

Osteopathic Medicine- Osteopathic
Physician and Surgeon- Application
Initial
AA0003561924



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	DACOSTA			First Name	KAI		
Middle Name				Suffix			
Full Name	KAI DACOSTA						
SSN		Date Of Birth		Age		Gender	
ADDRESS DETAILS							
Street Address							
City/State/Zip	YARMOUTH ME 04096						
County	CUMBERLAND				Country	United States	
CONTACT DETAILS							
Phone number				Mobile Phone number			
Primary Email Address				Secondary Email Address			
EDUCATION DETAILS							
School Name	School Type	School Address	Degree	Major	Attended From	Attended To	Graduation Date
Philadelphia College of Osteopathic Medicine	College/University	4170 City Ave Philadelphia 1073 19131			08/15/2003	06/15/2008	06/15/2008

CHECKLIST ITEMS			
Checklist name	Status	Submitted Date	Expiration Date
Application	Pending Review	02/02/2022	
Application Fee	Completed	02/02/2022	
Child Abuse CE	Not Received	01/21/2022	
Criminal History Check	Not Received	01/21/2022	
Criminal History Check-Maine	Pending Review	02/02/2022	
Criminal History Check-Massachusetts	Pending Review	02/02/2022	
Criminal History Check-Texas	Pending Review	02/02/2022	
Criminal History Check-Washington	Pending Review	02/02/2022	
Databank Report	Pending Review	02/02/2022	
Graduate Training	Not Received	01/21/2022	
Letter of Good Standing (LOGS)	Not Received	01/21/2022	
Letter of Good Standing (LOGS)-Maine	Not Received	02/02/2022	
Letter of Good Standing (LOGS)-Michigan	Not Received	02/02/2022	
National Examination	Not Received	01/21/2022	
Opioid CE	Not Received	01/21/2022	
Pennsylvania Exam	Not Received	01/21/2022	
Record of Graduation	Not Received	01/21/2022	
Resume Curriculum Vitae	Pending Review	02/02/2022	

LEGAL QUESTIONS

LEGAL QUESTIONS				
Questions		Answer	Document Uploaded	File Name
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice in any health-related profession in any state or jurisdiction?	Y	No	
2	Please provide the profession and state or jurisdiction.	physician-Maine; physician-Michigan	No	
3	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No	
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
5	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
7	Have you ever had your DEA registration denied, revoked or restricted?	N	No	
8	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
9	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?	N	No	
10	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
11	Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?			
12	Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint which must include the docket number, filing date, and the date you were served . Submit a statement which includes complete details of the complaints that have been filed against you.	N	No	
13	Docket Number:		No	
14	Filing Date:		No	
15	Date you were served:		No	

STANDARD QUESTIONS

Questions		Answer
1	Will any of your supporting documents be submitted under another name or names?	N
2	Please insert in the text box your other name or names.	
3	Submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.)	
4	Indicate the Licensing Examination(s) passed:	NBOME/COMLEX
5	Please select the State	
6	Have you passed an Osteopathic Manipulation Examination that included a practical component? *Note: If you selected "No", you must also register for the Osteopathic Manipulation Therapy Exam with Pearson Vue.	Y
7	Please select the type of practical OMT exam that you have passed.	COMLEX 2-PE

Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction

Profession	State/Jurisdiction
physician	Maine
physician	Michigan

PA VETERANS REGISTRY

Questions		Answer
1	Have you served in the U.S. Armed Forces?	Y
2	Thank you for your service. Would you like to register with the PA Veterans Registry? The PA Veterans Registry provides veterans with information about federal, state and local benefits, programs and services that are available to Pennsylvania veterans and links veterans with resources that can provide assistance. Registration is quick and easy, and provides the Department of Military and Veterans Affairs (DMVA) with a way to contact you regarding the benefits and services you may be eligible for. If you check "Yes," you will receive an email with instructions to assist you in registering.	N

CONFIRMATION

<input checked="" type="checkbox"/>	Any fees paid are non refundable. (02/02/2022 10:37:20)
-------------------------------------	---

Physician Name: Kai DaCosta, DO

Address: [REDACTED]
Yarmouth, ME 04096-8131

Work Phone:

Birth Date: [REDACTED]

Self-Designated Major Practice Focus: Pediatrics

Self-Designated Minor Practice Focus:

AOA Membership Status: Non-Member

The following information was obtained from the original issuing source of the credential, also known as the primary source

Predoctoral Education: Philadelphia College of Osteopathic Medicine
Philadelphia PA

Year of Graduation: 2008

Postdoctoral Education: (Current and/or prior osteopathic postdoctoral internship and residency training programs, as well as ACGME-accredited allopathic residency training programs that have been approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is required, contact the program director.)

Internship:

Dates Attended:

Residency: Madigan Army Medical Center Allopathic - Pediatrics Residency
Tacoma WA

Dates Attended: 07/01/2008 - 06/30/2009 Verified

Please note: Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended that have been verified with the primary source are listed below. Check with the program director if residency does not appear.

Residency:

Dates Attended:

Licenses:	State	Date Granted	Expiration Date	Status	Date Last Reported to the AOA	** Contact Board for More Information
	ME		02/28/2023	Active	07/23/2021	
	MI	06/29/2020	06/29/2023	Active	01/28/2022	

** A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.

Certification by member board(s) of the American Board of Medical Specialties ® (ABMS):

(The AOIA Official Osteopathic Physician Profile Report has been designated by the ABMS as an Official Display Agent and provides this primary source data on the organization's behalf.)

		Date Granted	Expiration Date	Date Last Reported to the AOA
ABMS Member Board:	Psychiatry & Neurology			
Primary Certification:	Psychiatry	09/2020		02/03/2022
ABMS Maintenance of Certification:	Meeting MOC requirements			

The above certifying board(s) has/have implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Please Note: For more information on MOC, please goto www.abms.org

Federal Drug Enforcement Administration:

As of 02/15/2022 Federal DEA registration is valid.

Please note: Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not maintain this information.

Former Name(s):

Please Note:

The content of this Official Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on physicians. Appropriate use of this instrument in combination with your organization's documented credentialing policies and procedures meets the primary source requirements of the Healthcare Facilities Accreditation Program (HFAP/AAHHS); the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC); The Joint Commission; URAC; DNV GL; and the National Association of Insurance Commissioners (NAIC). The National Committee for Quality Assurance (NCQA) recognizes the information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.

If you find any discrepancies, please mark them on a copy of this report and email to the AOIA credentials@AOAprofiles.org. Thank you.

KAI DACOSTA

Yarmouth ME 04096

EDUCATION

Philadelphia College of Osteopathic Medicine (PCOM) - Philadelphia, PA GPA: 3.0
Doctor of Osteopathy Aug 2003 - Jun 2008

Smith College - Northampton, MA GPA: 3.5
Bachelor's of Arts in Women's Studies Sept 1989 - May 1993

POSTGRADUATE TRAINING

Psychiatry Resident, July 2016 - Jun 2020/ Maine Medical Center - Portland, **ME**

Psychiatry Resident, July 2014 - Oct 2014/ University of Washington - Seattle, **WA**

Pediatrics Intern, Jul 2008 - June 2009/ Madigan Army Medical Center - Tacoma, **WA**

PHYSICIAN WORK EXPERIENCE

Psychiatrist, Aug 2020 - current/ Depth Psychiatric Services, Yarmouth **ME**
Private practice with psychodynamic psychotherapy and medication management

Psychiatrist, Aug 2020 - current/ Riverview Psychiatric Center, Augusta **ME**
Inpatient psychiatric management in state psychiatric hospital

Physician, Jul 2020 - current/ Scotsdale Women's Center, Detroit **MI**
Women's health care

Psychiatrist, Dec 2019 - current/ PenBay Medical Center, Rockland **ME**
Inpatient psychiatric management and on call covering inpatient and multiple outpatient clinic, ED needs

Physician, Aug 2017 - January 2019/ Groups, Portland **ME**
Suboxone prescribing and group co-facilitator of Suboxone group.

Primary Care Physician, Aug 2015 - Jun 2016/ Passamaquoddy Tribe, Pleasant Point **ME**
Primary care for children and adults, well women's and well child care for tribal members in rural, underserved, and economically depressed area. Developing routine well child procedures based on Bright Futures Program. Developed interdisciplinary chronic pain program.

Battalion Surgeon, Jun 2011 - July 2012/ US Army - Ft Hood, **TX**
Primary care, urgent care and preventive medical care to service members in specialized rapid deployment Chemical Biological Radiologic Nuclear and high yield Explosives battalion in garrison and field environments. Served as medical expert to battalion commander. Communicated in written and oral forms on weekly and as needed basis as member of battalion command team. Supervised 1 physician assistant and 7 medics.

General Medical Officer, Jul 2009 - Jun 2011/ US Army - Camp Casey, **South Korea**
Primary care and urgent care to service members, dependents and retirees in rural stand alone clinic. Supervised 2 physician assistants. Provided weekly medic training. Set up and maintain aide station in field environment.



NATIONAL PRACTITIONER DATA BANK

NPDB

National Practitioner Data Bank
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

5500000185091454

Process Date: 01/21/2022

Page: 1 of 1

To: DACOSTA, KAI

[REDACTED]

YARMOUTH, ME 04096-8131

From: National Practitioner Data Bank

Re: Response to Your Self-Query

This self-query response is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



DACOSTA, KAI - SELF-QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: DACOSTA, KAI
Date of Birth: [REDACTED] **Gender:** FEMALE
Shipping Address: [REDACTED] YARMOUTH, ME 04096-8131
Social Security Number: [REDACTED] **DEA:** FD5407665
NPI: 1578711016
License: OSTEOPATHIC PHYSICIAN (DO), DO2155, ME, PSYCHIATRY
OSTEOPATHIC PHYSICIAN (DO), 5101025707, MI
Professional School(s): PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE (2008)

B. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 01/21/2022

The following report types have been searched:

Medical Malpractice Payment Report	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are provided for restricted/limited use as prescribed by statutes listed on the preceding cover page.

----- No Reports Found Based on the Subject Information Submitted -----

State Board of Osteopathic Medicine

2601 North Third Street
Harrisburg PA 17110



BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

State Board of Osteopathic Medicine

P O BOX 2649
Harrisburg PA 17105-2649



VERIFICATION OF MEDICAL EDUCATION

SECTION 1 - TO BE COMPLETED BY APPLICANT

APPLICANT INFORMATION

NAME:	Last	DACOSTA	First	KAI	Middle
OTHER NAME:					
DATE OF BIRTH :			LAST 4 DIGITS OF SSN:		
ADDRESS:					
CITY / STATE / ZIP:	YARMOUTH ME 04096				

Submit the verification of medical education form to your medical school and request the school to return the completed form directly to the Board

SECTION2 - TO BE COMPLETED BY DEAN OR REGISTRAR OF MEDICAL SCHOOL

NAME OF SCHOOL:	Philadelphia College of Osteopathic Medicine			
NAME OF STUDENT:	Last	Dacosta	First Kai	Middle
DATE OF GRADUATION :	06/01/2008			

I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT

SIGNATURE OF DIRECTOR/DEAN/REGISTRAR:					
DATE :	Month 02	Day 25	Year 2022	Upon completion, school must return this completed form directly to the PA State Board.	
				DO NOT RETURN THIS FORM TO THE APPLICANT	

RETURN ADDRESS:

State Board of Osteopathic Medicine
P O BOX 2649
Harrisburg PA 17105-2649
7177834858



PHILADELPHIA COLLEGE OF
OSTEOPATHIC MEDICINE

OFFICE OF THE REGISTRAR

4190 CITY AVENUE
PHILADELPHIA PENNSYLVANIA 19131-1693



PHILADELPHIA PA 190 neopost[®]

FIRST-CLASS MAIL

28 FEB 2022 PM 6 L

02/28/2022

US POSTAGE \$000.53⁰



ZIP 19004
041L12205263

TO: State Board of Osteopathic Medicine
PO BOX 2649
Harrisburg PA 17105-2649

17105-264949



PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Osteopathic Medicine As of Date:4/20/2022

PRACTITIONER INFORMATION

Name: Dacosta, Kai
 DOB: [REDACTED]
 Medical School: Philadelphia College of Osteopathic Medicine
 Philadelphia, Pennsylvania, UNITED STATES
 Year of Grad: 2008
 Degree Type: DO
 NPI: 1578711016

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
1578711016	Individual			06/04/2018

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Osteopathic Medicine As of Date: 4/20/2022

Practitioner Name: Dacosta, Kai

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ARIZONA OSTEO	008653T	05/29/2020	06/28/2020	03/30/2022
FSMB License Status: Expired				
MAINE OSTEO	DO2155	04/08/2010	02/28/2023	04/19/2022
FSMB License Status: Active				
MICHIGAN OSTEO	5101025707	06/29/2020	06/29/2023	03/11/2022
FSMB License Status: Active				
WASHINGTON OSTEO	OL60472726			03/31/2022
FSMB License Status: N/A				

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Address	Last Reported
FD5407665	AUGUSTA, ME 04330	01/05/2022
FD9580019	DETROIT, MI 48219	01/05/2022

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Osteopathic Medicine As of Date: 4/20/2022

Practitioner Name: Dacosta, Kai

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Psychiatry and Neurology
 Certificate: Psychiatry
 Certification Type: General
 Certification Status: Certified
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	09/14/2020		03/01/2023	Initial	03/31/2022

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Osteopathic Medicine As of Date:2/18/2022

PRACTITIONER INFORMATION

Name: Dacosta, Kai
 DOB: [REDACTED]
 Medical School: Philadelphia College of Osteopathic Medicine
 Philadelphia, Pennsylvania, UNITED STATES
 Year of Grad: 2008
 Degree Type: DO
 NPI: 1578711016

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
1578711016	Individual			06/04/2018

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Osteopathic Medicine As of Date:2/18/2022

Practitioner Name: Dacosta, Kai

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ARIZONA OSTEO	008653T	05/29/2020	06/28/2020	01/24/2022
FSMB License Status: Expired				
MAINE OSTEO	DO2155	04/08/2010	02/28/2023	02/17/2022
FSMB License Status: Active				
MICHIGAN OSTEO	5101025707	06/29/2020	06/29/2023	01/31/2022
FSMB License Status: Active				
WASHINGTON OSTEO	OL60472726			01/31/2022
FSMB License Status: N/A				

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
FD5407665	22N 33N 4 5	AUGUSTA,ME 04330	06/30/2024	01/05/2022
FD9580019	22N 33N 4 5	DETROIT,MI 48219	06/30/2023	01/05/2022

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Osteopathic Medicine As of Date: 2/18/2022

Practitioner Name: Dacosta, Kai

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Psychiatry and Neurology
Certificate: Psychiatry
Certification Type: General
Certification Status: Certified
Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	09/14/2020		03/01/2022	Initial	01/27/2022

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State Board of Osteopathic Medicine

2601 North Third Street
Harrisburg PA 17110BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

VERIFICATION OF AOA APPROVED INTERNSHIP

TO BE COMPLETED BY APPLICANT

APPLICANT INFORMATION

NAME: Last **DACOSTA** First **KAI** Middle

OTHER NAME:

DATE OF BIRTH : **[REDACTED]** LAST 4 DIGITS OF SSN:

ADDRESS:

CITY / STATE / ZIP:

TO BE COMPLETED BY PROGRAM DIRECTOR WHERE THE INTERNSHIP OCCURRED

If internship was in Pennsylvania, information must coincide with data on graduate license. This form may NOT be submitted prior to completion of the internship.

HOSPITAL WHERE TRAINING WAS COMPLETED:

Maine Medical Center

NAME OF SPONSORING INSTITUTION:

Maine Medical Center

LOCATED IN: CITY

Portland

STATE

ME

INTERNSHIP COMPLETED:

FROM (MM/DD/YYYY) TO (MM/DD/YYYY)

07/01/2014**06/30/2017**

"I certify that the above named applicant successfully completed/will successfully complete this AOA approved internship and that there was/is no disciplinary or administrative action outstanding against this applicant. If there has been disciplinary action regarding this applicant, please provide a separate statement outlining the details.

If the hospital has no seal or stamp to affix to this document, I will have the form notarized to verify that it was completed by this hospital.

Signature of Program Director

DATE

2/28/2022

(Seal)

Notary Signature

Notary Commission Expiration Date:

07-06-24

Regular Mailing Address
STATE BOARD OF OSTEOPATHIC MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-485

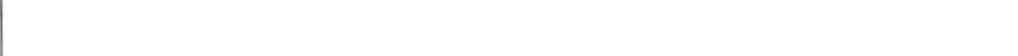
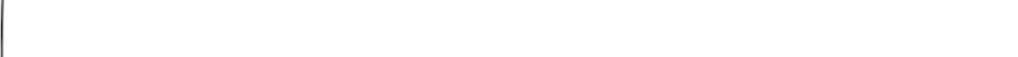
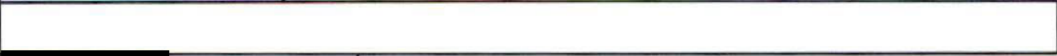
Courier Delivery Address
STATE BOARD OF OSTEOPATHIC MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE

State Board of Osteopathic Medicine

P O BOX 2649

Harrisburg PA 17105-2649





Maine Medical Center

Price - Psychiatry Medicine
Maine Health

22 Bramhall Street
Portland, Maine 04102-3175



US POSTAGE[®] PITNEY BOWES



ZIP 04102 \$ 000.53⁰
02 4W
0000348578 MAR 01 2022

STATE BOARD OF OSTEOPATHIC MEDICINE
P O BOX 2649
HARRISBURG, PA 17105-2649

1710532649 B099



State Board of Osteopathic Medicine
2601 North Third Street
Harrisburg PA 17110



BUREAU OF PROFESSIONAL
OCCUPATIONAL AFFAIRS



AOA Profile
KAI DACOSTA

INT1437135

VERIFICATION OF AOA APPROVED INTERNSHIP

TO BE COMPLETED BY APPLICANT

APPLICANT INFORMATION

NAME: Last	DACOSTA	First	KAI	Middle	
OTHER NAME:	N/A				
DATE OF BIRTH:			LAST 4 DIGITS OF SSN:		
ADDRESS:					
CITY / STATE / ZIP:	YARMOUTH, ME 04096				

TO BE COMPLETED BY PROGRAM DIRECTOR WHERE THE INTERNSHIP OCCURRED

If internship was in Pennsylvania, information must coincide with data on graduate license. This form may NOT be submitted prior to completion of the internship.

HOSPITAL WHERE TRAINING WAS COMPLETED:	MADIGAN ARMY MEDICAL CENTER		
NAME OF SPONSORING INSTITUTION:	N/A		
LOCATED IN:	CITY TACOMA	STATE	WASHINGTON
INTERNSHIP COMPLETED:	FROM (MM/DD/YYYY) 07/01/2008	TO (MM/DD/YYYY) 06/30/2009	PEDIATRICS INTERNSHIP

"I certify that the above named applicant successfully completed/will successfully complete this AOA approved internship and that there was/is no disciplinary or administrative action outstanding against this applicant. If there has been disciplinary action regarding this applicant, please provide a separate statement outlining the details.

If the hospital has no seal or stamp to affix to this document, I will have the form notarized to verify that it was completed by this hospital.

Douglas M. Maurer, B.O., MPH, Director, Graduate Medical Education

Signature of Program Director

DATE

Notary Signature

Notary Commission Expiration Date: _____

(Seal)

Regular Mailing Address
STATE BOARD OF OSTEOPATHIC MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-485


Courier Delivery Address
STATE BOARD OF OSTEOPATHIC MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE

DEPARTMENT OF THE ARMY

COMMANDER
MADIGAN HEALTHCARE SYSTEM
ATTN: MCHJ-MOE-G
9040A JACKSON AVE
TACOMA WA 98431-1100

OFFICIAL BUSINESS


STATE BOARD OF OSTEOPATHIC MEDICINE
P.O. BOX 2649
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MAINE STATE BUREAU OF IDENTIFICATION
45 COMMERCE DRIVE, SUITE 1 / 42 STATE HOUSE STATION
AUGUSTA, ME 04333-0042
(207) 624-7240 (VOICE) (207) 624-4478 (TDD)

KAI DACOSTA
[REDACTED]

YARMOUTH, ME 04096

Date of Inquiry: 01/24/2022
Transaction Number: TME164220452

After a review of the results from a fingerprint based records search of **THE MAINE STATE POLICE** criminal fingerprint databases for:

Name: KAI DACOSTA
Date of Birth: [REDACTED]
Social Security # [REDACTED]

There were **NO CRIMINAL RECORDS FOUND** on the applicant named above.

01/27/2022



Janet T. Mills
GOVERNOR

State of Maine
BOARD OF OSTEOPATHIC LICENSURE
142 STATE HOUSE STATION
161 CAPITOL STREET
AUGUSTA, ME 04333-0142
Tel: (207) 287-2480 / Fax: (207) 536-5811
<http://www.maine.gov/osteo>

Melissa Michaud, PA-C
BOARD CHAIR

Susan E. Strout
EXECUTIVE SECRETARY

January 28, 2022

Page 1 of 1

The **BOARD OF OSTEOPATHIC LICENSURE** hereby certifies that a standard search of the available records of this office indicates the following:

NAME: KAI DACOSTA, DO

LICENSE NUMBER: DO2155

TYPE OF LICENSE: DOCTOR OF OSTEOPATHIC MEDICINE

ORIGINAL ISSUE: 04/08/2010

LICENSE STATUS: ACTIVE

EXPIRATION DATE: 02/28/2023

HISTORY

DOCTOR OF OSTEOPATHIC MEDICINE

START DATE

04/08/2010

END DATE

02/28/2023

SPECIALTIES

PSYCHIATRY

ISSUE

01/30/2017

EDUCATION LEVEL

DO

YEAR

2008

PROVIDER

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

There are no records of disciplinary action on file for this license.

Susan E. Strout
Executive Secretary

OFFICIAL BOARD SEAL

STATE OF MAINE
BOARD OF OSTEOPATHIC LICENSURE
142 STATE HOUSE STATION
AUGUSTA, ME 04333-0142

SO. MAINE P&DC 041

31 JAN 2022 PM 2 L



PA Board of Osteopathic Medicine
PO Box 2649
Harrisburg PA 17105-2649

17105-264949



PAUL
JAN 31 AM 9:26
OFFICE OF THE CLERK

1 1111111111 111 1 111 111111 111111111

ST, OSTEOPATHIC <ra-osteopathic@pa.gov>

Mon 1/31/2022 9:26 AM

To: Deitrich, Alexandra [REDACTED]

From: LARA-BPL@michigan.gov <noreply@accela.com>

Sent: Friday, January 28, 2022 1:06 PM

To: ST, OSTEOPATHIC [REDACTED]

Subject: [External] License Verification Notification

GRETCHEN WHITMER
GOVERNOR



ORLENE HAWKS
DIRECTOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

VERIFICATION OF LICENSURE
MICHIGAN BOARD OF OSTEOPATHIC MEDICINE AND SURGERY
VERIFICATION OF LICENSURE AS OF 01/28/2022

NAME: Kai daCosta
ADDRESS: [REDACTED]
Yarmouth, ME 04096

BIRTH YEAR: [REDACTED]
STATUS: Active

LICENSE TYPE: Osteopathic Physician License
LICENSE NUMBER: 5101025707
OBTAINED BY: Endorsement

ORIGINAL DATE: 06/29/2020
EXPIRATION DATE: 06/29/2023
SPECIALTY: None

<u>EXAM DATE</u>	<u>EXAM TYPE</u>	<u>EXAM RESULTS</u>
	None	

OPEN FORMAL COMPLAINTS

No

<u>DISCIPLINARY ACTION</u>	<u>START DATE</u>	<u>END DATE</u>
None		

Brian DeBano, Division Director
Bureau of Professional Licensing
Licensing Division
[REDACTED]



FOR YOUR RECORDS – PLEASE SEND TO
LICENSURE BOARD WITH CERTIFICATION PACKET

MAINE MEDICAL EDUCATION TRUST
CME DOCUMENTATION

Quality Counts
Caring for ME Online Learning Module
***“Highlights of the SAMHSA TIP 63 - Medications for
Opioid Use Disorder - A Toolkit for Improving Practice”***

Active: July 2019—July 2022

Course Completion Date: _____

Please complete the following form **for your records**. We appreciate your cooperation with paperwork needed for CME approval.

The Maine Medical Education Trust designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity qualifies for 1.5 credit(s) of the 3 CME credit requirement for opioid medication education found in P.L. 2015, Chapter 488, Maine's legislation to address the opioid drug crisis.

The Maine Medical Education Trust is accredited by the Maine Medical Association's Committee on Continuing Medical Education and Accreditation to provide Continuing Medical Education (CME) to physicians.

☒ I attended the entire program (1.5 credits) (Title of Program)

☐ I claim only _____ CME credits for this activity. (1 credit/hour - only claim actual time in this activity).

PLEASE PRINT: Kai da Coste

CHECK ONE: MD (DO) OTHER _____

NAME: _____

ADDRESS: _____

CITY: Yarmouth STATE ME ZIP 04096

TELEPHONE: _____ EMAIL: _____

SIGNATURE (verifies accuracy) _____

If you have any questions regarding your CME documentation, please call Gail Begin, CME Director, at the Maine Medical Association (207) 622-3374, 30 Association Drive, Manchester, Maine 04351. Thank you!

FOR YOUR RECORDS -- PLEASE SEND TO
LICENSURE BOARD IF AUDITED/REQUESTED,
THIS DOCUMENT SERVES AS YOUR RECORD OF
ATTENDANCE

MAINE MEDICAL EDUCATION TRUST
CME DOCUMENTATION

Maine Medical Association Center for Quality Improvement

Caring for ME Online Learning Module:

"Initiating Buprenorphine in the ED"

Date Completed: 12/14/21

Please complete the following form for your records. We appreciate your cooperation with paperwork needed for CME approval.

The Maine Medical Education Trust designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity qualifies for 1 credit(s) of the 3 CME credit requirement for opioid medication education found in P.L. 2015, Chapter 488, Maine's legislation to address the opioid drug crisis.

The Maine Medical Education Trust is accredited by the Maine Medical Association's Committee on Continuing Medical Education and Accreditation to provide Continuing Medical Education (CME) to physicians.

☒ I attended the entire program (1.0 CME credits) (Initiating Buprenorphine in the ED)

☐ I claim only (_____ CME credits) for this activity (only claim actual time in this activity)

Please print:

(The information below is used if this form is lost, returned or to update a CME database at your office or hospital)

Check one: MD _____ DO ()

Name: K2i d2lost2

Telephone: _____

Address: _____

Email: _____

City: Yarmouth State: ME Zip: 04096

Signature: _____ (certifies information is accurate)

If you have any questions regarding your CME documentation, please email Gail Begin, CME Director at the Maine Medical Association at gbegin@mainemed.com. Thank you!

FOR YOUR RECORDS – PLEASE SEND TO
LICENSURE BOARD WITH CERTIFICATION PACKET

MAINE MEDICAL EDUCATION TRUST
CME DOCUMENTATION

Quality Counts

Caring for ME Online Learning Module

***“Adolescent Substance Use and Screening- Briefly Intervening
Saves Lives”***

Active: June 2019—June 2022

Course Completion Date: 12/14/2

Please complete the following form **for your records**. We appreciate your cooperation with paperwork needed for CME approval.

The Maine Medical Education Trust designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity qualifies for 1.5 credit(s) of the 3 CME credit requirement for opioid medication education found in P.L. 2015, Chapter 488, Maine's legislation to address the opioid drug crisis.

The Maine Medical Education Trust is accredited by the Maine Medical Association's Committee on Continuing Medical Education and Accreditation to provide Continuing Medical Education (CME) to physicians.

☒ I attended the entire program (1.5 credits) (Title of Program)

☐ I claim only _____ CME credits for this activity. (1 credit/hour - only claim actual time in this activity).

PLEASE PRINT: KAI DALOSTA

CHECK ONE: MD _____ DO _____ OTHER _____

NAME: _____

ADDRESS: _____

CITY: Yarmouth STATE ME ZIP 04096

TELEPHONE: _____ EMAIL: _____

SIGNATURE (verifies accuracy) _____

If you have any questions regarding your CME documentation, please call Gail Begin, CME Director, at the Maine Medical Association (207) 622-3374, 30 Association Drive, Manchester, Maine 04351. Thank you!

[External] Transcript Order #58258713-1: Transcript Access Code for KAI DACOSTA - Philadelphia College of Osteopathic Medicine

Do Not Reply <donotreply@studentclearinghouse.org>

Fri 1/28/2022 5:36 PM

To: ST, OSTEOPATHIC [REDACTED]

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This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please DO NOT reply to this message.

The National Student Clearinghouse Transcript Ordering service has been authorized to release an electronic copy of the official academic transcript for KAI DACOSTA from Philadelphia College of Osteopathic Medicine.

You can download the transcript using the link that was sent to you in a separate email and this Access Code. The retrieval link will expire in 30 days.

Access Code (case sensitive):

[REDACTED]

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PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

PHILADELPHIA
4190 CITY AVENUE
PHILADELPHIA, PA 19131

PCOM GEORGIA
625 OLD PEACHTREE ROAD NW
SUWANEE, GEORGIA 30024

PCOM SOUTH GEORGIA
2050 TALLOKAS ROAD
MOULTRIE, GA 31768

Student ID: 900042015

Date Issued: 28-JAN-2022

Record of: Kai DaCosta, DO

Class Standing: 5 | 5 Quintile 2nd Year

Issued To: BPOA PENNSYLVANIA LICENSING SY

Course Level: Professional					SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
Current Program					Institution Information continued:			
Doctor of Osteopathic Medicine					Ehrs: 5.00 GPA-Hrs: 3.00 QPts: 247.00 GPA: 82.33			
Campus : Philadelphia								
Major : Osteopathic Medicine					Winter 2004			
Degrees Awarded Doctor of Osteopathic Medicine 01-JUN-2008					DO 232	Primary Care Skills V	1.00 NG	0.00
					DO 242	Osteo. Prin. & Practice V	1.00 NG	0.00
					DO 255	Clinical Endocrinology	1.00 75	75.00
					DO 256	Psychopharmacology	1.00 85	85.00
Primary Degree					DO 257	Clinical & Basic Neuroscience	1.00 85	85.00
Campus : Philadelphia					Ehrs: 5.00 GPA-Hrs: 3.00 QPts: 245.00 GPA: 81.66			
Major : Osteopathic Medicine								
SUBJ NO.	COURSE TITLE				CRED GRD	PTS R		
INSTITUTION CREDIT:					Spring 2005			
					DO 233	Primary Care Skills VI	1.00 88	88.00
					DO 235	Case-Based Review	1.00 P	0.00
					DO 243	Osteo. Prin. & Practice VI	1.00 81	81.00
Fall 2003					DO 262	Emergency Medicine II	1.00 86	86.00
DO 105	Medical Structural Principles	1.00 74	74.00	DO 271	Dermatology	1.00 P	0.00	
DO 131	Primary Care Skills I	0.00 NG	0.00	DO 272	Clinical Geriatrics	1.00 95	95.00	
DO 141	Osteo. Prin. & Practice I	0.00 NG	0.00	DO 274	Pediatrics	1.00 76	76.00	
Ehrs: 1.00 GPA-Hrs: 1.00 QPts: 74.00 GPA: 74.00					DO 275	General Surgery	1.00 98	98.00
					DO 275	Ear, Eyes, Nose, Throat	1.00 P	0.00
Winter 2003					Ehrs: 9.00 GPA-Hrs: 6.00 QPts: 524.00 GPA: 87.33			
DO 123	Cell and Tissue	1.00 76	76.00	Summer 1 2005				
DO 132	Primary Care Skills II	0.00 NG	0.00					
DO 142	Osteo. Prin. & Practice II	0.00 NG	0.00					
Ehrs: 1.00 GPA-Hrs: 1.00 QPts: 76.00 GPA: 76.00								
Spring 2004					Leave of Absence effective May 20, 2005			
DO 133	Primary Care Skills III	1.00 92	92.00	Summer 1 2006				
DO 143	Osteo.Prin. & Practice III	1.00 84	84.00					
DO 151	Cardiovascular Medicine	1.00 80	80.00					
DO 152	Renal/Pulmonary Medicine I	1.00 79	79.00					
DO 161	Emergency Medicine I	1.00 P	0.00	DO 315	Obstetrics & Gynecology	17.00 H	0.00	
Ehrs: 5.00 GPA-Hrs: 4.00 QPts: 335.00 GPA: 83.75					Abington Memorial Hospital			
Fall 2004					DO 316	Pediatrics	17.00 P	0.00
					DO 421	Ambulatory Surgery-UROLOGY	8.50 P	0.00
					Philip Ginsberg, D.O.			
					DO 422	Ambulatory Surgery-ORTHO	8.50 P	0.00
DO 231	Primary Care Skills IV	1.00 NG	0.00	John McPhilemy, D.O.				
DO 241	Osteo. Prin. & Practice IV	1.00 NG	0.00	Ehrs: 51.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00				
DO 253	Gastroenterological Sciences	1.00 85	85.00	Fall 2006				
DO 258	Genitourinary & ObGyn Rep Med	1.00 81	81.00					
DO 282	Medicine and Society II	1.00 81	81.00					
					DO 313	General Internal Medicine	17.00 P	0.00
					***** CONTINUED ON PAGE 2 *****			

***** CONTINUED ON NEXT COLUMN *****

***** CONTINUED ON PAGE 2 *****



PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

PHILADELPHIA
4190 CITY AVENUE
PHILADELPHIA, PA 19131

PCOM GEORGIA
625 OLD PEACHTREE ROAD NW
SUWANEE, GEORGIA 30024

PCOM SOUTH GEORGIA
2050 TALLOKAS ROAD
MOULTRIE, GA 31768

Student ID: 900042015
Date Issued: 28-JAN-2022
Record of: Kai DaCosta, DO

CumulativeGPA: 83.38
Total Credits Earned: 419.00

SUBJ NO.	COURSE TITLE	CRED GRD	PTS	R	SUBJ NO.	COURSE TITLE	CRED GRD	PTS	R
Institution Information continued:					Institution Information continued:				
William Beaumont Army Med Ctr					Fall 2007				
DO 317	Psychiatry	17.00 HP	0.00		DO 412	Urban Health Care Center I	17.00 P	0.00	
Mercy Catholic Medical Ctr					Cambria Health Care Center				
DO 322	Advanced Clinical Skills	17.00 P	0.00		Ehrs: 17.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00				
PCOM					Winter 2007				
Ehrs: 51.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00					Winter 2006				
Winter 2006					DO 491 Elective PEDS 17.00 P 0.00				
DO 319	General Surgery	17.00 H	0.00		Dr. Jeffrey Stockman				
Roxborough Mem Hosp					DO 492 Elective F.M. 17.00 P 0.00				
DO 320	Surgery	17.00 HP	0.00		Marc Levine, M.D.				
Doylestown Hosp					DO 493 Elective F.M. 17.00 P 0.00				
DO 391	Junior Elective Rotation	8.50 P	0.00		Sheila Davis, D.O.				
Beverly Hospital					Ehrs: 51.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00				
DO 392	Elective-Repro Hlth	17.00 P	0.00		Spring 2008				
Sacheen Carr-Ellis, MD					DO 411 Rural Health Care Center 17.00 P 0.00				
Ehrs: 59.50 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00					Anthony DiMarco, D.O.				
Spring 2007					DO 416 Medicine Sub-I 17.00 P 0.00				
DO 311	Medical Law	2.00 P	0.00		Mercy Catholic Medical Center				
DO 312	OMM/Family Medicine Selective	17.00 H	0.00		DO 491 Elective OMM 17.00 P 0.00				
Denise Burns, D.O.					Denise Burns, D.O.				
DO 314	Internal Medicine/Cardiology	17.00 P	0.00		Ehrs: 51.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00				
Mercy Catholic Medical Center					***** TRANSCRIPT TOTALS *****				
DO 321	Internal Med/Selec INF DIS	17.00 P	0.00		Earned Hrs GPA Hrs Points GPA				
Dr Lucas Wolf					TOTAL INSTITUTION 419.00 18.00 1501.00 83.38				
Ehrs: 53.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00					TOTAL TRANSFER 0.00 0.00 0.00 0.00				
Summer 1 2007					OVERALL 419.00 18.00 1501.00 83.38				
DO 310	Family Medicine	17.00 P	0.00		***** END OF TRANSCRIPT *****				
Lynn Community Health Center									
DO 412	Urban Health Care Center I	17.00 P	0.00						
Cambria Health Care Center									
DO 415	Emergency Medicine	17.00 P	0.00						
Madigan Army Medical Center									
DO 491	Elective Urgent Care	8.50 HP	0.00						
E. Boston Health Center									
Ehrs: 59.50 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00									
***** CONTINUED ON NEXT COLUMN *****									

Maureen O'Mara Carver
Maureen O'Mara Carver, Registrar

