

MARYLAND BOARD OF PHYSICIANS
4201 Patterson Avenue
Baltimore, Maryland 21215

Application for Initial Medical Licensure

Applicant Applied via: None

Name: Marcus Tulio Gordon

Application ID:

VETERAN STATUS

1. Are you a current member of the U.S. military, retired, or been honorably discharged in the past year?

If Yes, military branch selected:

2. Is your spouse a current member of the U.S. military, retired, or been honorably discharged in the past year?

If Yes, military branch selected:

Part 1 - GENERAL INFORMATION

As listed on your U.S. birth/marriage certificate, U.S. passport, or most recent document issued by the INS:

Your Complete Current Legal Name: Marcus Tulio Gordon

If applicable, please make a selection below

Complete Maiden Name Complete Former Name Completed Legal Name

Public Address: The public (business) address is your address of record. This address will be available to the public and, if licensed, will be posted on the Board's Website in your Practitioner Profile.

288 Groveland St.
Haverhill MA 02467 US

Non-Public Address (Home) : This should not be your office address. This is where you live. This non-public (home) address will be the location to which the Board directs all correspondence. This address is confidential. Do not use your practice address.

CONTACT TELEPHONE NUMBERS

Home Telephone:

Work Telephone:

Mobile Telephone:

PERSONAL INFORMATION

Date of Birth:

Gender:

EMAIL ADDRESS INFORMATION

Official Email Address: The email address provided must be for you and not office or credentialing staff. The email must be regularly used by you for correspondence with the Board. This email address is confidential and will not be shared or disclosed, except in accordance with compulsory process as defined in Section 4-306 of the Health-General Article. The Board will use this email for official correspondence.

Personal Email Address: This should not be your work email address.

Check this box if you are using the Federation Credentials Verification Service (FCVS)

If using FCVS, medical exam scores and supplemental forms IML2 (submission_forms/IML2.pdf) and IML3 (submission_forms/IML3.pdf) are not needed.

Part 2 - MEDICAL EDUCATION

List all medical schools you have attended:

Date	Medical School
09/1981 To 06/1985	Albert Einstein College of Medicine

American or Foreign Medical Graduate: American Medical Graduate

Medical School From Which You Received Your Medical Degree:

Albert Einstein College of Medicine

Name of University Affiliation (if applicable): Bronx NY

Country of citizenship during medical education: United States

Language of Instruction: English | **Type of Degree:** MD | **Date Degree Was Conferred:** 06/1985

English Language Competency:

Documentation of graduation from a recognized English-speaking medical school.

Speech Impairment:

Part 3 - ACTIVITIES

Activities after completing Medical School on 06/1985

Date	Activity
04/1994 To 05/2023	Physician Northeast Gynecological Associates/Merrimack Valley Women's Health 288 Groveland St. Haverhill MA 01830 US
01/1994 To 05/2023	Privileges North Shore Medical Center 81 Highland Ave. Salem MA 01970 US
07/1996 To 01/2006	Privileges Lynn Community Health Center 269 Union St. Lynn MA 01901 US
03/1992 To 07/1995	Privileges Eastern Women's Center 800 2nd Ave. New York NY 10017 US
01/1992 To 01/1994	Privileges Beth Israel Medical Center 1st Ave & 16th St. New York NY 10003 US
01/1991 To 01/1994	Privileges St. Luke's/Roosevelt Hospital 1111 Amsterdam Ave. New York NY 10025 US
01/1991 To 01/1992	Staff Privileges New York Medical Group (Emblem Health) 55 Water St. New York NY 10041 US
07/1988 To 10/1990	Residency Boston City Hospital 818 Harrison Ave. Boston MA 02118 US
07/1987 To 06/1988	Residency Mt. Sinai Hospital 1500 S. Fairfield Ave. Chicago IL 60608 US
07/1985 To 06/1986	Internship Albert Einstein College of Medicine/Montefiore Medical Center 1575 Blondell Ave. Bronx NY 10461 US

Part 4 - POSTGRADUATE TRAINING

A. During your years of postgraduate training, did you have a break in training?

B. Did you have any condition or impairment that affected your ability to practice medicine during your training?

C. During your years of postgraduate training, was any action taken against you by any training program, hospital, medical board, licensing authority, or court? Such actions include but are not limited to investigations, limitations of privileges or special conditions, requirements imposed for academic incompetence, disciplinary actions, probationary action, etc.

Place(s) of Training

Date	Postgraduate Training
07/1985 To 06/1986	Albert Einstein College of Medicine/Montefiore Medical Center Surgery ACGME 1575 Blondell Ave. Bronx NY 10461
07/1987 To 06/1988	Mt. Sinai Hospital Obstetrics & Gynecology ACGME 1500 S. Fairfield Ave. Chicago IL 60608
07/1988 To 10/1990	Boston City Hospital Obstetrics & Gynecology ACGME 818 Harrison Ave. Boston MA 02118

Part 5 - Medical Licensing Exams & History

Qualifying for a Maryland License

1. a. No disciplinary action pending and no disciplinary action taken against the applicant that would be grounds for discipline under Health Occupations Article, §14-404, Annotated Code of Maryland; and
- b. Successful completion of 2 or more years of an ACGME or AOA accredited residency or fellowship; and
- c. A minimum of 5 years of clinical medicine experience in the U.S., its territories, or in Canada under a full unrestricted medical license, with at least 3 of the 5 years having occurred within 5 years from the date of the application (*This is the date the Applicant signs and submits this application.*); or
2. Board-certification.
3. Not Applicable.

State Board Examinations

State Board Exams were licensing exams given by individual states and do not include USMLE Step 3, oral exams, interviews or jurisprudence exams. State Board Exams taken after December 31, 1984 are not accepted for licensure in Maryland. **NOTE: This section does not relate to National Board Certification.**

List state(s) where state board exams were taken or select (None): None

USMLE, FLEX-Weighted Average, and FLEX Components 1 & 2 Exams. If you took any of the exams below, contact the Federation of State Medical Boards at www.fsmb.org. (<https://www.fsmb.org>.)

- a. USMLE Steps 1, 2 and 3

- b. FLEX-Weighted Average
- c. FLEX Components 1 and 2
- d. National Board of Medical Examiners (NBME) *Contact the NBME at www.nbme.org (<https://www.nbme.org>)*
- e. National Board of Osteopathic Medical Examiners *Contact the NBOME at www.nbome.org (<https://www.nbome.org>)*
- f. Medical Council of Canada (MCC)—Licentiate of the Medical Council of Canada. *Contact the MCC at <https://mcc.ca/about/lmcc/> (<https://mcc.ca/about/lmcc/>)*

Hybrid Examinations

The following combinations are the only hybrid examinations accepted by the Maryland Board of Physicians. **ALL HYBRID EXAMINATIONS MUST HAVE BEEN COMPLETED BEFORE JANUARY 1, 2000.**

- a. USMLE 1 + NBME II + NBME III
- b. USMLE 1 + USMLE 2 + NBME III
- c. USMLE 1 + NBME II + USMLE 3
- d. NBME I + USMLE 2 + USMLE 3
- e. NBME I + USMLE 2 + NBME III
- f. NBME I + NBME II + USMLE 3
- g. FLEX 1 + USMLE 3
- h. FLEX 2 + USMLE 1 + NBME II
- i. FLEX 2 + USMLE 1 + USMLE 2
- j. FLEX 2 + NBME I + USMLE 2
- k. FLEX 2 + NBME I + NBME II
- l. NBOME + USMLE

- If your hybrid exams included any part of the NBME examination, contact the NBME at www.nbme.org (<https://www.nbme.org>) and request to have your Endorsement of Certification and your Record of Scores sent directly to the Board of Physicians.
- If your hybrid exams included only FLEX and USMLE examinations, request your transcript from the Federation of State Medical Boards at www.fsmb.org. (<https://www.fsmb.org>)
- If your hybrid exams included any part of the NBOME, ask NBOME to send the verification of certification and the complete history of your medical examinations to the Board. Contact the NBOME at www.nbome.org. (<https://www.nbome.org>)

Licensing History:

Please answer either (a), or answer (b and c):

- a. I have never been licensed (including training licenses) in the U.S., its territories, or Canada.
- b. I have an application for license (including a training license) pending in the following states (excluding Maryland):
- c. Has any disciplinary action ever been taken against your license?

d. Including training licenses, please list below all licenses ever issued to you by a U.S. state, its territories, or Canada:

Lic No	State	Issued	Expired	Status
168240	NY	10/1986	06/2021	Expired/Lapsed
36076724	IL	05/1988	07/1990	Expired/Lapsed
82013	MA	09/1995	08/2024	Active
2018-01189	NC	05/2018	08/2023	Active
80986	GA	07/2018	08/2021	Expired/Lapsed
29259	WV	09/2019	09/2020	Expired/Lapsed

Part 6 - CHARACTER AND FITNESS

For any "YES" answers, you may be required to submit documentation at the Board's request.

1. Has a state licensing or disciplinary board (including Maryland), a comparable body in the armed services, or the Veterans Administration, ever denied your application for licensure, reinstatement, or renewal?

2. Has a state licensing or disciplinary board (including Maryland), a comparable body in the armed services, or the Veterans Administration, ever taken action against your license? Such actions include, but are not limited to, limitations of practice, required education admonishment or reprimand, suspension, probation or revocation.

3. Has any licensing or disciplinary board in any jurisdiction (including Maryland), a comparable body in the armed services, or the Veterans Administration, ever filed any complaints or charges against you or investigated you for any reason?

4. Have you ever withdrawn your application for a medical license or other health professional license?

5. Has a hospital, related health care institution, HMO, or alternative health care system ever investigated you or ever brought charges against you?

6. Has a hospital, related health care facility, HMO, or alternative health care system ever denied your application; failed to renew your privileges, including your privileges as a resident; or limited, restricted, suspended, or revoked your privileges in any way?

7. Have you ever pleaded guilty or nolo contendere to any criminal charge, been convicted of a crime, or received probation before judgment because of a criminal charge?

8. Have you ever committed an offense involving alcohol or controlled dangerous substances to which you pled guilty or nolo contendere, or for which you were convicted or received probation before judgment? Such offenses include, but are not limited to, driving while under the influence of alcohol or controlled dangerous substances.

9. Are there any charges pending against you in any court of law, are you currently under arrest, released pending trial with or without bond, or is there an outstanding warrant for your arrest?

10. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a physical, mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice your profession in a safe, competent, ethical, and professional manner?

Important: The Board recognizes that licensees encounter health conditions, including those involving career fatigue, burnout, mental health, and substance use disorders, just as their patients and other healthcare providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Voluntary options may include seeking medical care, self-limiting the licensee's medical practice, or voluntarily self-referring to the Maryland Physician Health Program (MPHP) (<https://healthymaryland.org/maryland-healthcare-professionals-program/>), a program that provides assistance to physicians and other healthcare professionals dealing with potentially impairing conditions in a private, non-disciplinary setting while protecting both the confidentiality of the participant and the safety of the public.

11. Have any malpractice claims or other claims for money damages ever been filed against you? Include past claims as well as any claim that is now pending, has been dismissed, has been settled, or which has resulted in a damages award against you or your medical practice.

12. Are you in default of a service obligation that you incurred by receiving State or Federal funds for your medical education?

13. Have you ever failed to make arrangements to satisfy State or Federal loans that financed your medical education?

14. Has your employment or contractual relationship with any hospital, HMO, other health care facility, health care provider, institution, armed services, or the Veterans Administration ever been terminated for disciplinary reasons?

15. Have you ever voluntarily resigned or terminated a contract with any hospital, HMO, other health care facility, health care provider, institution, armed services, or the Veterans Administration while under investigation by that institution for disciplinary reasons?

16. Have you ever surrendered your license or allowed it to lapse while you were under investigation by any licensing or disciplinary board of any jurisdiction, any entity of the armed services, or the Veterans Administration?

17. Have you ever been dishonorably discharged from any military service of the U.S. Government? Upload a copy of your military discharge documentation that includes type of service, date of discharge, and type of discharge.

Part 7 - SPEX/COMVEX Examinations

Please check all that apply.

- a. The last time I passed a medical licensing exam was more than 15 years before *submitting this application for initial medical licensure.
- b. I have never had a specialty board certification.
- c. During the 10 years preceding the *submission of this application for initial medical licensure, I did not pass a specialty board certification or recertification examination give by the American Board of Medical Specialties or the American Osteopathic Association Bureau of Osteopathic Specialists.
- d. I have not had a full, unrestricted medical license in at least one state of the U.S., its territories, or Canada within the 10-year period before *submitting this application for initial medical licensure.
- e. I have not actively practiced clinical medicine in the U.S., its territories, or Canada for a least 7 of the 10 years before *submitting this application for initial medical licensure.
- f. Not Applicable

*The date the application is signed will be used for date of submission.

Part 8 - CHECKLIST

1. I provided all the personal information requested on this application (Part 1 - General Information).
2. I provided all the information about my medical education (Part 2 - Medical Education).
3. I indicated how I have met Maryland's requirement for English proficiency (Part 2 - Medical Education).
4. Based on my response in Part 2 - Medical Education, no additional English proficiency requirements are needed.
5. For applicants not using the Federation Credentials Verification Service (FCVS), I completed Part 1 of the Verification of Education and English Language Instruction (IML2) (submission forms/IML2.pdf) form and submitted the form to all applicable institutions that will verify both my medical degree and my competency of the English language.
6. I verified there are no gaps in time in my chronology of activities after graduating medical school (Part 3 - Activities).

7. For applicants not using the Federation Credentials Verification Service (FCVS). I completed the required sections of the Verification of Postgraduate Medical Education (IML3) (submission forms/IML3.pdf) and submitted the form to each program that will verify my postgraduate training as listed in the Postgraduate Training section (Part 4 - Postgraduate Training) of this application.
8. For applicants not using the Federation Credentials Verification Service (FCVS). I listed all the medical examinations I have ever taken (Part 5-Licensing Examinations) and requested that each administering authority submit my transcripts directly to the Maryland Board of Physicians at P.O. Box 2571, Baltimore, MD 21215.
9. I have listed every license/registration I have ever been issued in the U.S., its territories, or Canada (Part 5 - Licensing Examinations). The Board no longer requires state medical license verifications. Do not mail or email any state medical license verifications to the Board. Verifications sent to the Board are not retained. Please note: If the Board is unable to verify a state medical license, you will be contacted and required to submit a license verification.
10. I compiled all the documents to support my responses to the Character and Fitness section (Part 6 - Character and Fitness) of this application and am prepared to submit the documents upon request of the Maryland Board of Physicians.
11. Based on my response in Part 7, SPEX/COMVEX not required.
12. I will pay my initial license processing fee using the MBP Credit Card Payment center after completing this checklist.
13. I understand that I must submit a criminal history records check (CHRC Instructions) (https://www.mbp.state.md.us/forms/CHRC_Instructions_MBP.pdf) specific to Maryland, and failure to do so timely will result in a delay in the licensure process.

Mail all required documents to:
Maryland Board of Physicians
P.O. Box 2571
Baltimore, Maryland 21215

Part 9 - CERTIFICATION

- a. I agree that the Maryland Board of Physicians (the Board) may request any information necessary to process my application for medical licensure in Maryland from any person or agency, including but not limited to postgraduate program directors, individual physicians, government agencies, the National Practitioner Data Bank, the Federation of State Medical Boards, hospitals, and other licensing bodies. I also agree to sign any subsequent release for information that may be requested by the Board.
- b. I agree that I will cooperate fully with any request for information or with any investigation related to my medical practice as a licensed physician in Maryland, including the subpoena of documents or records or the inspection of my medical practice.

c. During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under Md. Code Ann., Health Occ. § 14-404.

d. Under penalties of perjury, I attest that I have personally reviewed all responses to the items in the application and that the information I have given is true and correct to the best of my knowledge, information, and belief. I understand that providing any false, misleading, or incomplete information may result in disciplinary action or denial of licensure by the Maryland Board of Physicians (the Board). I also understand and agree that I may not practice, attempt to practice, or offer to practice medicine in Maryland unless licensed by the Board.

Third Party Release (optional): I am using an intermediary to receive information about the status of my application.

I agree that the Maryland Board of Physicians may release any information pertaining to the status of my application to the following individual:

Name:
Email:
Phone:

Electronic Signature

Full Name: Marcus Tulio Gordon
Last 4 numbers of SSN: XXXX
Date of Birth:

RECEIPT OF INITIAL APPLICATION PROCESSING FEE

Completion Date: 5/23/2023
Confirmation Number:
Amount Paid: \$310.00
Credit Card Transaction No:

RECEIPT OF FINAL LICENSING FEE

Completion Date: 8/9/2023
Amount Paid: \$280.00
Credit Card Transaction N:

Application Status
