

# Board of Medicine Electronic Fingerprinting



Take this form with you to the Livescan service provider. Check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting a fingerprint scan using the Livescan method.
- You can find Livescan service providers at: <http://www.flhealthsource.gov/background-screening/>.
- Failure to submit background screening will delay your application.
- Applicants may use any Livescan service provider approved by the Florida Department of Law Enforcement to submit their background screening to the department.
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider, the board office will not receive your background screening results.
- The ORI number for the Board of Medicine is **EDOH2014Z**.
- You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, **including your Social Security number (SSN)**.
- Typically background screening results submitted through a Livescan service provider are received by the board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: Nunes Cariegra Meriah SSN#: [REDACTED]  
Last First Middle

Aliases: N/A

Address: 23 Thunder Hollow Place Apt. Number: \_\_\_\_\_

City: The Woodlands State: Tx ZIP: 77381

Date of Birth: 05/19/1985 Place of Birth: Tucson, AZ  
MM/DD/YYYY

Weight: 108lbs Height: 4' 11 Eye Color: Brown Hair Color: Brown

Race: - W Sex: - F  
(W=White/Latino(a); B=Black; A= Asian; NA=Native American; U=Unknown) (M= Male; F=Female)

Citizenship: United States

Transaction Control Number (TCN#): 70CS1000273000231627  
(This will be provided to you by the Livescan service provider.)

Keep this form for your records.

AC#

**COPY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE**

DATE	LICENSE NO.	CONTROL NO.
08/12/2021	ME 152306	760375

**THE MEDICAL DOCTOR**

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **JANUARY 31, 2024**

**CARLEYN NUNES**  
17200 ST LUKES WAY  
CONROE, TX - 77381

**COPY COPY COPY COPY**

STATE OF FLORIDA

DEPARTMENT OF HEALTH

DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

DATE

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Expiration Date: **JANUARY 31, 2024****CARLEYN NUNES****COPY - NOT A VALID LICENSE - COPY**

LICENSEE SIGNATURE

**COPY - NOT A VALID LICENSE - COPY**

GOVERNOR

State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2024**

Your license number is ME 152306. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit [www.FLHealthSource.gov](http://www.FLHealthSource.gov) and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at <http://flhealthsource.gov/>. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

**IMPORTANT ANNOUNCEMENTS****ARE YOU RENEWAL READY?**

The Department of Health will now review  
your continuing education records at the  
time of license renewal.

To learn more, please visit  
[www.FLHealthSource.gov/AYRR](http://www.FLHealthSource.gov/AYRR)

**GROUND FOR DISCIPLINE**

You should be familiar with the Grounds for  
Discipline found in Section 456.072(1),  
Florida Statutes, and in the practice act for  
the profession in which you are licensed.  
Florida Statutes can be accessed at  
[www.leg.state.fl.us/Statutes](http://www.leg.state.fl.us/Statutes)

**DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE  
LICENSURE SUPPORT SERVICES UNIT  
4052 BALD CYPRESS WAY, BIN #C-10  
TALLAHASSEE, FLORIDA 32399-3260**



PRSR. FIRST-CLASS  
U.S. POSTAGE

**PAID**

TALLAHASSEE, FL-32301  
PERMIT NO. 552

**CARLEYN NUNES**  
23 THUNDER H 23 THUNDER HOLLOW PL  
THE WOODLANDS, TX - 77381

2.0.6.1

**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

July 1, 2021

Carleyna Nunes , M.D.  
23 Thunder Hollow Pl  
The Woodlands, TX 77381

Dear Dr. Nunes:  
File: 156017

Thank you for considering Florida for physician licensure. Your application for medical licensure has been received. The application is incomplete for the reasons set out in the attached deficiency notice. Please address these deficiencies as soon as possible to avoid delay in processing your application.

Information received by this office may require additional explanation or documentation to determine licensure eligibility. After all requested documentation is received, your application will be submitted for supervisory review. We will notify you if additional information is required.

Applicants with a history of malpractice, criminal activity, discipline, physical or mental impairment, unfavorable evaluations, or other matters that need explanation may require a personal appearance before the Board of Medicine Credentials Committee for determination of licensure eligibility. If your appearance is required, you will be notified in writing once your application is complete.

You can now follow the progress of your application through our website at: [www.FLHealthSource.gov/mqa-services](http://www.FLHealthSource.gov/mqa-services). If you are a returning user, select "Yes" and enter the user ID and password you selected during the registration process under Returning User. If you did not apply for licensure through this screen, select "No" and follow the prompts to create an account. You must have a valid email address to create your account.

Once you are logged in, you will be prompted to add your application to your account. Once you have successfully added your application, you will be directed to your dashboard. Under the "Additional Activities" section, select "Check Application Status" to review any open deficiencies, upload documents or print out instructional documents.

**THIS IS IMPORTANT:** Your application will remain incomplete until all deficiencies are completed. In addition, you are required to notify the Board office immediately in writing of any occurrence(s) that would in any way change or affect any answer given in the application or an answer provided in response to any of our direct questions to you.

If you have any questions, please contact me at Bailey.Fair@flhealth.gov, call 850-245-4131, or fax .

Sincerely,

Bailey Fair  
Regulatory Specialist II

Enclosure(s)

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C03 • Tallahassee, FL 32399-3253  
PHONE: (850)245-4131 • FAX : (850) 488-0596



**Accredited Health Department**  
Public Health Accreditation Board

## Fair, Bailey M

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**From:** Garcia, Sonia P - (soniag) <soniag@obgyn.arizona.edu>  
**Sent:** Friday, July 30, 2021 10:36 AM  
**To:** Fair, Bailey M  
**Subject:** RE: [EXT]Florida medical license application  
**Attachments:** florida post graduate verification.pdf

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Good Morning Bailey,

I have attached Dr. Nunes verification of residency. Please let me know if you have any questions for me.

Thank you,  
Sonia

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**From:** Carleyna Nunes <carleyna.nunes@gmail.com>  
**Sent:** Friday, July 30, 2021 7:27 AM  
**To:** Garcia, Sonia P - (soniag) <soniag@obgyn.arizona.edu>  
**Subject:** [EXT]Florida medical license application

External Email

Hi Sonia,

I hope you have had a good week, happy Friday! I just spoke with the Florida medical board and they have not yet received the post graduate training form. California and Oklahoma have received it, so thank you so much for sending it. I am not sure why Florida didn't but If you wouldn't mind sending the Florida one again that would be greatly appreciated. I spoke with a member of the board and she said it could be emailed to her directly at this email address, [Bailey.Fair@flhealth.gov](mailto:Bailey.Fair@flhealth.gov) I have attached it to this email.

Thank you so much,  
Carleyna

Sent from my iPhone

## Fair, Bailey M

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**From:** English, Deborah  
**Sent:** Wednesday, June 30, 2021 8:44 AM  
**To:** Fair, Bailey M  
**Subject:** Exam scores - 156017  
**Attachments:** Nunes, Carleya Mariah.pdf

Deborah English  
Regulatory Specialist II  
Department of Health (DOH) Division of Medical Quality Assurance (MQA)  
Board of Medicine  
Phone: (850) 617-1905 / Fax: (850)412-1297  
4052 Bald Cypress Way, #C03 / Tallahassee, FL. 32399-3256

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

Vision: To be the Healthiest State in the Nation.

Purpose: To protect the public through health care licensure, enforcement and information.

Focus: To be the nation's leader in quality health care regulation.

Values: I.C.A.R.E. (Innovation, Collaboration, Accountability, Responsiveness, Excellence)

[www.flboardofmedicine.gov](http://www.flboardofmedicine.gov)

[www.twitter.com/FLBoardofMed](https://www.twitter.com/FLBoardofMed)

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

How am I communicating? Please feel free to contact my supervisor at [Tashunda.Brown@flhealth.gov](mailto:Tashunda.Brown@flhealth.gov)

## Fair, Bailey M

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**From:** Carleyna Nunes <carleyna.nunes@gmail.com>  
**Sent:** Wednesday, August 11, 2021 11:58 AM  
**To:** Fair, Bailey M  
**Subject:** Re: Application for FL Licensure Nunes, Carleyna File# 156017  
**Attachments:** 5500000177350906.pdf

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Hello,

Here is a copy of the NPDB self inquiry. Please let me know if you need anything else.

Sent from my iPhone

On Aug 11, 2021, at 8:48 AM, Fair, Bailey M <Bailey.Fair@flhealth.gov> wrote:

Good morning,

Can you email me a copy of your NPDB self-inquiry report?

---

**From:** Carleyna Nunes <carleyna.nunes@gmail.com>  
**Sent:** Friday, July 30, 2021 10:54 AM  
**To:** Fair, Bailey M <Bailey.Fair@flhealth.gov>  
**Subject:** Re: Application for FL Licensure Nunes, Carleyna File# 156017

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Hello,

Thank you so much for your help and quick response! You should be receiving an email from Sonia Garcia with the post graduate verification form. Please let me know if there are any problems or you did not receive it.

Thank you,  
Carleyna Nunes

Sent from my iPhone

On Jul 30, 2021, at 9:13 AM, Fair, Bailey M <[Bailey.Fair@flhealth.gov](mailto:Bailey.Fair@flhealth.gov)> wrote:

Good morning,

I have not received the postgraduate training verification from University of Arizona as of yet. The training program can email the verification directly to me to help expedite the licensure status.

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**From:** Carleyna Nunes <[carleyna.nunes@gmail.com](mailto:carleyna.nunes@gmail.com)>

**Sent:** Friday, July 30, 2021 10:08 AM

**To:** Fair, Bailey M <[Bailey.Fair@flhealth.gov](mailto:Bailey.Fair@flhealth.gov)>

**Subject:** Re: Application for FL Licensure Nunes, Carleyna File# 156017

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

I recently checked the status of my application online and it looks like my Post Graduate verification form is still outstanding. I spoke with my residency program director who said she sent the form in two weeks ago, so I just wanted to confirm with you that it has not been received by the board. If you would be able to let me know it would be greatly appreciated.

Thank you,  
Carleyna Nunes

Sent from my iPhone

On Jul 1, 2021, at 9:06 AM, Fair, Bailey M <[Bailey.Fair@flhealth.gov](mailto:Bailey.Fair@flhealth.gov)> wrote:

Good morning

Attached is a list of items needed for the completion of your file. If you have any questions, please let me know

Sincerely,  
Bailey Fair  
Regulatory Specialist II  
Florida Dept of Health  
Florida Board of Medicine  
4052 Bald Cypress Way, BIN CO3  
Tallahassee, FL 32399-3255  
[Bailey.Fair@flhealth.gov](mailto:Bailey.Fair@flhealth.gov)  
Main Office Line: 850-245-4131, M-F, 8-5  
Direct Line: 850-617-1914  
Fax: 850-488-0596

<COR-1501-156017.pdf>



<COR-1501-156017-1.pdf>

<Background Screening Process.pdf>

<MD VERIFICATION FORM rev. 12-2018.pdf>

<POSTGRADUATE TRAINING VERIFICATION FORM rev. 12-2018.pdf>

## Fair, Bailey M

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**From:** BOM\_InitialApps  
**Sent:** Wednesday, July 14, 2021 9:38 AM  
**To:** Fair, Bailey M  
**Subject:** FW: License Verification for NUNES, CARLEYNA MARIAH MD attached  
**Attachments:** NUNES, CARLEYNA MARIAH MD TX PHY Verification.pdf

1501-156017

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**From:** Registrations <Registrations@tmb.state.tx.us>  
**Sent:** Wednesday, July 14, 2021 9:35 AM  
**To:** licensing@okmedicalboard.org; webmaster@mbc.ca.gov; BOM\_InitialApps <BOM\_InitialApps@flhealth.gov>  
**Subject:** License Verification for NUNES, CARLEYNA MARIAH MD attached

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

*Sincerely,*

**Registration Analyst I - LS**  
Registrations Department  
Texas Medical Board  
P.O Box 2029 MC 245  
Austin, TX 78768-2029



Confidentiality Notice: This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system.

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**Ron DeSantis**  
Governor

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State Surgeon General

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August 11, 2021

Carleyna Nunes , M.D.  
23 Thunder Hollow PI  
The Woodlands, TX 77381

Dear Dr. Nunes:

Congratulations! You have completed the application process for licensure as a Medical Doctor in the State of Florida. Your license number is ME 152306. You will receive your printed license within two weeks. Within 24 hours, you can verify your license online at [www.FLHealthSource.gov](http://www.FLHealthSource.gov).

The current license biennium expires 01/31/2024. It is your obligation to complete any continuing education (CE) that is required. You must have completed the required CEs prior to renewing your license. Visit [www.FLHealthSource.gov/AYRR](http://www.FLHealthSource.gov/AYRR) and become familiar with the renewal process. Your CE requirements can be found at [www.FLHealthSource.gov/requirements](http://www.FLHealthSource.gov/requirements).

Licenses are renewed on a biennial basis. Approximately 90 days prior to the expiration date shown on your license, a postcard reminder will be mailed to the last known address on file for you. The U.S. Post Office does NOT forward state mail. Address changes may be submitted electronically through your MQA Online Services Portal account. If you have not registered for an account in the new system, go to [www.FLHealthSource.gov/mqa-services](http://www.FLHealthSource.gov/mqa-services) and select "No" to get started. If you are a returning user, select "Yes" and enter the user ID and password you selected during the registration process under Returning User.

**Practitioner Profile – Section 456.041, Florida Statutes, requires specific information be compiled and published online about you.** In carrying out this legislative mandate to publish practitioner profiles, we want to ensure the information that we publish is accurate. You should receive your license within two weeks. You can review your practitioner profile by accessing your MQA Online Services Account at <http://www.flhealthsource.gov/>. Please select "Account Login" from the top of the page. In order to use the online services portal, you will need to complete a one-time registration process if you have not done so already. Once you have gained entry onto your account, please select "Review, Update & Confirm Profile" under "Manage My License". You are **required to review** and confirm or make changes to the information that will be published in your practitioner profile. If you see the statement "The practitioner did not provide this mandatory information," you are **required to provide** the missing information. We cannot accept curriculum vitae or resumes in place of your providing specific information. Changes, excluding education and training, year began practicing, and liability claims, can be made to your profile electronically. You may also submit changes by mail to the Department of Health, Licensure Support Services, 4052 Bald Cypress Way Bin #C10, Tallahassee, Florida 32399-3260. If you have questions, please call (850) 488-0595, option 3, Monday through Friday, 8:00 a.m. to 6:00 p.m., EST. You may also email us at [MQAOnlineService@flhealth.gov](mailto:MQAOnlineService@flhealth.gov).

According to section 456.041(8), Florida Statutes, you have thirty (30) days from receipt of this letter to submit changes to the department. If you do not make changes within thirty (30) days, your profile will be automatically published.

Thank you for applying for licensure in Florida. If you have additional questions, you may contact the board office at (850) 245-4131 or at the address listed below

Welcome to Florida,

Board of Medicine Staff

**Mission:**

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**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

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

**Dr. Carleya Nunes**

**Date: July 1, 2021**

REMINDER: Chapter 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.

YOUR APPLICATION'S EXPIRATION DATE IS: **6/29/2022**

**APPLICATION SUBMITTED REMAINS DEFICIENT FOR LACK OF THE FOLLOWING:**

- The inquiry you mailed to your medical school has not been received.  
*BROWN UNIVERSITY*
- Your Postgraduate Training Verification Forms have not been received.  
*University of Arizona*
- Please submit the National Practitioner Data Bank (NPDB) report to our office. You may contact the NPDB at 1-800-767-6732 to obtain this information.
- We have not received your Livescan results. If you have already had your electronic fingerprinting completed, please allow 24-72 hours for receipt of your results. You can find more information on this process, including how to find a provider in your area and your ORI number, by visiting the Background Screening Website at <http://www.flhealthsource.gov/background-screening/>. Should your Criminal Background Check disclose an arrest record(s), you will need to provide documentation related to each criminal event revealed in your background, if you have not already done so. You can find a detailed description of documents that will be required by visiting the FAQs on the Background Screening Website (Click on 'General FAQs'). Note: Criminal History will be reviewed by the Background Screening Unit, not the Board Office. Please email all criminal history documents to [mqa.backgroundscreen@flhealth.gov](mailto:mqa.backgroundscreen@flhealth.gov). Any original certified documents must be mailed to the following address:

**Attn: Background Screening Unit Florida Department of Health**  
**4052 Bald Cypress Way, Bin BSU-01**  
**Tallahassee, FL, 32399**

If you have any questions, please contact me at [Bailey.Fair@flhealth.gov](mailto:Bailey.Fair@flhealth.gov), call 850-245-4131, or fax . The Florida Board of Medicine has assigned **156017** as your **tracking number**. Please indicate this number if you leave a message, and try to ensure that other sources include it on their communications to us as well.

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## Application

### Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
File Number:	156017
Application:	Medical Doctor Endorsement Application
Application Date:	06/29/2021

### Suitability Question(s)

Are you an osteopathic physician?	No
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### Application Questions

Military Veteran Fee Waiver - I have been honorably discharged from a branch of the United States Armed Forces within the previous 60 months.	No
---	----

I am selecting NICA Non-Participating - (I understand that a \$250.00 fee will be included if I select this option.)	Yes
--	-----

I will qualify for "In Training" status at the approval of my licensure application.	No
--	----

I plan to dispense medicinal drugs in the State of Florida for a fee or other remuneration and hereby register as required by Section 465.0276, F.S. I understand that the fee for the Dispensing Practitioner is \$100.00 over and above the required initial license fee and will submit it along with the license fee.	No
---	----

Military Veteran Spouse Fee Waiver - I am the spouse of a military veteran who has been honorably discharged from a branch of the United States Armed Forces within the previous 60 months.	No
---	----

**Personal Detail**

Title: Dr.

First Name: Carleyna

Last Name/Surname: Nunes

Birthdate: 05/19/1985

Gender: Female

Race: Hispanic

Social Security Number: [REDACTED]

**Addresses****Mailing Address**

Address: 23 Thunder H 23 Thunder Hollow Pl

Out of State

THE WOODLANDS, TX

77381

US

Phone Number: 505-385-7360

E-mail Address: carleyna.nunes@gmail.com

**Place of Practice**

Address: 17200 St Luke's Way

Out of State

CONROE, TX

77384

US

**Federal Credentials Verification Services (FCVS)**

Are you using the FCVS to verify your core credentials? No

**Education History**

School Name: BROWN UNIVERSITY

Street Address Line 1: 222 Richmond Street

Street Address Line 2: N/A

City: Providence

State: RHODE ISLAND

Postal/Zip: 02309



Country:	UNITED STATES OF AMERICA
Date of Graduation (mm/dd/yyyy):	05/29/2011
Attended From (mm/dd/yyyy):	08/20/2007
Attended To (mm/dd/yyyy):	05/29/2011

#### Additional Education Questions

Are you currently in default on any health education loan or scholarship obligation?	No
--	----

Have you completed the equivalent of 2 academic years of preprofessional, postsecondary education including, courses in anatomy, biology, and chemistry prior to entering medical school?	Yes
---	-----

#### Fifth Pathway

Did you attend an international medical school and do not possess a valid ECFMG Certificate?	No
--	----

Did you receive a bachelor's degree from an accredited United States college or University?	No
---	----

Did you study at a medical school which is recognized by the World Health Organization?	No
---	----

Did you complete all of the formal requirement of the International medical school, except the internship or social service requirements, and pass part I of the National board of Medical examination or the Education Commission for Foreign Medical Graduates Examination equivalent?	No
--	----

Did you complete an academic year of supervised clinical training in a hospital affiliated with a medical school approved by the Council on Medical Education of the American Medical Association and upon completion passed part II of the National Board of Medical Examiners examination or the Education Commission for Foreign Medical Graduates examination Equivalent?	No
---	----

#### Postgraduate Training

Program Name:	University of Arizona
Mailing Address:	1501 N. Campbell Avenue
Program City:	Tucson
Program State or Country:	ARIZONA
Program Type:	RESIDENCY
Specialty Area:	OBG - OBSTETRICS AND GYNECOLOGY

Attended From (mm/dd/yyyy): 07/01/2011  
Attended To (mm/dd/yyyy): 06/20/2015  
Did you receive credit? Yes

#### Exam History

Examination: USMLE/US/CANADA  
Date Passed (mm/dd/yyyy): 06/01/2012

#### United States Military and/or Public Health

Have you ever been in the United States Military and/or Public Health Service? No  
Have you ever been disciplined by any branch of the United States Armed Services or Public Health Service? No

#### Practice Employment 1

Place of Employment: Capital women's care  
Address Line 1: 6355 Walker Lane  
Address Line 2: Suite 508  
City: Alexandria  
State: VA  
Type of Employment: Physician  
Begin Date (mm/dd/yyyy): 10/01/2016  
End Date (mm/dd/yyyy): 10/01/2019

If 'to present', enter today's date.

#### Practice Employment 2

Place of Employment: CHI St Luke's The Woodlands  
Address Line 1: 17200 St Luke's Way  
Address Line 2: N/A  
City: Conroe  
State: Tx  
Type of Employment: Physician  
Begin Date (mm/dd/yyyy): 10/01/2019  
End Date (mm/dd/yyyy): 06/29/2021

If 'to present', enter today's date.

#### Practice Employment 3

Place of Employment:	Houston Women's Reproductive Services
Address Line 1:	5255 Katy Freeway
Address Line 2:	N/A
City:	Houston
State:	TX
Type of Employment:	Physician
Begin Date (mm/dd/yyyy):	03/01/2021
End Date (mm/dd/yyyy):	06/29/2021

If 'to present', enter today's date.

#### Other State Licenses 1

Do you now hold or have you ever held a license to practice medicine or any other profession in any US State or territory, or foreign country?	Yes
--	-----

Request verification of licensure status directly from the licensing entity or [www.veridoc.org](http://www.veridoc.org).  
Request international license verification(s) if you have practiced outside of the U.S. for at least two of the previous four years.

License Number:	50034
Profession:	Physician
Jurisdiction - Country:	UNITED STATES
Jurisdiction - State:	ARIZONA

#### Other State Licenses 2

Do you now hold or have you ever held a license to practice medicine or any other profession in any US State or territory, or foreign country?	Yes
--	-----

Request verification of licensure status directly from the licensing entity or [www.veridoc.org](http://www.veridoc.org).  
Request international license verification(s) if you have practiced outside of the U.S. for at least two of the previous four years.

License Number:	s2438
Profession:	physician
Jurisdiction - Country:	UNITED STATES
Jurisdiction - State:	TEXAS

#### Other State Licenses 3

Do you now hold or have you ever held a license to practice medicine or any other profession in any US State or territory, or foreign country? **Yes**

Request verification of licensure status directly from the licensing entity or [www.veridoc.org](http://www.veridoc.org). Request international license verification(s) if you have practiced outside of the U.S. for at least two of the previous four years.

License Number: **0101260851**

Profession: **Physician**

Jurisdiction - Country: **UNITED STATES**

Jurisdiction - State: **VIRGINIA**

#### **Additional Employment Questions**

Have you practiced medicine in any jurisdiction for two of the last four years or completed a board approved post-graduate training program within the last two years? **Yes**

#### **Graduate Education**

Do you currently, or have you had, responsibility for graduate medical education within the last 10 years? **No**

#### **Initial Graduate Medical Education Responsibility and Faculty Appointments**

List all institutions where you have had responsibility for graduate medical education or faculty appointment(s) at any medical school.

Name of Institution: **N/A**

#### **Staff Privileges**

Do you currently hold staff privileges in any hospital, health institution, clinic or medical facility? **Yes**

The facilities listed are Florida facilities. If your privileges are for a facility in another state, select "Out of State".

Name of Facility: **OUT OF STATE**

Out of State Facility: **CHI st luke's the woodlands hospital**

#### **Specialty Board Certifications**

Are you certified by any specialty board recognized by the American Board of Medical Specialties or specialty board approved by the Florida Board of Medicine? **Yes**

Specialty Brd: **AMERICAN BOARD OF OBSTETRICS & GYNECOLOG**

Specialty Cert: **OBG - OBSTETRICS AND GYNECOLOGY**

Date Certified: **01/22/2019**

#### **DEA**

Have you ever been denied, or surrendered, a DEA registration? **No**

### **Criminal History**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? **No**

You must include all misdemeanors and felonies, even if adjudication was withheld. Driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

### **Criminal and Medicaid / Medicare Fraud Questions**

1. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? **No**

2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? **No**

3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to s.409.913, F.S.? **No**

4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? **No**

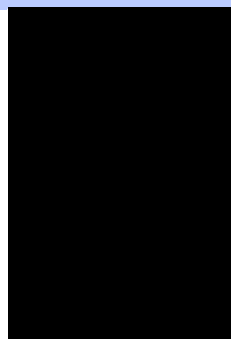
5. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities (LEIE)? **No**

5b. Is the student loan default or delinquency the only reason you are listed on the LEIE? **N/A**

### **Health History**

In the last five years, have you been enrolled in, required to enter into, or participated in any drug and/or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?

In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?



During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice medicine within the past five years?

During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice medicine?

In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?

During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that impaired your ability to practice medicine within the last five years?



#### Electronic Fingerprinting

I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the 'Privacy Statement' document from the Federal Bureau of Investigation.

Yes

Enter in today's date

06/29/2021

#### Medical Malpractice Question

Have you ever had a judgment entered against you for medical malpractice where the incident(s) of malpractice occurred after November 2, 2004?

No

#### Liability Claims

Within the last 10 years have you had any liability claim(s) or action(s) for damages for personal injury settled or finally adjudicated in an amount that exceeds \$100,000.00?

No

#### Financial Responsibility/Exemption

Financial Responsibility

4. LIABILITY NOT LESS THAN \$250,000

#### FDA Institution

Have you ever had any staff privileges denied, suspended, revoked, modified, restricted, not renewed or placed on probation, or have you been asked to resign or take a temporary leave of absence or were otherwise acted against by any facility?

No

#### FDA Licensing

Have you ever had any professional license or license to practice medicine revoked, suspended, placed on probation, or other disciplinary action taken in any state, territory or country? **No**

#### **FDANP Denied**

Have you had any application for a medical license or professional license denied by any state board or other governmental agency of any state, territory, or country? **No**

#### **FDANP Investigation**

Are you currently under investigation in any jurisdiction for an act or offense that would constitute a violation of Section 458.331, Florida Statutes? **No**

#### **Specialty Board Discipline History**

Have you ever had any final disciplinary action taken against you by a specialty board or other similar national organization? **No**

#### **Year Began Practice**

Year Began Practice: **07/01/2011**

#### **Availability for Disaster**

Are you willing to provide health care services in special need shelters or to work with disaster medical teams during times of emergency or major disasters? **Yes**

#### **Fees**

Application	<b>\$350.00</b>
Unlicensed Activity	<b>\$5.00</b>
Initial License	<b>\$350.00</b>
NICA Fee	<b>\$250.00</b>
Total Amount Due:	<b>\$955.00</b>

#### **Attestation**

I state that these statements are true and correct. I recognize that providing false information may result in denial of licensure, disciplinary action against my license, or criminal penalties pursuant to Sections 456.067, 775.083, and 775.084, Florida Statutes. I state that I have read Chapters 456, 458 and 766.301-.316, Florida Statutes and Chapter 64B8, Florida Administrative Code.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Board of Medicine information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I state that my answers and all statements made by me herein are true and correct.

Should I furnish any false information in this application, I hereby agree that such act constitutes cause for denial, suspension, or revocation of my license to practice Medicine in the State of Florida. If there are any changes to my status or any change that would affect any of my answers to this application I must notify the board within 30 days.

I understand that my records are protected under federal and state regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under federal and state regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.

Attestation Answer: Yes



**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

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June 30, 2021

Dr. Carleya Nunes  
23 Thunder H 23 Thunder Hollow Pl  
The Woodlands, TX 77381

RE: 1501 156017

Dear Applicant:

You have begun the process of applying for a health care practitioner license with the Department of Health.

Your application omitted the required fee payment. The department will take no further action until the appropriate application fee is received.

To pay the required fees online, log into your MQA Online Services Portal account and follow the steps below:

1. Go to **Make Payment** under the “Additional Activities” section.
2. Select the application that is pending payment of required fees.
3. Follow the prompts to submit payment by credit card.

If you are paying by cashier's check or money order, please print your application summary and mail it with your payment to:

*Division of Medical Quality Assurance  
P.O. Box 6320  
Tallahassee, FL 32314-6320*

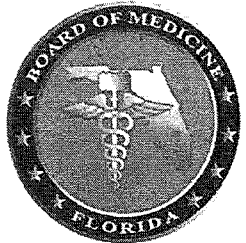
If you have used an “Other Payer Code,” please contact the institution that provided you the code to arrange payment.

56017 ✓BTF  
Bailey

ORIGINAL

If you are using FCVS do not submit this form.

Complete verifications must be sent directly from the medical education institution to the board office by fax to (850) 412-1268 or by mail to:



Board of Medicine  
4052 Bald Cypress Way Bin C-03  
Tallahassee, FL 32399-3257

Board of Medicine  
Medical Degree Verification

Name: Carleyna Nines Date of Birth: 05/19/1985  
MM/DD/YYYY

Part I: To be completed by applicant

Name of Medical School: Warren Alpert Medical School of Brown University  
Address: 222 Richmond Street  
City: Providence State: Rhode Island ZIP: 02903

Part II: To be completed by Medical Education Institution

The above-named doctor has applied for licensure in the state of Florida. Please complete this section and submit to the above address.

Type of degree awarded: MD degree

Date degree received: 05/29/2011  
MM/DD/YYYY

Verifier Name Allan R. Tunkel, MD, PhD, MACP

Title Senior Associate Dean of Medical Education

Signature Allan R. Tunkel

Date 07/01/2021  
MM/DD/YYYY



2021 JUL 12 PM 12:08  
MEDICINE BOARD

If you are using FCVS do not submit this form.



Complete verifications must be sent directly from the chairman/director of the post-graduate training program to the board office by fax to (850) 412-1268 or by mail to:

Board of Medicine  
4052 Bald Cypress Way Bin C-03  
Tallahassee, FL 32399-3257

**Board of Medicine  
Post-Graduate Training Verification**

Name: Carleyna Nunes

**Part I: To be completed by applicant**

Institution Name: University of Arizona

Department: Obstetrics and Gynecology

Address: 1501 N. Campbell Avenue

City: Tucson State: AZ ZIP: 85724

Phone Number: 520-626-6636

**Part II: To be completed by Training Institution**

The above-named doctor has applied for licensure in the state of Florida. Please complete this section and submit to the above address.

1. Dates of internship/residency/fellowship: 07/01/2011 to 06/30/2015  
MM/DD/YYYY MM/DD/YYYY

2. Matriculation date: 07/01/2011  
MM/DD/YYYY

3. Completion date: 06/30/2015  
MM/DD/YYYY

4. Specialty: OB/GYN

5. The levels completed under your purview: ☒ PGY I ☒ PGY II ☒ PGY III ☒ PGY IV ☐ PGY V

6. Accredited by: ☒ ACGME ☐ RCPSC ☐ CFPC ☐ Other: \_\_\_\_\_

Program Director/Chair Name Amy Mitchell, MD

Signature [Signature] Date 06/29/2021  
MM/DD/YYYY



# Texas Medical Board

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

TO WHOM IT MAY CONCERN

July 14, 2021

To Whom It May Concern:

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

\*\*\*\*\*

Physician: CARLEyna MARIAH NUNES, MD  
License: S2438  
Date Issued: 06/14/2019  
Licensed by:  
Date of Birth: 1985  
Medical School: BROWN UNIVERSITY PROGRAM IN MEDICINE, PROVIDENCE  
Graduation Year: 2011  
Permit Expires: 08/31/2022

## Registration Status:

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

## Disciplinary Status:

The board has not filed any formal complaints or statements of charges against this physician.

## Investigation Status:

Not applicable.

\*\*\*\*\*

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

Sincerely

*L. Shipman*

Customer Information Center  
BOARD SEAL



# MD PROFILE PAGE

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## Arizona Medical Board

Printer Friendly Version

### General Information

**Carleyna Mariah Dancing Star Nunes MD**

Chi St Luke's Hospital  
17200 Saint Lukes Way  
The Woodlands TX 77384  
Phone:

License Number: 50034  
License Status: Active  
Licensed Date: 02/10/2015  
License Renewed: 03/19/2021  
Due to Renew By: 05/19/2023  
If not Renewed, License Expires: 09/19/2023

### Education and Training

Medical School: WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY  
PROVIDENCE, RI

Graduation Date: 05/29/2011

Residency: 07/01/2011 - 06/30/2014 (Obstetrics & Gynecology)  
UNIVERSITY OF ARIZONA ACGME Approved  
TUCSON, AZ

Area of Interest Obstetrics & Gynecology

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

## Board Actions

None

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and other administrative processes.

Board actions taken against physicians in the past 24 months are also available in a chronological list.

Credentials Verification professionals, please [click here](#) for information on use of this website.



# Texas Medical Board

## Healthcare Provider Verification / Profile

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

### Physician License

**NAME:** CARLEYNA MARIAH NUNES, MD

**LICENSE:** S2438

**INFORMATION CURRENT AS OF:** 7/1/2021

**CURRENT STATUS: ACTIVE**

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

#### Verified Information

**Year of Birth:** 1985

**License Number:** S2438 Physician License

**Issuance Date:** 06/14/2019

**Expiration Date:** 08/31/2022

**Current Status:** ACTIVE as of 06/17/2019

**Disciplinary Restrictions:** NONE

**Non-Disciplinary Restrictions:** NONE

**Specialties:**

**School of Graduation:**

BROWN UNIVERSITY PROGRAM IN MEDICINE, PROVIDENCE 2011

**Electronic RX Waiver Expiration Date:** 03/03/2022

 **Current Board Action**

 **Medical Malpractice Investigations**

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

#### Self Reported Information

**Gender:** FEMALE

**Place of Birth:** ARIZONA

**Race:** WHITE - of Hispanic origin

**Current Primary Practice Address:**

17200 SAINT LUKES WAY  
THE WOODLANDS, TX 77384

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

9 year(s)

**Years of Active Practice in Texas:**

1 year(s)

**+ Specialty Board Certification**

**+ Specialties**

**+ Education**

**+ Hospital Privileges**

**+ Utilization Review**

**+ Patient Services**

**+ Awards, Honors, Publications**

**- Malpractice Information**

The physician has the following reportable claims.  
NONE

**- Criminal History**

Self-Reported Criminal Offenses:  
NONE

**- Non-TMB Disciplinary Actions**

The physician reported the following:  
NONE

**+ Physician Assistant Supervision**

**+ Advanced Practice Nurse Delegation**

**+ Summary of all Licenses**







## Virginia Department of Health Professions License Lookup

Current as of 07/01/2021 10:00

### License Information

<b>License Number</b>	0101260851
<b>Occupation</b>	Medicine
<b>Name</b>	Carleyna M Nunes
<b>Address</b>	The Woodlands, TX 77384
<b>Initial License Date</b>	07/15/2016
<b>Expire Date</b>	05/31/2022
<b>License Status</b>	Current Active
<b>Additional Public Information*</b>	No

[Back to License Lookup Result](#)

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

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

[Back to License Lookup](#)