



EXPEDITED LICENSURE QUESTIONNAIRE

To determine if you are eligible for expedited licensure pursuant to K.S.A. 48-3406¹, please answer the following questions. If it is determined that your responses were intentionally false or misleading, you will be subject to an administrative disciplinary action in Kansas and will be reported to all appropriate state/federal/military/law enforcement agencies.

- 1. Are you a current member of any branch of the United States armed services, United States military reserves, national guard of any state, or a former member with an honorable discharge? Yes No If yes:

Branch: _____ Dates of Service: _____ Military ID#: _____

- 2. Are you the spouse of a current member of any branch of the United States armed services, United States military reserves, national guard of any state, or a former member with an honorable discharge? Yes No If yes:

Branch: _____ Dates of Service: _____ Military ID#: _____

- 3. Do you currently reside in Kansas? Yes No If yes:

Current Kansas Residence Address: _____

- 4. If you do not currently reside in Kansas, do you intend* to establish residency in Kansas within the next 6 months? **If you answer "yes" to this question but do not establish Kansas residency within the next 6 months, your Kansas license will be cancelled. If it is determined that your answer to this question was intentionally false or misleading, you will be subject to an administrative disciplinary action in Kansas and will be reported to all appropriate state/federal/military agencies in other jurisdictions.* Yes No If yes:

Intended Kansas Residence Address: _____

Expected Date of Commencing Residence: _____

If you answered "no" to all questions #1 through #4, you do not need to answer questions #5 through #7.

- 5. Are you currently licensed, registered, or certified to practice (the profession for which you are seeking licensure in Kansas) by another state, district, or territory of the United States and have worked under that license for at least 1 year. *This does not include certifications or registrations issued by private boards, professional societies, or any organization other than a government body of a state, district, or territory of the U.S.* Yes No If no:

- a. Have you practiced the profession for which you are seeking licensure in Kansas for at least 3 years in a state that does not license/register/certify the profession? Yes No

- b. Have you practiced the profession for which you are seeking licensure in Kansas for at least 2 years in a state that does not license/register/certify the profession and you held a certification or registration issued by a private organization during those 2 years? Yes No If yes:

Organization that issued private certification/registration: _____ Date Issued: _____



* “Active practice” does not include care provided while in a training program, residency, or fellowship; or employment that consisted solely of research activities or administrative duties. The Board generally considers active practice to be direct patient care that for either (1) at least one full day per week for 50 weeks during a year; or (2) 400 hours during a year.

6. Have you actively practiced* the profession for which you are seeking licensure in Kansas during the last 2 years?
Yes No

If you answered “yes” to question #6, you do not need to answer question #7.

7. If you answered “No” to questions #6, please provide a detailed explanation regarding your active clinical practice and direct patient care during the 12 months immediately preceding the submission of your application. Please explain any gaps in active practice in the 12 months immediately preceding the submission for your application, including the amount of time and reason.

ⁱ An applicant who has not been in the active practice of their occupation during the two years preceding the application for which a license is sought, may be required to complete additional testing, training, monitoring or continuing education as the KSBHA deems necessary to establish present ability to practice in a manner that protects the health and safety of the public K.S.A. 48-3406(d).

From: [Mai Fleming](#)
To: [Pittz, Terrin \[KSBHA\]](#)
Subject: Re: Kansas State Board of Healing Arts - Licensure Needed Documentation
Date: Thursday, June 23, 2022 10:19:17 PM
Attachments: [image001.png](#)
[Expedited Licensure Questionnaire.pdf](#)

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

CONFIDENTIAL

Montida Fleming, MD
Assistant Clinical Professor, UCSF Family and Community Medicine
Pronouns: she/her/hers

On Thu, Jun 23, 2022 at 7:33 AM Pittz, Terrin [KSBHA] <Terrin.Pittz@ks.gov> wrote:

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Uniform Application for Licensure

Application ID: 315916
FID: 300310836

License Requested: MD
License Type: Permanent Medical License
Submitted to: Kansas State Board of Healing Arts
Submission Date: 5/12/2022 3:05 PM

Practitioner Name

Fleming, Montida Caroline

Contact Information

Address

Public Access	Board Contact	Type	Address
CONFIDENTIAL			
Yes	No	Business	1001 Potrero Ave Bldg 80-83 San Francisco, CA 94110 UNITED STATES

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
CONFIDENTIAL				
Yes	No	Business	(628) 206-5252	

Email

Public Access	Board Contact	Email
CONFIDENTIAL		

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
53133286	CONFIDENTIAL	CONFIDENTIAL	Evanston, Illinois UNITED STATES	F	1124481015	MD	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
Jefferson Medical College of Thomas Jefferson University	1025 Walnut Street Philadelphia, PA 191075083 UNITED STATES	07/31/2012	06/02/2016	06/02/2016	MD

Fifth Pathway

None Reported

ECFMG

Certificate Number	Issue Date
None Reported	

Postgraduate Training

Hospital Name: University of California (San Francisco) Program
San Francisco, CA UNITED STATES

Program Code: ACGME 1200511059

Attendance Dates:

Institution: University of California (San Francisco) School of Medicine
Start Date: 06/17/2016

Training Specialty: Family Medicine
End Date: 06/30/2019

Program Type: Internship/Residency

Training Status: Completed

Clinical %: 100
Administrative %: 0

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		06/16/2014	Pass	1
USMLE Step 2 CS Examination		06/12/2015	Pass	1
USMLE Step 2 CK Examination		07/01/2015	Pass	1
USMLE Step 3 Examination		03/20/2017	Pass	1

State Licensure History

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Tennessee Board of Medical Examiners	TN					Closed, Deleted
Virginia Board of Medicine	VA	0101272667	07/09/2021	01/31/2024	Full	Active
New York State Board for Medicine	NY	306921	08/18/2020	07/31/2022	Full	Active
North Carolina Medical Board	NC	2021-00361	02/06/2021	01/27/2023	Full	Active
Illinois Department of Financial and Professional Regulation	IL	036157659	07/12/2021	07/31/2023	Full	Active
Massachusetts Board of Registration in Medicine	MA	289598	01/20/2022	01/27/2023	Full	Active
Medical Board of California	CA	A-152800	11/20/2017	01/31/2023	Full	Active
Texas Medical Board	TX	BP10065823	01/02/2019	01/25/2019	Training	Terminated
State Medical Board of Ohio	OH	APP-000376724			Full	Pending
State Medical Board of Ohio	OH	35.141410	02/19/2021	02/19/2023	Full	Active
Michigan Board of Medicine	MI	4301505125	07/01/2021	07/01/2024	Full	Active
Georgia Composite Medical Board	GA	90310	09/28/2021	01/31/2023	Full	Active
Tennessee Board of Medical Examiners	TN	62627	11/30/2021	01/31/2023	Full	Active
Colorado Medical Board	CO	DR.0068797	04/29/2022	04/30/2023	Full	Active
Texas Medical Board	TX	S3072	07/26/2019	08/31/2022	Full	Active
Washington Medical Commission	WA	MD61094618	09/24/2020	01/27/2023	Full	Active
Pennsylvania State Board of Medicine	PA	MD474647	06/24/2021	12/31/2022	Full	Active
Florida Board of Medicine	FL	ME152563	08/24/2021	01/31/2024	Full	Active
New Mexico Medical Board	NM	TM2022-0120	02/11/2022	07/01/2022	Telemedicine	Active

Physician Reported License History

Practitioner License Type	Licensing State	License Number	Issue Date	Expiration Date	Type	License Status
None Reported						

Chronology of Activity Type

Practice/Emp/ Desc:	Jefferson Medical College of Thomas Jefferson University	Chronology Type:	Medical Education
Address:	Philadelphia, PA US	Attendance Dates:	
Position/Dept:		From:	07/31/2012 to 06/02/2016
Clinical %:			
Admin %:			
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	University of California (San Francisco) Program	Chronology Type:	Accredited Training

Address: San Francisco, CA
US

Attendance Dates:

Position/Dept:

From: 06/17/2016 to 06/30/2019

Clinical %: 100

Admin %: 0

Employment:

Staff Privileges:

Affiliation:

Practice/Emp/ Desc:

**post-residency vacation, marriage,
honeymoon**

Chronology Type: Vacation

Address:

Attendance Dates:

Position/Dept:

From: 07/01/2019 to 09/01/2019

Clinical %: 0

Admin %: 0

Employment: ◦

Staff Privileges: ◦

Affiliation: ◦

Practice/Emp/ Desc:

University of California San Francisco

Chronology Type: Work

Address: 1001 Potrero Ave
San Francisco, CA 94110
US

Attendance Dates:

Position/Dept: Staff Physician/Associate
Clinical Professor -
Department of Family and
Community Medicine

From: 09/13/2019 to In Progress

Clinical %: 100

Admin %: 0

Employment: •

Staff Privileges: •

Affiliation: ◦

Practice/Emp/ Desc:

TEACH

Chronology Type: PGT/Education

Address: 335 S. Van Ness Ave.
San Francisco, CA 94103
US

Attendance Dates:

Position/Dept: TEACH Fellow - Leadership

From: 09/15/2019 to 09/15/2020

Clinical %: 0

Admin %: 100

Employment: •

Staff Privileges: ◦

Affiliation: ◦

Practice/Emp/ Desc:

Whole Woman's Health

Chronology Type: Work

Address: 4100 Duval Rd.
Austin, TX 78759
US

Attendance Dates:

Position/Dept: Contract Physician -
Women's Health

From: 12/03/2019 to In Progress

Clinical %: 100

Admin %: 0

Employment: •

Staff Privileges: •

Affiliation: ◦

Practice/Emp/ Desc:

**University of California Berkeley University
Health Services**

Chronology Type: Work

Address: 2222 Bancroft Way.
 Berkeley, CA 94720
 US

Attendance Dates:
Position/Dept: Per Diem Physician - Student Health Primary and Urgent Care
From: 12/17/2019 to In Progress

Clinical %: 100
Admin %: 0

Employment: • **Staff Privileges:** • **Affiliation:** ◦

Practice/Emp/ Desc: **Plume** **Chronology Type:** Work

Address: 303 S. Broadway
 Suite 200-357
 Denver, CO 80209
 US

Attendance Dates:
Position/Dept: Contract Telehealth Clinician - Telehealth
From: 06/18/2020 to In Progress

Clinical %: 100
Admin %: 0

Employment: ◦ **Staff Privileges:** • **Affiliation:** ◦

Practice/Emp/ Desc: **FOLX Health** **Chronology Type:** Work

Address: One Boston Pl
 suite 200
 Boston, MA 02108
 US

Attendance Dates:
Position/Dept: Telehealth Clinician - Telehealth
From: 06/29/2020 to In Progress

Clinical %: 100
Admin %: 0

Employment: • **Staff Privileges:** • **Affiliation:** ◦

Practice/Emp/ Desc: **Hey Jane** **Chronology Type:** Work

Address: 2578 Broadway
 #580
 New York, NY 10025
 US

Attendance Dates:
Position/Dept: Medical Director - Telehealth
From: 07/01/2021 to In Progress

Clinical %: 50
Admin %: 50

Employment: • **Staff Privileges:** • **Affiliation:** •

Malpractice

None Reported

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Fleming, Montida Caroline**

Social Security Number: **CONFIDENTIAL**

Date of Birth:

FID#: **300310836**

Recipient: **KS - Kansas State Board of
Healing Arts**

Delivery Date: **05/20/2022**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



**FEDERATION OF
STATE MEDICAL BOARDS**

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives, and any person furnishing information, of any and all liability of every nature and kind arising out of an investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.



Notary: Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.



Applicant's Signature (must be signed in the presence of a notary)

Fleming
Applicant's Printed Last Name

Montida C
Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

7/8/2020
Date of Signature (must correspond to date of notarization)

State of New York, County of Kings

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 8th day of July, 2020.

Notary Public Signature: [Signature]

My Notary Commission Expires: 2/11/2023

Please complete and mail this original document to the Federation of State Medical Boards at:

400 FULLER WISER ROAD | EULESS, TX 76039 | TEL (817) 868-5000

Biographic Information

Medical professional Name(s): **Fleming, Montida Caroline**
Supanya Fleming, Montida Caroline

Date of Birth: **CONFIDENTIAL**

Place of Birth: Evanston, Illinois, UNITED STATES

Contact Information

Business Address: 1001 Potrero Ave
Bldg 80-83
San Francisco, CA 94110
UNITED STATES

Home Address: **CONFIDENTIAL**

Business Phone: (628) 206-5252

Mobile Phone: **CONFIDENTIAL**

Email:

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION
Certification by Notary Public Is Required

Applicant Full Legal Name: Fleming Montida Caroline
Last First Middle

FCVS ID Number: FCVS

Notary – Please complete the section below:

State of New York County of Kings

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Valid Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

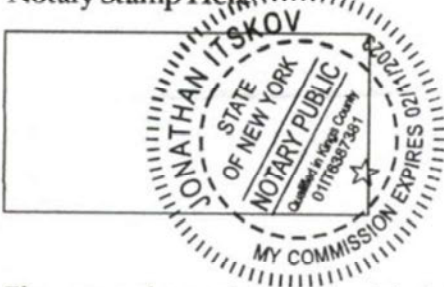
The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 8th, of (Month) July, (Year) 2020.

Notary Public Signature: [Signature]

Commission Expiration Date* (Month) 2 / (Day) 11 / (Year) 2023

*** The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided. If you are in California, the notary may attach a California All-Purpose Acknowledgement form to this document.**

Notary Stamp Here



Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards
ATTN: FCVS
400 Fuller Wiser Rd
Euless, TX 76039-3856

FCVS ID Number

FCVS

FID Number

300310836

300 310 836

PP



300 310 836

CONFIDENTIAL



The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
07/31/2012	06/02/2016	Medical Education	Jefferson Medical College of Thomas Jefferson University Philadelphia Pennsylvania UNITED STATES
06/17/2016	06/30/2019	Postgraduate Training	University of California (San Francisco) Program San Francisco California UNITED STATES
07/01/2019	09/01/2019	Vacation	post-residency vacation, marriage, honeymoon
09/13/2019		Work	University of California San Francisco 1001 Potrero Ave San Francisco, California UNITED STATES
09/15/2019	09/15/2020	PGT/Education	TEACH San Francisco California UNITED STATES
12/03/2019		Work	Whole Woman's Health 4100 Duval Rd. Austin, Texas UNITED STATES
12/17/2019		Work	University of California Berkeley University Health Services 2222 Bancroft Way. Berkeley, California UNITED STATES
06/18/2020		Work	Plume 303 S. Broadway Suite 200-357 Denver, Colorado UNITED STATES
06/29/2020		Work	FOLX Health One Boston Pl suite 200 Boston, Massachusetts UNITED STATES
07/01/2021		Work	Hey Jane 2578 Broadway #580 New York, New York UNITED STATES

End of Chronology of Activities report for: Fleming, Montida Caroline



Medical Education

Medical School: Jefferson Medical College of Thomas Jefferson University

Location: Philadelphia, PA
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVS**FEDERATION CREDENTIALS
VERIFICATION SERVICE****fsmb****Institution Name:** Jefferson Medical College of Thomas Jefferson University**City:** Philadelphia**State/Province:** Pennsylvania**Country:** UNITED STATES**Premedical Education:**

Years of education required for admission to your medical school: 4

Credential/degree presented by the applicant for admission to your medical school: **Baccalaureate****Enrollment and Participation:**Our records indicate that **Supanya Fleming, Montida Caroline**attended our medical school for a total of **156** weeks of medical education on the following dates:From MM/DD/YYYY: **08/06/2012** To MM/DD/YYYY: **06/02/2016**This individual was awarded the degree of **Doctor of Medicine**on **06/02/2016**

DS

DS

Unusual circumstances**1. Do this individual's official records reflect (an) interruption(s) in his/her medical education?** YES NO X N/A

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

			From MM/DD/YYYY:	To MM/DD/YYYY:
Personal/Family	Applicable	N/A	/ /	/ /
Academic remediation	Applicable	N/A	/ /	/ /
Health	Applicable	N/A	/ /	/ /
Financial	Applicable	N/A	/ /	/ /
Participation in joint degree program (e.g., MD/PhD)	Applicable	N/A	/ /	/ /
Other	Applicable	N/A	/ /	/ /

Other Explanation:

Medical School Code: 039020

FID:

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?

YES NO X N/A

If YES, please select the reason(s) for the probation and indicate the date(s) of placement on and removal from probation.

			From MM/DD/YYYY:	To MM/DD/YYYY:
Academic Probation	Applicable	N/A	/ /	/ /
Probation for unprofessional conduct/behavior	Applicable	N/A	/ /	/ /
Probation for other reason	Applicable	N/A	/ /	/ /

Other Reason Explanation:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?

YES NO X N/A

If YES, please provide detailed information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university?

YES NO X N/A

If YES, please provide detailed information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?

YES NO X N/A

If YES, please provide detailed information about the nature of the limitations or special requirements:


6. Attach Diploma

7. Would you like to upload an additional attachment?

YES NO X



Attestation of Person completing Verification of Medical Education document: I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

<p>ELECTRONIC SEAL VERIFIED</p>	<p>Name: Shannon Doran</p> <p>Title: Associate Registrar</p> <p>Signature:  <small>DocuSigned by: 54CB383D324147D...</small></p> <p>Date of Signature: 7/15/2020</p> <p style="text-align: right;">Email: shannon.doran@jefferson.edu</p>
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Office of Student Affairs
and Career Counseling
1020 Locust Street, Suite 157
Philadelphia, PA 19107
T 215-503-6988
F 215-503-7510

October 1, 2015

Dear Colleague:

Founded in 1824, the **Sidney Kimmel Medical College (SKMC) at Thomas Jefferson University**, formerly known as **Jefferson Medical College**, has awarded more than 31,000 medical degrees and has more living graduates than any other private medical school in the nation. Attached are the Medical Student Performance Evaluation and a histogram that compares the student's performance in core subjects to his/her peers. Please note that our third-year curriculum includes two selectives of the student's choice. The histogram does not include the grades of the selectives, but the evaluations and grades are in the Medical Student Performance Evaluation. Disciplinary actions are unusual for our students at SKMC. If applicable, any information regarding leaves of absences or any adverse action(s) imposed on a student will be summarized on the first page of the letter. Our school's ranking system, USMLE requirements and process for Alpha Omega Alpha (AOA) selection are described below.

A **Class Rank** is calculated for each student at SKMC at the completion of their third-year core clerkships. This ranking system, which is based on an average of the basic science grades and a double-weighted grade from the third-year core clerkships, stratifies students into the following categories: lower third, middle third, top third, top ten percent, and top ten students. Fourth-year grades are not included in the class rank.

At Jefferson, students must pass the **USMLE Step 1** to advance to the third-year clinical curriculum. Students must pass both the **USMLE Step 2 Clinical Knowledge (CK)** and **Step 2 Clinical Skills (CS)** examinations to graduate.

Eligibility for AOA requires that the student be ranked in the top twenty-five percent of the class. Selection, at SKMC, is based on faculty recommendations from clinical rotations, a review of the student's extracurricular activities that demonstrate a commitment to school and community service and a review of a written personal statement. Up to 10% of those eligible are elected to membership in the spring of their junior year, usually about twelve students. The selection of eligible students in the senior class, which occurs in the fall, involves the same selection process.

Finally, we have a faculty committee for writing these MSPEs, but I personally review and sign all letters. I always welcome your questions or suggestions.

Sincerely,

Kathryn P. Traves, MD

Associate Dean (Student Affairs and Career Counseling) – Sidney Kimmel Medical
College at Thomas Jefferson University

Assistant Professor of Family and Community Medicine – Thomas Jefferson University Hospital

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Medical School

Medical Professional Name: Fleming, Montida Caroline

Jefferson Medical College of Thomas Jefferson University

Unusual Circumstances**Did you have any interruption(s) or extension(s) in your medical education?** No**Were you ever placed on probation?** No**Were you ever disciplined or placed under investigation?** No**Were any negative reports for behavioral reasons ever filed by instructors?** No**Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?** No

End of Applicant Reported Unusual Circumstances report for: Fleming, Montida Caroline

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**ELECTRONIC
SEAL
VERIFIED**

Quibus HAS LITERAS Visitis
SANCTE.

Quandoquidem **GRADUS ACADEMICI** eum in finem instituti fuerint, ut homines ingenio et doctrina praediti titulis praeter ceteros insignirentur, eo ut ipsi prosit, nec non aliorum provocetur industria et, inter homines, studium Virtutis et Bonarum Literarum, augeatur. Quando, etiam, huc, potissimum, spectant, amplissima, illa jura nostro Collegio publico Diplomas, collata. Idcirco,

NOTUM SIT, QUOD NOS, PRAESES ET PROFESSORES
Collegii Medicinalis Sidney Kimmel
Universitatis Thomasiae Jeffersonianae
IN REPUBLICA PENNSYLVANIENSIS,

(*Montida Caroline Suparyna Fleming*) *Nominem* probum, nobis devotissimum propter mores, benevolos, et, omnes, eas, artes, qua, optimum, quemque, ornant, qui, etiam, scientia, excimia, in Arte Medica, aequae, ac Chirurgica, nostro Collegio, sibi, acquisita, nobisque, examinatione publice, habita, plenius manifesta, se, dignum **AMPLISSIMIS HONORIBUS ACADEMICIS**, ostendit. **Doctorem in Arte Medendi** creavimus, et, constituimus. Eique, praefato, *Montida Caroline Suparyna Fleming* hujus **DIPLOMATIS** virtute, singula Jura, Honores, et Privilegia, ad Gradum Doctoris, in Arte Medendi, inter nos, et, ubique, gentium, pertinentia, libentissime, et, plenissime, concessimus, et, rata, fecimus.

In, cujus, rei, fidem, **HEC MEMBRANA**, Chirographis nostris, subscripta, et, Sigillo Universitatis nostrae, munita, testimonio, sit.

Datum, in **URBE, PHILADELPHIA,**
secundo die Junii Anno Hu-
manae Salutis MCMXVI Annoque
Rerum Publicarum Americae Federatio-
rum Summae Potestatis anno ducentesimo quadragensimo.



M. W. C.
PRAESES.

M. T. C.
DECANUS, PRO PROFESSORIBUS.



Postgraduate Training

Accreditation ID: 1200511059
Institution: University of California (San Francisco) Program
Location: San Francisco, CA
UNITED STATES

Credentials Analysis Information for Postgraduate Training

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVSFEDERATION CREDENTIALS
VERIFICATION SERVICE**fsmb****Verification of Postgraduate Medical Education****Accreditation Code:** 1200511059**Institution Name:** University of California (San Francisco) Program**Affiliated University:** University of California (San Francisco) School of Medicine**City:** San Francisco**State:** California**Country:** United States**Verification For:** Montida Caroline Fleming**Date of Birth:** CONFIDENTIAL**Program Participation:**

PGY: 1	Accredited By: ACGME	Status: Complete
Specialty: Family Medicine		
From: 06/17/2016	To: 06/16/2017	Program Type: Internship/Residency

PGY: 2	Accredited By: ACGME	Status: Complete
Specialty: Family Medicine		
From: 07/01/2017	To: 06/30/2018	Program Type: Internship/Residency

PGY: 3	Accredited By: ACGME	Status: Complete
Specialty: Family Medicine		
From: 07/01/2018	To: 06/30/2019	Program Type: Internship/Residency

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

FID: 300310836

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

To report additional training, include training as an attachment at the end of page 2.

Unusual Circumstances

- | | | | | |
|---|-----|----|-------------------------------------|---------------|
| 1. Did this individual ever take a leave of absence from his/her training? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 2. Was this individual ever placed on probation? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 3. Was this individual ever disciplined or placed under investigation? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 4. Were any negative reports for behavioral reasons ever filed by instructors? | Yes | No | <input checked="" type="checkbox"/> | Not Available |
| 5. Were any limitations or special requirements placed upon this individual because of academic incompetence, disciplinary problems, or any other reason? | Yes | No | <input checked="" type="checkbox"/> | Not Available |

Attestation of Person completing Verification of Postgraduate Training document (Program Director): I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Diana Coffa	
	Title: Program Director	Degree: MD
	Signature: 	
	Date of Signature: 5/19/2022	

Would you like to upload an additional attachment (e.g. Rotation Schedule)? Yes No

If reporting additional years in the attachment, include PGY year, specialty, start date, end date, status and program type.



Graduate Medical Education

Medical Professional Name: Fleming, Montida Caroline
 Accreditation ID: 1200511059
 Institution: University of California (San Francisco) Program
 Specialty: Family Medicine

Unusual Circumstances

Training Period: 6/17/2016 - 6/30/2019 Internship/Residency

Did you have any interruption(s) or extension(s) in your medical education? No
Were you ever placed on probation? No
Were you ever disciplined or placed under investigation? No
Were any negative reports for behavioral reasons ever filed by instructors? No
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Fleming, Montida Caroline

University of California, San Francisco
School of Medicine

IN AFFILIATION WITH

San Francisco General Hospital


Montida Fleming, MD

HAS SUCCESSFULLY COMPLETED A RESIDENCY IN


FAMILY & COMMUNITY MEDICINE

JUNE 17, 2016 - JUNE 30, 2019




DIANA A. COFFA, M.D.
RESIDENCY DIRECTOR

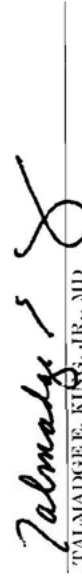

GEORGE W. SABA, PH.D.
ASSOCIATE RESIDENCY DIRECTOR


LYDIA LUNG, M.D.
ASSOCIATE RESIDENCY DIRECTOR


CLAUDIA DIAZ MOONEY, M.D.
ASSOCIATE RESIDENCY DIRECTOR


KEVIN GRUMBACH, M.D.
CHAIR, FAMILY & COMMUNITY MEDICINE


TERENCE J. VILLELA, MD
CHIEF OF SERVICE, FAMILY & COMMUNITY MEDICINE


TALMADGE E. KING, JR., MD
DEAN, SCHOOL OF MEDICINE



Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Date: 05/20/2022

Federation Credentials Verification Service

ATTN: FCVS

FCVSIID: 701907

Examinee: Fleming, Montida Caroline

Examinee ID: 5-313-328-6

Alt Name(s): Supanya Fleming, Montida Caroline

Date of Birth: CONFIDENTIAL

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/16/2014	Pass	CONFIDENTIAL		

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/01/2015	Pass	CONFIDENTIAL		

Clinical Skills (CS)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/12/2015	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
03/20/2017	Pass	CONFIDENTIAL		

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Fleming, Montida Caroline

Examinee ID: 5-313-328-6

Date of Birth: CONFIDENTIAL

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

PRACTITIONER PROFILE

Prepared for: FCVS SMB Profiles As of Date:5/20/2022

PRACTITIONER INFORMATION

Name: Fleming, Montida Caroline
 Alternate Name(s): Supanya Fleming, Montida Caroline
 DOB: **CONFIDENTIAL**
 Medical School: Sidney Kimmel Medical College at Thomas Jefferson University
 Philadelphia, Pennsylvania, UNITED STATES
 Year of Grad: 2016
 Degree Type: MD
 NPI: 1124481015

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
1124481015	Individual			03/01/2022

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CALIFORNIA	A-152800	11/20/2017	01/31/2023	05/18/2022
		FSMB License Status: Active		
COLORADO	DR.0068797	04/29/2022	04/30/2023	05/16/2022
		FSMB License Status: Active		
FLORIDA	ME152563	08/24/2021	01/31/2024	05/16/2022
		FSMB License Status: Active		

PRACTITIONER PROFILE

Prepared for: FCVS SMB Profiles As of Date:5/20/2022

Practitioner Name: Fleming, Montida Caroline

GEORGIA	90310	09/28/2021	01/31/2023	05/16/2022
		FSMB License Status: Active		
ILLINOIS	036157659	07/12/2021	07/31/2023	04/22/2022
		FSMB License Status: Active		
MASSACHUSETTS	289598	01/20/2022	01/27/2023	04/26/2022
		FSMB License Status: Active		
MICHIGAN	4301505125	07/01/2021	07/01/2024	05/16/2022
		FSMB License Status: Active		
NEW MEXICO	TM2022-0120	02/11/2022	07/01/2022	05/17/2022
		FSMB License Status: Active		
NEW YORK	306921	08/18/2020	07/31/2022	05/18/2022
		FSMB License Status: Active		
NORTH CAROLINA	2021-00361	02/06/2021	01/27/2023	05/02/2022
		FSMB License Status: Active		
OHIO	APP-000376724			05/13/2022
		FSMB License Status: Pending		
OHIO	35.141410	02/19/2021	02/19/2023	05/13/2022
		FSMB License Status: Active		
PENNSYLVANIA	MD474647	06/24/2021	12/31/2022	04/27/2022
		FSMB License Status: Active		
TENNESSEE	62627	11/30/2021	01/31/2023	04/20/2022
		FSMB License Status: Active		
TEXAS	BP10065823	01/02/2019	01/25/2019	05/16/2022
		FSMB License Status: Terminated		
TEXAS	S3072	07/26/2019	08/31/2022	05/16/2022
		FSMB License Status: Active		
VIRGINIA	0101272667	07/09/2021	01/31/2024	05/16/2022
		FSMB License Status: Active		

PRACTITIONER PROFILE

Prepared for: FCVS SMB Profiles As of Date:5/20/2022
 Practitioner Name: Fleming, Montida Caroline

WASHINGTON MD61094618 09/24/2020 01/27/2023 05/02/2022
 FSMB License Status: Active

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
FS7238896	22N 33N 4 5	SAN FRANCISCO,CA 94110	09/30/2024	01/05/2022
FF9904459	22N 33N 4 5	NEW YORK,NY 10168	09/30/2023	01/05/2022
FF8781052	22N 33N 4 5	AUSTIN,TX 78759	09/30/2022	01/05/2022
FF9855670	22N 33N 4 5	TUMWATER,WA 98501	09/30/2023	01/05/2022

PRACTITIONER PROFILE

Prepared for: FCVS SMB Profiles As of Date:5/20/2022
 Practitioner Name: Fleming, Montida Caroline

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Family Medicine
 Certificate: Family Medicine
 Certification Type: General
 Certification Status: Certified
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	07/01/2019		02/15/2023	Initial	04/28/2022

The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.

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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.



FLEMING, MONTIDA CAROLINE

DCN: 5500000190298901

FOR AUTHORIZED USE BY: Kansas State Board of Healing Arts

Continuous Query ID: 300000012809702

Process Date: 5/12/2022

The following is a render of data received by National Practitioner Data Bank (NPDB) as interpreted by FSMB

FLEMING, MONTIDA CAROLINE - CONTINUOUS QUERY RESPONSE

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

Practitioner Name: FLEMING, MONTIDA CAROLINE
SUPANYA FLEMING, MONTIDA CAROLIN
CONFIDENTIAL

Date of Birth: **CONFIDENTIAL**

Gender: FEMALE

Work Address: 1001 POTRERO AVE
BLDG 80-83
SAN FRANCISCO, CA 94110

Home Address: **CONFIDENTIAL**

Social Security Numbers (SSN):

National Provider Identifiers (NPI): 1124481015

Drug Enforcement Administration (DEA) Numbers: FF9904459
FF9855670
FF8781052
FS7238896

License(s): Physician (MD), NO LICENSE, TN
Physician (MD), 0101272667, VA
Physician (MD), 036157659, IL
Physician (MD), 2021-00361, NC
Physician (MD), 289598, MA
Physician (MD), 306921, NY
Physician (MD), 35.141410, OH
Physician (MD), 4301505125, MI
Physician (MD), 62627, TN
Physician (MD), 90310, GA
Physician (MD), A-152800, CA
Physician (MD), APP-000376724, OH
Physician (MD), BP10065823, TX
Physician (MD), DR.0068797, CO
Physician (MD), MD474647, PA
Physician (MD), MD61094618, WA
Physician (MD), ME152563, FL
Physician (MD), S3072, TX
Physician (MD), TM2022-0120, NM

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

FLEMING, MONTIDA CAROLINE

DCN: 5500000190298901

FOR AUTHORIZED USE BY: Kansas State Board of Healing Arts

Continuous Query ID: 300000012809702

Professional School(s): JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON UNIVERSITY (2016)
Subject ID: 300310836

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 5/12/2022 - 5/31/2023*
 * Unless enrollment is canceled by the entity prior to this date
Statutes Queried: Title IV, Section 1921, Section 1128E
Entity Name: Kansas State Board of Healing Arts
Authorized Agent: Federation of State Medical Boards, (817) 868 - 4000
Customer Use: 300310836

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 5/12/2022

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action(s):	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

UA

UNIFORM APPLICATION FOR PHYSICIAN STATE LICENSURE

Affidavit and Authorization for Release of Information

Applicant: Follow the instructions in the left sidebar. Send this notarized form to the Kansas State Board of Healing Arts, 800 SW Jackson, Lower Level - Suite A, Topeka, KS 66612

Applicant:

This is a separate form from the FCVS affidavit and release.

If you are using FCVS, you must complete both FCVS and UA affidavits. Send the FCVS affidavit to FCVS.

Sign this form with attached photo in the presence of a notary public.

Send this notarized affidavit to:

Kansas State Board of Healing Arts 800 SW Jackson, Lower Level - Suite A Topeka, KS 66612

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.



Handwritten signature of the applicant.

Applicant's signature (must be signed in the presence of a notary)

Fleming

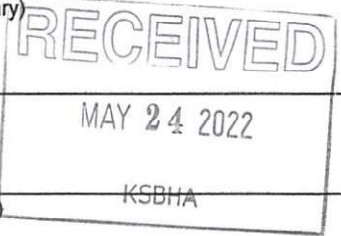
Applicant's printed last name

Montida

Applicant's printed first name, middle initial, and suffix (e.g., Jr.)

05/19/2022

Date of signature (must correspond to date of notarization)



fold up

After folding the bottom portion upward, bring the new bottom edge to the top edge and fold to fit in a standard envelope.

fold up

Notary

State of California, County of Alameda

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 19th day of MAY, 2022

Notary Public Signature: [Handwritten Signature]

My Notary Commission Expires: April 02, 2026

Seal Verified Notary



NOTARY PUBLIC SEAL [Handwritten Signature]

California Notary Jurat Certificate:

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California}

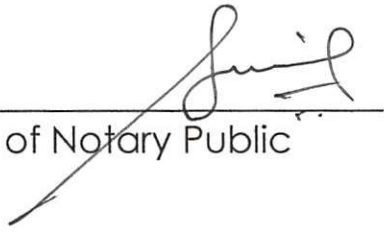
County of ALAMEDA}

Subscribed and sworn to (or affirmed) before me on this 19th day of MAY, 2022

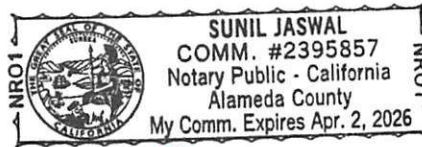
by MONTIDA FLEMING

Proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

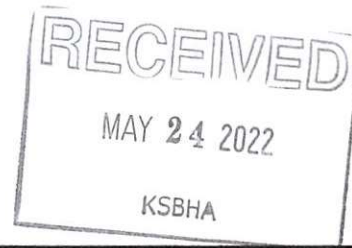
(Seal)



Signature of Notary Public



Seal Verified **KSBHA**





**ADDENDUM 2
ATTESTATION QUESTIONS**

Please answer each of the following questions. All "yes" answers MUST be thoroughly explained in detail on a separate signed page. You are required to furnish complete details including date, place, reason, and disposition of the matter and attach all relevant documentation. All information received will be checked accordingly to verify the truth and veracity of your answers. **It is imperative you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant.**

If you are unsure of your response to a question, check the "yes" box and submit the appropriate documentation. Your responses on your application are evaluated as evidence of your candor and honesty. An honest "yes" answer to a question on your application is not definitive as to the Boards' assessment of your present moral character and fitness, but a dishonest "no" answer is evidence of a lack of candor and honesty. Please be advised that a false response to any of these questions may be grounds for denial of licensure. If a question is not applicable, then check the "no" box.

Montida Fleming

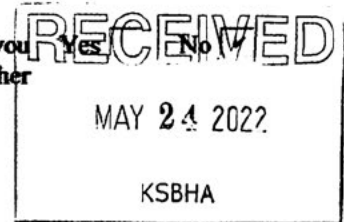
05/12/22

Full Name of Applicant

Date

1. Have you ever been dropped, suspended, expelled, fined, placed on probation, allowed to resign, requested to leave temporarily or permanently, or otherwise had action taken against you by any professional training program prior to completing the training? Yes No
2. Have you ever had any application for any professional license refused or denied by any licensing authority? Yes No
3. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure? Yes No
4. Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, suspended, revoked or placed on probation, or have you ever involuntarily or voluntarily (to avoid disciplinary action or investigation) resigned or withdrawn from any licensed hospital, nursing home, clinic or other health care facility in which you have trained, including but not limited to residency or postgraduate training programs, or otherwise been a staff member, been a partner or held privileges?
5. Have you ever been denied staff membership with any licensed hospital, nursing home, clinic or other health care facility?
6. Have you ever been requested to resign, withdraw or otherwise terminate your position with a partnership, professional association, corporation or other practice organization, either public or private?
7. Have you ever voluntarily surrendered any professional license? Yes No
8. Has any licensing authority ever limited, restricted, suspended, revoked, censured or placed on probation or had any other disciplinary action taken against any professional license you have held? Yes No
9. Have you ever been notified or requested to appear before a licensing or disciplinary agency? Yes No
10. To your knowledge, have any complaints (regardless of status) ever been filed against you with any licensing agency, professional association, hospital, nursing home, clinic or other health care facility? Yes No

CONFIDENTIAL





11. Has any professional association imposed any disciplinary action against you? Yes No
12. Do you have any physical or mental health condition (including alcohol or substance use) that currently impairs your ability to practice your profession in a competent, ethical, and professional manner? Yes No
13. Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics or controlled substance registration certificate or been called before or warned by any such agency or other lawful authority concerned with controlled substances? Yes No
14. Have you ever surrendered your state or federal controlled substances registration, or had it revoked, suspended, or restricted in any way? Yes No
15. Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency? Yes No
16. Have you ever been arrested? Do not include minor traffic or parking violations or citations except those related to a DUI, DWI or a similar charge. You must include all arrests including those that have been set aside, dismissed or expunged or where a stay of execution has been issued. Yes No
17. Have you ever been charged with a crime, indicted, convicted of a crime, imprisoned, or placed on probation (a crime includes both Class A misdemeanors and felonies)? You must include all convictions including those that have been set aside, dismissed or expunged or where a stay of execution has been issued. Yes No
18. Have you ever been court martialled or discharged dishonorably from the armed services? Yes No
19. Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such claim yourself? Yes No
20. Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs or in a private insurance company? Yes No
21. Have you ever been terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicaid Programs or private insurance company? Yes No

CONFIDENTIAL

It is your continued duty to update the Board on any changes once the application has been submitted.



**WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT (Cont.)**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

I have ___ *OR* have not **X** ___ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 5903.

The name, address, and date of birth provided below appear on a valid identification document as defined in Title 28 United States Code, section 1028.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information how to challenge my criminal records for accuracy and completeness.

Signature  Date 05/19/2022

Printed Name Montida Fleming Date of Birth _____

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Residential Address _____ City _____ State _____ Zip _____

TO BE COMPLETED BY THE FINGERPRINTING AGENCY:

Method of Verifying Identity:	<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> State Issued ID Card
	<input type="checkbox"/> Military ID Card	
State/Branch: <u>CALIFORNIA / DMV</u>	ID Number: _____	

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Agency Name: REDONADO PROCESSION LEVELSCAN FINGERPRINTS
Address: 610-16 2nd ST #34 OAKLAND CA 94612
Telephone: 510-847-4828 Fax: 801-730-6228
Name of Individual Verifying Identity: SUNIL JAPWA LA DOJ CERT FP POWER TECH
IPC # 50475 MAY 24 2022

AUTHORIZED RECIPIENT: 1. Must maintain original or arrange for KBI to maintain.

KSBHA

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AMA Physician Profile

Name and Mailing Address

MONTIDA CAROLINE FLEMING

CONFIDENTIAL

Primary Office Address

1001 POTRERO AVE
SAN FRANCISCO, CA 94110-3518

Phone UNKNOWN

Birth date **CONFIDENTIAL**

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

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
1124481015	03/30/2016	NOT RPTD	NOT RPTD	NOT RPTD	04/22/2022

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: SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY

Degree Awarded:	YES	Degree Type:	MD
Enrollment Date:	08/2012	Degree Date:	05/2016

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:	UNIVERSITY OF CALIFORNIA (SAN FRANCISCO) SCHOOL OF MEDICINE
Sponsoring State:	CALIFORNIA
Program name:	UNIVERSITY OF CALIFORNIA (SAN FRANCISCO) PROGRAM
Specialty:	FAMILY MEDICINE
Training Type:	SPECIALTY
Dates:	06/2016 - 06/2019
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	07/01/2019	n/a	02/15/2023	INITIAL	05/10/2022	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 2022 American Board of Medical Specialties. All right 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
152800	MD	CA	11/20/2017	01/31/2023		ACT	UNL	02/03/2022	MONTIDA CAROLINE FLEMING
MD474647	MD	PA	06/24/2021	12/31/2022		ACT	UNL	01/10/2022	MONTIDA FLEMING
S3072	MD	TX	07/26/2019	08/31/2022	08/12/2019	ACT	UNL	02/04/2022	MONTIDA CAROLINE FLEMING
BP10065823	MD	TX	01/02/2019	01/25/2019		INA	RES	01/03/2019	NRT

Abbreviation key: ACT = Active, DEN = Denied, 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)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the 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 Masterfile 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.

From: [Scott Maccio \(he/him/his\)](#)
To: [KSBHA Licensing](#)
Subject: AMA Profile Reports
Date: Thursday, May 19, 2022 3:09:02 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[licenseBoardBatch 05-19-22 KS.pdf](#)

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

- Montida Fleming

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Scott Maccio
Credentialing Products Support Coordinator
[Renew your AMA membership, or join today!](#)



KAM

RECEIVED

By KSBHA at 1:31 pm, Aug 05, 2022

On Behalf of Kansas Health Care
Provider Insurance Availability Plan

LETTER OF INTENT

August 5, 2022

Kansas State Board of Healing Arts
800 S.W. Jackson, Lower Level, Ste. A
Topeka, KS 66612

RE: Montida Fleming, MD

TO WHOM IT MAY CONCERN:

Pending confirmation by the Kansas Health Care Provider Insurance Availability Plan (Plan) from the Kansas Board of Healing Arts (the Board) that Montida Fleming, MD has been approved for an active Kansas license, the Plan will provide claims-made coverage effective as soon as possible, with limits of \$500,000 per claim/\$1,500,000 annual aggregate. This will also confirm that in addition to coverage with the Plan, Dr. Fleming has selected \$500,000 per claim/\$1,500,000 annual aggregate limits with the Health Care Stabilization Fund.

Please note this Letter of Intent confers no conditions or obligations on the Plan to provide notice should Dr. Fleming make the decision not to purchase Plan coverage. Additionally, this letter is not proof of coverage.

Please do not hesitate to contact the Underwriting Department with questions.

Sincerely,



Sara Patry
Underwriter

From: [Sara Patry](#)
To: [KSBHA_Licensing](#)
Subject: Montida Fleming, MD - letter of intent attached
Date: Friday, August 5, 2022 11:39:24 AM
Attachments: [email_sig_logo_8c91e9ed-47b3-4b42-a947-0e2fe894c04e1111.png](#)
[fb_5760325c-6b93-4e4d-90ae-191c1cb850051111.png](#)
[in_d4fd99ac-bf38-48bc-aca4-2218dc12af9d1111.png](#)
[Fleming - letter of intent.pdf](#)

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good morning –

Please find attached the Plan’s letter of intent for Dr. Montida Fleming, MD.

If you have any questions, please feel free to contact me.

Thanks,



Sara Patry

Underwriter

623 SW 10th Avenue Topeka, Kansas 66612

Office: 785.232.2224 | Fax: 785.232.4704

w: www.KAMMCO.com | e: SPatry@kammco.com



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OFFICIAL RECEIPT
KANSAS BOARD OF HEALING ARTS
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612
(785) 296-7413

RECEIPT NUMBER: 700907

DATE: 06/16/2022

NAME:

Montida Fleming

LICENSE TYPE:

FEE:

300.00

47.00

3.00

LIC #:

AMOUNT:

TYPE: Credit Card

CH/CC #: 072025

RECEIVED FROM:

Montida Fleming

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Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612

PHONE: 785-296-7413
FAX: 785-368-7103
KSBHA_healingarts@ks.gov
www.ksbha.org

Susan B Gile, Acting Executive Director

Laura Kelly, Governor

Montida Caroline Fleming, MD

June 23, 2022

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Dear Montida Caroline Fleming:

CONFIDENTIAL

Sincerely,

Terrin Pittz | Licensing Analyst | Phone: 785-296-8824 | Email: Terrin.Pittz@ks.gov

BOARD MEMBERS: TOM ESTEP, MD, PRESIDENT, Wichita • RONALD M. VARNER, DO, VICE PRESIDENT, Augusta • ABEBE ABEBE, MD, Shawnee
MARK BALDERSTON, DC, Shawnee • MOLLY BLACK, MD, Shawnee • RICHARD BRADBURY, DPM, Salina • R. JERRY DEGRADO, DC, Wichita
ROBIN D. DURRETT, DO, Great Bend • STEVEN J. GOULD, DC, Cheney • CAMILLE HEEB, MD, Topeka • STEVE KELLY, PUBLIC MEMBER, Newton
JENNIFER KOONTZ, MD, Newton • JOHN F. SETTICH, PH.D., PUBLIC MEMBER, Atchison • STEPHANIE SUBER, DO, Lawrence • SHERRI WATTENBARGER, PUBLIC MEMBER, Overland Park

TTY (Hearing Impaired) 711 or 1.800.766.3777 voice/TTY • e-mail: KSBHA_healingarts@ks.gov

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From: [Pittz, Terrin \[KSBHA\]](#)
Subject: Kansas State Board of Healing Arts - Licensure Needed Documentation
Date: Thursday, June 23, 2022 9:33:00 AM
Attachments: [MRL.pdf](#)
[image001.png](#)
[Expedited Licensure Questionnaire.pdf](#)

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Email is the best way to communicate with me.

ATTENTION Doctor of Osteopathic Medicine & Surgery: If you have applied or are applying for your initial license, please note the Board requires all licensed professionals to renew their license annually. **Applicants licensed before August 1, 2022 will be required to renew in September of 2022, those licensed on or after August 1, 2022 will be required to renew in September of 2023.**

To request the license be issued on or after August 1st the applicant must submit an email prior to final review of the application, requesting the license be issued on or after August 1st. Submitting a request does not guarantee the license will be issued on August 1st, time of issuance will vary.

Thank you,

Terrin Pittz

Licensing Analyst
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level, Suite A
Topeka, Kansas 66612
Email Terrin.Pittz@ks.gov
Phone 785.296.8824



This e-mail and any attachments may contain confidential and privileged information and is intended for the addressee only. If you are not the intended recipient, you should destroy this message and notify the sender by reply e-mail. If you do not wish to receive information via e-mail, please contact the sender. Any disclosure, reproduction or transmission of this e-mail is prohibited without specific authorization from the sender.

Notary Public Seal

I, _____, do hereby certify that _____ is the true and correct copy of _____ as shown to me by _____ and _____ and that the same is a true and correct copy of the original.

Notary Public Seal

(Signature)

I, _____, do hereby certify that _____ is the true and correct copy of _____ as shown to me by _____ and _____ and that the same is a true and correct copy of the original.

(Signature)

I, _____, do hereby certify that _____ is the true and correct copy of _____ as shown to me by _____ and _____ and that the same is a true and correct copy of the original.

My Comm. Expires Nov. 2, 2028
Notary Public - California
Alameda County
COMM. #388888
SHIM JASWAJ



(Signature)



**KANSAS LICENSURE APPLICATION ADDENDUM INSTRUCTIONS
MEDICINE & SURGERY (MD) and OSTEOPATHIC MEDICINE & SURGERY(DO)**

Please visit www.ksbha.org for all statutes and regulations

Completing the Kansas Licensure Addendum

Complete each addendum as instructed. Please type or print your responses. Return the completed addenda along with any and all supporting documentation to the Kansas State Board of Healing Arts at the address above.

- Addendum 1** These questions must be completed by the applicant.

- Addendum 2** Each question must be completed by the applicant. Documentation must be provided for any "yes" answer(s). **It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant.**

- Addendum 3** This form must be completed by the applicant. All applicants for licensure in the State of Kansas must request a disciplinary inquiry report from the Federation of State Medical Boards (FSMB). Once this form has been completed, you may email it to the FSMB at boardinquiry@fsmb.org.

If you are using FCVS, do not complete this form. They will obtain your disciplinary report and send it to the Board.

- Addendum 4** *Effective January 1, 2009, applicants to practice the healing arts will be required to submit their fingerprints for state and national criminal history background checks. Addendum 4 explains in detail how to obtain and submit fingerprints to the Board.*

Complete, sign and date the top portion of Waiver Agreement and FBI Privacy Act Statement. At the time fingerprints are collected the fingerprinting agency must complete the bottom portion. Mail the completed form and fingerprint card to the Board. Fingerprints will not be submitted for processing without completed and signed Waiver Agreement. Submit completed background check waiver, Fingerprint card, and \$47 fee.

Be aware that fingerprint processing may delay your application. Please make it a priority to complete the fingerprint process.

- Credit Card Payment Authorization Form** To pay by debit or credit card, complete the Credit Card/Debit Card Authorization Form.

Application fees must be submitted with the application. These *fees are non-refundable* and will be processed upon receipt. The Kansas Medicine and Surgery application fee is **\$300**. Also, a background check fee of **\$47** and a National Practitioner Data Bank ("NPDB") report fee of **\$3** must accompany the application. **This totals \$350.**

