

## MEDICAL LICENSE ISSUANCE INFORMATION

Physician's Name Tamer Yvette Middleton  
First Middle Last

Please fill in your respective Member Board's information for the qualified Physician named above.

National Provider Identifier Number 1225115298

Medical Board Name NEBRASKA BOARD OF MEDICINE AND SURGERY

Member Board License Number CP278

Date License Issued 7/17/2023  
mm/dd/yyyy

Date of Expiration 10/1/2024  
mm/dd/yyyy

Member Board Signature *Tara L Anderson*

Name Tara L Anderson  
Date 7/17/2023

**PHYSICIAN'S CORE DATA SHEET**

*(Must be the physician's accurate information to avoid delay or rejection)*

Full Legal Name Tamer , Yvette , Middleton ,

Other names used (maiden, birth) \_\_\_\_\_

Residential address PO Box 14968 , Atlanta , GEORGIA , 30324 ,

Office address 1874 Piedmont Avenue, NE Suite 585E , Atlanta , GEORGIA , 30324 ,

Where do you wish to receive mail. Residential

Physician's cellular or alternative telephone number (770) 212 - 9623

Physician's office or practice telephone number of public record (770) 212 - 9660

Date of Birth 2/26/1963 Gender: Prefer not to say

Applicants personal email address ninepatched@gmail.com

Email address delegated by applicant to receive correspondence ninepatched@gmail.com

Social Security Number: XXX-XX-XXXX XXXXXXXXXX

Physician's National Provider Identifier Number 1225115298



## Application for Expedited Licensure

I have read and understood the [Qualifications](#) to practice medicine in the Compact states. I attest that I am qualified and understand that pursuant to the IMLCC's rules, all fees are non-refundable. **Yes**

If you have questions please call your State of Principle License

I understand that inaccurate or missing information may be grounds for rejection of my application.

Please carefully review the [Application documents](#) before applying. **Yes**

I have reviewed the criteria to select a State of Principal License (SPL) and confirm eligibility to designate a Compact state as my SPL. **Yes**

I have a full and unrestricted license in a Compact State **Yes**

SPL GEORGIA COMPOSITE MEDICAL BOARD License # 51987

**AND** at least one of the below must APPLY (Please select all that apply)

- |  |     |
|--|-----|
| a. Your primary residence is in the SPL (State of Principal License)               | No  |
| b. At least 25% of your practice of medicine occurs in the SPL                     | Yes |
| c. Your employer is located in the SPL   | No  |
| d. You use the SPL as your state of residence for U.S. federal income tax purposes | No  |

Please provide below information:

Residence Street address \_\_\_\_\_

Residence City State Zip \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Please describe your practice and location in the SPL selected Private Practice (co-owner)

Atlanta Comprehensive Wellness Clinic

1874 Piedmont Avenue, NE

Suite 585E

Atlanta, GA 30324

Please be prepared to provide documentation to the designated SPL for further verification. If you have any question please contact your SPL.

You or your employer may be asked for additional documentation about your Employment.

Name of Employer \_\_\_\_\_ Employer Contact Phone \_\_\_\_\_

Employer Street address \_\_\_\_\_

Employer City State Zip \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Please provide your Tax ID # (SS#, EIN) \_\_\_\_\_ (must be most recent return) Please be prepared to provide documentation to the designated SPL for further verification.



# Attribute Verification

Prepared for: IMLCC  
Date of Report: 07/03/2022

## Practitioner Information:

Name: Tamer Yvette Middleton  
Alternate Name(s): None Reported  
DOB: 02/26/1963  
NPI: 1225115298  
Graduation Year: 2000  
School: Morehouse School of Medicine  
Atlanta, United States

## Board Actions/Federal Sanctions:

✓ Meets IMLCC

No Actions Reported

## USMLE® Exam Attempts:

✓ Meets IMLCC

USMLE® Step	Meets Requirement
Step 1	Yes
Step 2 CK	Yes
Step 3	Yes

## ABMS® Certification History:

✓ Meets IMLCC

Certifying Board: American Board of Family Medicine  
Certificate: Family Medicine  
Status: Active  
Expiration Date: None Reported

Disclaimer: The licensure and disciplinary information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation of State Medical Boards and ProviderBridge.org 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. For more information regarding the above data, please contact the reporting board or reporting agency.





Are you a graduate of a medical school accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent? Yes

Medical School Morehouse School Of Medicine Date of Degree Issued 5/20/2000 Medical Degree Received: M.D.

Have you passed each component or step of the USMLE, or the COMLEX-USA within three (3) attempts, or any of their predecessor examinations accepted by your SPL medical board as an equivalent examination for licensure purposes (if in question contact your SPL)? Yes

Which licensing exam did you pass? USMLE

Have you successfully completed graduate medical education approved by the ACGME or the AOA? Yes

Residency Program Columbus Regional Family Medicine Completion Date 6/30/2003

What is the specialty of the program Family Medicine

Do you hold specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOABOS)? (Board eligibility does not qualify) Yes

Name of Specialty Board Certification American Board of Family Medicine

Lifetime Yes If not lifetime, Expiration Date 11/15/2025

Have you ever been convicted, received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction? No

Have you ever held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to non-payment of fees related to a license? No

Have you ever had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? No

Are you under investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction? No



**AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION FOR AN IMLC LETTER OF QUALIFICATION  
AND MEDICAL LICENSES IN IMLC MEMBER STATES**

I, Tamer Yvette Middleton ( full legal name) the undersigned, being duly sworn, hereby certify under oath that I am the person named in this Application for an IMLC Letter of Qualification and Medical Licenses in IMLC Member States ("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 Interstate Medical Licensure Compact ("Compact") and the Application, and have answered all questions contained in the Application truthfully and completely. I further acknowledge failure on my part to answer questions truthfully and completely may lead to disciplinary action against one or more medical licenses or permits I hold, as well as potential prosecution under appropriate federal and state laws.

I hereby apply to GEORGIA COMPOSITE MEDICAL BOARD (state) as my State of Principal License ("SPL") for a Letter of Qualification ("LOQ") to be issued a medical license in one or more Compact Member States. To permit the SPL to process my application for an LOQ, I authorize and request every person, entity, 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 SPL 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 SPL, or any of its agents or representatives, to inspect and make, or receive, copies of such documents, records, and other information in connection with this Application. I also authorize the SPL to perform or obtain a criminal-history background check with law enforcement on me as part of the determination of my eligibility to be licensed through the Compact.

I hereby release, discharge, and exonerate the SPL and the Interstate Medical Licensure Compact Commission ("Commission"), their agents or representatives, and any person, entity, 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 an investigation made by the SPL.

I also hereby apply to the Compact Member States' medical boards ("Member Boards") I have designated in this Application. Additionally, I further authorize the SPL to process and release my application for medical licensure by one or more Member Boards including, but not limited to, personally-identifiable information including my Social Security Number to be used for querying the National Practitioner Data Bank and in child support enforcement actions. I hereby release, discharge, and exonerate the SPL and the Commission, and their employees, agents, or representatives, of any, and all liability of every nature and kind, arising out of any disclosure to the Member Boards.

I will immediately notify the SPL and the Commission 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 medical license being issued by one or more of the Member Boards.

I understand my failure to answer questions contained in this Application truthfully and completely may lead to denial of my application for a LOQ, revocation, or other disciplinary sanctions of my license(s) or permit(s) to practice medicine, in one or more Compact Member States.

Applicant Signature

*Tamer Y Middleton*

Type Applicant's Name Tamer Y Middleton

Applicant's NPI 1225115298

Date 7/3/2022



## Letter of Qualification

Date: 7/19/2022

Name: Tamer Yvette Middleton

Address: PO Box 14968

CityStZip: Atlanta, GEORGIA, 30324

Dear Dr.: Tamer Yvette Middleton

RE: Your application for IMLC Letter of Qualification

The GEORGIA COMPOSITE MEDICAL BOARD ("Board"), on behalf of the State of Principal Licensure ("SPL") you selected, has received and reviewed your application for a Letter of Qualification ("LOQ") for licensure through the Interstate Medical Licensure Compact ("IMLC").

Based upon the information you submitted with your application, data in the Board's files regarding your licensure by the Board, verifications of your credentials, and the results of the check of national databases, the Board has determined that you are ELIGIBLE to be licensed through the IMLC. Therefore, this notice will serve as your LOQ for licensure in IMLC Member States through the IMLC, and will remain in effect for 365 days from date of issuance, set out above.

An email has been sent to you with instructions regarding how to select the IMLC Member State(s) where you wish to be licensed. After you make your selection(s) and make payment for each license, your information will be forwarded to the selected board(s) ("Member Boards") for issuance of a medical license in by each.

All medical licenses issued by Member Boards through the IMLC are full and unrestricted licenses. You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions including, but not limited to, each Member Board's continuing medical education requirements. It is also your obligation to keep your SPL, the Member Boards which have licensed you, and the IMLC Commission informed of any changes in your contact information or qualifications and eligibility for licensure through the IMLC.

Authorized Signature from SPL



Type Name David Harris  
Title of Authorized SPL Licensure Manager  
Date 7/19/2022

## PAYMENT FOR LICENSES

Below are the selected states in which you have indicated you wish to be licensed to practice medicine. Please sign as a payment agreement.

MEMBER BOARD(S)	COST OF LICENSE
NEBRASKA BOARD OF MEDICINE AND SURGERY	\$350.00
IMLCC Handling Fee	\$100.00

TOTAL \$450.00

The selected state medical board(s) will be notified of your selection and issue the license(s).

Please note: All medical licenses issued through the IMLC are full and unrestricted licenses. You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions.

Physician's Signature *Tamer Y Middleton*

Type Name Tamer Y Middleton

Date 7/17/2023



## Anderson, Tara

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**From:** Anderson, Tara  
**Sent:** Monday, July 17, 2023 12:12 PM  
**To:** ninepatched@gmail.com  
**Subject:** Nebraska Physician License Request via IMLC

Hello Dr. Middleton,  
Thank you for applying through the IMLCC for Nebraska licensure.

The State of Nebraska has a statutory requirement outside of the IMLCC processing that requires proof of lawful status in the United States. Would you be so kind as to provide a photo copy of one of the following documentation:

- a) A U.S. Passport (unexpired or expired);
- b) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal; (**Birth Certificates issued by a Hospital will not be accepted**).
- c) An American Indian Card (I-872);
- d) A Certificate of Naturalization (N-550 or N-570);
- e) A Certificate of Citizenship (N-560 or N-561);
- f) Certification of Report of Birth (DS-1350);
- g) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- h) Certification of Birth Abroad (FS-545 or DS-1350);
- i) A United States Citizen Identification Card (I-197 or I-179);
- j) A Northern Mariana Card (I-873);
- k) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
- l) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- m) A document showing an Alien Registration Number ("A#") with Visa Status; or
- n) A Form I-94 (Arrival-Departure Record) with Visa Status

You can email or fax in the documentation to me directly.  
If you have further questions or concerns, please do not hesitate to contact me directly.

Thank you!  
Tara

**Tara Anderson** | *Administrative Technician*  
PUBLIC HEALTH - OFFICE OF MEDICAL & SPECIALIZED HEALTH  
**Nebraska Department of Health and Human Services**  
OFFICE: 402-471-2118 | FAX: 402-742-8355  
[DHHS.ne.gov](http://DHHS.ne.gov) | [Facebook](#) | [Twitter](#) | [LinkedIn](#)



*Of the United States,  
in Order to form a more perfect Union,  
establish Justice, insure domestic Tranquility,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves  
and our Posterity, do ordain and establish this  
Constitution for the United States of America.*

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

A portrait of a woman with short, curly dark hair, wearing glasses and a yellow necklace. Above her head is a graphic that says "USA" in a stylized font, set against a background of a black lace veil.

Type / Type / Tipo	Code / Code / Código	Passport No. / No. du Passeport / No. de Pasaporto
P	USA	510054590

Surname / Nom / Apellidos

MIDDLETON

Given Names / Prénoms / Nombres

**TAMER YVETTE**

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

26 Feb 1963

Place of birth / Lieu de naissance / Lugar de nacimiento

**GEORGIA, U.S.A.**

Date of issue / Date de délivrance / Fecha de expedición

29 Nov 2013

Date of expiration / Date d'expiration / Fecha de caducidad

28 Nov 2023

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

F

Authority / Autorité / Autoridad

United States

Department of State

USA

P<USAMIDDLETON<<TAMER<YVETTE<<<<<<<<<<<<<<  
5100545909USA6302267F2311285258667590<491592