

Application - Physician

Name	Mark Vern Wilcox
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.

No

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 - 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:

Johns Hopkins University School of Medicine

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

733 N Broadway, Baltimore, MD 21205

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

4

14. Enter the date you graduated:

05/15/2016

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](#)

Endorsement

Physician - Endorsement Information

Physician Application | Endorsement Information

29. 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)?



30. To apply by Endorsement you must have completed an internship or post graduate training approved by the Board:

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

If you have not completed the appropriate amount of post graduate training, you cannot apply.

Can you attest that you have done one of the above options depending on your medical school location?

Yes

31. Have you practiced as a physician in Colorado or another state or jurisdiction for at least 5 of the last 7 years?

Yes

32. Please list, in chronological order including specific dates (format: mm/yy - mm/yy), your practice history for the last 7 years:

06/16 - 06/20: California 08/20 - Present: Ohio

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

Yes

34.

- 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)
Mark Wilcox	Ohio	Medical License	35.139678	Active	05/26/2020	05/26/2024	No	

35.

- 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.

- 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:

03/20/2022

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
9500 Euclid Ave	Cleveland	Ohio	44195	216-444-6693
12000 Shaker Blvd	Cleveland	Ohio	44120	216-991-4000
25350 Rockside Rd	Bedford Heights	Ohio	44146	440-232-9732

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

76. School or Education Level:

Johns Hopkins University School of Medicine

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
Ohio	Active	2020
California	Inactive	2017

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
Obstetrics and Gynecology

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
Obstetrics and Gynecology

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?

Yes

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

87. Other Healthcare Facility Affiliations:

Facility	Affiliation Type	City	State
Cleveland Clinic	Faculty	Cleveland	Ohio
Preterm	Other	Cleveland	Ohio
Planned Parenthood	Other	Bedford Heights	Ohio

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
Cleveland Clinic	9500 Euclid Ave	Cleveland	Ohio	44195	(216) 444-6693

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?

Yes

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

93. Employment Contracts:

Entity Name	Length of Contract	Contract Position
Preterm	2 years	Independent Contractor
Planned Parenthood of Greater Ohio	2 years	Independent Contractor

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:

03/20/2022

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.

State Medical Board of Ohio



No. 35.139678

Doctor of Medicine (MD)

Mark Vern Wilcox, having presented to the State Medical Board of Ohio satisfactory evidence of qualifications, education and training is hereby authorized to practice in Ohio pursuant to the laws of this state.



Given under the hands and seal of the State Medical Board of Ohio in the City of Columbus this Twenty sixth day of May A.D. 2020.

A handwritten signature in black ink.

Kim S. Rothamel MD

Michael Schottenstein, M.D., President

Kim G. Rothamel, M.D., Secretary

UNIVERSITY OF CALIFORNIA
SCHOOL OF MEDICINE
SAN FRANCISCO

Department of Obstetrics, Gynecology and Reproductive Sciences

THIS CERTIFIES THAT

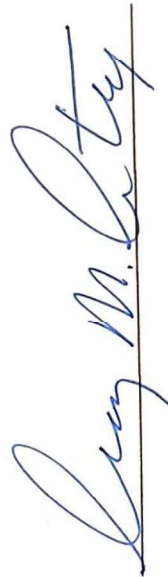
Mark Wilcox, MD

SERVED AS A RESIDENT IN OBSTETRICS AND GYNECOLOGY

June 15, 2016 - June 15, 2019

AND AS A CHIEF RESIDENT

June 16, 2019 - June 20, 2020



Amy M. Autry, MD
Director, Residency Program



Amy P. Murtha, MD
Ob, Gyn & RS Department Chair



Talmadge E. King, Jr., MD
Dean, School of Medicine

MEDICAL BOARD OF CALIFORNIA

LICENSING DETAILS FOR: A 152326

NAME: WILCOX, MARK VERN

LICENSE TYPE: PHYSICIAN AND SURGEON A

PRIMARY STATUS: DELINQUENT - LICENSE RENEWAL FEE HAS NOT BEEN PAID. NO PRACTICE IS PERMITTED.

SCHOOL NAME: JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

GRADUATION YEAR: 2016

PREVIOUS NAMES: WILCOX, MARK V

ADDRESS OF RECORD

550 16TH ST FL 7TH MS 0132
SAN FRANCISCO CA 94158-2545

ISSUANCE DATE

OCTOBER 25, 2017

EXPIRATION DATE

OCTOBER 31, 2021

CURRENT DATE / TIME

MARCH 21, 2022
1:55:00 PM

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 - 1-9 HOURS TELEMEDICINE - NONE ADMINISTRATION - 1-9 HOURS RESEARCH - 1-9 HOURS OTHER - NONE PATIENT CARE - 40+ HOURS
PATIENT CARE PRACTICE LOCATION	ZIP - 94158 COUNTY - SAN FRANCISCO
PATIENT CARE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
CURRENT TRAINING STATUS	RESIDENCY
AREAS OF PRACTICE	OBSTETRICS AND GYNECOLOGY - PRIMARY
BOARD CERTIFICATIONS	NONE
POSTGRADUATE TRAINING YEARS	3 YEARS
CULTURAL BACKGROUND	DECLINED TO DISCLOSE
FOREIGN LANGUAGE PROFICIENCY	DECLINED TO DISCLOSE
GENDER	DECLINED TO DISCLOSE

License Look Up

3/21/2022 4:53 PM

Mark Vern Wilcox

Status	Active
Sub-Status	
Board	Medical Board
License Type	Doctor of Medicine (MD)
License Number	35.139678
License Issue Date	05/26/2020
License Expiration Date	05/26/2024
License Effective Date	03/15/2022
City	Mayfield Heights
State	OH
Country	United States
Board Action	No

Board Action Details

Current date & time: **3/21/2022 4:53 PM**

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.

CREDENTIAL STATUS HISTORY SUMMARY**Name:** Mark Vern Wilcox**Date:** 7/19/2022**License:** Physician DR.0068800**License Status:** Active**License Status Reason:** CURRENT**First Issuance date:** 05/02/2022**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	05/02/2022	Automated
Pending	QUALITY ASSURANCE	05/02/2022	Automated
Pending Supervisor Review	PENDING SUPERVISOR REVIEW	05/02/2022	Automated
Application Incomplete	APPLICATION INCOMPLETE	03/21/2022	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

