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

FULL LICENSE APPLICATION

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

TYPE OF APPLICATION

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

PERSONAL INFORMATION

	Last	First	Middle	Suffix
1. Legal Name	Fleming	Montida	Caroline	
2. Other Name(s) List other names that appear on your application documents (medical education, exams, etc.)	Supanya-Fleming	Montida	Caroline	

3. Degree Type	☑ M.D. ☐ D.O. ☐ Other degree: _____		
4. Social Security Number	[redacted]	5. Gender	☐ Male ☑ Female
6. NPI Number	1124481015		
7. Date of Birth	[redacted] Month Day Year	8. Place of Birth	City/State [redacted] Country if not USA

9. Mailing Address This address will be used for correspondence	Number and Street [redacted]		
	City [redacted]	State/Province/Territory	Zip (or postal) Code
10. Home Address	Number and Street [redacted]		
	City [redacted]	State/Province/Territory	Zip (or postal) Code
11. Business Address	Number and Street: One Boston Place		
	City: Boston	State/Province/Territory: MA	Zip (or postal) Code: 02108

12. Telephone Numbers	Home # [redacted]	Business #	Cell #
13. Email Address Will be used for correspondence	[redacted]		

Date Received: 5/10/21

Check #: 3059

Check Amount: $ 600.00

Initials: DF

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Questions #14 – 16 are optional. This information will assist the Board in processing your application.	
14.	**Reason for requesting a Massachusetts medical license:** Telemedicine
15.	**Name of anticipated practice location/facility:** Folx Health Address: One Boston Place City: Boston
16.	**Anticipated starting date in Massachusetts:** 06/2020

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

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

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

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EXAMINATION HISTORY

Please note below each medical licensure examination you have taken.

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

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

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

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

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PRE-MEDICAL SCHOOL

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

Name of School	Degree	Dates of Attendance (Year)
New York University	BA	2007 to 2011
	City: New York	State/Country: NY
Name of School	Degree	Dates of Attendance (Year)
		to
	City	State/Country

MEDICAL SCHOOL

List all medical schools of attendance regardless of whether a degree was awarded.

Medical School Name	Degree
Sidney Kimmel Medical College at Thomas Jefferson University	MD
Street	**City, State**
1025 Walnut St	Philadelphia PA
Medical School Name	**Degree**
Street	**City, State**
Medical School Name	**Degree**
Street	**City, State**

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TIMELINE OF ACTIVITIES SINCE GRADUATION FROM MEDICAL SCHOOL

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

Start Date (mm/yyyy)	**End Date** (mm/yyyy)	**Position Held** (Resident, Attending, Research Fellow, etc.)	**Institution/Place of Employment**	**City, State/Country**
06/2016 Month / Year		**Medical School Graduation Date** *(start timeline from this date)*		
06/2016	06/2019	Residency	University of California San Francisco School of Medicine	San Francisco CA
12/2018	Present	Volunteer Physician	St. James Infirmary Clinic	San Francisco CA
09/2019	09/2020	Fellowship	TEACH Reproductive Health	San Francisco CA
10/2019	Present	Staff Physician/Clinical Instructor	UCSF at San Francisco General Hospital	San Francisco CA
12/2019	Present	Contract Physician	Whole Woman's Health	Austin TX
12/2019	Present	Per Diem Physician	University of CA Berkeley University Health Services	Berkeley CA
06/2020	Present	Plume	Contract Telehealth Provider	Denver CO
06/2020	09/2020	Consultant	Folx Health	Boston MA
09/2020	present	Telehealth Clinician	Folx Health	Boston MA

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[redacted]

Education and Training

University of California, San Francisco, San Francisco, CA — 2016 – 2019
Family and Community Medicine Residency Program

Sydney Kimmel Medical College at Thomas Jefferson University, Philadelphia, PA — 2012 – 2016
Doctor of Medicine, Summa Cum Laude
Urban Underserved Program, Population Health Track
AOA Honor Society, Gold Humanism Honor Society

New York University, New York, NY — 2007 – 2011
Bachelor of Arts, Gender and Sexuality Studies Major, Chemistry Minor

Certifications

American Board of Family Medicine, Board Certified — 2019 – present
Certified Buprenorphine Prescriber for Treatment of Opiate Use Disorder — 2018 – present
Nexplanon Insertion Certification — 2016 – present
Advanced Life Support in Obstetrics Instructor Certification — 2018 – present
Advanced Life Support in Obstetrics Provider Certification — 2017 – present
Advanced Cardiac Life Support Certification — 2016 – present

Licensure

Medical Board of California, Licensed Physician
- DEA Registered

Texas Medical Board, Licensed Physician
- DEA Registered with OBA designation

New York State Education Department, Licensed Physician
- DEA Registered

Washington Medical Commission, Licensed Physician
- DEA Registered

Ohio Medical Board, Licensed Physician
North Carolina Medical Board, Licensed Physician
Florida Department of Health, Registered Telehealth Physician
Additional pending state licensure: Massachusetts, Illinois, Georgia, Pennsylvania, Michigan, Tennessee, Florida

Clinical Experience

Clinical Instructor, Staff Physician, *UCSF, San Francisco General Hospital,* San Francisco, CA — 2019 - present
- Teach and provide clinical supervision for family medicine residents in an outpatient primary care setting.
- Teach and provide clinical supervision for family medicine residents in an inpatient setting at San Francisco General Hospital, including inpatient procedural skills.
- Teach pregnancy ultrasound skills, LARC and intrauterine procedural skills, and clinical training in medication abortion, miscarriage management, prenatal care, and newborn care in reproductive health-focused clinic at Family Health Center.
- Conduct patient visits and oversee clinical fellows in addiction medicine clinic at Family Health Center.

Independent Contractor, Abortion Provider, *Whole Woman's Health,* Austin, TX — 2019 – present
- Provide medication and aspiration abortion to 13 weeks and 6 days
- Assess completion of medication abortion, treat and provide counseling on incomplete medication abortion
- Perform dating and follow up ultrasound as needed
- Teach first year OBGYN residents in medication abortion and first trimester aspiration abortion

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Telehealth Clinician, *Folx Health,* Boston, MA 2020 – present
- Serve as a clinician leader in the development and direction of Folx Health, a queer-centered telehealth platform focused on empowerment and access.
- Provide patient centered care to queer and gender expansive communities.

Independent Contractor, Telehealth Provider, *Plume*, Denver, CO 2020 – present
- Provide gender affirming hormone therapy to transgender and gender expansive communities on a telehealth platform focused on expanding access to care through reducing barriers.

Per Diem Physician, *Tang University Health Center, UC Berkeley,* Berkeley, CA 2019 – present
- Conduct urgent and primary care visits with undergraduate and graduate students at UC Berkeley
- Conduct sexual and reproductive health, behavioral health, and personal safety screenings to provide education and harm reduction based recommendations or treatments as needed.

Volunteer Physician, *Saint James Infirmary,* San Francisco, CA 2018 – present
- Conduct medical visits at a free clinic focused on primary and preventative healthcare for sex workers in a supportive and non-judgmental environment.

UCSF Family and Community Residency Program at San Francisco General Hospital 2016 – 2019

Advanced Trainee, *Continuing Reproductive Education for Advanced Training Efficacy (CREATE)*
- Trained in advanced first trimester abortion and attended reproductive health advocacy seminars. Completed a project implementing Mifepristone pretreatment for miscarriage management in primary care clinic.

Primary Care Provider, *Family Health Center*
- Provided family-oriented full spectrum primary care to a diverse urban underserved patient population. Competent in IUD and Nexplanon insertion and removal, EMB, office-based skin and joint procedures, and substance use treatment. Experienced in using phone and in-person interpretation services.

Senior Resident, *Family Medicine Inpatient Service*
- Led inpatient teams of residents and medical students in caring for medically and socially complex hospitalized patients within a safety-net county hospital system.

Counselor, *Family Care Unit*
- Counseled patients and families on complex psychosocial issues using techniques in psychotherapy, family systems, and relationship analysis under the supervision of faculty clinical psychologist.

Project Leader, *Clinical Quality Improvement Project*
- Implemented new protocol for use of Mifepristone pre-treatment for Early Pregnancy Loss management at the Family Health Center in collaboration with co-residents. Created an educational session for attending and resident providers as well as a new clinic-specific workflow.

Gender Affirming Care Elective
- Created an elective to improve skills in caring for transgender and gender non-conforming patient populations, including attending clinical sessions at the UCSF Transgender Center for Excellence, Dimensions Trans Youth Clinic, and studying the UCSF Transgender Clinical Guidelines.

Leadership and Service Experience

Northern California Cluster Leader, *Reproductive Health Access Project* 2019 – present
- Lead regional members of the national organization focused on expansion of reproductive health and abortion access through education, training, and advocacy particularly amongst family medicine providers and advanced practice clinicians.

Leadership Fellow, *Training in Early Abortion for Comprehensive Healthcare (TEACH)* 2019 – 2020
- Mentored Family Medicine residents across academic and community Bay Area programs in reproductive health procedural training and advocacy skill building
- Planned seminars and built curriculum pertaining to reproductive healthcare, advocacy, and justice
- Developed clinical and teaching skills to train future abortion providers

- Wrote and edited chapters of the TEACH Early Abortion Curriculum version update pertaining to updated evidence-based protocols in Medication Abortion and Pre-Abortion Evaluation.

Leadership Training Academy Fellow, *Physicians for Reproductive Health* 2019 – 2020
- Completed a one-year fellowship focused on building skills in local and national advocacy and media engagement specific to comprehensive sexual and reproductive healthcare through policy and public relations.

Resident Leader, *Encampment Health Fairs*, San Francisco, CA 2018 – 2019
University of California, San Francisco
- Coordinated encampment-based health fairs bringing harm reduction practices and primary care referrals to people experiencing homelessness.
- Completed a community engagement project to integrate the events into the residency curriculum to build sustainability and improve resident education in street medicine.

Project Director, *JeffH.O.P.E. (Health Opportunities, Prevention, and Education),* Philadelphia, PA 2013 – 2015
Thomas Jefferson University
- Led the student-run free clinic organization, developed a policy guide, and refocused the mission to more sustainably provide health education, address acute needs, and bridge patients to primary care.
- Counseled patients on resources, made community referrals, and provided health education on a weekly basis at Prevention Point's syringe exchange associated mobile clinic.

Pregnancy Options Counselor, Recovery Room Assistant, *Planned Parenthood of New York City* 2010 – 2011
Margaret Sanger Center, Boro Hall Center
- Provided pregnancy test results to patients and provided pregnancy or contraception options counseling and scheduled appointments or provided referrals depending on their needs.
- Oversaw the care of patients recovering from a surgical abortion procedure; Ensured mental, physical, and emotional comfort of the patients.

Advocacy Experience

California Academy of Family Physicians
- Wrote and provided testimony in support of resolutions for:
  - Requiring use of preferred gender pronouns at all AAFP-affiliated events to promote a culture of gender inclusivity (passed 2019)
  - To remove ultrasound requirements for Medi-Cal reimbursement of medication abortion (pending final decision)
  - In support of ending police brutality through defunding police and re-investing in communities (passed with revisions 2020)
- Led regional groups on writing 8 different resolutions to CAFP in 2020, including providing content guidance, editing support, and providing supportive testimony, in topics ranging from reproductive health to addiction medicine to immigrant rights to elimination of race-based medicine.

Media
- Provided comments for Healthline News on impact on confirmation of new Supreme Court Justice and health impacts if Roe v. Wade was overturned. Published October 27, 2020.
- Provided interview for Supermajority News on harms of new visa legislation aimed at targeting non-citizen individuals giving birth in the U.S. Published January 24, 2020.
- Recorded video op-ed with NowThis on the harms of misinformation and manipulation tactics of Crisis Pregnancy Centers ahead of the NIFLA vs Becerra Supreme Court case. Published March 21, 2018.

Teaching Experience

Advanced Life Support in Obstetrics (ALSO) Instructor, *University of California, San Francisco* 2018 – present
- Teach and test first-year residents on hands-on skills for ALSO provider course.

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Resident Clinical Preceptor, *University of California, San Francisco* 2018 – 2019
- Provided clinical supervision to Nurse Practitioner students in a primary care clinic as third year resident.
- Taught outpatient primary care knowledge and skills.

Group Facilitator, *University of California, San Francisco* 2018 – 2019
- Led case-based discussions on core family medicine topics for 3rd year medical students.

Senior Health Educator, *Peer Health Exchange* 2008 – 2011
- Taught ninth grade students in NYC public schools workshops about Contraception and Healthy Decision Making and Communication. Served as a role model to newer health educators.

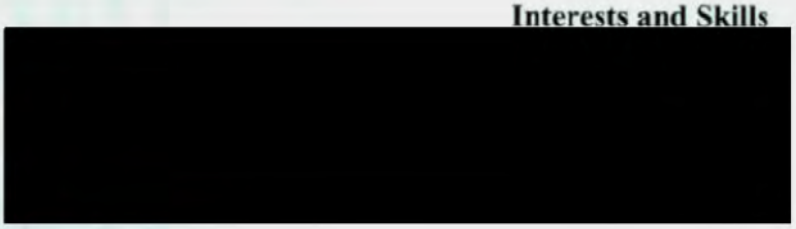
Additional Academic and Creative Projects

Contributor and Editor, TEACH Early Abortion Curriculum, Curriculum update 2020
- Chapter 3: Pre-Abortion Evaluation
- Chapter 4: Medication Abortion

Writer and Editor, Family Health Center Medication Abortion Protocol update 2020

Evaluator, Innovating Education for Reproductive Health, Abortion Course evaluation and update 2020
- Abortion in the Primary Care Setting
- Teaching Professionalism for Abortion Care
- Managing Complications of Procedural Abortion, Part 1

Interests and Skills



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APPLICATION QUESTIONS

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

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

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

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

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

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

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

** IMPORTANT NOTE REGARDING PHYSICIAN WELLNESS **

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

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

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

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

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LIABILITY CARRIER REQUEST FORM

Applicant Print Name: Montida Fleming

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

Liability Carrier	University of California Self-Insurance Program-UCSF/SFGH		
Dates of Coverage	From: 06/2016 To: current	**Policy Number**	N/A
Liability Carrier	University of California Self-Insurance Program-UC Berkeley		
Dates of Coverage	From: 12/2019 To: current	**Policy Number**	N/A
Liability Carrier	General Star Indemnity-Bouchard Insurance (CLW)		
Dates of Coverage	From: 12/2019 To: current	**Policy Number**	IJG930724
Liability Carrier	Lloyd's of London-The Doctors' Insurance Agency		
Dates of Coverage	From: 06/2020 To: current	**Policy Number**	W2B9F3200101
Liability Carrier	Arthur J Gallagher Risk Management Servics-Continental Casualty Company		
Dates of Coverage	From: 08/2021 To: current	**Policy Number**	701290666023

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

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

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

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

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

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This form is not required if you have never held a full license in the U.S. or Canada.

Liability Carrier	Affiliates Insurance Reciprocal, A RRG		
Dates of Coverage	From: 01/2021 To: Current	**Policy Number**	MPL-2021
Liability Carrier	Arthur J Gallagher Risk Management Services - Lloyds Syndicate 2623/623 (Beazley Furlonge Ltd.)		
Dates of Coverage	From: 12/2020 To: current	**Policy Number**	W2D4CF200101
Liability Carrier	Lloyds of London - Triton Insurance Agency		
Dates of Coverage	From: 08/2020 To: 08/2021	**Policy Number**	W2C5C2200101
Liability Carrier			
Dates of Coverage	From: ____ ____ To: ____ ____	**Policy Number**	
Liability Carrier			
Dates of Coverage	From: ____ ____ To: ____ ____	**Policy Number**	

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

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

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

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

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

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

CERTIFICATE OF MORAL AND PROFESSIONAL CHARACTER

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

CERTIFYING PHYSICIAN INSTRUCTIONS:

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

CERTIFICATION OF MORAL AND PROFESSIONAL CHARACTER

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

Montida Fleming
(print name of applicant)

for 5 **years. I believe that the above named physician is of good moral character and worthy of confidence and recommend him/her to the Massachusetts Board of Registration in Medicine.**

SIGNATURE: _____ **DATE:** 10/6/2021

Print Name: Elizabeth Uy-Smith

License Number: A113785 **State:** CA

Address: [redacted]

City: [redacted] **State:** [redacted] **Zip:** [redacted]

Email: [redacted]

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

MEDICAL BOARD
OF CALIFORNIA

Protecting consumers by advocating high quality, safe medical care.

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

May 24, 2021

Massachusetts Board of Registration in
Medicine
200 Harvard Mills Square, Suite 330
Wakefield, MA 01880

To Whom It May Concern:

This is to certify that as of May 20, 2021, the records of the Medical Board of California (Board) indicate the following information:

Physician:	MONTIDA CAROLINE FLEMING
License Number:	A152800
Issued Date:	November 20, 2017
Exam Type:	A Written Examination
Expiration Date:	January 31, 2023
License Status:	CURRENT

[redacted]

If Board Discipline and/or Administrative Action is indicated, public records may be available at http://www mbc.ca.gov; or you may contact the Board's Enforcement Program, Central File Room by email at central fileroom@mbc.ca.gov, by fax at (916) 263-2420 or by mail at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain information concerning the action.

Marina O'Connor
Chief of Licensing

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

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

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

May 24, 2021

Massachusetts Board of Registration in Medicine
200 Harvard Mills Square, Suite 330
Wakefield, MA 01880

RE: Certification of registration as Out-of-State Telehealth Provider

To Whom It May Concern:

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

REGISTRANT NAME:	Montida Fleming
PROFESSION:	TLHT Medical Doctor
REGISTRATION NUMBER:	TPME900
ORIGINAL CERTIFICATION:	09/15/2020
EXPIRATION DATE:	DOES NOT EXPIRE
CURRENT STATUS OF REGISTRATION:	CLEAR, ACTIVE
[redacted]	[redacted]
REGISTRATION GRANTED BY LICENSE IN:	CA

This license information was last updated on: 05/21/2021

A registered out-of-state telehealth provider must adhere to section 456.47, Florida Statutes. This is NOT a license to practice in the state of Florida. It is a registration that allows a practitioner who holds a valid license in another state to provide telehealth services to Florida patients. *Telehealth is defined as the use of synchronous (real-time information sharing) or asynchronous (relay of information with lag time) telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, the assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. Telehealth **does not** include audio-only telephone calls, e-mail messages, or fax transmissions.*

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

Florida Department of Health
Division of Medical Quality Assurance
4052 Bald Cypress Way, Bin C-10 / Tallahassee, FL 32399
PHONE: 850/488-0595 / FAX: 850/487-9626

FloridaHealth.gov

North Carolina Medical Board

May 24, 2021

Name:	Fleming, Montida Caroline, MD
Renewal Date:	01/27/2022
[redacted]	[redacted]

License Number	License Type	Issue Date	Current Status	Expire Date
2021-00361	MD	02/06/2021	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,

R David Henderson

R. David Henderson
Chief Executive Officer

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, FLEMING MONTIDA
was issued license/certificate number 306921 for the practice of MEDICINE on 08/18/2020.

Our records also indicate the following information:
Date of birth: [redacted]
School attended: JEFFERSON MEDICAL COLLEGE
Date of graduation: 06/02/16
Degree earned: MD

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	FLEX1	NBME1	USML1	NBME2	FLEX2	USML2	NBME3	USML3	OTHER
03/17	[redacted]								
07/15									
06/14									

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: 07/31/22
Address: [redacted]

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

Seal Verified
Initials: PM

Sandra Barsallo

Sandra Beth Barsallo 07/15/21
Education Credentials Specialist

State Medical Board of Ohio

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
(614) 466-3934
www.med.ohio.gov

Verification of Licensure

This verification of licensure shows that as of **5/24/2021**, this licensee has the below listed license status and formal action. **As with all licensees, this could change upon future Board disciplinary action, which can be found at elicense.ohio.gov/oh_verifylicense.**

Full Name:	Montida Fleming
Date of Birth:	[redacted]
Type of License:	Doctor of Medicine (MD)
License Number:	35.141410
Original Licensure Date:	02/19/2021
Effective Date:	2/19/2021
Expiration Date:	02/19/2023
Status:	Active
Sub-status:	
[redacted]	[redacted]
[redacted]	

If you need additional information or to receive certified copies of a public record, please send a n email request to Med-PublicRecordRequests@med.ohio.gov. All communications to the Board must include the name and license number of the licensee. For general license verification questions, send an email to license@med.ohio.gov.

Texas Medical Board

Mailing Address: P O Box 2018 • Austin, Tx 78768-2018
Phone (512) 305-7010

MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE
200 HARVARD MILL SQUARE, SUITE 330
WAKEFIELD, MA 01880-0000

June 8, 2021

For: MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE

In response to a recent request, we verify the following information:

****

Physician: MONTIDA CAROLINE FLEMING, MD
License: S3072
Date Issued: 07/26/2019
Licensed by:
Date of Birth: [redacted]
Medical School: JEFFERSON MED COLL OF THOMAS JEFFERSON UNIV, PHILADELPHIA
Graduation Year: 2016
Permit Expires: 08/31/2022

Registration Status:

This is to certify that the above-named physician is licensed to practice medicine in Texas.

[redacted]

[redacted]

****

If you have any further questions, please contact the Hearings division

Sincerely,

Chris McElrath

Customer Information Center

BOARD SEAL

WASHINGTON
Medical
Commission
Licensing. Accountability. Leadership.

May 24, 2021

MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE
200 HARVARD MILLS SQUARE, SUITE 330
WAKEFIELD, MA 01880

Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Physician And Surgeon License for MONTIDA FLEMING.

You may see blank sections because we do not have the information in our database or it is not applicable for this credential type. This information is valid from the date of this letter.

Year of Birth:	1989
Credential Number:	MD.MD.61094618
Credential Type:	Physician And Surgeon License
Current Credential Status:	ACTIVE
First Credential Date:	09/24/2020
Current Expiration Date:	01/27/2023
Last Renewal Date:	01/15/2021
[redacted]	[redacted]

This license information was last updated on: 05/21/2021

If you have questions, please call (360)-236-2750 or visit our Online Provider Credential Search at https://wmc.wa.gov

THE SEAL OF THE STATE OF WASHINGTON 1889

Marisa J Courtney, Licensing Manager

PRINT NAME: Montida Fleming

STATUTORY AND REGULATORY REQUIREMENTS FOR LICENSURE

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

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

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

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

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

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

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

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

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

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

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

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

OR

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

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

PRINT NAME: Montida Fleming

90-DAY RENEWAL INFORMATION

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

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

Check one:

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

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

My birthday is: [redacted]
Month Day Year

CERTIFICATIONS

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

Certification:

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

DECLARATION OF APPLICANT

I, Montida Fleming :

(PRINT LEGAL NAME)

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

SIGNATURE: _____ **DATE:** 5/6/21 12/22/21

PHOTOGRAPH

SIGNATURE OF APPLICANT:

_____

(Sign in the presence of a notary)

NOTARY SECTION

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

On this 6th day of May, 2021, before me, the undersigned notary public, personally appeared Montida Fleming (name of document signer), proved to me through satisfactory evidence of identification, which were she, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that she (she) signed it voluntarily for its stated purpose.

_____

Signature of Notary Public

02/07/2025

Commission Expires On

NOTARY SEAL

SHITAL PATEL
COMM. # 2345610
NOTARY PUBLIC • CALIFORNIA
ALAMEDA COUNTY
My Commission Expires
FEBRUARY 07, 2025

Seal Verified
DATE: 5/11/21
INITIALS: JK

DECLARATION OF APPLICANT

I, Montida Fleming :

(PRINT LEGAL NAME)

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

SIGNATURE: _____ **DATE:** 5/6/21

PHOTOGRAPH

SIGNATURE OF APPLICANT:

_____

(Sign in the presence of a notary)

NOTARY SECTION

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

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_____

Signature of Notary Public

02/07/2025

Commission Expires On

NOTARY SEAL

JAS1 SHITAL PATEL COMM. # 2345610 NOTARY PUBLIC • CALIFORNIA ALAMEDA COUNTY My Commission Expires FEBRUARY 07, 2025 JAS1

Seal Verified DATE: 5/11/21 INITIALS: DC