.
- Have achieved a passing score on the appropriate examination(s). If you have not achieved a passing score yet, do not apply.

- [Physician by Endorsement](#)

- Hold or have held an active license as a physician in another state or jurisdiction. If you do not currently hold or previously held a physician license, do not apply.
- Have practiced as a physician in another state or jurisdiction for 5 of the past 7 years. If you have not, do not apply.

Basically, if you don't have the above, it is best for you to wait until you can secure it. Otherwise you will not be able to qualify for a Physician license. We'll ask more specific information later in the application about the above items. Remember, you can stop and cancel this application at any time before submitting. However, if you submit the application, pay the fee and do not provide the information as requested, submit incomplete documentation or do not qualify, your application may be rejected and no refunds or transfers will be given.

Still ready to go? OKAY, let's start by selecting the "Next" button below.

Application - Applicant Information

Application | Applicant Information

1. To begin, we need to know a little more about you. The questions below help us to learn about you and provide some information needed in order to process your application as quickly and efficiently as possible.

Have you ever had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with?

If you answer yes, you will be prompted on the next page to provide your other name(s) and upload any necessary name change documentation.

Yes

2. What is your Date of Birth?

██████████

EMAIL NOTICE:

Email is our primary form of communication for any and all information related to your application(s) and/or license(s). To ensure you are receiving our communications, please check the following:

- Your email address is up to date
- Add no-reply@www.colorado.gov and dpo-no-reply@state.co.us to your email client "safe senders" list.

Application - Applicant Previous Names

Application | Applicant Previous Names

3. You indicated on the previous page that you have had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with. Select the "add" button in the grid below to enter the name(s) used previously:

Previous Name	From Month	From Year	To Month	To Year	Reason(s) for Change	Documentation
Montida Caroline Supanya-Fleming	January	1989	September	2019	Marriage	[REDACTED]

4. Please upload all legal name change documentation to assist us in verifying your credentials to process your application:

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

[REDACTED]

Application - Military

Application | Military

5. Are you an active member of the U.S. Military, National Guard or Military Reserves?

No

6.

- If yes to the above, what branch of the military are you currently serving in?

7.

- If yes to the above, what is the Duty Station you are located at?

8. Are you a Veteran of the U.S. Military?

No

9.

- If yes to the above, what was the date of your discharge from the U.S. Military?

10. Are you the spouse of an active military member who has been relocated to Colorado AND currently hold a valid and Active credential to practice your profession in another U.S. state?

No

Physician - School and Method

Physician Application | Education/School Information

11. Enter the name of the approved, medical college or university from which you graduated:

Sidney Kimmel Medical College at Thomas Jefferson University

12. Enter the address of the college or university (Street, City, State and Zip):

1025 Walnut Street Philadelphia, PA 19125

13. How many years did you attend this college or university?:

4

14. Enter the date you graduated:

06/02/2016

15. Enter your title:

Medical Doctor

16. Is the above medical college or university based in a foreign country (non-United States)?

No

17.

- If you said "yes" to the question above and your medical college or university is based in a foreign country, you must attest to the below:
 - Your school's medical program has been approved by the Liaison Committee or Medical Education (LCME) or the American Osteopathic Association (AOA); OR
 - Your school is not approved by the LCME or AOA but you wish the board to conduct it's own investigation of the educational standards and facilities (Note* if not approved by the board, you may not be eligible for licensure): OR
 - You hold a current specialty board certification conferred by the American Board of Medical Specialties or the American Osteopathic Association;
AND
 - You have at least 3 years post graduate training approved by the Colorado Medical Board verified with a Certificate of Completion.

18. Ready to move on? Great!

To move on to the next part of the application select your license method in the drop-down box below. Remember you can apply via:

- [Physician by Original](#)
- [Physician by Endorsement](#)

Original

Physician - Original Information

Physician Application | Original Information

19. Please upload a copy of your Certificate of Completion of your internship or post graduate training from the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA) or the Coordinating Council for Medical Education of the Canadian Medical Association (CCME) .

- United States medical school graduates must reflect 1 year of internship or post graduate training
- Foreign medical school graduates must reflect 3 years of post graduate training

Again, if you cannot supply the above documentation, you cannot apply.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

20. Please list, in chronological order including specific dates (format: mm/yy - mm/yy), your practice history for the last 2 years. This history should include: Internships, post-graduate training, residency, fellowship training programs as well as any non-medical employment.

University of California San Francisco School of Medicine 6/2016-6/2019 St James Infirmary Clinic 12/2018 - 04/2020 TEACH Reproductive Health 09/2019 - 09/2020 UCSF at San Francisco General Hospital 10/19- Present Whole Woman's Health .12/2019 – Present University of California Berkeley University Health Services 12/2019 - Present Plume 06/20 – Present Folx Health 06/20 – Present HeyJane 07/21- Present Planned Parenthood 11/21- Present

21. Have you completed and passed an examination approved by the Colorado Medical Board (CMB), the National Board of Medical Examiners (NBME), the National Board of Osteopathic Medical Examiners (NBOME), or the Federation of State Medical Boards (FSMB)?



22. You must arrange for the appropriate examining agency (Medical or Osteopathic National Boards, FLEX, USMLE, LMCC or State Written Exam) to send verification of your passing scores to our office. To arrange for this verification, please contact the agency and request your scores be sent to our office at:

- dora.dpo.licensing@state.co.us

Have you arranged for verification of passing scores to be sent to our office?

Yes

23. Do you currently hold or have you ever held a physician license in Colorado or any other state?

Yes

24.

- If you said "yes" to the question above you must list ALL licenses below:

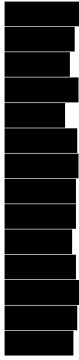
Name of License Holder	State	LicenseType	LicenseNumber	License Status	LicenseIssuedDate	License Expiration Date	Disciplinary Action	Type of Endorsement (s)
Montida Fleming	Massachusetts	MD	289598	Active	01/20/2022	01/27/2023	No	
Montida Fleming	Tennessee	MD	62627	Active	11/30/2021	01/31/2023	No	
Montida Fleming	Georgia	MD	90310	Active	09/28/2021	01/31/2023	No	
Montida Fleming	Florida	MD	ME152563	Active	08/24/2021	01/31/2024	No	
Montida Fleming	Illinois	MD	036157659	Active	07/12/2021	07/31/2023	No	
Montida Fleming	Virginia	MD	0101272667	Active	07/09/2021	01/31/2024	No	
Montida Fleming	Michigan	MD	4301505125	Active	07/01/2021	07/01/2024	No	
Montida Fleming	Pennsylvania	MD	MD474647	Active	06/24/2021	12/31/2022	No	
Montida Fleming	Ohio	MD	35.141410	Active	02/19/2021	02/19/2023	No	
Montida Fleming	North Carolina	MD	2021-00361	Active	02/06/2021	01/27/2023	No	
Montida Fleming	Washington	WA	MD61094618	Active	09/24/2020	01/27/2023	No	
Montida Fleming	New York	MD	306921	Active	08/18/2020	07/31/2022	No	
Montida Fleming	Texas	MD	S3072	Active	07/26/2019	08/31/2022	No	
Montida Fleming	California	MD	A-152800	Active	11/20/2017	01/31/2023	No	
Montida Fleming	New Mexico	MD	TM2022-0120	Active	02/11/2022	07/01/2022	No	
Montida Fleming	Texas	MD	BP10065823	Expired	01/02/2019	01/05/2019	No	

25.

- If you said "yes" to the question above you must also scan and upload verification ALL licenses (including Training Licenses) below:

This verification can be a screen capture from another state website, but must indicate the original issue date and show any disciplinary actions that have been taken against your license. If you are unable to access verification from another state site, you will need to request one from them and upload it here. *Pictures or copies of Wallet Cards/Wall Certificates are not sufficient. Do not apply if you cannot supply this verification.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).



26.

- If you said "yes" to the question above you must also scan and upload any National Practitioner Data Bank (NPDB) certified report, pending or final disciplinary action or malpractice actions against any license you hold or have ever held in any state or jurisdiction.

The NPDB report must be dated within four months of submission of this application. To obtain this report you may contact NPDB through their website: www.npdb.hrsa.gov.

If you have never held an active Physician license before, you do not need to submit this report.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).



27. You must arrange for your Physician Initiated Profile Request to be sent to our office from the Federation of State Medical Boards (FSMB). This report will be electronically submitted to the Colorado Medical Board upon your request. There is no fee for this request and you will receive an email confirmation from FSMB when completed. To complete this request you must login/create an account at: [FSMB Physician Initiated Profile Request](#).

Once in your FSMB account you will need to complete the process to have the FSMB Report sent to our office.

Have you arranged for your FSMB Physician Initiated Profile Report to be sent to our office?

Yes

28. Prior to practicing as a licensed Physician in Colorado, you must complete the following:

- Obtain Professional Liability Insurance, or be covered by an exemption; AND
- Develop a written plan to ensure the security of patient medical records

You may review the laws and rules regarding professional liability and security of patient medical records on the [Physician Laws, Rules and Policies webpage](#).

By selecting "Yes" below, you are attesting that you have obtained or will obtain, prior to practicing in Colorado, professional liability insurance or that you are covered by an exemption AND that you have developed a written patient medical records security plan.

Yes

Application - Screening MEDICAL Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Within the past five years, have you engaged in any conduct or exhibited any behaviors that resulted in:

39.

- An arrest, discipline, sanction or warning?

No

40.

- Loss or suspension of any license?

No

41.

- Termination or suspension from school or employment?

No

42.

- Endangering the safety of others?

No

43.

- A breach of fiduciary obligations?

No

44.

- A violation of workplace or academic conduct rules?

No

45.

- An impairment of your ability to practice in a safe, competent, ethical and professional manner?

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#) at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

Participation in the CPHP program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.

By answering this question you are attesting that you have read and understand the above advisory.

46.

- Abusing or excessively using any habit forming drug, including alcohol, or any illegal or controlled substance resulting in any discipline for misconduct, failure to meet professional responsibilities, or affecting your ability to practice safely and competently?

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#) at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

Participation in the CPHP program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.

By answering this question you are attesting that you have read and understand the above advisory.

47.

- Claiming the illegal use of a substance as a defense, in mitigation, or as an explanation for any conduct that impairs your ability to practice in a safe, competent, ethical, and professional manner?

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter

physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#) at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

Participation in the CPHP program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.

By answering this question you are attesting that you have read and understand the above advisory.

For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

48. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

49. Enter the date(s) of the event(s)/offense(s):

50. Enter the location(s)/court(s):

51. Provide the current status/outcome of the event(s)/offense(s):

52. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Application - Screening Inquiry Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Have you ever had any inquiry, investigation or administrative/judicial proceeding by:

53.

- A Licensing Authority other than a Colorado State Board or Program?

No

54.

- A Government Agency?

No

55.

- A Court?

No

56.

- An Employer?

No

57.

- An Educational Institution?

No

58.

- A Professional Organization?

No

59.

- In connection with an employment disciplinary or termination procedure?

No

For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

60. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

61. Enter the date(s) of the event(s)/offense(s):

62. Enter the location(s)/court(s):

63. Provide the current status/outcome of the event(s)/offense(s):

64. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Application - Screening Medical Healthcare Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Have you ever had the below occur:

65.

- Been refused malpractice insurance, had malpractice insurance cancelled or rated at a higher premium due to past claims experience?

No

66.

- Additionally, within the last 5 years, has any medical malpractice claim been filed against you that is still pending?

No

67.

- Had your staff membership or clinical privileges at any hospital or healthcare facility, or your DEA registration been reduced, limited, placed on probation, not renewed, relinquished, denied, revoked or suspended?

No

For each "yes" response above you will be required to provide:

- **A description and explanation of the behavior(s) or practice(s)**
- **Dates of the event(s)**
- **Locations(s)/Court(s)**
- **Current status(es)/outcome(s)**
- **Any accompanying documentation**

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

68. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

69. Enter the date(s) of the event(s)/offense(s):

70. Enter the location(s)/court(s):

71. Provide the current status/outcome of the event(s)/offense(s):

72. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Physician - Attestation

Physician Application | Attestation

73. By submitting this online application you attest to the following statements:

- The information contained in this application is true and correct to the best of my knowledge.
- False statements made on my application could result in a violation of the practice act.

Additionally, this is a final reminder that you are submitting a Physician application. If you submit the application and do not provide the information as requested, submit incomplete documentation, submit the wrong application or do not qualify, your application may be rejected. You will NOT be allowed to transfer fees and there will be NO REFUNDS given.

Please enter today's date below and select the "Next" button to agree to the above conditions:

04/26/2022

Healthcare Profile - Physician Introduction

Healthcare Professions Profile | Introduction

Please be aware that this profile is only for your PHYSICIAN license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

Healthcare Profile - Location of Practice**Healthcare Professions Profile | Location of Practice**

74. Are you currently practicing in the healthcare profession associated with this profile?

Yes

Healthcare Profile - Location of Practice if Yes (WF)**Healthcare Professions Profile | Location of Practice**

75. Practice Locations:

Address	City	State	Zip Code	Phone Number
2578 Broadway	New York	New York	10025	847-363-5098
1357 Oakland Blvd	Walnut Creek	California	94596	847-363-5098
One Boston Pl. Suite 200	Boston	Massachusetts	02108	847-363-5098
303 S. Broadway Suite 200-357	Denver	Colorado	80209	8473635098
2222 Bancroft Way	Berkeley	California	94720	8473635098
4100 Duval Rd. Suite 201	Austin	Texas	78759	8473635098
1001 Potrero Ave	San Francisco	California	94114	8473635098

Healthcare Profile - Medical Education and Training**Healthcare Professions Profile | Education and Training**

76. School or Education Level:

Other

77. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*

2016

Healthcare Profile - Other Licenses**Healthcare Professions Profile | Other Licenses**

78. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?

Yes

Healthcare Profile - Other Licenses if Yes

Healthcare Professions Profile | Other Licenses

79. Other Licenses:

State	License Status	Year Originally Issued
New Mexico	Active	2022
Tennessee	Active	2021
Michigan	Active	2021
Georgia	Active	2021
Illinois	Active	2021
North Carolina	Active	2021
Ohio	Active	2021
Pennsylvania	Active	2021
Virginia	Active	2021
Florida	Active	2021
New York	Active	2020
California	Active	2017
Texas	Active	2019
Massachusetts	Active	2022
Washington	Active	2020

Healthcare Profile - Board Certifications**Healthcare Professions Profile | Board Certifications**

80. Do you hold any current Board Certifications?

Yes

Healthcare Profile - Medical Board Certifications if Yes**Healthcare Professions Profile | Board Certifications**

81. Board Certifications:

Certification
Family Medicine

Healthcare Profile - Practice Specialties**Healthcare Professions Profile | Practice Specialties**

82. Do you have a practice specialty in which you are appropriately trained and actively practicing?

Yes

Healthcare Profile - Medical Practice Specialties if Yes**Healthcare Professions Profile | Practice Specialties**

83. Practice Specialties:

Specialty
Family Medicine

Healthcare Profile - Colorado Hospital Affiliations**Healthcare Professions Profile | Colorado Hospital Affiliations**

84. Do you have a current affiliation or clinical privileges with any Colorado Hospital?

No

Healthcare Profile - Other Facility and Out of State Hospital Affiliations**Healthcare Professions Profile | Other Facility and Out of State Hospital Affiliations**

86. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?

No

Healthcare Profile - Business Ownership**Healthcare Professions Profile | Business Ownership**

88. Do you have a current business ownership interest in any healthcare-related business?

No

Healthcare Profile - Employer**Healthcare Professions Profile | Employer**

90. Do you have an employer in the profession in which you are licensed or are applying for a license?

Yes

Healthcare Profile - Employer if Yes**Healthcare Professions Profile | Employer**

91. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
Planned Parenthood	1357 Oakland Blvd	Walnut Creek	California	94596	(847) 363-5098
HeyJane	2578 Broadway	New York	New York	10025	(847) 363-5098
FOLX Health	One Boston Pl.	Boston	Massachusetts	02108	(847) 363-5098
Plume	303 S. Broadway	Denver	Colorado	80209	(847) 363-5098
UCSF at San Francisco General Hospital	1001 Potrero Ave	San Francisco	California	94110	(847) 363-5098
Whole Woman's Health	4100 Duval Rd.	Austin	Texas	78759	(847) 363-5098
University of California Berkeley University Health Services	2222 Bancroft Way	Berkeley	California	94720	(847) 363-5098

Healthcare Profile - Employment Contracts**Healthcare Professions Profile | Employment Contracts**

92. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

No

Healthcare Profile - Disciplinary Actions**Healthcare Professions Profile | Disciplinary Actions**

94. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?

No

Healthcare Profile - Restrictions and Suspensions**Healthcare Professions Profile | Restrictions and Suspensions**

96. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

No

Healthcare Profile - Healthcare Facility Actions**Healthcare Professions Profile | Healthcare Facility Actions**

98. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

No

Healthcare Profile - Termination of Employment**Healthcare Professions Profile | Termination of Employment**

100. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?

No

Healthcare Profile - DEA Registration**Healthcare Professions Profile | DEA Registration**

102. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?

No

Healthcare Profile - Convictions**Healthcare Professions Profile | Convictions**

105. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction (s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

No

Healthcare Profile - Malpractice Claims

Healthcare Professions Profile | Malpractice Claims

107. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?

No

Healthcare Profile - Malpractice Carrier Refusal

Healthcare Professions Profile | Malpractice Carrier Refusal

109. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

No

Healthcare Profile - Optional Narrative

Healthcare Professions Profile | Optional Narrative

111. Optional Narrative:

Healthcare Profile - Attestation

Healthcare Professions Profile | Attestation

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- I am the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

112. Submission Date:

04/26/2022

Review

It's a good idea to print this screen for your records as after you submit your application you will not be able to access it again. To do so follow the below steps:

- Select the "Print Review" button in the upper right hand corner of this page
- The Print Review window will open in a new browser tab. In that window select "Print" and your document will print to your selected printer.
- After printing, close the Print Review browser tab.

After you close the Print Review tab, you will be returned to this page and can complete your submission.



New Mexico Medical Board
 2055 S. Pacheco, Building 400
 Santa Fe, NM 87505
 505-476-7220 fax 505-476-7237
 (toll free within New Mexico 800-945-5845)

General Information

Licensee	Montida Caroline Fleming	License Type	Telemedicine
Business address	HeyJane	License Number	TM2022-0120
Business address	2578 Broadway	License Status	Active
Business city state zip	New York NY 10001	License Date	02/11/2022
Business phone	None	**License Expires	07/01/2022
Medical School	Jefferson Med Coll of Thomas Jefferson Univ		
Graduation Date	06/02/2016		

****For MD's only a New Mexico Medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.**

*****For PA's only a New Mexico Medical license that has not been renewed by March 1 of the renewal year will remain temporarily active with respect to medical practice until April 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.**

* The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at: www.abms.org to determine if the physician has earned a specialty certification from this private agency.

** A New Mexico medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.

PUBLIC ACTIONS:None
 (while licensed in New Mexico)

[New Search](#)

This Board's data has been searched 14056270 times since 05/08/2001
 Date information last updated: 02/15/22

Please read the AIM [Disclaimer](#)

Search Results

You are viewing page 1 of 1...

<< First

< Prev

Next >

Last >>

1. Fleming , Montida Caroline
Oakland, CA 94619

Profession: Medical Doctor

Rank: Medical Doctor

Specialties:

Family Medicine

License Number: 62627

Status: Licensed

Original Date: 11/30/2021

Expiration Date: 01/31/2023

View:

[Practitioner Profile](#)

[Certification Letter](#)

column. DO NOT click the checkbox.

Home Licenses Enforcement

Advanced Search

Licensed Professional Information:
Medical Doctor 4301505125

Licensee Detail

License Type:

Medical Doctor

License Number:

4301505125

Name:

Montida Caroline Fleming

License Issue Date:

07/01/2021

License Expiration Date:

07/01/2024

License Status:

Active

County:

Non-Michigan County



Licensee Details

Please see below for details for the licensee you selected.

Name: Montida Fleming **Designation:** MD
Lic #: 90310 **Profession:** Physician **Subtype:** Full
Status: Active **Issued:** 9/28/2021 **Expires:** 1/31/2023

Specialties

Specialty/Subspecialty	Certifying Board	Primary Specialty?
Family Medicine	ABFM	Y

Disclaimer: Please note that many valid certifying specialty boards do not participate in the American Board of Medical Specialties (1-866-ASK-ABMS or www.abms.org) and actual verification of a physician's board certification is best accomplished by contacting the individual certifying specialty board.

Practice Address

Street Address: One Boston Place
Boston MA 02108
County: Suffolk
Country: United States

Related Licenses

Relationship/Name Dates	License Details
-------------------------	-----------------



Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
Montida Fleming MD	Boston, MA 02108	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
036157659	LICENSED PHYSICIAN AND SURGEON	ACTIVE	07/12/2021	07/12/2021	07/31/2023	N

Generated on: 11/5/2021 9:23:56 AM

Licensee General Information

Practice Information
Education, Certifications, & Area of Practice
Memberships, Honors, Awards & Public Service
Academic Appointments & Publications
Actions - Adverse & Administrative
Malpractice
Convictions

Licensee Information

Montida Caroline Fleming - MD

License #:

2021-00361

License Status:

Active

Public Action:

No

Issue Date:

02/06/2021

Renewal Date:

01/27/2022

Licensee Limitations

None

Active Supervisees

Name	Type	Status	Approved
None Reported			

North Carolina Hospital Admitting Privileges

Location
None Reported

Out of State Active/Inactive Licenses

State
California
Texas

Out of Country Active/Inactive Licenses

Country
None Reported

Information loaded from this database is current as of 11/5/2021 10:22:46 AM

[Back to Results](#)

[Print](#)

[Back to Home](#)

License Look Up

11/5/2021 10:20 AM

Montida Fleming

Status	Active
Sub-Status	
Board	Medical Board
License Type	Doctor of Medicine (MD)
License Number	35.141410
License Issue Date	02/19/2021
License Expiration Date	02/19/2023
License Effective Date	02/19/2021
City	Boston
State	MA
Country	United States
Board Action	No

Board Action Details

Current date & time: 11/5/2021 10:20 AM

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

11/05/2021

License Information

MONTIDA FLEMING

OAKLAND, California 94611

Board/Commission: State Board of Medicine

Status Effective Date: 06/24/2021

LicenseType: Medical Physician and Surgeon

Issue Date: 06/24/2021

Specialty Type:

Expiration Date: 12/31/2022

License Number: MD474647

Last Renewal:

Status: Active

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.



Virginia Department of Health Professions License Lookup

Current as of 11/05/2021 10:16

License Information

License Number	0101272667
Occupation	Medicine
Name	Montida C Fleming
Address	Oakland, CA 94619
Initial License Date	07/09/2021
Expire Date	01/31/2024
License Status	Current Active
Additional Public Information*	No

[Back to License Lookup Result](#)

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

** "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.H of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.*

[Back to License Lookup](#)



MONTIDA CAROLINE FLEMING

License Number: ME152563

Data As Of 11/5/2021

Profession	Medical Doctor
License	ME152563
License Status	CLEAR/ACTIVE
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2024
License Original Issue Date	08/24/2021
Address of Record	303 S Broadway #200-357 DENVER, CO 80209
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

License Information *

11/05/2021

Name : FLEMING MONTIDA

Address : OAKLAND CA

Profession : MEDICINE

License No: 306921

Date of Licensure : 08/18/2020

Additional Qualification :

Status : REGISTERED

Registered through last day of : 07/22

Medical School: JEFFERSON MEDICAL COLLEGE **Degree Date :** 06/02/2016

(Use your browser's back key to return to licensee list.)

* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

Note: The Board of Regents does not discipline *physicians(medicine)*, *physician assistants*, or *specialist assistants*. The status of individuals in these professions may be impacted by information provided by the NYS Department of Health. To search for the latest discipline actions against individuals in these professions, please check the New York State Department of Health's [Office of Professional Medical Conduct](#) homepage.

Further information on physicians may be found on the following external sites (The State Education Department is not responsible for the accuracy or completeness of information located on external Internet addresses.):

[American Board of Medical Specialties](#)

[American Medical Association:](#)

- For the general public: [AMA Physician Select, On-line Doctor Finder](#)
- For organizations that verify physician credentials: [AMA Physician Profiles](#)

[American Osteopathic Association, AOA-Net](#)

[Association of State Medical Board Executive Directors-\(A.I.M."DOCFINDER"\)](#)

[New York State Department of Health Physician Profiles](#)

The following sites provide additional information concerning the medical profession:

[CLEAR \(Council on Licensure, Enforcement and Regulation\)](#)

[Federation of State Medical Boards](#)





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

11/5/2021

Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Physician And Surgeon License for Fleming, Montida .

This site is a Primary Source for Verification of Credentials.

Credential Number:	MD61094618
Credential Type:	Physician And Surgeon License
First Credential Date:	09/24/2020
Last Renewal Date:	01/15/2021
Credential Status:	ACTIVE
Current Expiration Date:	01/27/2023
Enforcement Action:	No

The Washington Department of Health presents this information as a service to the public.

The absence or presence of information in this system does not imply any recommendation, endorsement, or guarantee of competence of any health care professional, the mere presence of such information does not imply a practitioner is not competent or qualified.

This site provides disciplinary actions taken and credentials denied for failure to meet qualifications. If the Enforcement Action is listed as a No, there has been no disciplinary action. It allows viewing and downloading of related legal documents since July 1998. Contact our [Public Records Office](#) for information on actions before July 1998. This information comes directly from our database. It is updated daily.



MEDICAL BOARD OF CALIFORNIA

LICENSING DETAILS FOR: A 152800

NAME: FLEMING, MONTIDA CAROLINE

LICENSE TYPE: PHYSICIAN AND SURGEON A

PRIMARY STATUS: LICENSE RENEWED & CURRENT

SCHOOL NAME: SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY

GRADUATION YEAR: 2016

PREVIOUS NAMES: SUPANYA FLEMING, MONTIDA CAROLINE ❖ SUPANYA FLEMING, MONTIDA C

ADDRESS OF RECORD

1001 POTRERO AVE BLDG 80-83
SAN FRANCISCO CA 94110-3518
SAN FRANCISCO COUNTY

ISSUANCE DATE

NOVEMBER 20, 2017

EXPIRATION DATE

JANUARY 31, 2023

CURRENT DATE / TIME

NOVEMBER 5, 2021
6:50:23 AM

PUBLIC RECORD ACTIONS

- › ADMINISTRATIVE DISCIPLINARY ACTIONS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › COURT ORDER (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MISDEMEANOR CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › PROBATIONARY LICENSE (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › FELONY CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MALPRACTICE JUDGMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › HOSPITAL DISCIPLINARY ACTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › LICENSE ISSUED WITH PUBLIC LETTER OF REPRIMAND (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ADMINISTRATIVE CITATION ISSUED (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ADMINISTRATIVE ACTION TAKEN BY OTHER STATE OR FEDERAL GOVERNMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ARBITRATION AWARD (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MALPRACTICE SETTLEMENTS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

PUBLIC DOCUMENTS

- › DOCUMENTS (NO RECORDS)

SURVEY INFORMATION

THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

ARE YOU RETIRED?	NO
ACTIVITIES IN MEDICINE	TEACHING - 10-19 HOURS TELEMEDICINE - 10-19 HOURS ADMINISTRAT ON - 1-9 HOURS RESEARCH - NONE PATIENT CARE - 40+ HOURS
PATIENT CARE PRACTICE LOCATION	ZIP - 94110 COUNTY - SAN FRANCISCO
PATIENT CARE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
CURRENT TRAINING STATUS	NOT IN TRAINING
AREAS OF PRACTICE	FAMILY MEDICINE - PRIMARY
BOARD CERTIFICATIONS	AMERICAN BOARD OF FAMILY MEDICINE - FAMILY MEDICINE
POSTGRADUATE TRAINING YEARS	3 YEARS
CULTURAL BACKGROUND	DECLINED TO DISCLOSE
FOREIGN LANGUAGE PROFICIENCY	DECLINED TO DISCLOSE
GENDER	FEMALE



Healthcare Provider Verification / Profile

[Search](#) [Back](#) [Print Verification](#)

Physician License

NAME: MONTIDA CAROLINE FLEMING, MD

LICENSE: S3072

INFORMATION CURRENT AS OF: 11/5/2021

CURRENT STATUS: ACTIVE

THE INFORMATION IN THIS BOX HAS BEEN VERIFIED BY THE TEXAS MEDICAL BOARD

Verified Information

Year of Birth [REDACTED]

License Number: S3072 Physician License

Issuance Date: 07/26/2019

Expiration Date: 08/31/2022

Current Status: ACTIVE as of 08/12/2019

Disciplinary Restrictions: NONE

Non-Disciplinary Restrictions: NONE

Specialties:

School of Graduation:

JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV, PHILADELPHIA 2016

[+ Current Board Action](#)

[+ Medical Malpractice Investigations](#)

THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD

Self Reported Information

Gender: FEMALE

Current Primary Practice Address:

4100 DUVAL RD.

STE 2-201

AUSTIN, TX 78759

Years of Active Practice in the U.S. or Canada:

4 year(s)

Years of Active Practice in Texas:

1 year(s)

+ Specialty Board Certification

+ Specialties

+ Education

+ Hospital Privileges

+ Utilization Review

+ Patient Services

+ Awards, Honors, Publications

+ Malpractice Information

+ Criminal History

+ Non-TMB Disciplinary Actions

+ Physician Assistant Supervision

+ Advanced Practice Nurse Delegation

+ Summary of all Licenses

CREDENTIAL STATUS HISTORY SUMMARY**Name:** Montida Caroline Fleming**Date:** 7/28/2022**License:** Physician DR.0068797**License Status:** Active**License Status Reason:** CURRENT**First Issuance date:** 04/29/2022**License expiration date:** 04/30/2023

This is to certify that a good faith search of our records revealed the following information:

Status	Reason	Date Changed	User
Active	CURRENT	04/29/2022	Automated
Pending	QUALITY ASSURANCE	04/29/2022	Automated
Pending Supervisor Review	PENDING SUPERVISOR REVIEW	04/29/2022	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

