

MEDICINE (060) Application

Application ID: K946R9ND
August 02, 2020 06:47 PM

Personal Information

Social Security Number:	[REDACTED]
Date of Birth:	[REDACTED]
Last Name:	Fleming
First Name:	Montida
Middle Name:	
Mailing Address Line 1:	[REDACTED]
Mailing Address Line 2:	[REDACTED]
Mailing Address Line 3:	
Address Type:	Personal
City:	Oakland
State:	CA
Zip Code:	[REDACTED]
Country:	US
Business E-Mail:	jon+montidafleming@medallion.co
NYS DMV ID:	
Application Type(s):	MEDICINE License

Pathway to Licensure

I wish to become licensed on the basis of

[REDACTED]

If you have completed an acceptable exam sequence (<http://www.op.nysed.gov/prof/med/medlic.htm#exam>) or have ever failed any part of such a sequence without subsequently passing it, you are NOT eligible for the endorsement pathway. You should instead consider applying on the basis of acceptable examination scores.

Endorsement Attestation: I hereby attest that I have never failed any part of USMLE, FLEX, or any other acceptable exam, without subsequently passing it.

All graduates of medical education programs that are neither registered by New York State nor accredited by the LCME or AOA, are required to use the Federation Credentials Verification Service (FCVS) to collect their education credentials. I am using FCVS.

Yes

Please note that FCVS currently does not gather clinical clerkship documentation, preprofessional education materials, or documentation of unaccredited postgraduate training. You may need to have these materials submitted to NYSED separately.

History

Do you have another name that appears on a degree or other credentials?

Yes

What other name(s) have you used?

Montida Supanya-Fleming

Have you ever applied for New York State licensure in any profession?

[REDACTED]

Please specify the profession(s).

Moral Character

Have you ever been found guilty after trial, or pleaded guilty, no contest, or no/contendere to a crime (felony or misdemeanor) in any court?

Are criminal charges pending against you in any court?

Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

Are charges pending against you in any jurisdiction for any sort of professional misconduct?

Has any hospital, licensed facility, or clinical laboratory restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?

Moral Character - Supporting Documentation

Please describe in detail incidents described in the previous section.

Please upload any supporting documentation.

Medical Education Outside of the United States

Did you complete a medical program at an institution located outside the United States?

No

You must indicate ALL colleges and universities you attended, including any premedical and medical studies, in the Postsecondary Education section below. Add additional schools as needed. Please note that failure to provide a complete and accurate record of your education may result in delays of processing your licensure application.

High School/Secondary School/Equivalency Diploma Issuer

Name of School/Issuer

City

Location

Number of years attended

Start Date

End Date

Did you graduate?

Type of Diploma or Certificate awarded?

Date Diploma or Certificate awarded?

Postsecondary Education

Name of School/Issuer

Sydney Kimmel Medical College

City

Philadelphia

Location

US

PA

Number of years attended

4

Start Date

07/2012

End Date

06/2016

Major/Concentration

Medicine

Title of Degree/Diploma/Certificate awarded (in the original language)

MD

Have you received this degree/diploma/certificate?

Yes

Date awarded

06/2016

Name of School/Issuer

[REDACTED]

City

[REDACTED]

Location

[REDACTED]

Number of years attended

[REDACTED]

Start Date

[REDACTED]

End Date

[REDACTED]

Major/Concentration

[REDACTED]

Title of Degree/Diploma/Certificate awarded (in the original language)

Have you received this degree/diploma/certificate?

Yes

Date awarded
 [REDACTED]

Clerkships

Begin Date
 End Date
 Clinical Area
 Name of Health Care Facility
 Address of Health Care Facility
 Medical School with which Clerkship is Affiliated
 Address of Medical School

Fifth Pathway Licensure

Are you applying for Licensure under the basis of a Fifth Pathway
 [REDACTED]

Fifth Pathway Licensure Table

Name and Location of Medical School or Hospital	Begin Date	End Date
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Specialty Qualifications

Board Certification	Name and location of organization issuing credential
Family Medicine	American Board of Family Medicine, Inc., Lexington, KY

FSMB or Examination Combination

FSMB or Examination Combination
 I have successfully completed the examination combinations indicated below

Other Examination

Examination Combinations

Please check only one examination combination.

USMLE Steps 1, 2, and 3

Which other examination?
 Date passed last part of exam
03/20/2017

Graduation Date

Graduation Date From Medical School
06/01/2019

Post Medical School Activities

Type of Activity

Residency

Title of Degree/Major

What type of activity?

Begin Date

06/01/2016

End Date

06/01/2019

Name of Employer/Facility/School

UCSF

Address

US

University of California, San Francisco

1001 Potrero Ave Bldg 80-83

San Francisco

CA

94110

Previous Licenses/Certificates

Do you now hold, or have you ever held, a license or certificate to practice any profession in any state or jurisdiction?

Yes

Current/Previous Professional Licenses and Certificates

Profession	State or Jurisdiction	Date License/Certificate Issued	License/Certificate Number (If Granted)	Limitations/Privileges On License/Certificate
Physician	Texas	01/02/2019	BP10065823	
Physician	California	11/20/2017	A-152800	
Physician	Texas	07/26/2019	S3072	

Coursework

Child Abuse Identification and Reporting Coursework Requirement

I completed the child abuse coursework online and the approved provider will report that to you electronically.

Child Support Obligation

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must certify that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support under section 3-503 of New York State General Obligations Law. Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law. You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations. Are you under any obligation to pay child support?

I am under an obligation to pay child support and (please choose one of the following)

Citizenship/Immigration Status

Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States. Enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS). Please specify type of relief.

Gender and Ethnicity

What is your gender?

What is your ethnicity?

Additional Documentation

Do you have any other documentation that you would like to upload with your application?

Yes

Additional Documentation - Upload

What type of file are you uploading?

Child Abuse Training

Please select a file to upload.

Please enter a description of this document and any additional relevant information, if applicable.

Education Review

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes; Montida Fleming

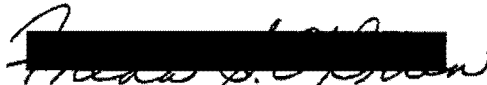
Affidavit


I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I further acknowledge that I am aware that, pursuant to Penal Law §175.30, a person who knowingly offers a false instrument for filing to a public office or a public servant is guilty of Offering a False Instrument for Filing in the 2nd Degree, a Class A Misdemeanor. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Montida Fleming

Certificate of Completion

NetCE certifies that
Montida Fleming A152800
has participated in the enduring material titled
#97541 Child Abuse Identification and
Reporting: The Pennsylvania Requirement
on July 25, 2020
and is awarded 3
AMA PRA Category 1 Credit(s)™.


Freda S. O'Brien
Director of Academic Affairs


Erin K. Meinyer
Executive Director



JOINTLY ACCREDITED PROVIDER™
INTERNATIONAL CONTINUING EDUCATION

In support of improving patient care, NetCE is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Florida CE Broker Provider #50-2405, Board of Medicine.

This course is approved by the Pennsylvania Department of Human Services to fulfill the requirement for 3 hours of Child Abuse Recognition and Reporting (Act 31) training for healthcare professionals applying for licensure. Provider number CACE000020.

This course is approved by the Pennsylvania Department of Human Services to fulfill the requirement for 2 hours of Child Abuse Recognition and Reporting (Act 31) training for healthcare professionals renewing their license. Provider number CACE000020. This activity is designed to comply with the requirements of California Assembly Bill 1195, Cultural and Linguistic Competency.



OP Renewal Online Payment - By Registration Period

For Different Selection:

Professions : MEDICINE
 Name : FLEMING MONTIDA
 Date of Birth : ██████████
 License Number : 306921 Coupon ID : ██████████
 Registration Period : 08/01/2022 through 12/31/2023
 Payment Date : 07/17/2022
 E-mail : ██████████
 Phone : ██████████
 Renewal Status : Paid On-line - Renewal Complete

Address: ██████████
 OAKLAND
 CA - ██████████
 US ██████████

License Renewal Payment Details:

Evta Authorization Num	Evta Transaction Num	Date Paid	Office Number	Amount
██████████	██████████	07/17/2022	1	434

Photo Id Payment Details:

No Data Available

Response to Questions:

Question Type	Question Text	Response Ind
Moral Character	Since your last registration application, has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?	██████████
Child Support	Are you under an obligation to pay child support?	
Moral Character	Since your last registration application, has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?	
Moral Character	Since your last registration application, are criminal charges pending against you in any court?	
Moral Character	Since your last registration application, are charges pending against you in any jurisdiction for any sort of professional misconduct?	
Citizenship	Are you a U.S. citizen or qualified alien as defined above?	
Moral Character	Since your last registration application, have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?	