

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

BOARD OF MEDICINE
PHYSICIAN LICENSE

MONTIDA CAROLINE FLEMING

LICENSE NO.	EXPIRATION DATE	
4301505125	07/01/2024	21182090758

MONTIDA CAROLINE FLEMING
2751 MADERA AVE
OAKLAND, CA 94619

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE
CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO
ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE
LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR
ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS BY EMAILING
BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF MEDICINE
PHYSICIAN LICENSE

MONTIDA CAROLINE FLEMING



Required Information:

Legal Name (First, Middle, Last) Montida, Caroline, Fleming		License Type Medicine
Telephone Number 847-363-5098	Date of Birth (MM/DD/YYYY) [REDACTED]	10-Digit MI Permanent ID/License Number, if applicable
Email Address licensing-mfleming-plume@medallion.co		

Pursuant to MCL 338.3434a of the Regulated Occupation Support Enforcement Act, 1996 PA 236, and MCL 333.16177 of the Michigan Public Health Code, 1978 PA 368, an individual applying for licensure ***is required to provide his or her social security number at the time of application.*** You must provide your social security number to the Department in writing.

This requirement does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.

Applicant's Social Security Number: [REDACTED]

If you do not have a social security number you must provide a reason and complete the attestation below:

Social Security Number Waiver:

I attest/certify that I do not have a social security number and provide the written statement below attesting to that fact with the reason for which I do not have a social security number.

I further certify that the reason I do not have a U.S. Social Security Number is true and complete. I hereby affirm that I will provide my U.S. Social Security Number to the Department of Licensing and Regulatory Affairs upon receipt. I understand that any misrepresentation or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

Written statement and reason for not having a Social Security Number:

Signature of Applicant 	Date 5/10/21
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MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Medical Doctor Application 4301505125APP21

Record Type

Medical Doctor Application

Created: 5/13/2021 2:00 pm

Record ID: 4301505125APP21

Created by: PUBLICUSER1084090, MiPLUS Online

Payment Information

Payment Amount	Method of Payment	Payment Date
\$367.70	Credit Card	05/13/2021

Applicant

Name (First Middle Last): Montida Caroline Fleming
Birth Date: [REDACTED]
Primary Phone: 8473635098 Extension:
E-mail: jon+montidaf@medallion.co
Preferred Channel: Email
Mailing Address: 2751 Madera Ave, Oakland, CA 94619

County

County

If you are an Individual, select the County applicable to your license address; If you are a Business, select the County applicable to the PHYSICAL location of your business.: Non-Michigan County

Other Names List

Other Names List

List any other name or alias by which you have ever been known, including maiden name, if applicable

First Name: Montida
Middle Name: --
Last Name: Supanya-Fleming

Obtained by Method

Obtained By Method

Obtained by: Endorsement

Good Moral Character

Good Moral Character

Answering "yes" to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found [here](#).

Have you ever been convicted of a felony: No

Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance: No

Offense: --

Year: --

Court: --

Case Number: --

Incarceration, Probation, or Parole Information: --

Check this box if you have additional offenses to report: No

List each additional offense, year, court, case number; and incarceration, probation, or parole information: --

Other License(s) in Michigan, Other State(s) and/or Country

Other State Licenses

State or Country: California
Permanent License/Registration Number: A152800
Profession: Medicine
Date of Issuance: 11/20/2017
How obtained: Examination
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No
Sanctions Imposed or Disciplinary Proceedings Explanation: --

State or Country: Florida
Permanent License/Registration Number: TPME900
Profession: Medicine
Date of Issuance: 09/15/2020
How obtained: Examination
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No
Sanctions Imposed or Disciplinary Proceedings Explanation: --

State or Country: North Carolina
Permanent License/Registration Number: 2021-00361
Profession: Medicine
Date of Issuance: 02/06/2021
How obtained: Examination
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No
Sanctions Imposed or Disciplinary Proceedings Explanation: --

State or Country: New York
Permanent License/Registration Number: 306921
Profession: Medicine
Date of Issuance: 08/18/2020
How obtained: Endorsement
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No
Sanctions Imposed or Disciplinary Proceedings Explanation: --

State or Country: Ohio
Permanent License/Registration Number: 35.141410

Profession:	Medicine
Date of Issuance:	02/19/2021
How obtained:	Examination
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?:	No
Sanctions Imposed or Disciplinary Proceedings Explanation:	--

State or Country:	Texas
Permanent License/Registration Number:	S3072
Profession:	Medicine
Date of Issuance:	07/26/2019
How obtained:	Examination
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?:	No
Sanctions Imposed or Disciplinary Proceedings Explanation:	--

State or Country:	Washington
Permanent License/Registration Number:	MD61094618
Profession:	Medicine
Date of Issuance:	09/24/2020
How obtained:	Examination
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?:	No
Sanctions Imposed or Disciplinary Proceedings Explanation:	--

Professional Education

Professional Education

Name of School:	Jefferson Medical College of Thomas Jefferson University
Name of Education Program:	Doctor of Medicine

CS Certification

CS Certification

Are you applying for a Controlled Substance license:	Yes
Have you completed a 1-time training in opioids and controlled substance awareness:	Yes

Controlled Substance

Controlled Substance

Address Line 1: --
Address Line 2: --
Address Line 3: --
City: --
State or Province: --
ZIP or Postal Code: --

Drug Treatment Program

Drug Treatment Program

Drug Treatment Program Name: --
Address Line 1: --
Address Line 2: --
Address Line 3: --
City: --
State: --
ZIP Code: --

Drug Control Location

Drug Control Location

Address Line 1: --
Address Line 2: --
Address Line 3: --
City: --
State: --
ZIP Code: --

Hospital Affiliations

Hospital Where Employed

List the name of each hospital with which you are employed or under contract.

Name of Hospital Employed or Under Contract: UCSF at San Francisco General Hospital

Hospital Affiliations

Hospital Where Practicing

List each hospital in which you are allowed to practice.

Name of Hospital where Allowed to Practice: UCSF at San Francisco General Hospital

Attachments

Michigan requires all documents verifying education and examination come from the primary source. Please DO NOT upload these documents as they will not be applied to your record. No license will be issued without primary source documentation which comes directly from the issuing entity to the Bureau of Professional Licensing. These documents must be sent directly from the primary source to BPLData@michigan.gov or you may use the delegate function to grant the issuing entity access to upload documents to your account. For more information on the delegate function, click [HERE](#).

If you answered "yes" to either of the good moral character questions, you must upload court documents for each conviction.

If you answered "yes" to the disciplinary action question, you must upload documentation from each State Board or administrative agency indicating the resolution of the sanctions.

Name	Type	Size	Latest Update
SSN Form.pdf	SSN Statement	689 KB	05/13/2021

Signed Attestation

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Federal Bureau of Investigation, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, specialty licensure, or specialty certification board or task force of this or any other state, United States military, federal government, or another country.

I certify that the statements in this application are true and complete, including any and all attached documents and information provided as part of this application. I understand that any omitted statement, misrepresentation, or fraud of any of the documents and information provided on or as part of this application may be cause for denial of my application, disciplinary action, and/or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

☒ By checking this box, I agree to the above certification.

Date: 05/13/2021

This Record Summary shows MiPLUS data in record 4301505125APP21 as of 05/13/2021, 1:04 pm



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

APPLICATION CONFIRMATION & FINGERPRINTING INFORMATION

APPLICATION INFORMATION:

We are in receipt of your application and fee for licensure or registration.

FINGERPRINTING INFORMATION:

- If you fall under any of the following situations you will need to be fingerprinted to be eligible for a health professional license per MCL 333.16174(3) of the Public Health Code:
 - You are applying for an initial license and have never been fingerprinted for a Michigan health professional license.
 - You are applying for relicensure and your license has been lapsed for more than 3 years.
 - You are applying for a different health professional license and have never been fingerprinted for a Michigan health professional license.
 - You are applying for reinstatement of a revoked or suspended license or reclassification of a limited license.

PLEASE NOTE EXCEPTION: Fingerprints are not required for a controlled substance license.

- Fingerprints MUST be done by IdentoGO fingerprinting sites ONLY. Schedule your appointment online at: <http://www.identogo.com/FP/Michigan.aspx>
- You will need to enter the **Requester/Agency ID** and a Confirmation Number. Both numbers can be found on the enclosed Livescan Fingerprint Background Check Request (RI-030). Use the **Individual ID** (Box 4) as your Confirmation Number. Payment can be made online by credit card when scheduling, or by company check or money order, made payable to MorphoTrust, at the fingerprinting site.
- Complete the enclosed Livescan Fingerprint Background Check Request (RI-030) form and take it to the fingerprinting site, along with an acceptable form of identification. Preferred ID types: Unexpired State-issued driver's license or identification card with photo, issued by the US government or Michigan governmental agency
- NOTE: Out-of-state or out-of-country applicants must pre-register with IdentoGO at <http://www.identogo.com/FP/Michigan.aspx> and pay the appropriate fee. Once registered, contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper. Mail the completed Livescan Fingerprint Background Check Request (RI-030) form and fingerprint card to: IDENTOGO • CARDSCAN DEPARTMENT • 6840 CAROTHERS PKWY STE. 650 • FRANKLIN, TN 37067-9929.
- Once fingerprinted, law enforcement reports can take up to 30 business days to be sent to the Bureau of Professional Licensing.
- IdentoGO will provide a receipt confirming that fingerprints were submitted. Please keep for your own records. For assistance with scheduling a fingerprinting appointment please contact IdentoGO at (866) 226-2952.

If it has been more than four weeks and you have not received additional correspondence from our office, please contact the Licensing Division support team by phone at (517) 241-0199 or by email at bplhelp@michigan.gov.

Sincerely,
Licensing Division
Bureau of Professional Licensing

(Revised 10/18)

BUREAU OF PROFESSIONAL LICENSING
611 W. OTTAWA P.O. BOX 30670 LANSING, MICHIGAN 48909
www.michigan.gov/bpl 517-241-0199

LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.
Instructions: See page two.

I. Authorizing Information:							
1. Fingerprint Reason Code LHP	2. Requestor/Agency ID 71734K	3. Agency Name LARA	4. Individual ID (MNU-OA) C21109VP				
II. Application Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name Fleming		1b. First Name Montida		1c. Middle Initial Caroline		1d. Suffix	
2. Any Alternative Names, Last names, or Aliases				3. Social Security Number (Optional)			
4. Place of Birth (State or Country)	5. Date of Birth [REDACTED]	6. Phone Number (847) 363-5098	7. Driver's License / State ID Number		8. Issuing State		
9. Home Address [REDACTED]		10. City Oakland			11. State CA	12. Zip Code 94619	
13. Sex	14. Race	15. Height	16. Weight	17. Eye Color	18. Hair Color		
III. Live Scan Information:							
1. Date Printed	2. Picture ID Type Presented		3. Transaction Control Number (TCN)		4. Livescan Operator*		
* When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then the unique identifier in the Identification Code field.							
IV. Privacy Act Statement							
<p>Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p>Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p>Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							

V. Procedure to Obtain a Change, Correction, or Update of Identification Records

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)

VI. Consent

I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

Signature:

Date:

INSTRUCTIONS

Section I:

Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

4. Individual ID (MNU-OA):

This Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

Section II:

Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

Section III:

Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.



North Carolina Medical Board

May 24, 2021

Name:	Fleming, Montida Caroline, MD
Renewal Date:	01/27/2022
Public Action:	No

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,

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

R. David Henderson
Chief Executive Officer

From: support@veridoc.org
To: [Smith, Krisanna \(LARA\); BPLData](#)
Subject: License Verification Statement - Fleming, Montida
Date: Monday, May 24, 2021 2:56:52 PM
Attachments: [v905503AB.pdf](#)
[v905503BB.pdf](#)
[v905503CB.pdf](#)

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

Verification of Licensure Status

The attached verification reports have been sent to you by the VeriDoc.org website. This email can be verified coming from this site by clicking on the link below.

[Validate Verifications](#)

Physician: Fleming, Montida

Transaction ID: 905503

Confirmation Number: 89114701692451512520

This email contains 3 PDF attachments. If any are missing please contact support@veridoc.org.

Information from the attached verifications can be refreshed for up to 6 months. To view an updated copy, click on a link below.

[California, Medical Board of](#)
[Florida Board of Medicine](#)
[Washington Medical Commission](#)



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

Michigan Board of Medicine
P O Box 30670
Lansing, MI 48909

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
Board Discipline and/or Administrative Action:	No

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 centralfileroom@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

Michigan Board of Medicine
P O Box 30670
Lansing, MI 48909

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
AGENCY ACTION:	None
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



May 24, 2021

MICHIGAN BOARD OF MEDICINE
P O BOX 30670
LANSING, MI 48909

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:	██████
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
DISCIPLINARY ACTION:	No

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>



Marisa J Courtney, Licensing Manager



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:	██████████
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:	
Board Action:	No
Board Action Summary:	



If you need additional information or to receive certified copies of a public record, please send an 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.

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Fleming, Montida Caroline**

Social Security Number: **XXX-XX-████**

Date of Birth: **██████████**

FID#: **300310836**

Recipient: **MI - Michigan Board of
Medicine**

Delivery Date: **12/30/2020**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



**FEDERATION OF
STATE MEDICAL BOARDS**



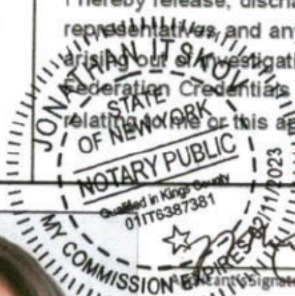
Notary:
Your seal (or stamp)
must be partly upon
the photo and partly
upon the signature of
the applicant.

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service 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 Federation Credentials Verification Service or any of its 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 Federation Credentials Verification Service, its agents or representatives, and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.



Applicant's Signature (must be signed in the presence of a notary)

Applicant's Printed Last Name

Fleming

Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

Montida C

Date of Signature (must correspond to date of notarization)

7/8/2020

State of New York, County of Kings

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 8th day of July, 20 20.

Notary Public Signature:

My Notary Commission Expires:

2/11/2023

Please complete and mail this original document to the Federation of State Medical Boards at:

400 FULLER WISER ROAD | EULESS, TX 76039 | TEL (817) 868-5100

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FCVS ID Number

FCVS

FID Number

300310836

300 310 836

Biographic Information

Medical professional Name(s): **Fleming, Montida Caroline**
Supanya Fleming, Montida Caroline

Date of Birth:

[REDACTED]

Place of Birth:

[REDACTED]

Contact Information

Home Address:

[REDACTED]

Oakland, CA 94611
UNITED STATES

Mobile Phone:

(847) 363-5098

Email:

montida.supanya-fleming@ucsf.edu

Email:

montida.fleming@gmail.com

Email:

ops.mfleming.folx-health@medallion.co

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public Is Required

Applicant Full Legal Name: Fleming Montida Caroline
Last First Middle

FCVS ID Number: FCVS

Notary – Please complete the section below:

State of New York County of Kings

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Valid Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

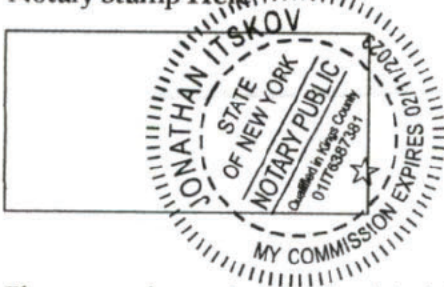
The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 8th, of (Month) July, (Year) 2020.

Notary Public Signature: [Signature]

Commission Expiration Date* (Month) 2 / (Day) 11 / (Year) 2023

*** The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided. If you are in California, the notary may attach a California All-Purpose Acknowledgement form to this document.**

Notary Stamp Here



Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards

ATTN: FCVS

400 Fuller Wiser Rd

Euless, TX 76039-3856

FCVS ID Number

FCVS

FID Number

300310836

300 310 836

PP



The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
07/31/2012	06/02/2016	Medical Education	Jefferson Medical College of Thomas Jefferson University Philadelphia Pennsylvania UNITED STATES
06/17/2016	06/30/2019	Postgraduate Training	University of California (San Francisco) Program San Francisco California UNITED STATES
07/30/2019		Work	Folx ONE BOSTON PLACE SUITE 2600 BOSTON, Massachusetts UNITED STATES

End of Chronology of Activities report for: Fleming, Montida Caroline



Medical Education

Medical School: Jefferson Medical College of Thomas Jefferson University

Location: Philadelphia, PA
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVS**FEDERATION CREDENTIALS
VERIFICATION SERVICE****fsmb****Institution Name:** Jefferson Medical College of Thomas Jefferson University**City:** Philadelphia**State/Province:** Pennsylvania**Country:** UNITED STATES**Premedical Education:**

Years of education required for admission to your medical school: 4

Credential/degree presented by the applicant for admission to your medical school: **Baccalaureate****Enrollment and Participation:**Our records indicate that **Supanya Fleming, Montida Caroline**attended our medical school for a total of **156** weeks of medical education on the following dates:From MM/DD/YYYY: **08/06/2012** To MM/DD/YYYY: **06/02/2016**This individual was awarded the degree of **Doctor of Medicine**on **06/02/2016**

DS

DS

Unusual circumstances**1. Do this individual's official records reflect (an) interruption(s) in his/her medical education?** YES NO ☒ X N/A

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

			From MM/DD/YYYY:		To MM/DD/YYYY:	
Personal/Family	Applicable	N/A	/	/	/	/
Academic remediation	Applicable	N/A	/	/	/	/
Health	Applicable	N/A	/	/	/	/
Financial	Applicable	N/A	/	/	/	/
Participation in joint degree program (e.g., MD/PhD)	Applicable	N/A	/	/	/	/
Other	Applicable	N/A	/	/	/	/

Other Explanation:

Medical School Code: 039020

FID:

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?

YES NO X N/A

If YES, please select the reason(s) for the probation and indicate the date(s) of placement on and removal from probation.

From MM/DD/YYYY:

To MM/DD/YYYY:

Academic Probation Applicable N/A / / / /

Probation for unprofessional conduct/behavior Applicable N/A / / / /

Probation for other reason Applicable N/A / / / /

Other Reason Explanation:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?

YES NO X N/A

If YES, please provide detailed information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university?

YES NO X N/A

If YES, please provide detailed information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?

YES NO X N/A

If YES, please provide detailed information about the nature of the limitations or special requirements:

6. Attach Diploma**7. Would you like to upload an additional attachment?**

YES

NO X



Attestation of Person completing Verification of Medical Education document: I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

**ELECTRONIC
SEAL
VERIFIED**

Name: Shannon Doran

Title: Associate Registrar

Signature:

DocuSigned by:
Shannon Doran

Date of Signature: 7/15/2020

Email: shannon.doran@jefferson.edu

Medical School Code: 039020

FID:



Office of Student Affairs
and Career Counseling
1020 Locust Street, Suite 157
Philadelphia, PA 19107
T 215-503-6988
F 215-503-7510

October 1, 2015

Dear Colleague:

Founded in 1824, the **Sidney Kimmel Medical College (SKMC) at Thomas Jefferson University**, formerly known as **Jefferson Medical College**, has awarded more than 31,000 medical degrees and has more living graduates than any other private medical school in the nation. Attached are the Medical Student Performance Evaluation and a histogram that compares the student's performance in core subjects to his/her peers. Please note that our third-year curriculum includes two selectives of the student's choice. The histogram does not include the grades of the selectives, but the evaluations and grades are in the Medical Student Performance Evaluation. Disciplinary actions are unusual for our students at SKMC. If applicable, any information regarding leaves of absences or any adverse action(s) imposed on a student will be summarized on the first page of the letter. Our school's ranking system, USMLE requirements and process for Alpha Omega Alpha (AOA) selection are described below.

A **Class Rank** is calculated for each student at SKMC at the completion of their third-year core clerkships. This ranking system, which is based on an average of the basic science grades and a double-weighted grade from the third-year core clerkships, stratifies students into the following categories: lower third, middle third, top third, top ten percent, and top ten students. Fourth-year grades are not included in the class rank.

At Jefferson, students must pass the **USMLE** Step 1 to advance to the third-year clinical curriculum. Students must pass both the USMLE Step 2 Clinical Knowledge (CK) and Step 2 Clinical Skills (CS) examinations to graduate.

Eligibility for AOA requires that the student be ranked in the top twenty-five percent of the class. Selection, at SKMC, is based on faculty recommendations from clinical rotations, a review of the student's extracurricular activities that demonstrate a commitment to school and community service and a review of a written personal statement. Up to 10% of those eligible are elected to membership in the spring of their junior year, usually about twelve students. The selection of eligible students in the senior class, which occurs in the fall, involves the same selection process.

Finally, we have a faculty committee for writing these MSPEs, but I personally review and sign all letters. I always welcome your questions or suggestions.

Sincerely,

A handwritten signature in black ink that reads "Kathryn P. Traves MD". The signature is written in a cursive, flowing style.

Kathryn P. Traves, MD

Associate Dean (Student Affairs and Career Counseling) – Sidney Kimmel Medical
College at Thomas Jefferson University

Assistant Professor of Family and Community Medicine – Thomas Jefferson University Hospital



**Sidney Kimmel
Medical College**
at Thomas Jefferson University

Office of Student Affairs
and Career Counseling

1025 Walnut Street
Suite 116, College Building
Philadelphia, PA 19107
T 215-503-6988
F 215-503-7510

October 1, 2015

Dear Colleague:

RE: Montida Supanya-Fleming

The Postgraduate Recommendation Committee of the Sidney Kimmel Medical College at Thomas Jefferson University is pleased to submit the following evaluation of Montida C. Supanya-Fleming who is applying to your training program.

Montida, who goes by Mai, attended New York University on a merit/need based scholarship where she earned a Bachelor of Arts degree in Gender and Sexuality Studies with a minor in Chemistry, in 2011. While an undergraduate, she volunteered with ninth-grade students, teaching them about healthy decision making through a program called Peer Health Exchange. She also volunteered at Planned Parenthood of New York City where she completed an internship in pregnancy options counseling. During the year following graduation, Mai worked to develop her skills as a researcher. She worked as a clinical research assistant at the University of Pennsylvania in the Center for Sleep and Circadian Neurobiology, studying the mechanism behind the development of obstructive sleep apnea in post-menopausal women.

Mai matriculated at the Sidney Kimmel Medical College (SKMC) in August of 2012. She performed in an outstanding manner during the first two years in her basic science courses, as well as in her clerkships, passing the United States Medical Licensing Step 1 Examination with a score of [REDACTED]. In recognition of Mai's exemplary academic work in our Foundations of Medicine course, she was inducted into the Hobart Armory Hare Honor Society; for her performance in the Pathology course and Pathology Honors Program, she was inducted into the National Pathology Honor Society. Mai was inducted into the George McClellan Surgical Honor Society for her outstanding performance in the third-year core clerkship.

Mai is participating in the College within the College Population Health Program, a specialized curriculum for students dedicated to exploring the interface between clinical medicine and public health over the four years of the medical school experience. She was also selected for the Urban Underserved Program, a curricular and mentorship program for students dedicated to pursuing a career in urban underserved primary care.

Passionate about healthcare, advocacy and the social aspects of medicine, Mai is a born leader who has devoted an enormous amount of time in service to the SKMC and Philadelphia community. She currently is the Project Director of JeffHOPE, a five-site student-run clinic for the homeless. This is a position of considerable responsibility requiring mature organizational, management and people skills, in which Mai is exceptionally adept. She has been an Advocacy Steering Committee member for JeffHOPE, has participated in providing street medicine and needle exchange, and has worked with JeffYES in a youth emergency shelter. She has both led and participated in a myriad of other service activities, which are too numerous to recount here. In addition, this gifted, dynamic woman has been involved in several collaborative and independent research projects, and has numerous posters and presentations to her credit. In recognition of her humanism, compassion, interpersonal communication skills and service, she was selected by her peers for induction into the Gold Humanism Honor Society.

The following are excerpts in chronological order from the clinical rotations that we have received for her thus far:

Internal Medicine Clerkship - eight weeks:

“Mai was a reliable and committed member of our team. She was punctual, empathetic and compassionate towards patients and respectful towards medical staff. Great initiative in self-directed learning and procedural tasks. Mai was a constant contributor of relevant and useful information on daily rounds. Clearly very passionate about providing patient-centered care. Her knowledge and clinical skills greatly exceeded that of a typical third-year medical student. Her first presentation sounded like that of an established intern. Her notes are excellent, thorough and well-thought-out; sub-intern level. Very thorough and detail-oriented in histories and physical examinations. She proposed her plan for each and every patient after careful thought. Strong critical thinking and clinical intuition. Mai was able to handle a heavy work load and was eager to take on more responsibility. She paid close attention to detail in every aspect of her daily activities. She was an outstanding addition to our medical team. Mai would be an asset to any team and will make an excellent housestaff member.”

She received a grade of Excellent for this rotation.

Neurology Clerkship - four weeks:

“Mai has exceptional clinical and personal abilities, with clear talent for focusing on clinically relevant information and a natural aptitude for patient care. Her thinking process is methodical, free of distractions, and mature. No detail is too little for her. Mai stays on the task and follows through in a methodical, but pragmatic, fashion. She is a hard worker, inquisitive, and dedicated. Excellent fund of knowledge. Able to interpret lab results and research information at a level beyond expectation.”

“Mai stood out in her group of peers by her knowledge, initiative and intellectual curiosity. Eager to learn and read about interesting cases during the rotation. She had clear and structured presentations during rounds; actually at a resident level. She was able to form a plan of treatment that was logical and appropriate to the patient care. Very professional, well organized and thorough in her history-taking and examination skills. Additionally, her strong work ethic contributed greatly to the work flow for patient care. She has initiative, follows through with the plans outlined in rounds and she knows her patients well. Excellent housestaff potential.”

She was awarded High Honors for this rotation.

Family Medicine Clerkship - six weeks:

“Mai offered well-thought-out, thorough differential diagnoses, and came to sessions prepared with patient information. Superb attention to health maintenance issues. Calm, thoughtful, compassionate; great job with counseling patients. Incorporated feedback well. Multiple preceptors, as well as patients, commented on how much they enjoyed working with or being seen by her. She is well on her way to being a fine, thoughtful and compassionate provider and patient advocate.”

She was awarded High Honors for this rotation.

Obstetrics/Gynecology Clerkship - six weeks:

“Mai is an excellent medical student. She was always on time and willing to help out where needed. She has good insight and shows initiative. She followed her patients closely and showed appropriate gathering and assessment of data. Mai was eager to learn technical skills and appropriately examined patients. She gave excellent, concise and comprehensive presentations. She demonstrated good technical skills in the operating room, came prepared, wrote thorough notes and gave concise oral presentations. She asked excellent questions and was an eager and enthusiastic learner. She is a very hard worker,

Obstetrics/Gynecology Clerkship (continued):

responsible and intuitive. She is a team player. Reviewed articles with residents and gave terrific presentations on topics assigned to her.

Would love her to go into obstetrics and gynecology. Mai has excellent housestaff potential.”

She was awarded High Honors for this rotation.

Psychiatry Clerkship - six weeks:

“Mai’s professionalism was outstanding. She was personable and empathic, had a great attitude and an excellent bedside manner, and went out of her way to be helpful. When she had to request time off for a personal issue, her attending was especially impressed with the way in which she handled it. Mai exhibited a strong knowledge base, as demonstrated by her presentations and her treatment plans. She also asked excellent questions. Mai exhibited excellent clinical skills. She was very thoughtful about her patients and their treatment plans. She was thorough in histories and physical examinations and she wrote excellent notes. Mai has top-tier housestaff potential. Mai received highest marks in all categories from two residents. Her work with patients was effective, her knowledge base and clinical skills were strong, and her professionalism is outstanding.”

She was awarded High Honors for this rotation.

Pediatrics Clerkship - six weeks:

“Mai was always willing to help out a team member. She took ownership of patients and had a passion for primary care. She saw multiple patients and connected well with both patients and parents. She loved learning. She accepted feedback very well and improved throughout her time on the team. Mai knew core pediatric concepts well and demonstrated application of knowledge in decision making on rounds. She has a very strong knowledge base. When pressed, she always had a superb differential and her assessments were usually spot on.”

“Mai’s presentations were at the level of a fourth-year medical student. She frequently captured key information and was able to effectively communicate with families in a patient-centered way. Her write ups were concise yet thorough. She obtained very comprehensive histories with excellent organization of notes and presentations. She knew how to communicate to both patient and parent, explaining things in very understandable way for parents. Mai was a great student to have on the team. She is friendly, compassionate and a hard worker. She was always willing to learn. She showed a deep passion for pediatrics, the underserved and medicine in general. She will be a fabulous housestaff officer.”

She was awarded High Honors for this rotation.

General Surgery Clerkship - six weeks:

“Mai did well. She interacted very well with the residents and showed a willingness to involve herself. At times, she was a little quiet during the teaching sessions, but has a very good knowledge base. She prepared well for the operating room.”

She was awarded High Honors for this rotation.

Urology Selective - three weeks:

“Mai was above-average in the core competencies. She had a good fund of knowledge and was very good in the operating room. Mai has excellent housestaff potential.”

Urology Selective (continued):

She was awarded High Honors for this rotation.

Anesthesiology Selective - three weeks:

“Mai was kind, professional and easy-going. She was polite to patients and staff. Mai demonstrates a good fund of knowledge. She took initiative and displayed interest in learning about anesthesiology. Mai formulated pertinent questions concerning the patients with whom we were treating and it was clear she read anesthesia material at home prior to coming into the operating room. Mai had good technical skills for her level. She was interested in getting involved and took good initiative. Her skills were excellent and she performed well clinically. Mai is hard working and thoughtful. She will make an outstanding resident in her field of choice.”

She was awarded High Honors for this rotation.

This student has performed very well at Sidney Kimmel Medical College. At the completion of the third year of medical school, she ranked among the top ten students in her class of 258 students.

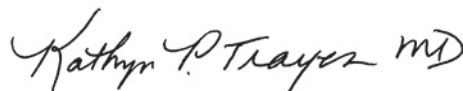
Montida was one of thirty-one students in her class who was elected to the Alpha Omega Alpha Honor Society in the senior year because of her excellent academic record as well as her commitment to the Jefferson community.

Montida Supanya-Fleming has excelled in all areas, including academically, as a student clinician, and as a leader in service. Her outstanding abilities and strengths were commented upon in all of her clerkships where she was noted to be “an outstanding addition to our medical team”, have “exceptional clinical and personal abilities”, and that she “will make an excellent housestaff member”. Mai is the complete package. She is dedicated, professional and intellectually gifted. She is the consummate physician and a valued member of the medical team. We expect big things from Mai and therefore, it is without any hesitation that we enthusiastically recommend Mai as an exceptional candidate for your residency program.

For the Postgraduate Recommendation Committee,



Charles A. Pohl, M.D.
Senior Associate Dean for Student Affairs
and Career Counseling



Kathryn P. Trayer, M.D.
Associate Dean for Student Affairs
and Career Counseling

Enclosures: Transcript
Histogram

Grades in First Two Years**Performance in Pre-Clinical Courses**

Each bar is divided from left to right according to the fraction of this student's classmates with grades of Pass or Honors, respectively.

The shading identifies this student's grade.

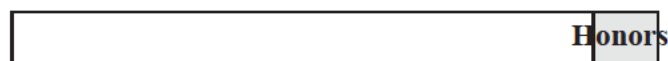
Course

0% 20% 40% 60% 80% 100%

Introduction to Clinical Medicine-I



Human Form & Development



Molecular & Cell Basis of Medicine



Systems



Neurosciences



Introduction to Clinical Medicine-II



Foundations of Pathology and Pharmacology



Immunity, Infection and Disease



Foundations of Clinical Medicine

Cardiovascular



Reproductive/Endocrinology



GI/Pulmonary



Hematology/Oncology



Nephrology/Musculoskeletal/Dermatology



Psychiatry/Ophthalmology/Neurology



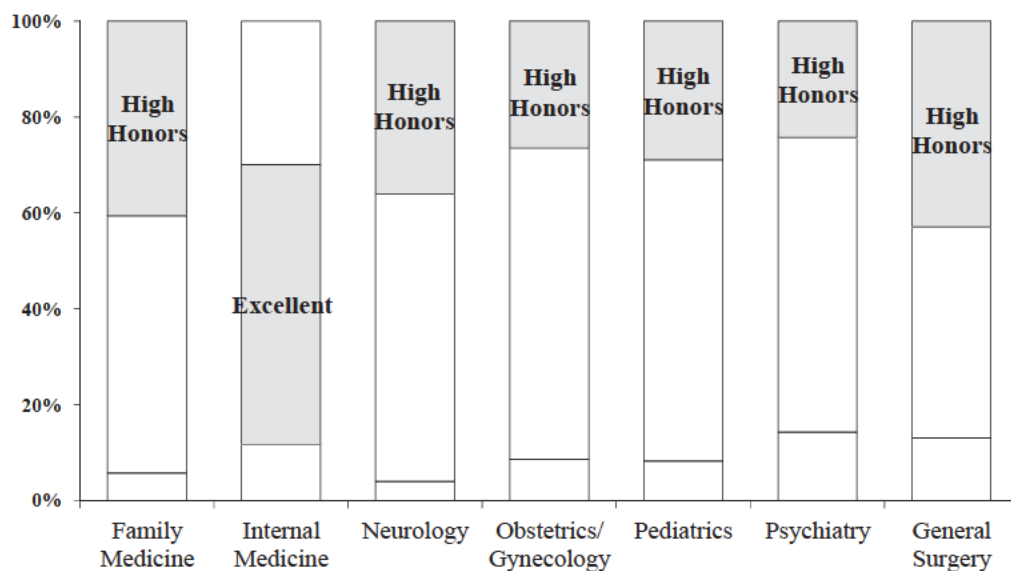
Physical Diagnosis



Grades in Third Year**Performance in Clerkships**

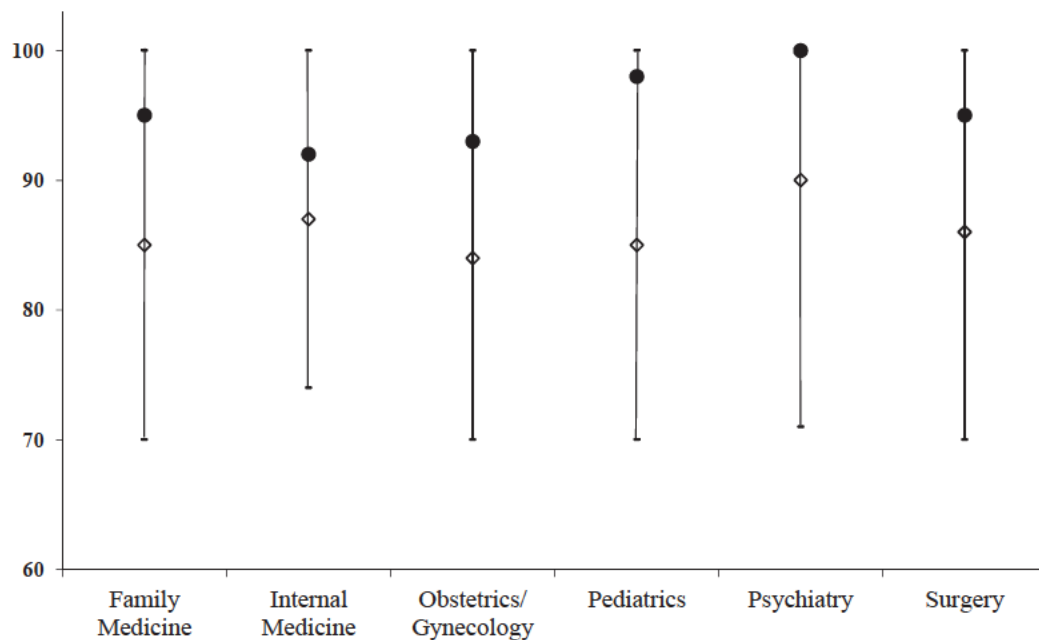
Each bar is divided from top to bottom according to the fraction of this student's classmates with ratings of High Honors, Excellent or Good, respectively. A very few students had Marginal ratings.

The shading identifies this student's rating.

**Written Examinations in Clerkships**

NBME Subject Examinations are administered at the end of all clerkships.

- this student's grade
- ◇ the class mean
- | range for this class

**Class Rank at the End of the Third Year**

Students are ranked based on the weighted average of their pre-clinical grades, clinical ratings, and written examination grades in core clerkships.

This student's rank in class was **TOP TEN**.

Medical School

Medical Professional Name: Fleming, Montida Caroline

Jefferson Medical College of Thomas Jefferson University

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Fleming, Montida Caroline

Student No: XXX-XX-XXXX

Date Issued: 16-JUL-2020

Record of: Montida C Supanya Fleming

Page: 1

*** WARNING ***

--No Address--

Official

Prior College:	New York University BA	SUBJ NO.	COURSE TITLE	GRADE	CREDITS
Acad. Events:	Completed Years 1 & 2 of College Within the College Population Hlth Concentration Passed Sophomore Comp. Exam June 2014	Continued:			
	+Cumulative Credit and Grade Issued End of Third-Four Week Block	Medical-1st Year-3rd Block 01/28/13 - 04/24/13 IDPT 105	The Systems	HON	16.0
	Passed Sr. Comp. Clinical Exam June 12, 2015	Medical-1st Year-4th Block 04/29/13 - 06/07/13 IDPT 150	The System: Neurosciences	HON	6.0
	Passed Senior Comp. Exam July 2015	Medical-2nd Yr-Continuous Curr 08/20/13 - 05/09/14 IDPT 201	Intro to Clinical Medicine II	HON	6.0
	Elected to Alpha Omega Alpha	Medical-2nd Year-1st Block 08/20/13 - 09/06/13 IDPT 200	Foundations of Path/Pharm	HON	6.0
Degree Awarded :	Doctor of Medicine 02-JUN-2016	Medical-2nd Year-2nd Block 09/09/13 - 11/08/13 MICR 201	Immunity, Infection & Disease	HON	12.0
Major :	Medicine	Medical-2nd Year-3rd Block 11/11/13 - 05/09/14 IDPT 202	Found. of Clinical Medicine	HON	32.0
Inst. Honors:	Summa Cum Laude	IDPT 202	Cardiovascular	HON	0.0
		IDPT 202	Reproductive /Endocrinology	HON	0.0
		IDPT 202	Gastroenterology/Pulmonary	HON	0.0
		IDPT 202	Hematology/Oncology	PASS	0.0
		IDPT 202	Nephrol/Musculoskeletal/Derm	PASS	0.0
		IDPT 202	Psych/Ophth/Neurology	PASS	0.0
		***** CONTINUED ON PAGE 2 *****			

ELECTRONIC
SEAL
VERIFIED

BIOC 105 Molec & Cell Basis of Medicine HON 16.0
 ***** CONTINUED ON NEXT COLUMN *****
 Student No: XXX-XX- Date Issued: 16-JUL-2020

OFF

Record of: Montida C Supanya Fleming
 Level: First Professional

Page: 2

SUBJ NO.	COURSE TITLE	GRADE	CREDITS	SUBJ NO.	COURSE TITLE	GRADE	CREDITS
Continued:				Continued:			
IDPT 204	Physical Diagnosis	HON	6.0				
Medical Clinical Curri-Blk 10				Medical Clinical Curri-Block 6			
07/07/14 - 08/01/14				02/16/15 - 03/27/15			
MED 350	Clin Clkshp-TJUH	+	0.0	PED 350	Clin Clkshp Del Valley	HON	7.0
				PED 351	Examination		3.0
Medical Clinical Curri-Blk 11				Medical Clinical Curri-Block 7			
08/04/14 - 08/29/14				03/30/15 - 05/08/15			
NEUR 350	Neurology-TJUH	HON	5.0	SURG 350	General Surg Lank	HON	7.0
				SURG 351	Examination		3.0
Medical Clinical Curri-Blk 12				Medical Clinical Curr-Block 8A			
09/01/14 - 09/26/14				05/11/15 - 05/29/15			
MED 350	Clin Clkshp Einstein-2	EXCELL	9.0	UROL 352	Urology Selective-TJUH	HON	3.5
MED 351	Examination		3.0				
Medical Clinical Curri-Block 3				Medical Clinical Curr-Block 8B			
09/29/14 - 11/07/14				06/01/15 - 06/19/15			
FMED 350	Clin Clkshp TJUH	HON	7.0	ANES 352	Anesthesiology Selective-TJUH	HON	3.5
FMED 351	Examination		3.0				
Medical Clinical Curri-Block 4				Medical Clinical Curri-Blk 10			
11/10/14 - 12/19/14				07/06/15 - 07/31/15			
OBGY 350	Clinical Clerkship-TJUH	HON	7.0	FMED 402	Inpatient TJUH	HON	6.0
OBGY 351	Examination		3.0				
Medical Clinical Curri-Block 5				Medical Clinical Curri-Blk 11			
01/05/15 - 02/13/15				08/03/15 - 08/28/15			
PSYH 350	Clin Clkshp TJUH	HON	7.0	FMED 404	Elective	HON	6.0
PSYH 351	Examination		3.0				

ELECTRONIC
 SEAL
 VERIFIED

***** CONTINUED ON NEXT COLUMN ***** CONTINUED ON PAGE 3 *****

Student No: XXX-XX- Date Issued: 16-JUL-2020

OFF

Record of: Montida C Supanya Fleming
Level: First Professional

Page: 3

SUBJ NO.	COURSE TITLE	GRADE	CREDITS
----------	--------------	-------	---------

Continued:

FMED 413	Obstetrics Elect in Fam Med	HON	6.0
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Medical Clinical Curri-Blk 13

09/28/15 - 10/23/15

OBY 405	Clin Clkshp	HON	6.0
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Medical Clinical Curri-Blk 15

11/23/15 - 12/18/15

EMRG 400	Emerg Med/Adv Clin Skills-Meth	EXCELL	6.0
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Medical Clinical Curri-Blk 16

01/04/16 - 01/29/16

FMED 404	Elective	EXCELL	6.0
----------	----------	--------	-----

Medical Clinical Curri-Blk 17

02/01/16 - 02/26/16

MED 473	Infectious Disease-Ein	EXCELL	6.0
MED 500	Senior Medicine	PASS	0.0

Medical Clinical Curri-Blk 18

02/29/16 - 03/25/16

MED 499	Gateway to Internship	P	6.0
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Medical Clinical Curri-Blk 19

03/28/16 - 04/22/16

FMED 425	Research	HON	6.0
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**** IN PROGRESS WORK ****

ELECTRONIC
SEAL
VERIFIED



**ELECTRONIC
SEAL
VERIFIED**



Quandoquidem **GRADUS ACADEMICI** cum in finem instituti fuerint, ut homines ingenio et doctrina praediti titulis praeter ceteros insignirentur, eo ut ipsis prosit, nec non alicum provocetur industria et inter homines studium Virtutis et Bonarum Literarum augeatur. Quando etiam huc potissimum spectant, amplissima illa jura nostro Collegio publico Diplomes collata. Idcirco.

NOTUM SIT, QUOD NOS, PRAESES ET PROFESSORES
Collegii Medicinalis Sidney Kimmel
Universitatis Thomasinae Jeffersonianae
IN REPUBLICA PENNSYLVANIENSIS,

(*Montida Caroline Supanya Fleming*) *Sominem probum, nobis derivandissimum*
propter mores benevolos et omnes eas artes, quae optimum quemque ornant, qui etiam scien-
tia eximia in Arte Medica, aequae ac Chirurgica, nostro Collegio sibi acquisita, nobisque
examinatione publice habita, plenius manifesta, se dignum **AMPLISSIMIS HONORIBUS**
ACADEMICIS ostendit.

Doctorem in Arte Medendi

creavimus, et constituimus.

Eique praefate *Montida Caroline Supanya Fleming* hujus **DIPLOMATIS** virtute, singula Jura,
Honores, et Privilegia ad Gradum Doctoris in Arte Medendi, inter nos, et ubique genti
um pertinentia, libentissime et plenissime, concessimus et rata fecimus.

In cujus rei fidem, **HÆC MEMBRANA**, Chirographis nostris subscripta, et Si-
gillo Universitatis nostrae munita, testimonio sit.

Datum, in **URBE, PHILADELPHIA,**

secundo die Junii Anno Hu-
manae Salutis MMDXVI Annoque
Reipublicae Americae Federativae
Summae Potestatis anno ducentesimo quadragensimo.



W. W. W.
PRAESES.

W. W. W.
DECANUS, PRO PROFESSORIBUS.

Postgraduate Training

Accreditation ID: 1200511059**Institution:** University of California (San Francisco) Program**Location:** San Francisco, CA
UNITED STATES

Credentials Analysis Information for Postgraduate Training

Issue:

The Verification of Post Graduate Training Form from University of California (San Francisco) Program dated 06/17/2016 to 06/30/2019 reported in the Chronology of Activities does not report all the requested elements.

Solution:

FCVS does not follow up on incomplete, illegible or omitted signature dates. Please note, FCVS received the completed verification form on 07/24/2020.



Verification of Postgraduate Medical Education

Institution: University of California (San Francisco) Program
Specialty: Family Medicine
Address: San Francisco, CA

Attention: Program Director

Affiliated
University: UCSF

Verification For:

Name: Montida Caroline Supanya Fleming

DOB: [REDACTED]

Individual's Name on Record (if different from above): _____

Program

Participation:
Important:

Report incomplete
postgraduate years (PGY)
separate from those that
were successfully
completed.

If the postgraduate year is
currently in progress report
the expected completion
date in the "To" field.

Report Internships,
Residencies and
Fellowships separately.

Use one section per
Department/Specialty. If the
Department/Specialty is
rotating or transitional, please
provide a schedule of
rotations.

PGY: 1

Specialty/Subspecialty: Family Medicine

- ☒ Internship
☐ Residency
☐ Chief Residency
☐ Fellowship
☐ Research

From: 06/17/2016

To: 06/16/2017

Successfully Completed?: ☒ Yes ☐ No ☐ In Progress

Accredited by: ☒ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC
☐ RCPSC ☐ APPAP ☐ None of these

PGY: 2

Specialty/Subspecialty: Family Medicine

- ☐ Internship
☒ Residency
☐ Chief Residency
☐ Fellowship
☐ Research

From: 07/01/2017

To: 06/30/2018

Successfully Completed?: ☒ Yes ☐ No ☐ In Progress

Accredited by: ☒ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC
☐ RCPSC ☐ APPAP ☐ None of these

PGY: 3

Specialty/Subspecialty: Family Medicine

- ☐ Internship
☒ Residency
☐ Chief Residency
☐ Fellowship
☐ Research

From: 07/01/2018

To: 06/30/2019

Successfully Completed?: ☒ Yes ☐ No ☐ In Progress

Accredited by: ☒ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC
☐ RCPSC ☐ APPAP ☐ None of these

Unusual

Circumstances:

Check the correct response.
Omitted responses require
written explanation.

If necessary, you may
continue your explanation
on a separate sheet of
paper.

ELECTRONIC
SEAL
VERIFIED

1. Did this individual ever take a leave of absence or break from his/her training? ☐ Yes ☒ No
2. Was this individual ever placed on probation? ☐ Yes ☒ No
3. Was this individual ever disciplined or placed under investigation? ☐ Yes ☒ No
4. Were any negative reports for behavioral reasons ever filed by instructors? ☐ Yes ☒ No
5. Were any limitations or special requirements placed upon this individual because of
questions of academic incompetence, disciplinary problems or any other reason? ☐ Yes ☒ No

Please explain any "Yes" response from above:

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only).

Name: Diana Coffa, MD

Signature: [Signature]

Title: Program Director

Date of Signature: _____

Tel: 628-206-5324

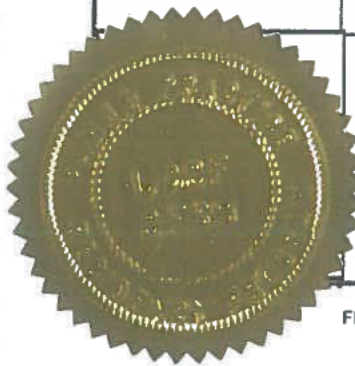
Fax: 628-206-8387

E-Mail: diana.coffa@ucsf.edu

FID: 300310836

ACGME ID: 1200511059

GME CODE: _____



Graduate Medical Education

Medical Professional Name:	Fleming, Montida Caroline
Accreditation ID:	1200511059
Institution:	University of California (San Francisco) Program
Specialty:	Family Medicine

Unusual Circumstances

Training Period: 6/17/2016 - 6/30/2019	Internship/Residency
--	----------------------

Did you have any interruption(s) or extension(s) in your medical education?	No
Were you ever placed on probation?	No
Were you ever disciplined or placed under investigation?	No
Were any negative reports for behavioral reasons ever filed by instructors?	No
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	No

End of Applicant Reported Unusual Circumstances report for: Fleming, Montida Caroline

University of California, San Francisco
School of Medicine

IN AFFILIATION WITH

San Francisco General Hospital


HEREBY CERTIFIES THAT

Montida Fleming, MD

HAS SUCCESSFULLY COMPLETED A RESIDENCY IN

FAMILY & COMMUNITY MEDICINE

JUNE 17, 2016 - JUNE 30, 2019


DIANA A. COFFA, M.D.
RESIDENCY DIRECTOR


GEORGE W. ABA, PH.D.
ASSOCIATE RESIDENCY DIRECTOR


LYDIA LUNG, M.D.
ASSOCIATE RESIDENCY DIRECTOR


CLAUDIA DIAZ MOONEY, M.D.
ASSOCIATE RESIDENCY DIRECTOR




KEVIN GRUMBACH, M.D.
CHAIR, FAMILY & COMMUNITY MEDICINE


TERESE J. VILLELA, MD
CHIEF OF SERVICE, FAMILY & COMMUNITY MEDICINE


TALMADGE E. KING, JR., MD
DEAN, SCHOOL OF MEDICINE

Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



United States Medical Licensing Examination® (USMLE®)

Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Date: 12/30/2020

Federation Credentials Verification Service

ATTN: FCVS

FCVSID: 574972

Examinee: Fleming, Montida Caroline

Examinee ID: 5-313-328-6

Alt Name(s): Supanya Fleming, Montida Caroline

Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/16/2014	Pass	[REDACTED]	(192)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/01/2015	Pass	[REDACTED]	(209)	

Clinical Skills (CS)

Test Date	Pass/Fail	Comments
06/12/2015	Pass	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
03/20/2017	Pass	[REDACTED]	(196)	

End of Exam History

NOTE: The USMLE Step 2 CS examination has been suspended since March 16, 2020.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Fleming, Montida Caroline

Examinee ID: 5-313-328-6

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

PRACTITIONER PROFILE

Prepared for: FCVS As of Date: 12/30/2020

PRACTITIONER INFORMATION

Name: Fleming, Montida Caroline
 Alternate Name(s): Supanya Fleming, Montida Caroline
 DOB: [REDACTED]
 Medical School: Sidney Kimmel Medical College at Thomas Jefferson University
 Philadelphia, Pennsylvania, UNITED STATES
 Year of Grad: 2016
 Degree Type: MD
 NPI: 1124481015

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
1124481015	Individual			07/18/2018

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CALIFORNIA	A-152800	11/20/2017	01/31/2021	12/30/2020
NEW YORK	306921	08/18/2020	07/31/2022	12/30/2020
OHIO	APP-000376724			07/31/2020
TEXAS	BP10065823	01/02/2019	01/25/2019	12/01/2020
TEXAS	S3072	07/26/2019	08/31/2022	12/01/2020
WASHINGTON	MD61094618	09/24/2020	01/27/2021	11/30/2020

US DRUG ENFORCEMENT ADMINISTRATION (DEA)

PRACTITIONER PROFILE

Prepared for: FCVS As of Date: 12/30/2020
Practitioner Name: Fleming, Montida Caroline

DEA Number	Schedule	Address	Expiration Date	Last Reported
██████████	22N 33N 4 5	SAN FRANCISCO, CA 94110	09/30/2021	12/14/2020
██████████	22N 33N 4 5	AUSTIN, TX 78759	09/30/2022	12/14/2020
██████████	22N 33N 4 5	TUMWATER, WA 98501	09/30/2023	12/14/2020

PRACTITIONER PROFILE

Prepared for: FCVS As of Date: 12/30/2020
Practitioner Name: Fleming, Montida Caroline

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	07/01/2019		02/15/2021	Initial	11/26/2020

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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