

Vanita Kumar, MD
Telemedicine License #TM2022-

0252

Issue Date	Expiration Date
03/25/2022	07/01/2022
Signature of Holder	

The bearer is prohibited by law from using this identification card to give the impression that they are in any way connected with a governmental agency.

New Mexico Medical Board
Telemedicine Certificate

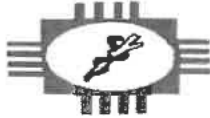
This is to certify that

Vanita Kumar, MD
Telemedicine License Number: TM2022-0252

Having complied with the provisions of the Medical Practice Act is hereby granted a license to practice medicine on patients located in New Mexico from a location outside of New Mexico.

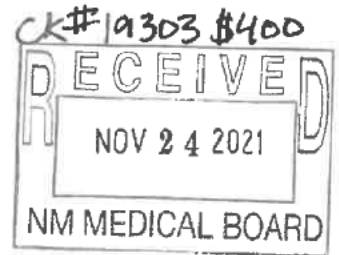
Issue Date: 03/25/2022 Date Expires: 07/01/2022

This License Must Be Conspicuously Posted In Each Practice Location



**The New Mexico Statewide Application
for Physician/Practitioner Appointment©**

Physician (MD) Application



Date of Application: 11/15/2021

Application Fee: **400.00**

Demographics

ENDORSE

Legal Name	Kumar	Vanita	N/A
	Last	First	Middle
Other Names Used	N/A		

Will you be applying by endorsement Yes No
(See page 2 of the application instructions for requirements)

Gender	M	FX	Place of Birth	Royal Oaks, MI	Citizenship	USA
Immigration Status	N/A			INS Certification #	N/A	
*Social Security Number	[REDACTED]			Date of Birth	[REDACTED]	
*NM Tax ID# (if applicable)	N/A		Pending		<input type="checkbox"/>	
*Fed. Tax ID# (if applicable)	288602384		Pending		<input type="checkbox"/>	
Current Practice Name	HeyJane					
Practice Limited to: (Clinical Specialty)	Family Practice					
Street	2578 Broadway #580					
City	New York		State	NY	Zip Code	10025
Telephone Number	601-215-8761		Facsimile	N/A		
*Office Manager or Contact Person: Kate Baron, MD						
Foreign Languages (spoken fluently by practitioner)	None					
Foreign Languages (spoken fluently at Practice)	None					
*E-Mail Address (confidential)	vkumar.heyjane@medallion.co					
*Current Mailing Address (if different from above - confidential unless no practice address indicated)						
*Street	200 CABRINI BLVD					
*City	NEW YORK		*State	NY	*Zip Code	10033-1121
Telephone Number	646-456-1428		Facsimile	N/A		
What are your immediate or future Practice Plans in New Mexico?	To practice telemedicine.					
Home Address (Required)	*Telephone Number 646-456-1428					
Street	200 CABRINI BLVD					
*City	NEW YORK		*State	NY	*Zip	10033-1121

*Information Confidential

Practice Associates in NM (If Applicable)		Call Coverage in NM (If Applicable)	
N/A		N/A	
Other Practice Locations (If Applicable)			
Practice Name Planned Parenthood of Greater New York			
Street 21 Grand Street			
City Kingston		State NY	Zip Code 12401
Telephone Number 845-562-7800		Facsimile 845-471-1644	
Answering Service N/A		Effective Date 01/01/2020	

Education (Please attach a separate sheet, if necessary.)

Undergraduate Education			
College or University Columbia University			
City New York		State/Country NY	Zip Code 10027
Dates Attended From: 09/1992 To: 05/1996		Degree BA	Graduation Date 05/31/1996
College or University			
City		State/Country	Zip Code:
Dates Attended From: To:		Degree	Graduation Date
Professional / Medical Education			
College or University George Washington University			
City Washington		State/Country DC	Zip Code: 20037
Dates Attended From: 08/1996 To: 05/2000		Degree MD	Graduation Date 05/21/2000
College or University			
City		State/Country	Zip Code:
Dates Attended From: To:		Degree	Graduation Date
Graduate Education			
College or University			
City		State/Country	Zip Code:
Dates Attended From: To:		Degree	Graduation Date
College or University			
City		State/Country	Zip Code:
Dates Attended From: To:		Degree	Graduation Date
Internship/Residency/ Fellowship			
Institution Name Mount Sinai Beth Israel			
City New York		State/Country NY	Zip Code: 10003
Dates Attended From: 07/2000 To: 06/2003		Field Family Medicine Resident	
Institution Name Albert Einstein Medical School			
City Bronx		State/Country NY	Zip Code 10461
Dates Attended From: 07/2003 To: 06/2005		Field Faculty Development Fellow	
Institution Name			
City		State/Country	Zip Code:
Dates Attended From: To:		Field	
Institution Name			
City		State/Country	Zip Code:
Dates Attended From: To:		Field	

Work History Please list all previous practice experience for the last 15 years, **including military or government service**, listing the most recent first. If military service, state type of discharge and rank achieved and **attach copy of discharge or separation documents**. Attach separate page, if necessary. Please provide written explanation for any **gaps** in work history of 6 months or more.

Location	HeyJane	From	06/21/2021	To	Present
Street		Phone Number	601-215-8761		
City	New York	State	NY	Zip Code	
Type of Practice	Family Medicine	Contact Person			
Type of Discharge		Rank Achieved	Physician		
Location	Planned Parenthood of Greater New York	From	01/01/2020	To	Present
Street	21 Grand Street	Phone Number	845-562-7800		
City	Kingston	State	NY	Zip Code	12401
Type of Practice	Family Medicine	Contact Person			
Type of Discharge		Rank Achieved	Contract Physician		
Location	NURX	From		To	Present
Street	1125 Mission st. 2nd Fl	Phone Number	800-321-6879		
City	San Francisco	State	CA	Zip Code	94103
Type of Practice	Family Medicine	Contact Person	Contract Physician		
Type of Discharge		Rank Achieved			
Location	All Women's Medical OBS, PLLC	From	07/01/2016	To	06/01/2017
Street	222 Mamaroneck Ave	Phone Number	888-644-0999		
City	White Plains	State	NY	Zip Code	10605
Type of Practice	Family Medicine	Contact Person			
Type of Discharge		Rank Achieved	Contract Physician		

Hospital and Health Facility Affiliation History (other than postgraduate training) N/A

Please list hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years. If an institution is no longer in existence, please provide an alternative source of verification. Use separate page, if necessary. **Providers who do NOT have admitting privileges, please explain your procedures or the arrangements you make in instances when patients require admission to a hospital. If you are applying with a health plan, should arrangements include admitting coverage by another provider, a signed letter from the covering provider, including their primary admitting facility, is to be included with this application.**

(1) Current Primary Admitting Facility (Hospital Name)					
Street	N/A				
City		State		Zip Code	
Telephone Number		Facsimile			
Appointment Dates	From:		To:		
Type of Appointment					
Privileges Assigned					
(2) Facility Name					
Street					
City		State		Zip Code	
Telephone Number		Facsimile			
Appointment Dates	From:		To:		
Type of Appointment					
Privileges Assigned					
(3) Facility Name					
Street					
City		State		Zip Code	
Telephone Number		Facsimile			
Appointment Dates	From:		To:		
Type of Appointment					
Privileges Assigned					

Work History Please list all previous practice experience for the last 15 years, **including military or government service**, listing the most recent first. If military service, state type of discharge and rank achieved **and attach copy of discharge or separation documents**. Attach separate page, if necessary. Please provide written explanation for any gaps in work history of 6 months or more.

Location	Montefiore Medical Group - Williamsbridge Family Practice Center	From	08/01/2003	To	07/01/2016
Street	3011 Boston Rd	Phone Number	718-547-6111		
City	Bronx	State	NY	Zip Code	10469
Type of Practice	Family Medicine	Contact Person			
Type of Discharge		Rank Achieved	Physician Team Leader		
Location	Planned Parenthood of New York City	From	07/01/2003	To	12/31/2019
Street	26 Bleecker Street	Phone Number	212-965-7000		
City	New York	State	NY	Zip Code	10012
Type of Practice	Family Medicine	Contact Person			
Type of Discharge		Rank Achieved	Session Physician		
Location		From		To	
Street		Phone Number			
City		State		Zip Code	
Type of Practice		Contact Person			
Type of Discharge		Rank Achieved			
Location		From		To	
Street		Phone Number			
City		State		Zip Code	
Type of Practice		Contact Person			
Type of Discharge		Rank Achieved			

Hospital and Health Facility Affiliation History (other than postgraduate training) N/A

Please list hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years. If an institution is no longer in existence, please provide an alternative source of verification. Use separate page, if necessary. **Providers who do NOT have admitting privileges, please explain your procedures or the arrangements you make in instances when patients require admission to a hospital. If you are applying with a health plan, should arrangements include admitting coverage by another provider, a signed letter from the covering provider, including their primary admitting facility, is to be included with this application.**

(1) Current Primary Admitting Facility (Hospital Name)					
Street					
City		State		Zip Code	
Telephone Number				Facsimile	
Appointment Dates	From:			To:	
Type of Appointment					
Privileges Assigned					
(2) Facility Name					
Street					
City		State		Zip Code	
Telephone Number				Facsimile	
Appointment Dates	From:			To:	
Type of Appointment					
Privileges Assigned					
(3) Facility Name					
Street					
City		State		Zip Code	
Telephone Number				Facsimile	
Appointment Dates	From:			To:	
Type of Appointment					
Privileges Assigned					

(4) Facility Name				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates	From:		To:	
Type of Appointment				
Privileges Assigned				
(5) Facility Name				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates	From:		To:	
Type of Appointment				
Privileges Assigned				
(6) Facility Name				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates	From:		To:	
Type of Appointment				
Privileges Assigned				
(7) Facility Name				
Street				
City		State		ZIP Code
Telephone Number			Facsimile	
Appointment Dates	From:		To:	
Type of Appointment				
Privileges Assigned				
(8) Facility Name				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates	From:		To:	
Type of Appointment				
Privileges Assigned				

Professional References Please list three professional peers familiar with your professional performance in the past 5 years, (not including current or impending partners or associates in practice).

(1) Name and Title Hanna Kim, RN				
Address				
City		State		Zip Code
Telephone Number	607-221-0363		Facsimile	
(2) Name and Title Ivonne Mclean, MD				
Address				
City		State		Zip Code
Telephone Number	415-722-7785		Facsimile	
(3) Name and Title April Lockley, MD				
Address				
City		State		Zip Code
Telephone Number	301-247-5248		Facsimile	

Licensure-Registration-Certification Information

ECFMG Number (if applicable)		N/A	
State Professional License/Certification Number		228029	
State	NY	Issue Date	04/10/2003
		Expiration Date	05/31/2022
Pending <input type="checkbox"/>			
All Other State License Numbers (regardless of status - attach separate list if necessary)			
State	Number	Issue Year	Expiration Date
GA	80889	06/19/2018	06/30/2023
CT	61740	08/08/2018	06/30/2022
TN	61614	11/03/2020	06/30/2022
*Federal Drug Enforcement Admin. (DEA) Registration			N/A <input type="checkbox"/>
Number	BK8410122	Exp. Date	12/31/2023
			Pending <input type="checkbox"/>
*State Controlled Substance Registration (CSR)			N/A <input type="checkbox"/>
Number	CSP.0069817	State	CT
		Exp. Date	02/28/2023
			Pending <input type="checkbox"/>
*Medicare Unique Physician Identification Number (UPIN)			NA
Pending <input type="checkbox"/>			
*State Medicaid Provider Number			NA
Pending <input type="checkbox"/>			
*National Provider Identification Number			1639249832
Pending <input type="checkbox"/>			

Specialty Board Certifications N/A

Are you Board Certified? Yes No **Note:** If you are not Board certified by a Board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the National Commission on Certification of Physician Assistants, the American Nurses' Credentialing Center, or the National Certification Commission, or accepted for examination in your specialty, please give a brief explanation on an attached sheet.

Certified/Recertified by the:			
1. American Board of Family Medicine			
Date Certified	07/11/2003	Date Last Recertified	04/10/2013
		Expiration Date	02/15/2022
2.			
Date Certified		Date Last Recertified	
		Expiration Date	
3.			
Date Certified		Date Last Recertified	
		Expiration Date	
Accepted for Examination by the:			
Until (expiration date)		If not accepted, have you made application?	Yes No
Certified/Recertified by the Subspecialty Board of			
1.			
Date Certified		Date Last Recertified	
		Expiration Date	
2.			
Date Certified		Date Last Recertified	
		Expiration Date	
Accepted for Examination by the Subspecialty Board of			

Professional Liability Insurance (confidential information)

Do you have current liability insurance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Current Carrier	Arthur J. Gallagher Risk Management Services		Current <input checked="" type="checkbox"/> Pending <input type="checkbox"/>
Address 5950 Symphony Woods Rd Columbia, MD 21044			
Dates Insured	From	To	Policy #
12/07/2020	12/07/2020	12/07/2021	W2D4CF200101
			Coverage Limits
			Policy Aggregate Limit of Liability: \$4,000,000

Applicant Name Vanita Kumar
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Date 11/15/2021

Licensure-Registration-Certification Information

ECFMG Number (if applicable)				
State Professional License/Certification Number				
State	Issue Date	Expiration Date	Pending <input type="checkbox"/>	
All Other State License Numbers (regardless of status - attach separate list if necessary.)				
State	Number	Issue Year	Expiration Date	
NJ	25MA10979500	2020	06/30/2023	
AL	00041718	2020	12/31/2021	
NC	2020-04569	2020	06/15/2022	
*Federal Drug Enforcement Admin. (DEA) Registration				N/A <input type="checkbox"/>
Number	Exp. Date	Pending <input type="checkbox"/>		
*State Controlled Substance Registration (CSR)				N/A <input type="checkbox"/>
Number	State	Exp. Date	Pending <input type="checkbox"/>	
*Medicare Unique Physician Identification Number (UPIN)				
Pending <input type="checkbox"/>				
*State Medicaid Provider Number				
Pending <input type="checkbox"/>				
*National Provider Identification Number				
Pending <input type="checkbox"/>				

Specialty Board Certifications N/A

Are you Board Certified? Yes No **Note:** If you are not Board certified by a Board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the National Commission on Certification of Physician Assistants, the American Nurses' Credentialing Center, or the National Certification Commission, or accepted for examination in your specialty, please give a brief explanation on an attached sheet.

Certified/Recertified by the:				
1.				
Date Certified	Date Last Recertified	Expiration Date		
2.				
Date Certified	Date Last Recertified	Expiration Date		
3.				
Date Certified	Date Last Recertified	Expiration Date		
Accepted for Examination by the:				
Until (expiration date)	If not accepted, have you made application?		Yes No	
Certified/Recertified by the Subspecialty Board of				
1.				
Date Certified	Date Last Recertified	Expiration Date		
2.				
Date Certified	Date Last Recertified	Expiration Date		
Accepted for Examination by the Subspecialty Board of				

Professional Liability Insurance (confidential information)

Do you have current liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Current Carrier			Current <input type="checkbox"/>	Pending <input type="checkbox"/>
Address				
Dates Insured	From	To	Policy #	Coverage Limits

Licensure-Registration-Certification Information

ECFMG Number (if applicable)				
State Professional License/Certification Number				
State	Issue Date	Expiration Date	Pending <input type="checkbox"/>	
All Other State License Numbers (regardless of status - attach separate list if necessary)				
State	Number	Issue Year	Expiration Date	
NY	228029	2003	05/31/2022	
*Federal Drug Enforcement Admin. (DEA) Registration				N/A <input type="checkbox"/>
Number		Exp. Date	Pending <input type="checkbox"/>	
*State Controlled Substance Registration (CSR)				N/A <input type="checkbox"/>
Number	State	Exp. Date	Pending <input type="checkbox"/>	
*Medicare Unique Physician Identification Number (UPIN)				
Pending <input type="checkbox"/>				
*State Medicaid Provider Number				
Pending <input type="checkbox"/>				
*National Provider Identification Number				
Pending <input type="checkbox"/>				

Specialty Board Certifications N/A

Are you Board Certified? Yes No **Note:** If you are not Board certified by a Board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the National Commission on Certification of Physician Assistants, the American Nurses' Credentialing Center, or the National Certification Commission, or accepted for examination in your specialty, please give a brief explanation on an attached sheet.

Certified/Recertified by the:			
1.			
Date Certified	Date Last Recertified	Expiration Date	
2.			
Date Certified	Date Last Recertified	Expiration Date	
3.			
Date Certified	Date Last Recertified	Expiration Date	
Accepted for Examination by the:			
Until (expiration date)	If not accepted, have you made application?		Yes No
Certified/Recertified by the Subspecialty Board of			
1.			
Date Certified	Date Last Recertified	Expiration Date	
2.			
Date Certified	Date Last Recertified	Expiration Date	
Accepted for Examination by the Subspecialty Board of			

Professional Liability Insurance (confidential information)

Do you have current liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Carrier		Current	Pending
Address		<input type="checkbox"/>	<input type="checkbox"/>
Dates Insured	From	To	Policy # Coverage Limits

Licensing Exam: Please check all that apply:

State Board Exam (Prior to 1973) Which state? _____ Date(s) passed? _____

FLEX **LMCC** **National Board (NBME)** **USMLE**

Part/Step 1 Date Passed 06/09/1998 Part/Step 2 Date Passed 10/21/1999 Part/Step 3 Date Passed 08/14/2002
 Month/Year Month/Year Month/Year

Professional Practice Questions Please answer ALL of the following Yes or No questions. If you answer YES to 1-19 and 21, and/or NO to 20, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.

1. Has your professional liability coverage ever been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Have you ever been denied professional liability insurance coverage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has your professional liability carrier ever excluded any specific procedures from your coverage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Have you ever been excluded from or sanctioned by Medicare and/or Medicaid?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6. Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
7. Have you ever been named as a defendant in any criminal proceedings?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8. Have you ever been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
9. Have you ever been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
10. a. Have your privileges at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency unrelated to your professional competence or conduct?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Have you ever agreed not to exercise your clinical privileges while under investigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
c. Have you ever been investigated and/or terminated by a healthcare entity for cause, or without cause, related to your clinical competence or conduct, which could impact patient safety/care, or allowed to resign in lieu of termination for such reason?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
11. Have you ever resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
12. a. Has your application for licensure or license to practice in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Are any currently held licenses pending investigation or being challenged?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
13. Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
14. Has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, or restricted?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Applicant Name Vanita Kumar
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Date 11/15/2021

<p>15. Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information on the attached Malpractice History form for each case:</p> <ul style="list-style-type: none"> • Name, age, sex of patient/claimant. • Date(s) and type of treatment and/or surgery, which led to the allegations against you. • Nature of allegations in claims/suits. Specify whether a suit was ever filed. • Names of other practitioners and hospital, if any, involved in claims or suit. • Disposition or current status of claim or suit (be specific). • Name of insurance carrier defending you. • Name of defense attorney. 	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>16. Have you ever been reported to the National Practitioner Data Bank?</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>17. a) Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?</p> <p>b) Are you being treated with opiates for chronic pain? If yes, please provide to the Board upon application a current evaluation from your treating pain provider (MD or DO).</p>	[REDACTED]	[REDACTED]
<p>18. Do you have or have you been diagnosed with an illness or condition which impairs your judgment or affects your ongoing ability to practice medicine in a competent, ethical and professional manner? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis, treatment, and current status.</p>	[REDACTED]	[REDACTED]
<p>19. Have you ever, for any reason:</p> <p>a) Resigned from a medical school or postgraduate training (PGT) program?</p> <p>b) Withdrawn from a medical school or postgraduate training program?</p> <p>c) Been suspended, dismissed, or expelled from a medical school or PGT program?</p> <p>d) Been placed on probation or remediation, including academic probation or remediation, by a medical school or PGT program?</p> <p>e) Taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or PGT program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issue, etc)?</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
<p>20. I attest that I will limit my practice to areas in which I am competent to practice.</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>21. Are you currently in arrears in payments of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or in any other state?</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If you answer YES to questions 1-19 and 21, and/or NO to 20, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.

New Mexico Medical Board
2055 S. Pacheco St. Bldg. 400
Santa Fe, NM 87505 (505) 476-7220

APPLICANT'S OATH

I, Vanita Kumar, hereby certify that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to the New Mexico Medical Board (Board) with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or their agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application.

I hereby release, discharge, and exonerate the Board, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.



Vanita Kumar
Applicant Signature

11/15/2021
Date

*Passport-quality color photograph taken within six months prior to filing the application, approximate size 2 x 2 inches, head and shoulders only, full face, front view, plain white or off-white background, standard photo stock paper, scanned or computer-generated photographs should have no visible pixels or dots.

Applicant Name Vanita Kumar

Date 11/15/2021

Vanita Kumar, M.D.

200 Cabrini Blvd., Apt. 91, New York, NY 10033
(212) 927-5789 vanitakumar@gmail.com

EDUCATION:

The George Washington University School of Medicine, M.D.
Washington D.C.
August 1996 to May 2000

Columbia University, Columbia College, Bachelor of Arts.
New York, New York
Program in Pre-Medical Sciences with Concentration in Women and Gender Studies
September 1992 to May 1996

LICENSE: New York State Medical License #2282029

CERTIFICATION: American Board of Family Medicine- Certified in July 2003.

EMPLOYMENT:

Montefiore Medical Center- Family Medicine Physician and Faculty Team Leader, July 2005- present
Teach, precept, and advise family medicine residents in the Department of Family and Social Medicine.
Provide primary care services for children, adolescents, and adults in an outpatient family medicine clinic in the Williamsbridge neighborhood of the Bronx. Coordinate the women's health and gynecology curriculum for residency program.

Albert Einstein College of Medicine- Associate Professor, Family Medicine, July 2007- present
Teach and precept medical students from the Albert Einstein College of Medicine on their Family Medicine Clerkship and internships.

Planned Parenthood of New York City- Session Physician and Trainer, July 2003- present
Provide abortion services through 16 weeks gestation for patients at all three centers. Train family medicine residents and physicians in first trimester abortion care through the Clinician Training Initiative and the Center for Reproductive Health Education in Family Medicine.

POST-GRADUATE TRAINING:

Albert Einstein College of Medicine - Faculty Development Fellow. July 2003- June 2005
Participated in 2-year HRSA funded faculty development fellowship program in the Department of Family and Social Medicine at Montefiore Medical Center. Fellowship focused on developing enhanced clinical teaching skills to educate medical students and residents and on academic scholarship.

Beth Israel Medical Center- Family Medicine Residency July 2000 – June 2003
Completed three-year residency training program in urban family medicine. Responsibilities included providing comprehensive primary care to both children and adults including basic obstetrics, and gynecology with a special focus on serving the diverse and indigent community of the Lower East Side of Manhattan, New York.

PRESENTATIONS:

Society of Teachers of Family Medicine Annual Conference- April 2009

Presented lecture/discussion on strategies for teaching residents pregnancy options counseling at the annual Spring conference in Denver.

North American Primary Care Research Group- Annual Meeting November 2009

Scientific poster presentation: *Being in the Room: Learning Pregnancy Options Counseling through Exposure to Abortion Training*

National Abortion Federation Annual Meeting – April 2007

Presented scientific poster highlighting qualitative study, which assessed the impact of abortion training on family medicine residents' knowledge and attitudes.

Medical Students for Choice National Conference- Baltimore, March 2006

Invited to present seminar for medical students on providing patient-centered, evidence-based contraceptive choices for women.

New York County American Academy of Family Physicians, Chapter Meeting- November 2005

Invited to co-present to regional AAFP chapter meeting on the topic of primary care management of spontaneous abortion.

Society of Teachers of Family Medicine – Northeast Regional Conference- October 2005

Co-Presented seminar entitled "Designing and Implementing a Competency Based Women's Health Curriculum." Awarded 3rd place for Best of Presentations for conference.

WONCA – International Family Practice Conference - October 2004

Presented data from IRB approved research study in which medical students posed as patients and made over 300 calls to Family Practice offices in NYC trying to access emergency contraception. This study highlighted common systemic barriers patients encounter when they try to get a prescription for emergency contraception from a physician.

Maimonides Medical Center, Family Medicine Grand Rounds- January 2004

Invited to co-present grand rounds seminar on providing patient-centered, nonjudgmental options counseling for patients with an unintended pregnancy to family medicine residency program in Brooklyn, New York.

PUBLICATIONS:

Kumar, V, Herbitter, C, Karasz, A, Gold, M. (2010, January). Reflections on Pregnancy Options Counseling during Abortion Training. *Family Medicine*. Volume 42, Issue 1, pages 41-46.

Herbitter, C, Kumar, V, Karasz, A, Gold, M. (2010, April). Abortion Training at Multiple Sites: An Unexpected Curriculum for Teaching Systems-Based Practice. *Teaching and Learning in Medicine*. Volume 22, Issue 2, pages 102-106.

The GEORGE WASHINGTON UNIVERSITY

Washington, District of Columbia

To all persons who read these letters, Greeting:

Be it known that the President, Faculty, and Trustees,

by virtue of the authority granted by The United States of America,
have conferred upon

Samita Kumar

the degree of

Doctor of Medicine

together with all the honors, rights, privileges, and responsibilities
thereunto appertaining.

In witness whereof, we have hereunto affixed the seal of the University,
and subscribed our names, in Washington, in the District of Columbia,
this twenty-first day of May, two thousand.

John H. ...
The President for School Affairs
and Secretary of the University



Stephen H. ...
President of the University

Certificate of Award for Successful Completion of
Residency Training Program from
Beth Israel Residency in Urban Family Practice

2000-2003

Presented to:

Tarita Kumar, M.D.

Robert Schiller
Robert Schiller, M.D.
Chairman, DFM

Rick O'Keefe
Rick O'Keefe, M.D.
Program Director

Nikki Glover
Nikki Glover
Residency Administrator

PRESENTED THIS

*21*st DAY OF
JUNE, 2003





NATIONAL PRACTITIONER DATA BANK

NPDB

National Practitioner Data Bank
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

5500000181103462
Process Date: 10/06/2021
Page: 1 of 1

To: KUMAR, VANITA

[REDACTED]
NEW YORK, NY 10033-1121

From: National Practitioner Data Bank
Re: Response to Your Self-Query

This self-query response is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

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National Practitioner Data Bank
 Health Resources and Services Administration
 U.S. Department of Health and Human Services
 P.O. Box 10832
 Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

5500000181103462
 Process Date: 10/06/2021
 Page: 1 of 1

KUMAR, VANITA - SELF-QUERY RESPONSE

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

Practitioner Name: KUMAR, VANITA
 Date of Birth: [REDACTED] Gender: FEMALE
 Shipping Address: [REDACTED] YORK, NY 10033-1121
 Social Security Number: ***-**-2384 DEA: BK8410122
 NPI: 1639249832
 License: PHYSICIAN (MD), 228029, NY, GENERAL PRACTICE/FAMILY PRACTICE
 PHYSICIAN (MD), 80899, GA, GENERAL PRACTICE/FAMILY PRACTICE
 PHYSICIAN (MD), MD.41718, AL, GENERAL PRACTICE/FAMILY PRACTICE
 PHYSICIAN (MD), 25MA10979500, NJ, GENERAL PRACTICE/FAMILY PRACTICE
 PHYSICIAN (MD), 2020-04569, NC
 PHYSICIAN (MD), 61740, CT
 PHYSICIAN (MD), 61614, TN, GENERAL PRACTICE/FAMILY PRACTICE
 Professional School(s): THE GEORGE WASHINGTON UNIVERSITY (2000)

B. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 10/06/2021

The following report types have been searched:			
Medical Malpractice Payment Report	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are provided for restricted/limited use as prescribed by statutes listed on the preceding cover page.

----- No Reports Found Based on the Subject Information Submitted -----



10007010, 2/000350-1/1-0

1:2 KUMAR, VANITA
341/656
NEW YORK, NY 10033-0000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2023	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	11-17-2020
KUMAR, VANITA 136 LAKE ST NEWBURGH, NY 12550-5245		

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

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

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

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2023	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	11-17-2020
KUMAR, VANITA 136 LAKE ST NEWBURGH, NY 12550-5245		

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

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

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	12-31-2023	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRAGTITIONER	11-17-2020
KUMAR, VANITA 136 LAKE ST NEWBURGH, NY 12550-5245		

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

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

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

Form DEA-223/511 (9/2016)

**REPORT
CHANGES
PROMPTLY**

**REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE**

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at deaddiversion.usdoj.gov - or
2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:
 Drug Enforcement Administration
 P.O. Box 2639
 Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

----- You have been registered to handle the following chemical/drug codes: -----



AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

Name and Mailing Address

[REDACTED]
NEW YORK, NY 10033-1121

Primary Office Address

MID WESTCHESTER GYN
3011 BOSTON RD
BRONX, NY 10469-4002

Birth date

[REDACTED]

Phone UNKNOWN

Physician's major professional activity

OFFICE BASED PRACTICE

Self-designated practice specialty

FAMILY MEDICINE (primary)
UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status

NON MEMBER

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

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1639249832	11/08/2006	NOT RPTD	NOT RPTD	NOT RPTD	11/19/2021

Current and/or historical medical school

GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE & HEALTH SCIENCES

Degree Awarded: YES
Degree Year: 2000



Current and/or historical post graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Beginning with the 2016/2017 cycle of the National GME Census post-graduate training segments will include a training type of specialty (residency) or subspecialty (fellowship). Training types for programs reported prior to 2016 will not include this designation.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

If a segment below is indicated as "being re-verified", it typically means that the physician is a current resident and the AMA is confirming with the residency program that the physician is still enrolled - this standard process occurs on an annual basis.

Sponsoring Institution: BETH ISRAEL MEDICAL CENTER
Sponsoring State: NEW YORK
Specialty: FAMILY MEDICINE
Training Type:
Dates: 7/2000 - 6/2003 (Verified)

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 0

Specialty Board Certification

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: AMERICAN BOARD OF FAMILY MEDICINE
Certificate: FAMILY MEDICINE
Certificate type: GENERAL



Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC ⁺	Active	04/10/2013	n/a	02/15/2022	RE-CERT	11/30/2021	Y
TIME LIMITED	Expired	07/11/2003	12/31/2013		INITIAL	11/30/2021	Y

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

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+The above certifying board has implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Only certificates issued by a MOC participating board will reflect a reverification date.

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
25MA10979500	MD	NJ	12/08/2020	06/30/2023		ACT	UNL	11/05/2021	Vanita Kumar
80889	MD	GA	06/19/2018	06/30/2023		ACT	UNL	11/16/2021	Kumar, Vanita
61740	MD	CT	08/08/2018	06/30/2022	07/01/2021	ACT	UNL	11/15/2021	VANITA KUMAR
60228029	MD	NY	04/10/2003	05/31/2022		ACT	UNL	10/19/2021	KUMAR VANITA

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

Action Notifications

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Department of Justice.

U.S. Drug Enforcement Administration (DEA)



DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
-----122	C-0	22N 33N 4 5	Active	12/31/2023	Paid	11/19/2021	3011 Boston Rd Bronx, NY 10469-4002

* Only the last three characters of DEA numbers are displayed

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

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

ECFMG Certification

Applicant Number:

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfm.org/>

Profile Information

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission(AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.

If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date:12/2/2021

PRACTITIONER INFORMATION

Name: Kumar, Vanita
DOB: [REDACTED]
Medical School: George Washington University School of Medicine and Health Sciences
Washington, District Of Columbia, UNITED STATES
Year of Grad: 2000
Degree Type: MD
NPI: 1639249832

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1639249832	Individual			06/04/2018

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date:12/2/2021
Practitioner Name: Kumar, Vanita

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ALABAMA	00041718	11/30/2020	12/31/2022	11/22/2021
		FSMB License Status: Active		
CONNECTICUT	061740	08/08/2018	06/30/2022	11/22/2021
		FSMB License Status: Active		
DELAWARE	APP-000023			12/01/2021
		FSMB License Status: Pending		
GEORGIA	80889	06/19/2018	06/30/2023	11/16/2021
		FSMB License Status: Active		
NEW JERSEY	25MA10979500	12/08/2020	06/30/2023	10/25/2021
		FSMB License Status: Active		
NEW YORK	228029	04/10/2003	05/31/2022	12/01/2021
		FSMB License Status: Active		
NORTH CAROLINA	2020-04569	11/10/2020	06/15/2022	12/02/2021
		FSMB License Status: Active		
TENNESSEE	61614	11/03/2020	06/30/2022	11/19/2021
		FSMB License Status: Active		

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
[REDACTED]	22N 33N 4 5	ATLANTA,GA 30309	12/31/2023	11/05/2021
[REDACTED]	22N 33N 4 5	ROCHESTER,NY 14605	12/31/2023	11/05/2021

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date:12/2/2021
 Practitioner Name: Kumar, Vanita

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Family Medicine
 Certificate: Family Medicine
 Certification Type: General
 Certification Status: Certified
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	04/10/2013		02/15/2022	Recertification	11/25/2021
Expired	Time Limited	07/11/2003	12/31/2013		Initial	11/25/2021

The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, KUMAR VANITA was issued license/certificate number 228029 for the practice of MEDICINE on 04/10/2003.

Our records also indicate the following information:

Date of birth: [REDACTED]
School attended: GEORGE WASHINGTON UNIV
Date of graduation: 05/21/00
Degree earned: MD

JAN 31 2022

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

DATE	COMP1	COMP2	
08/02			00089 OOSCT
10/99		00085	
06/98	00088		

EXMS TAKEN=03

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: YES Reg period ends: 05/31/22
Address: 200 CABRINI BLVD APT 91
NEW YORK NY 10033-0000

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Sandra Barsallo, Education Credentials Specialist, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Education Credentials Specialist of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

SEAL



Sandra Barsallo
Sandra Beth Barsallo 01/25/22
Education Credentials Specialist



State of Connecticut

Lookup Detail View

DRUG CONTROL - CSP

Name	License Address
VANITA KUMAR	 [REDACTED] San Francisco, CA 94103

Credential Information

Credential	License Type	First Issuance Date On Record	Effective Date	Expiration Date	Status	Schedule 1	Schedule 2	Schedule 3	Schedule 4	Schedule 5
CSP.0069817	CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER	11/05/2018	03/01/2021	02/28/2023	ACTIVE	No	Yes	Yes	Yes	Yes

Generated on: 5/25/2021 10:05:41 AM

MD 11/24/21

Georgia Composite Medical Board

Interim Executive Director
Jonathan McGehee



Chairperson
Despina D. Dalton, MD

Vice Chairperson
Matthew Norman, MD

2 Peachtree Street, NW • 6th Floor • Atlanta, Georgia 30303 • (404) 656-3913 • www.medicalboard.georgia.gov

December 27, 2021

RE: Vanita Kumar

TO WHOM IT MAY CONCERN:

This is to certify that the above has been issued a **Physician** license by the Georgia Composite Medical Board.

It is further certified that:

The license number is **80889** and was issued on **June 19, 2018**.

The current license status is **Active**.

The license expiration date is **June 30, 2023**.

Board Actions: A review of public records indicates that no public board orders have been docketed.

Dated this day Monday, December 27, 2021.

Sincerely,

Jonathan McGehee

Interim Executive Director
Georgia Composite Medical Board
2 Peachtree Street, NW, 6th Floor
Atlanta, GA 30303



State of Alabama

Medical Licensure Commission

George C. Smith, Sr., M.D., Chairman/Executive Officer
Karen Silas, Executive Assistant

12/27/2021

New Mexico Medical Board
2055 South Pacheco Street
Building 400
Santa Fe, NM 87505-0503

VERIFICATION OF ALABAMA MEDICAL LICENSURE

Name of Licensee (as it appears in our Records)

Vanita Kumar

Date of Birth:



License Number: **MD.41718**

Current Status: **Active**

Date Issued: **11/30/2020**

Basis of License: **USMLE/NY**

Expiration Date: **12/31/2022**

Medical School: **George Washington University School of Medicine and Health Scie**

Location: **Washington**

Date From/To: **08/96-05/00**

Disciplinary Actions:



No

Yes, visit Public Actions at www.albme.gov for documents.

Signature:

George C. Smith Sr MD

George C. Smith, Sr., M.D. Chairman
Medical Licensure Commission of Alabama

To expedite the verification process, the above is the standard format used by the Medical Licensure Commission of Alabama. Verification information can also be obtained by accessing our website at <http://www.albme.gov>.

P.O. Box 887 • Montgomery, AL 36101-0887
848 Washington Avenue • Montgomery, AL 36104-3839
334-242-4153 • www.albme.gov



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive, Second Floor
Nashville, TN 37243
<http://www.tn.gov/health>**

Board of Medical Examiners
Medical Doctors
1-800-778-4123 or 615-532-4384

January 4, 2022

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Board of Medical Examiners. The Board of Medical Examiners is pleased to furnish the following information from our files:

PROFESSION: Medical Doctors
NAME: Vanita Kumar M.D.
RANK: Medical Doctor
LICENSE NUMBER: 61614
ISSUE DATE: November 03, 2020
EXPIRATION DATE: June 30, 2022
CURRENT STATUS: Licensed
STATUS DATE: November 03, 2020



SPECIAL ENDORSEMENTS:

COMMENTS: There is no history of disciplinary action on this license. The State of Tennessee only provides the above information. Any other information needed must be obtained from the licensee.

Sincerely,

Brandy Denny

Board of Medical Examiners
VERIFICATN



PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

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

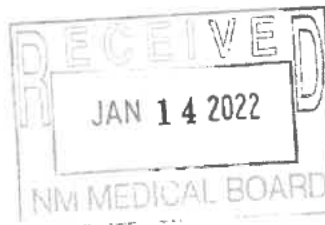


ANDREW J. BRUCK
Acting Attorney General

SEAN P. NEAFSEY
Acting Director

January 6, 2022

New Mexico Medical Board
2055 S. Pacheco St., Building 400
Santa Fe, NM 87505



For Delivery Services:
140 East Front Street, 2nd
Floor, Trenton, NJ 08608
609-826-7100
FAX: 609-826-7117

To Whom It May Concern:

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

A review of the Board's files indicates that VANITA KUMAR was issued a New Jersey license 25MA10979500 on or about 12/08/2020 and is currently Active with an expiration date of 06/30/2023. A review of the Board's files further indicates that no public disciplinary action has been taken against this Medical Doctor.

Very truly yours,

Antonia Winstead
Executive Director



North Carolina Medical Board

January 14, 2022

Name:	Kumar, Vanita, MD
Renewal Date:	06/15/2022
Public Action:	No

License Number	License Type	Issue Date	Current Status	Expire Date
2020-04569	MD	11/10/2020	Active	

Public Actions can be found at www.ncmedboard.org.

To receive certified copies of Public Actions, please email PublicDocuments@ncmedboard.org.

For general Verification questions, email verifications@ncmedboard.org.

Sincerely,

A handwritten signature in black ink that reads "R. David Henderson".

R. David Henderson
Chief Executive Officer