
HRLA New Application

Applicant Information

Merchant: DC-HEALTH

Board Name: BOARD OF MEDICINE

License Type: MEDICINE AND SURGERY

Name: Margaret Carpenter

Email: [REDACTED]

Date/Time: Thu Sep 07 00:00:00 GMT 2023

Gender: Female

Date Of Birth: [REDACTED]

Highest Degree: MD

Race/ Ethnicity: Caucasian/White

Place of Birth

City:

State:

Country:

Name Change: No

Reason for Name Change: Court Order

First Name: Maggie

Middle Name:

Last Name:

Additional Licenses

Control Substance: No

HRLA New Application Instructions

"Please read the instructions below before you begin your new health professional license application
General Information Please read instructions carefully before starting the online application form. Any omitted or illegible information will delay your registration. The manner in which information is submitted within the application is the way your certificate of registration will read. You will receive an electronic copy of your certificate in your email address provided.

False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2405. Applicant Tab DC Health Professional are required to update changes to their name, home address or business address within thirty (30) days of the change and within the renewal cycle as applicable. Failure to do so may result in disciplinary action. It is imperative that you review and update your information at this time. Address Tab Home: A P.O. Box may NOT be used for an address. Home address information will NOT be made available to the public. Business: A P.O. Box may NOT be used for an address. Business address information WILL be made available to the public.

Controlled Substance Renewals You must have a DC Business address A P.O. Box may NOT be used for an address. Business address information WILL be made available to the public. Schedule Selection Descriptions(Please select all schedules that apply) Schedule I: The drug or other substance has a high potential for abuse; and has no currently accepted medical use in treatment in the United States or the District of Columbia or a lack of accepted safety for use of the drug or other substance under medical supervision. Schedule II: The drug or other substance has a high potential for abuse; has a currently accepted medical use in treatment in the United States or the District of Columbia or a currently accepted medical use with severe restrictions; and abuse of the drug or other substances may lead to severe psychological or physical dependence. Schedule IIN: The drug or other substance has a high potential for abuse; has a currently accepted medical use in treatment in the United States or the District of Columbia or a currently accepted medical use with severe restrictions; and abuse of the drug or other substances may lead to severe psychological or physical dependence. Schedule III: The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence. Naturopathic Physicians are limited to schedule III only Schedule IIIN: The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence. Schedule IV: The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule III; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule III. Schedule V:(Naturopathic Physicians are limited to schedule III only) The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule IV; has a currently accepted medical use in treatment in the United States or the District of Columbia.; and abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule IV.

Name Change If you have legally changed your name since the last renewal, you will need to provide proof of you name change in the form of a court order, marriage certificate, driver's license, and/or passport.

Application Submission

Please agree to the Applicant Affidavit in the application by selecting “Agree”. I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

Please complete your DC Health Professional Profile Please register for Prescription Drug Monitoring Program after you complete your application, a registration link will be provided. Please return to your profile to do any of the following: Upload additional documents Renew additional licenses as applicable View your submitted application"

Licenses

Board	Designation	Fees
BOARD OF MEDICINE	Medicine And Surgery (MD)	805.00
License Type	Purpose	Fees Paid
MEDICINE AND SURGERY	New License	805.00

Board	Designation	Fees
	Criminal Background Check	50.00
License Type	Purpose	Fees Paid
Criminal Background Check	CBC	50.00

Addresses

Preferred Mailing Address: Home Address

HOME ADDRESS

Street1: [REDACTED]

Street2:

City: [REDACTED]

State: New York

Country: New York

Zip Code: 12561

Email: [REDACTED]

Phone: [REDACTED]

Do you Have Business Address: Yes

BUSINESS ADDRESS

Street1: 2578 Broadway #580

Street2:

City: New York

State: New York

Country: United States

Zip Code: 10025

Email: maggie.carpenternmb@heyjane.co

Phone: 4053316029

Screening Questions

1. Have you ever been arrested, charged, convicted, pled guilty to, or pled no contest to the violation of any criminal law of any jurisdiction whether misdemeanor or felony, including driving under the influence or while impaired, but excluding minor traffic violations? Please note that a charge or conviction does not necessarily mean a barrier to licensure

Response: No

Description #1:

2. Have you been a defendant or respondent to a claim for healthcare damages or a malpractice action? If you answer “Yes”, please complete the Malpractice Claims Form and submit it along with all relevant court documents (e.g., Complaint, Answer, and Final Order/Decision). A separate Malpractice Claims Form must be completed for each malpractice case

Response: No

Description #2:

3. Have you ever voluntarily surrendered a license or registration certificate, or allowed it to lapse, after formal charges had been brought against you or while you were under investigation?

Response: No

Description #3:

4. Have you ever been placed on probation or suspension, or been terminated or resigned, voluntarily or involuntarily, from a clinical or professional training program?

Response: No

Description #4:

5. Do you have a medical condition that impairs or limits or may impair or limit your ability to practice your profession?

Response: No

Description #5:

6. Have you ever resigned in lieu of termination, been asked to resign, terminated, or disciplined by any employer?

Response: No

Description #6:

7. Has any licensing authority, health facility, employer or peer review board, in any healthcare field, informed you of any pending charge(s) or investigation(s) against you?

Response: No

Description #7:

8. Have you ever entered into a monitoring program for purposes of monitoring your abuse of alcohol, drugs, or any controlled substances?

Response: No

Description #8:

9. Have you ever withdrawn an application for licensure/ certification/ registration to practice any health profession in any jurisdiction?

Response: No

Description #9:

10. Has any authority, licensing board, health facility or peer review board taken action against any of your health profession licenses or privileges (including imposing a fine, sanctions, censure or reprimand, probation, imposition of restrictions, suspension, or revocation)?

Response: No

Description #10:

Clean Hands

Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001). As of this date, do any of the below statements apply to you:

- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 31, Chapter 24 (The Compulsory/No-Fault Motor Vehicle Insurance Act of 1982);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 50, Chapter 3 (Department of For-Hire Vehicles Establishment Act of 1985);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 50, Chapter 15 (Registration of Motor Vehicles);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication Act of 1978);
- I owe more than \$100 in fines, penalties, or interest assessed by another jurisdiction; provided, that a reciprocity agreement is in effect between the jurisdiction and the District;
- I owe more than \$100 in past due taxes;
- I owe more than \$100 in any outstanding fines, penalties, or interest due to the District of Columbia;
- I owe any amount of past due District of Columbia Water and Sewer Authority service fees;
- I owe any amount of a vehicle conveyance fee pursuant to D.C. Official Code Title 50, Chapter 23;
- I owe any amount of past due fines, penalties, or past due restitution on behalf of an employee due to a violation of D.C. Official Code Title 32, Chapters 1A, 10, 13 or Title 2, Subchapter X-A; or I have failed to file required District tax returns.

IF YOU ANSWER “YES” TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED, pursuant to D.C. Official Code § 47-2864 (2001).

Clean Hands: No

Criminal Background Check: Agree

Clean Hands Description:

Health Professional Affidavit: Agree

Education and Experience

School Details #1

Name: State University of New York (SUNY) Downstate Medical Center

City: 11203

State: New York

Country: United States

Graduation Date: Fri May 16 00:00:00 GMT 1997

Type of Degree: Doctor of Medicine (MD)

POST-GRADUATE WORK EXPERIENCE #1

Program: Swedish Medical Center - First Hill
Campus

Position Key: Residency

City: Seattle

Start Date: Wed Jun 25 00:00:00 GMT 1997

State: Washington

End Date: Sun Jun 25 00:00:00 GMT 2000

Country: United States

WORK EXPERIENCE #1

Employer Name: HeyJane

End Date:

Start Date: Tue Dec 01 00:00:00 GMT 2020

Reason for Leaving:

Type of Employment: Full Time

Country: New York

Country: New York

Country: United States

WORK EXPERIENCE #2

Employer Name: Jane Medical PLLC

Type of Employment: Full Time

Start Date: Wed Jun 21 00:00:00 GMT 2023

End Date:

Reason for Leaving:

City: Springfield

State: Virginia

Country: United States

Other State Licenses #1

State/Jurisdiction: California

Professional Designation Name: MD

Is your license active?: Active

Issue Date: Mon Apr 04 00:00:00 GMT 2022

License Number: C 177371

Expiry Date: Tue Apr 30 00:00:00 GMT 2024

License Type: Full License

Other State Licenses #2

State/Jurisdiction: Colorado

Professional Designation Name: MD

Is your license active?: Active

Issue Date: Tue Feb 01 00:00:00 GMT 2022

License Number: DR.0068077

Expiry Date: Wed Apr 30 00:00:00 GMT 2025

License Type: Full License

Other State Licenses #3

State/Jurisdiction: Connecticut

Is your license active?: Active

License Number: 69850

License Type: Full License

Professional Designation Name: MD

Issue Date: Wed Dec 01 00:00:00 GMT 2021

Expiry Date: Sun Dec 31 00:00:00 GMT 2023

PRACTICE SPECIALTIES #1

Practice Specialities: FM-Family Medicine

Certifying Agency:

Certifying Board: American Board of Family Medicine

**District of Columbia Board of Medicine
Character Reference Form**

The District of Columbia Board of Medicine (Board), in its consideration of a candidate for licensure, depends on information by persons listed (i.e., references) regarding the candidate's character, employment and observed performance while providing care to patients and working with peers and staff. Please complete this form to the best of your ability and return it to the Board so the information you provide can be given consideration in the processing of this candidate's application.

APPLICANT INFORMATION

First Name: Margaret	MI: D.	Last Name: Carpenter
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CHARACTER REFERENCE

1. Date and type of service:

The above named individual served with us as Attending physician from Nov 2010 to May 2021.

If you are responding for a training program, please provide the number of months of professional or postgraduate training awarded: _____.

2. Please evaluate the following:

	Poor	Fair	Good	Superior
Professionalism				✓
Clinical Judgment				✓
Relationship w/Patients				✓
Ethical/Professional Conduct				✓
Interest in Work				✓
Ability to Communicate				✓

3. To your knowledge, has the applicant been the subject of any disciplinary or legal proceeding convened by a medical school, state regulatory agency or board, employer hospital, or health care facility? If yes, please explain on a separate sheet of paper.

none

4. Recommendation (choose one):

- Recommend high and without reservation.
 - Recommend as qualified and competent
 - Recommend with some reservation (please explain):
 - Do not recommend (please explain):
-
-

5. The above report is based on (choose all that apply):

- Close Personal Observation;
 - General impression;
 - A composite of evaluations;
 - Other:
-
-

6. Relationship to applicant:

- Medical school professor;
 - Program Director;
 - Attending Physician;
 - Other:
 - _____
-
-

ATTESTATION OF REFERENCE

I hereby attest that I am the individual who completed this form and provided the below responses, and that the responses given are true and accurate.

First Name: <u>Linda</u>	MI: <u>W</u>	Last Name: <u>Prine</u>
SIGNATURE OF REFERENCE: <u>Linda W. Prine</u>		DATE: <u>10/6/23</u>

**District of Columbia Board of Medicine
Character Reference Form**

The District of Columbia Board of Medicine (Board), in its consideration of a candidate for licensure, depends on information by persons listed (i.e., references) regarding the candidate's character, employment and observed performance while providing care to patients and working with peers and staff. Please complete this form to the best of your ability and return it to the Board so the information you provide can be given consideration in the processing of this candidate's application.

APPLICANT INFORMATION

First Name: Margaret **MI:** D. **Last Name:** Carpenter

CHARACTER REFERENCE

1. Date and type of service:

The above named individual served with us as Family Physician from 2011 to 2021.

If you are responding for a training program, please provide the number of months of professional or postgraduate training awarded: _____.

2. Please evaluate the following:

	Poor	Fair	Good	Superior
Professionalism				X
Clinical Judgment				X
Relationship w/Patients				X
Ethical/Professional Conduct				X
Interest in Work				X
Ability to Communicate				X

3. To your knowledge, has the applicant been the subject of any disciplinary or legal proceeding convened by a medical school, state regulatory agency or board, employer hospital, or health care facility? If yes, please explain on a separate sheet of paper.

Not to my knowledge

4. Recommendation (choose one):

- Recommend high and without reservation.
- Recommend as qualified and competent
- Recommend with some reservation (please explain):
- Do not recommend (please explain):

5. The above report is based on (choose all that apply):

- Close Personal Observation;
- General impression;
- A composite of evaluations;
- Other:

6. Relationship to applicant:

- Medical school professor;
- Program Director;
- Attending Physician;
- Other:

Dr Carpenter and I worked together closely @
The Institute for Family Health, and at N6D (we were colleagues)

ATTESTATION OF REFERENCE

I hereby attest that I am the individual who completed this form and provided the below responses, and that the responses given are true and accurate.

First Name: <u>Ingrid</u>	MI: <u>S</u>	Last Name: <u>Frengele-Burke</u>
SIGNATURE OF REFERENCE: <u>Ingrid Frengele-Burke DNP, FNP-C</u>		DATE: <u>10/20/2023</u>

**District of Columbia Board of Medicine
Character Reference Form**

The District of Columbia Board of Medicine (Board), in its consideration of a candidate for licensure, depends on information by persons listed (i.e., references) regarding the candidate's character, employment and observed performance while providing care to patients and working with peers and staff. Please complete this form to the best of your ability and return it to the Board so the information you provide can be given consideration in the processing of this candidate's application.

Michael Hafran

First Name: MI: Last Name:

Alyssa H Sherer APRN

1. Date and type of service:

The above named individual served with us as Medical Doctor from 2021 to Currently employed.

If you are responding for a training program, please provide the number of months of professional or postgraduate training awarded: _____.

2. Please evaluate the following:

Poor Fair Good Superior

Professionalism **Superior**

Clinical Judgment **Superior**

Relationship **Superior**
w/Patients

Ethical/Professional **Superior**
Conduct

Interest in Work **Superior**

Ability to
Communicate **Superior**

3. To your knowledge, has the applicant been the subject of any disciplinary or legal proceeding convened by a medical school, state regulatory agency or board, employer hospital, or health care facility? If yes, please explain on a separate sheet of paper.

_____none_____

899 North Capitol Street NE | 2nd Fl, Washington, DC 20002 | P 202-724-8800 | dchealth.dc.gov

4. Recommendation (choose one):

Recommend high and without reservation.

Recommend as qualified and competent

Recommend with some reservation (please explain):

Do not recommend (please explain):

5. The

above report is based on (choose all that apply):

Close Personal Observation;

General impression;

A composite of evaluations;

Other:

6.

Relationship to applicant:

Medical school professor;

Program Director;

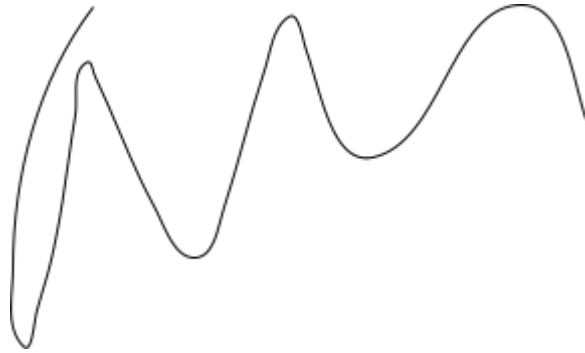
Attending Physician;

Other:

I hereby attest that I am the individual who completed this form and provided the below responses, and that the responses given are true and accurate.

First Name: MI: Last Name:

Alyssa H Sherer

A handwritten signature in black ink, consisting of a series of connected loops and curves, positioned above the text 'SIGNATURE OF REFERENCE:'.

SIGNATURE OF REFERENCE:

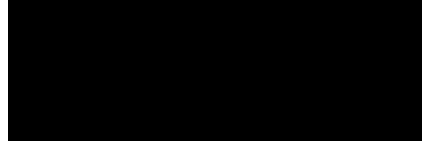
DATE: 10/23/23



AMA Physician Profile

Name and Mailing Address

MARGARET DALEY CARPENTER
FAMILY HEALTH CENTER OF NEW PALTZ
279 MAIN ST
NEW PALTZ, NY 12561-1623



Phone UNKNOWN

Birth date 12/13/1969

Physician's major professional activity HOSPITAL BASED FULL-TIME PHYSICIAN STAFF

Self-designated practice specialty FAMILY MEDICINE (primary)
UNSPECIFIED (secondary)

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

AMA membership status NON MEMBER

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

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1407935802	11/04/2006	NOT RPTD	NOT RPTD	NOT RPTD	08/18/2023

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, **enrollment date** is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. **Degree date** is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: SUNY DOWNSTATE MEDICAL CENTER COLLEGE OF MEDICINE

Degree Awarded:	YES	Degree Type:	MD
Enrollment Date:	NOT REPORTED	Degree Date:	05/1997

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. **Completed** indicates that the training has been completed in its entirety and verified with the program. **Training in Progress** indicates the training has a future completion date and is verified as in progress. **Verification of Completion in Progress** indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. **Partially Completed** indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:	SWEDISH MEDICAL CENTER
Sponsoring State:	WASHINGTON
Specialty:	FAMILY MEDICINE
Dates:	07/01/1997 - 06/30/2000
Status:	COMPLETED

Specialty board certification

This section provides specialty board certification data specific to one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the AMA (through the Liaison Committee on Specialty Boards) as reported by the ABMS.

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

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

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC ⁺	Active	04/06/2016	n/a	02/15/2024	RE-CERT	09/05/2023	Y
TIME LIMITED	Expired	08/04/2006	04/05/2016		RE-CERT	09/05/2023	Y
TIME LIMITED	Expired	07/14/2000	08/03/2006		INITIAL	09/05/2023	Y

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

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2023 American Board of Medical Specialties. All rights reserved.

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

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
25MA11562300	MD	NJ	07/21/2022	06/30/2025		ACT	UNL	07/25/2023	Margaret Carpenter
21856	MD	NH	09/08/2021	06/30/2025		ACT	UNL	08/22/2023	MARGARET DALEY CARPENTER
MD00037730	MD	WA	08/06/1999	12/13/2024	03/04/2022	ACT	UNL	02/02/2022	Margaret Daley Carpenter

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
60236802	MD	NY	06/30/2005	11/30/2024		ACT	UNL	11/17/2022	CARPENTER MARGARET DALEY
042-0015674	MD	VT	01/05/2022	11/30/2024	10/10/2022	ACT	UNL	01/11/2023	Margaret Carpenter
C-177371	MD	CA	04/04/2022	04/30/2024		ACT	UNL	02/09/2023	Margaret Daley Carpenter
69850	MD	CT	12/01/2021	12/31/2023	01/01/2023	ACT	UNL	11/09/2022	MARGARET CARPENTER
1015742	MD	MA	05/24/2023	12/13/2023		ACT	UNL	07/20/2023	Margaret Daley Carpenter
04-28751	MD	KS	08/12/2000	06/30/2004		INA	UNL	04/22/2008	NRT

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

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME

US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
-----081	C-0	22N 33N 4 5	Active	08/31/2026	Paid	09/06/2023	[REDACTED]

* Only the last three characters of DEA numbers are displayed

† Business Activity key: C-0 = Practitioner, C-2 = Practitioner–Military, C-7 = Practitioner–Department of Defense Contractor, C-Q = Practitioner–Federal

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

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional Data™, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

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

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