



Please reply to: Credentialing Division, PO Box 94986, Lincoln NE 68509-4986
Phone #: (402) 471-2118 Fax #: (402) 471-3577

July 8, 1999

Maureen Anne Boyle Manganaro MD
UNMC-OB/GYN Elective
983255 Nebraska Medical Center
Omaha NE 68198-3255

Dear Dr. Manganaro:

Your Temporary Educational Permit to Practice Medicine and Surgery in the state of Nebraska has been issued by our office. Your permit number is 4139 and is effective as of 08/01/1999. Please find your Temporary Educational Permit enclosed.

This permit will expire on 07/01/2000, and may be renewed every year for five (5) years. The annual renewal fee is \$15.00. Each renewal will be subject to the approval of the Board of Examiners in Medicine and Surgery.

Your Temporary Educational Permit may be used only for your present program as indicated on the permit. If you should leave your program of internship/residency OR if you transfer programs, you must notify this office.

You will receive a renewal notice approximately thirty (30) days prior to the expiration date of your permit.

May we extend our congratulations and best wishes for the successful practice of your profession in Nebraska.

Sincerely,

Helen L. Meeks, Director
Credentialing Division

HLM/sn

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE
PO Box 95007, LINCOLN, NE 68509-5007 PHONE (402) 471-2133

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

PRINTED WITH SOY INK ON RECYCLED PAPER

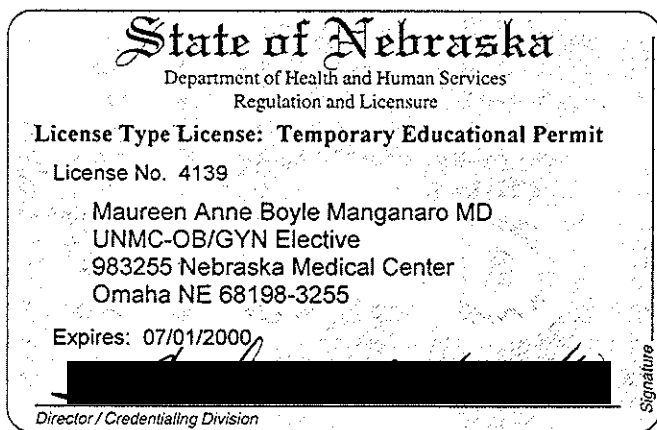
LO-CENTRAL

Nebraska Department of Health and Human Services Regulation and Licensure

Credentialing Division • P.O. Box 94986 • Lincoln, NE 68509

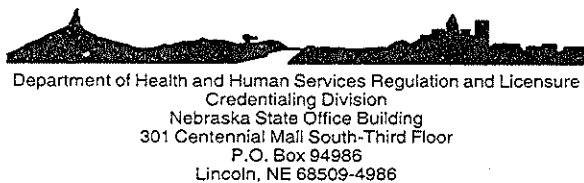
ADDRESS CHANGE FORM

Name			
First	Middle	Maiden	Last
Old Address			
Street	City	State	Zip
New Address			
Street	City	State	Zip
License Number		Profession	
Signature			



- Please find enclosed your small-sized licensure/certification card. The small sized card shows the expiration date of your license/certificate. You will be sent written notification of the need to renew your license/certificate at least 90 days in advance of expiration date.
- Please submit to the Credentialing Division any change of address so that information may promptly reach you.
- If you have a name change or lose your card please contact the Credentialing Division at 402-471-2115

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS



Important Document Enclosed Open Carefully

Maureen Anne Boyle Manganaro MD
UNMC-OB/GYN Elective
983255 Nebraska Medical Center
Omaha NE 68198-3255

State of Nebraska
DEPARTMENT OF HEALTH
BUREAU OF EXAMINING BOARDS

APPLICATION FOR TEMPORARY EDUCATIONAL PERMIT

Aug 18x
OK
SW
4139

To State Board of Medical Examiners:

I hereby apply for certificate of registration for a temporary educational permit, and submit the following statement concerning my age, moral character, preliminary and medical education.

06/01/99 2:56PM 000A#9820 ***

1. Name Maureen Anne Boyle Manganaro
(Print name in FULL, including middle name)

GERRY /
753110 \$15.00
CHECK \$15.00

Permanent address

2. Place of Birth Omaha, Nebraska Date of Birth 1-5-66

3. Present residence Portland, ME (above address)

4. Preliminary and Pre-medical education:
Give name and location of institutions attended, beginning with high school, list diplomas or certificates and date received.

Marian High School, Omaha NE, diploma 5/84
UN Lincoln 8/84-12/84; 8/85-12/85, & degree
Creighton U, Omaha NE 1/85-5/85 and 3/1990, & degree
UN Omaha 1/86-12/88, off 90-93
UNO degree = BS - Business Admin 12/88

5. Medical Education: *

I have spent 4 years in the study of medicine in the institutions named below:

School/Location	From	To	Degree Awarded
<u>UNMC</u>	<u>8/93</u>	<u>5/97</u>	<u>MD</u>
_____	_____	_____	_____
_____	_____	_____	_____

* If you are a Foreign Medical Graduate-you MUST submit a certified copy of your Valid Indefinitely E.C.F.M.G. Certificate.

I received the degree of (MD/DO/MBBS) MD from the UNMC

located at Omaha NE
on the 18 day of May 1999

CERTIFICATE OF MEDICAL EDUCATION

It is hereby certified that _____
enrolled in _____ located at _____ and attended
courses or lectures from _____ to _____ and received a diploma
date date
from _____ conferring the degree of Doctor of
Medicine on the _____ day of _____, 19____.

(SEAL)

SIGNATURE _____ DATE _____
(Registrar) SIGNATURE STAMPS NOT ACCEPTED.

REQUESTING INSTITUTION

Name of Institution UNMC Address 983255 Nebraska Medical Center
Omaha, NE 68198-3255
Outline of Program OB/GYN Elective in August, 1999

Locations of Training areas on file

Print Name of official who signs this application Robert S. Wigton, M.D., Associate Dean

Official Signature RS Wigton MD (m) Title for Graduate medical Education
(Program Director, Hospital Administrator, etc.)

As Program Director or Hospital Administrator I understand that the issuance of this permit does not entitle the holder to engage in the practice of Medicine and Surgery outside of the assigned training program.

TO BE COMPLETED BY APPLICANT:

1. Have you had any disciplinary action taken against your license, permit or certificate in any jurisdiction? NO~~X~~ YES__ IF YES, GIVE PARTICULARS
2. Do you now or have you ever had a personal problem with narcotics, drugs, or alcohol? NO~~X~~ YES__ IF YES, GIVE PARTICULARS
3. Have you ever been notified or reprimanded by any agency of any complaint relative to the practice of Medicine? NO~~X~~ YES__ IF YES, GIVE PARTICULARS
4. Have you ever been charged with the violation of any law relative to the practice of medicine or relative to any crime? NO~~X~~ YES__ IF YES, GIVE PARTICULARS
5. Have you ever been charged with a violation of any law of a criminal nature? NO~~X~~ YES__ IF YES, GIVE PARTICULARS
6. Give brief record of military service or indicate if not applicable.

N/A

AFFIDAVIT:

STATE OF Maine)
COUNTY OF Cumberland)

I, Maureen A. Boyle Manganaro being first duly sworn, say that I am the person referred to in this application and that the statements herein are true and complete. I understand that the issuance of this permit does not entitle me to engage in the practice of Medicine and Surgery outside of the assigned training program.

Applicant's Signature

Sworn to and signed before me this 18 day of May, 1999.

(SEAL)

NOTARY PUBLIC

My Commission Expires: 9-11-2005

CERTIFIED COPIES

The following affidavit must be attached to your document (s) or may be prepared on the reverse side of your document (s) in order for them to be accepted by this office as a certified copy.
YOU MUST HAVE ONE AFFIDAVIT ATTACHED TO EACH DOCUMENT!

PLEASE NOTE THAT YOU MUST SIGN THIS STATEMENT IN THE PRESENCE OF A NOTARY PUBLIC. If you sign and date this statement on a date other than that on which it was notarized, you will be required to submit a correctly certified copy.

IF YOU HAVE QUESTIONS CONCERNING THE COMPLETION OF THIS OR ANY OTHER REQUIREMENT, PLEASE DO NOT HESITATE TO CONTACT THIS OFFICE AT: (402) 471-2118.

DETACH HERE

AFFIDAVIT

STATE OF Maine

COUNTY OF Cumberland

Maurice A. Boyle Manganaro, being first duly sworn upon oath, states and deposes that
Applicant

the attached is a true and correct copy of the original document.

NAME OF DOCUMENT Univ of Nebraska Med Center - med school diploma

Signature of Applicant

Subscribed and sworn to before me this 18 day of May, 19 99.

(Seal)

CYNTHIA A. CROTEAU
Notary Public, Maine
My Commission Expires September 11, 2005

NOTARY PUBLIC

The University of Nebraska

MEDICAL CENTER
COLLEGE OF MEDICINE

THIS DIPLOMA MAKES KNOWN THAT THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA UPON THE RECOMMENDATION OF THE FACULTY AND BY AUTHORITY OF THE STATUTES OF THE STATE HAS BY ITS OFFICERS SPECIALLY AUTHORIZED HERETO CONFERRED THE DEGREE
DOCTOR OF MEDICINE

UPON

MAUREEN ANNE BOYLE MANGANARO

WHO IS ENTITLED TO ENJOY ALL THE RIGHTS, HONORS AND PRIVILEGES PERTAINING TO THAT DEGREE

IN TESTIMONY WHEREOF WE HAVE HEREUNTO SUBSCRIBED OUR NAMES AND CAUSED THE SEAL OF THE SAID BOARD TO BE AFFIXED AT LINCOLN THIS TENTH DAY OF MAY, NINETEEN HUNDRED NINETY-SEVEN.

ATTEST:

CORPORATION SECRETARY OF THE BOARD

CHAIRMAN OF THE BOARD

CHANCELLOR

PRESIDENT OF THE UNIVERSITY



5-17-49
C. C. Manganaro

**The Federation of State Medical Boards
of the United States, Inc.**

Federation Place
400 Fuller Wiser Road, Suite 300
Euless, Texas 76039-3855
Telephone: (817) 868-4000
FAX (817) 868-4099

BOARD ACTION CLEARANCE REPORT

June 24, 1999

Attn: Katherine Brown
Nebraska State Bd. of Exam.
Medicine & Surgery
PO Box 94986
Lincoln, NE 68509-4986

Re: Board Action Query Dated: June 24, 1999
Your Reference Number:
FSMB Batch Number: BQ441282

The following is a final report of the search results from the Board Action Data Bank as of June 24, 1999
for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of June 24, 1999

Item	Name	DOB	SSN	School	Yr/Grad	Request ID
15	Biring, Timinder Singh	11/24/1972		044070	1999	3631447
4	Davis, Richard Todd	08/02/1968		018010	1999	3631398
3	Dunn, Michael Patrica	03/17/1970		649040	1998	3631397
7	Erskine, Thomas Donald	01/24/1967		305010	1999	3631411
17	Faria, Julio	03/21/1966		064020	1990	3631455
18	Fitting, Mary Anne	01/25/1960		422010	1999	3631463
5	Gulizia, Julie Anne	08/04/1965		028020	1994	3631401
2	Janssen, Cindy Kay	12/28/1967		016020	1999	3631393
14	Manganaro, Maureen Anne Boyle			028020	1997	3631440
6	Marky, Blanca Lucia De La Barrera	12/02/1953		649120	1983	3631407
16	Ourada, Michael James	09/29/1958		422010	1999	3631451
11	Takle, Tamra Elizabeth	07/15/1972		016010	1999	3631428
13	Van Tonder, Reinier Johannes	03/03/1973		836050	1997	3631437
8	Veligandla, Himachala Rao	02/06/1960		495070	1988	3631416
9	Veligandla, Shailaja	07/10/1966		495020	1991	3631421
10	Wepppler, Angela Beatrice	08/12/1973		016010	1999	3631424