



GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

DIRECTOR

APPLICATION CONFIRMATION & FINGERPRINTING INFORMATION

APPLICATION INFORMATION:

We are in receipt of your application and fee for licensure or registration.

FINGERPRINTING INFORMATION:

- If you fall under any of the following situations you will need to be fingerprinted to be eligible for a health professional license per MCL 333.16174(3) of the Public Health Code:
 - o You are applying for an initial license and have never been fingerprinted for a Michigan health professional license
 - o You are applying for relicensure and your license has been lapsed for more than 3 years
 - o You are applying for a different health professional license and have never been fingerprinted for a Michigan health professional license
 - o You are applying for reinstatement of a revoked or suspended license or reclassification of a limited license
 - o You are applying for a letter of qualification (LOQ) in Michigan for the first time under the Interstate Medical Licensure Compact.
 - o PLEASE NOTE EXCEPTION: Fingerprints are not required for a controlled substance license.
- Fingerprints MUST be done by IdentoGO fingerprinting sites ONLY. Schedule your appointment online at: <https://mi.ibtfingerprint.com/>
- You will need to enter the **Requester/Agency ID** and a Confirmation Number. Both numbers can be found on the enclosed Livescan Fingerprint Background Check Request (RI-030). Use the **Individual ID** (Box 4) as your Confirmation Number.
- Payment can be made at the fingerprint site by credit card, by company check or money order made payable to IdentoGo.
- Complete the enclosed Livescan Fingerprint Background Check Request (RI-030) form and take it to the fingerprinting site, along with an acceptable form of identification. Preferred ID types: Unexpired State-issued driver's license or identification card with photo, issued by the US government or Michigan governmental agency.
- Out-of-state or out-of-country applicants must pre-register with IdentoGO at <https://mi.ibtfingerprint.com/>, select the **Digital Fingerprinting** option. You will then have the option to either **Register for Out-of-State Digital Fingerprinting Services**, or to **Register for Non-Resident Cardscan Processing Service**, for either option you will need to pay the appropriate fee.
 - o **Register for Out-of-State Digital Fingerprinting Services** - This service allows an applicant living outside of the State of Michigan to visit an IdentoGO Enrollment Center in their area in order to have electronic fingerprints captured for submission to the State of Michigan for processing.
 - o **Register for Non-Resident Cardscan Processing** - Once registered, contact a local law enforcement, governmental, or private fingerprint agency to perform an ink hard card fingerprint capture on the FBI (FD-258) fingerprint hard card. Mail the completed Livescan Fingerprint Background Check Request (RI-030) form and fingerprint card containing your fingerprints to: IDENTOGO • CARDSCAN DEPARTMENT - MICHIGAN PROGRAM • 340 SEVEN SPRINGS WAY, SUITE 250 • BRENTWOOD, TN 37027
- Once fingerprinted, law enforcement reports can take up to 30 business days to be sent to the Bureau of Professional Licensing.
- IdentoGO provides a receipt to all applicants that are livescan fingerprinted. Please keep the receipt from IdentoGO for your own records. For assistance with scheduling a fingerprinting appointment, please contact IdentoGO at (866) 226-2952.

If it has been more than four weeks and you have not received additional correspondence from our office, please contact the Licensing Division support team by phone at (517) 335-0918 or by email at bplhelp@michigan.gov .

Sincerely,
Licensing Division,
Bureau of Professional Licensing

(Revised 6/21)

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273
COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

Instructions: See page two.

I. Authorizing Information:							
1. Fingerprint Reason Code		2. Requestor/Agency ID		3. Agency Name LARA		4. Individual ID (MNU-OA)	
II. Application Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name			1b. First Name			1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last names, or Aliases					3. Social Security Number (Optional)		
4. Place of Birth (State or Country)		5. Date of Birth	6. Phone Number		7. Driver's License / State ID Number		8. Issuing State
9. Home Address			10. City			11. State	12. Zip Code
13. Sex	14. Race		15. Height	16. Weight		17. Eye Color	18. Hair Color
III. Live Scan Information:							
1. Date Printed		2. Picture ID Type Presented		3. Transaction Control Number (TCN)		4. Livescan Operator*	
* When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then the unique identifier in the Identification Code field.							
IV. Privacy Act Statement							
<p>Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p>Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p>Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							

V. Procedure to Obtain a Change, Correction, or Update of Identification Records

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)

VI. Consent

I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

Signature:

Date:

INSTRUCTIONS

Section I:

Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

4. Individual ID (MNU-OA):

This Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

Section II:

Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

Section III:

Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Medical Doctor Relicensure 4301105546REL220006QC

Record Type

Medical Doctor Relicensure

Created: 12/15/2022 10:16 am

Record ID: 4301105546REL220006QC

Created by: PUBLICUSER1491725, MiPLUS Online

Payment Information

Payment Amount	Method of Payment	Payment Date
\$387.70	Credit Card	12/15/2022

County

County

If you are an Individual, select the County applicable to your license address; If you are a Business, select the County applicable to the PHYSICAL location of your business.:

Non-Michigan County

Name Modification

Name Modification

Current Name: --
Update Name: No
Legal First Name: --
Legal Middle Name: --
Legal Last Name: --

Mailing Address Modification

Mailing Address Modification

Current Mailing Address: --
Update Mailing Address: No
Country: United States
Address Line 1: --
Address Line 2: --
Address Line 3: --
City: --
State: --
ZIP/Postal Code: --
Province/State: --

Phone and Email Modification

Phone and Email Modification

Current Primary Phone:	--
Update Primary Phone:	No
New Primary Phone:	--
New Primary Phone Extension:	--
Current Secondary Phone:	--
Update Secondary Phone:	No
Remove Secondary Phone:	No
New Secondary Phone:	--
New Secondary Phone Extension:	--
Current E-mail:	--
Update E-mail:	No
New E-mail:	--
Current Preferred Channel:	--
Update Preferred Channel:	No
New Preferred Channel:	--

Other Names List

Other Names List

List any other name or alias by which you have ever been known, including maiden name, if applicable

First Name:	--
Middle Name:	--
Last Name:	--

Good Moral Character

Good Moral Character

Answering "yes" to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found [here](#).

Have you ever been convicted of a felony:	No
Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance:	No
Offense:	--
Year:	--
Court:	--
Case Number:	--
Incarceration, Probation, or Parole Information:	--
Check this box if you have additional offenses to report:	No
List each additional offense, year, court, case number; and incarceration, probation, or parole information:	--

License Document Delivery Options

License Document Delivery

License Document Delivery:	Paper Mailed and Electronic Copy
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Human Trafficking Training

HUMAN TRAFFICKING TRAINING

Completed:	Yes
<i>① I have completed the one-time training for identifying victims of human trafficking pursuant to Section 16148 of the Public Health Code, 1978 PA 368 and of the administrative rules for my licensed profession</i>	

Implicit Bias Training

Implicit Bias Training

Completed:	Yes
<i>① I have completed the required hour(s) of the implicit bias training pursuant to the Michigan Public Health Code – General Rules R 338.7004.</i>	

Other License(s) in Michigan, Other State(s) and/or Country

Other State Licenses

State or Country: California
Permanent License/Registration Number: ?89646?
Profession: Medicine
Date of Issuance: 12/17/2004
How obtained: Endorsement
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No
Sanctions Imposed or Disciplinary Proceedings Explanation: --

State or Country: Florida
Permanent License/Registration Number: ME121840
Profession: Medicine
Date of Issuance: 10/06/2014
How obtained: Endorsement
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No
Sanctions Imposed or Disciplinary Proceedings Explanation: --

State or Country: Illinois
Permanent License/Registration Number: 036161838
Profession: Medicine
Date of Issuance: 08/05/2022
How obtained: Endorsement
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No
Sanctions Imposed or Disciplinary Proceedings Explanation: --

State or Country: Iowa
Permanent License/Registration Number: ?37992?
Profession: Medicine
Date of Issuance: 08/21/2008
How obtained: Endorsement
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No
Sanctions Imposed or Disciplinary Proceedings Explanation: --

State or Country: Massachusetts
Permanent License/Registration Number: ?223184?

Profession: Medicine
Date of Issuance: 02/16/2005
How obtained: Endorsement
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No
Sanctions Imposed or Disciplinary Proceedings Explanation: --

State or Country: Mississippi
Permanent License/Registration Number: ?21316?
Profession: Medicine
Date of Issuance: 11/02/2010
How obtained: Endorsement
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No
Sanctions Imposed or Disciplinary Proceedings Explanation: --

State or Country: Nebraska
Permanent License/Registration Number: 24762
Profession: Medicine
Date of Issuance: 10/01/2014
How obtained: Endorsement
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No
Sanctions Imposed or Disciplinary Proceedings Explanation: --

State or Country: New Hampshire
Permanent License/Registration Number: 16838
Profession: Medicine
Date of Issuance: 11/06/2014
How obtained: Endorsement
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No
Sanctions Imposed or Disciplinary Proceedings Explanation: --

State or Country: New York
Permanent License/Registration Number: ?219226
Profession: Medicine
Date of Issuance: 09/14/2000
How obtained: Endorsement

Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No

Sanctions Imposed or Disciplinary Proceedings Explanation: --

State or Country: South Dakota

Permanent License/Registration Number: ?8353?

Profession: Medicine

Date of Issuance: 04/23/2012

How obtained: Endorsement

Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No

Sanctions Imposed or Disciplinary Proceedings Explanation: --

State or Country: Texas

Permanent License/Registration Number: R1085

Profession: Medicine

Date of Issuance: 12/16/2016

How obtained: Endorsement

Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No

Sanctions Imposed or Disciplinary Proceedings Explanation: --

State or Country: Alabama

Permanent License/Registration Number: MD.35750

Profession: Medicine

Date of Issuance: 02/22/2017

How obtained: Endorsement

Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No

Sanctions Imposed or Disciplinary Proceedings Explanation: --

Hospital Affiliations

Hospital Where Employed

List the name of each hospital with which you are employed or under contract.

Name of Hospital Employed or Under Contract: --

Hospital Affiliations

Hospital Where Practicing

List each hospital in which you are allowed to practice.

Name of Hospital where Allowed to Practice: --

Controlled Substance

Controlled Substance

Address Line 1: --

Address Line 2: --

Address Line 3: --

City: --

State or Province: --

ZIP or Postal Code: --

Attachments

Michigan requires all documents verifying education and examination come from the primary source. Please DO NOT upload these documents as they will not be applied to your record. No license will be issued without primary source documentation which comes directly from the issuing entity to the Bureau of Professional Licensing. These documents must be sent directly from the primary source to BPLData@michigan.gov or you may use the delegate function to grant the issuing entity access to upload documents to your account. For more information on the delegate function, click [HERE](#).

If you answered "yes" to either of the good moral character questions, you must upload court documents for each conviction.

If you answered "yes" to the disciplinary action question, you must upload documentation from each State Board or administrative agency indicating the resolution of the sanctions.

Name	Type	Size	Latest Update
205_MWBC_Letter_20221215_101656.pdf	MWBC Letter	112 KB	12/15/2022

Signed Attestation

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Federal Bureau of Investigation, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, specialty licensure, or specialty certification board or task force of this or any other state, United States military, federal government, or another country.

I certify that the statements in this application are true and complete, including any and all attached documents and information provided as part of this application. I understand that any omitted statement, misrepresentation, or fraud of any of the documents and information provided on or as part of this application may be cause for denial of my application, disciplinary action, and/or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

By checking this box, I agree to the above certification.

Date: 12/15/2022

This Record Summary shows MiPLUS data in record 4301105546REL220006QC as of 12/15/2022 10:18 AM Eastern Time



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

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Sincerely,
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(Revised 6/21)

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COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

Instructions: See page two.

I. Authorizing Information:							
1. Fingerprint Reason Code LHP	2. Requestor/Agency ID 71734K	3. Agency Name LARA	4. Individual ID (MNU-OA) [REDACTED]				
II. Application Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name Moore		1b. First Name Nicola		1c. Middle Initial Louise		1d. Suffix	
2. Any Alternative Names, Last names, or Aliases				3. Social Security Number (Optional)			
4. Place of Birth (State or Country)	5. Date of Birth [REDACTED]	6. Phone Number (617) 955-7582	7. Driver's License / State ID Number		8. Issuing State		
9. Home Address [REDACTED]		10. City [REDACTED]			11. State [REDACTED]	12. Zip Code [REDACTED]	
13. Sex	14. Race	15. Height	16. Weight	17. Eye Color	18. Hair Color		
III. Live Scan Information:							
1. Date Printed	2. Picture ID Type Presented		3. Transaction Control Number (TCN)		4. Livescan Operator*		
* When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then the unique identifier in the Identification Code field.							
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Signature:

Date:

INSTRUCTIONS

Section I:

Authorizing Information:

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The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

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State of Alabama

Medical Licensure Commission

Craig H. Christopher, M.D., Chairman/Executive Officer
Karen Silas, Director of Operations

12/15/2022

Michigan Medical Board
P O Box 30670
Lansing, MI 48909-8170

VERIFICATION OF ALABAMA MEDICAL LICENSURE

Name of Licensee (as it appears in our Records)

Nicola Louise Moore

Date of Birth:



License Number: **MD.35750**

Current Status: **Inactive - By Request**

Date Issued: **02/22/2017**

Basis of License: **USMLE/CA**

Expiration Date: **12/31/2019**

Medical School: **Albert Einstein College of Medicine of Yeshiva University**

Location: **Bronx**

Date From/To: **08/95-06/99**

Disciplinary Actions:



No

Yes, visit Public Actions at www.albme.gov for documents.

Signature: _____

Craig H. Christopher M.D.

Craig H. Christopher, M.D. Chairman
Medical Licensure Commission of Alabama

To expedite the verification process, the above is the standard format used by the Medical Licensure Commission of Alabama. Verification information can also be obtained by accessing our website at <http://www.albme.gov>.

P.O. Box 887 • Montgomery, AL 36101-0887
848 Washington Avenue • Montgomery, AL 36104-3839
334-242-4153 • www.albme.gov



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker
Governor

Mario Treto, Jr.
Acting Secretary

Cecilia Abundis
Director
Division of
Professional
Regulation

CERTIFICATION OF LICENSURE

395 Concord Ave
Cambridge, MA 02138-1213

Licensee: Nicola Louise Moore MD
Number: 036.161838
Profession: LICENSED PHYSICIAN AND SURGEON
Date of Issuance: 08/05/2022
Expiration Date: 07/31/2023
License Status: ACTIVE
License Method: Endorsement
Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this department in the regular course of business as of 12/14/2022



Cecilia Abundis
Director

Division of Professional Regulation

12/14/2022

Date

Refer to the Department's Web Site at IDFPR.Illinois.gov to verify professional licenses via License Look-Up.

From: support@veridoc.org
To: [Smith, Krisanna \(LARA\); BPLData](#)
Subject: License Verification Statement - MOORE, NICOLA
Date: Wednesday, December 14, 2022 6:54:07 PM
Attachments: [v1050227AA.pdf](#)
[v1050227BA.pdf](#)
[v1050227CA.pdf](#)
[v1050227DA.pdf](#)

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

Verification of Licensure Status

The attached verification reports have been sent to you by the VeriDoc.org website. This email can be verified coming from this site by clicking on the link below.

[Validate Verifications](#)

Physician: MOORE, NICOLA

Transaction ID: 1050227

Confirmation Number: [REDACTED]

This email contains 4 PDF attachments. If any are missing please contact support@veridoc.org.

Information from the attached verifications can be refreshed for up to 6 months. To view an updated copy, click on a link below.

[California Medical Board of](#)

[Florida Board of Medicine](#)

[Iowa Board of Medicine](#)

[Mississippi State Board of Medical Licensure](#)

From: [nicola.moore](#)
To: [BPLData](#)
Subject: CME records (#1) for NICOLA MOORE, MD DOB [REDACTED] relicensure application for Medical License #4301105546
Date: Thursday, December 15, 2022 10:37:24 AM
Attachments: [CME opioid prescribing scope-core-certificate 12-31-19.pdf](#)
[CME COPD 12-31-19.pdf](#)
[CME primed low back pain 2019.pdf](#)
[CME primed medical errors 2019.pdf](#)
[CME Primed medical errors1 2019.pdf](#)

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

From: [nicola.moore](#)
To: [BPLData](#)
Subject: CME records (#2) for NICOLA MOORE, MD DOB [REDACTED] relicensure application for Medical License #4301105546
Date: Thursday, December 15, 2022 11:04:33 AM
Attachments: [CME - AFP CME 100119 quiz 1-13-20.pdf](#)
[CME AFP 101519 Quiz 1-13-20.pdf](#)
[CME APF 110119 Quiz 9-13-20.pdf](#)
[CME Asthma 1-20-20.pdf](#)
[CME COVID-19 3-31-20.pdf](#)

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

From: [nicola moore](#)
To: [BPLData](#)
Subject: CME records (#3) for NICOLA MOORE, MD DOB [REDACTED] relicensure application for Medical License #4301105546
Date: Thursday, December 15, 2022 11:10:00 AM
Attachments: [CME CKSA Q1 2020 1-7-20.pdf](#)
[CME CKSA Q2 2020 6-30-20.pdf](#)
[CME CKSA Q3 2020 9-17-20.pdf](#)
[CME CKSA Q4 2020 10-14-20.pdf](#)
[CME Maternity Care Self Assessment ABFM 10-18-20.pdf](#)
[CME opioid adolescents-certificate 1-20-20.pdf](#)
[nicola-moore-2020 ACLS-CME-Certificate-Process-MD-and-DO-ACLS-Interactive-Course-Guide-CME-MDDO-Learn-amp-Master-ACLS-PALS.pdf](#)

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

From: [nicola.moore](#)
To: [BPLData](#)
Subject: CME records (#5) for NICOLA MOORE, MD DOB [REDACTED] relicensure application for Medical License #4301105546
Date: Thursday, December 15, 2022 11:29:14 AM
Attachments: [CME Medical Ethics for Physicians 12-14-22.pdf](#)
[CME - Implicit Bias Training Certificate.pdf](#)
[CME Michigan human trafficking training certificate 12-13-22.pdf](#)
[CME 9-21-22 Effective Pain Management in Clinical Practice.pdf](#)
[CME Prescribing Controlled Substances 12-13-22.pdf](#)

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From: [nicola.moore](#)
To: [BPLData](#)
Subject: CME records (#4) for NICOLA MOORE, MD DOB [REDACTED] relicensure application for Medical License #4301105546
Date: Thursday, December 15, 2022 11:12:58 AM
Attachments: [CME ABFM performance improvement 2021.pdf](#)
[CME CKSA q1 2021 3-24-21.pdf](#)
[CME CKSA q2 2021 6-28-21.pdf](#)
[CME CKSA q3 2021 9-13-21.pdf](#)
[CME CKSA q4 2021 11-2-21.pdf](#)

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

From: [nicola moore](#)
To: [BPLData](#)
Subject: CME records (#6) for NICOLA MOORE, MD DOB [REDACTED] relicensure application for Medical License #4301105546
Date: Thursday, December 15, 2022 11:29:19 AM
Attachments: [CME - ACLS precourse work 10-24-22.pdf](#)
[CME - beyond the pill 2.16.2022.pdf](#)
[CME - hypercholesterolemia 9-21-22.pdf](#)
[CME - Women's health 9-23-22.pdf](#)
[CME AFP 1122 journals 12-14-22.pdf](#)
[CME AFP medical journals 10-10-22.pdf](#)
[CME CKSA q1 2022 2-3-22.pdf](#)
[CME CKSA q2 2022 6-30-22.pdf](#)
[CME CKSA q3 2022 9-23-22.pdf](#)
[CME CKSA q4 2022 10-10-22.pdf](#)

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

From: [nicola.moore](#)
To: [BPLData](#)
Subject: CME records (#7) for NICOLA MOORE, MD DOB [REDACTED] relicensure application for Medical License #4301105546
Date: Thursday, December 15, 2022 11:29:35 AM
Attachments: [CME Domestic Violence 6-18-22.pdf](#)
[CME HIV Florida 6-16-22.pdf](#)
[CME Journals 1022 AFP 12-14-22.pdf](#)
[CME Malpractice Case Review primed 6-18-22.pdf](#)
[CME Medical Error communication 6-18-22.pdf](#)
[CME medical error prevention - florida 6-21-22.pdf](#)
[CME Nutrition Tips 9-22-22.pdf](#)
[CME prevention of medical errors 12-13-22.pdf](#)
[CME psych 9-23-22.pdf](#)
[CME Rash - 9-22-22.pdf](#)

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

CE REVIEW STATUS - RELICENSURE

Licensee's LAST Name Moore	FIRST Name Nicola	License Number 4301105546
--------------------------------------	-----------------------------	-------------------------------------

Sponsor & Program Name	Date of Program	Hours	Approved Yes/No	Reason For Unapproved
Safer/Competent Opioid prescribing Ed	12/31/2019	2	y	<input type="checkbox"/>
AAFP COPD	12/31/2019	1	y	<input type="checkbox"/>
PMICME Approach to the diagnosis & mgt of low back pain	12/31/2019	.75	y	.
PMICME Med errors The most common mistakes & how to prevent	12/31/2019	.75	y	.
PMICME Med errors The most common mistakes & how to prevent	12/31/2019	1	y	.
AAFP CME quiz Oct 2019	1/13/2020	6	y	.
AAFP CME quiz	1/13/2020	5	y	.
AAFP CME quiz	9/13/2020	7	y	.
AAFP Defining severe asthma	1/20/2020	.75	y	.
Pri-Med Covid -19 web series part 1 The basics	3/31/2020	.5	y	.
ABFM CKSA	2/7/2020	2.5	y	.
ABFM CKSA	6/30/2020	2.5	y	.
ABFM CKSA	9/17/2020	2.5	y	.
ABFM CKSA	10/14/2020	2.5	y	.
ABFM CKSA	10/15/2020	8	y	.
Boston University safer opioid prescribing for pain in adolescents & young adults	1/20/2020	1	y	.
ACLS	11/2/2020	8	y	.
NetCe 47173 Med ethics	12/14/2022	5	y	.
Implicit Bias N/A cannot be used toward 150, separate requirement				.
Human trafficking N/A cannot be used toward 150, separate requirement				.

Included in CE hours (if applicable): Pain and symptom management? Yes No N/A Medical ethics? Yes No N/A
 CS Prescribing? Yes No N/A Opioids and CS Awareness? Yes No N/A

TOTAL HOURS STILL NEEDED: _____ Date _____ Initials _____

TOTAL HOURS APPROVED: _____ Date _____ Initials _____

Sponsor & Program Name	Date of Program	Hours	Approved Yes/No	Reason For Unapproved
Pri-Med strategies for effective pain mgt in clinical practice	9/21/2022	3.5	y	.
Baptist health south florida prescribing CS	12/13/2022	2	y	.
ABFM QI effort clinical	5/31/2021	20	y	.
ABFM 2021 quarter 1 CKSA	3/24/2021	2.5	y	.
ABFM 2021 quarter 2 CKSA	6/28/2021	2.5	y	.
ABFM 2021 quarter 3 CKSA	9/13/2021	2.5	y	.
ABFM 2021 quarter 4 CKSA	11/2/2021	2.5	y	.
ACLS precourse work	10/24/2022	3	y	.
University of CA Beyond the pill	9/1/2021-6/30/2021	4.5	y	.
Pri-Med cardiology essentials for the PCP-Hypercholesterolemia	9/21/2022	1	y	.
Pri-Med updates from womens health literature	9/23/2022	1	y	.
AAFP med journals	12/14/2022	11	y	.
AAFP Med journals	10/10/2022	13	y	.
AAFM 2022 quarter 1 CKSA	2/3/2022	2.5	y	.
ABFM 2022 quarter 2 CKSA	6/30/2022	2.5	y	.
ABFM 2022 quarter 3 CKSA	9/23/2022	2.5	y	.
ABFM 2022 quarter 4 CKSA	10/10/2022	2.5	y	.
Priority Med Domestic violence	6/18/2022	2	n	Program Not Accredited <input type="checkbox"/>
HIV-40 yrs and counting	6/16/2022	1	y	.
AAFP med journals	12/14/2020	11	y	.
Pri-Med Malpractice case review protecting pts, protecting you	6/18/2022	1	y	.
Med errors how to ethically communicate post-event with pts	6/18/2022	2	y	.
state university system of FL Med error prevention	6/21/2022	2	y	.
Pri-Med nutrition tips for primary care	9/22/2022	1	y	.
Prevention of medical errors	12/13/2022	2	y	.
Pri-Med psychopharmacology prescribing with confidence	9/23/2022	1	y	.
Pri-Med whats that rash	9/22/2022	1	y	.



South Dakota Board of Medical and Osteopathic Examiners

Primary Source Verification

101 N Main Ave Suite 301
Sioux Falls, SD 57104

Phone: 605-367-7781
Email: sdbmoe@state.sd.us

Name: **Nicola Louise Moore, MD**

Last Reported Address(es):

6511 W 41st St
Sioux Falls, SD 57106
UNITED STATES
34 Pennacook St
Manchester, NH 03104
UNITED STATES

Licenses, Permits, Registrations, Certificates:

As of 12/21/2022

<u>Type</u>	<u>Number</u>	<u>Issue Date</u>	<u>Expiration Date</u>	<u>Status</u>
Medical License (MD/DO)	8353	April 23, 2012	March 01, 2018	Inactive

Board Actions:

Date

No Board Actions on File

To expedite the verification of licensure process, the above is the standard format for all professionals regulated by the Board.

Board Action

If Board Action is indicated please review the board action documents available at <http://www.sdbmoe.gov>. If the document is not listed, please email the Board at sdbmoe@state.sd.us.

License verification data is updated daily, and may not reflect changes to licensure occurring within the past 24 hours.

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF MEDICINE
PHYSICIAN LICENSE

NICOLA LOUISE MOORE

LICENSE NO.	EXPIRATION DATE	
4301105546	01/03/2026	233070156

NICOLA LOUISE MOORE
395 CONCORD AVE
CAMBRIDGE, MA 02138

COMPLAINT INFORMATION:

THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:

YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF MEDICINE
PHYSICIAN LICENSE

NICOLA LOUISE MOORE

LICENSE NO.
4301105546

EXPIRATION DATE
01/03/2026

233070156

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

4201105546
Moore, Nicola Louise

Medical Doctor
April 21, 2014

CS

Fee Oh
App Oh
Med Ed ---
PGT ---
Exam Scores ---
ECFMG ---
HOSP APPT ---
RC Oh

X page Oh

CA 12/10

IA 12/13

NE 10/14

NY 11/13

MS 6/11

MA 12/14

SD 9/13

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
 ONLINE APPLICATION FOR A MEDICAL DOCTOR
 OBTAINED BY WEB ENDORSEMENT W/CS >= 10 YRS

Amount Paid - \$235.00
 Date Paid - 04/21/2014

License #	1055116
License #	065683
Issue Date	5-14-11

FIRST NAME: NICOLA MIDDLE NAME: LOUISE LAST NAME: MOORE SUFFIX:

SSN: [REDACTED] DATE OF BIRTH: [REDACTED] DAYTIME TELEPHONE NUMBER: 6179557582

License Address - 395 Concord Avenue
 Cambridge MA 02138
 United States Email Address - drnicolamoore@yahoo.com

APPLICATION QUESTIONS

Have you been convicted of a felony?	N
Have you been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	N
Have you been convicted of a misdemeanor involving the illegal delivery, possession or use of alcohol or a controlled substance (including motor vehicle violations)?	N
Have you been censured or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	N
Have you been treated for substance abuse in the past 2 years?	N
Have you had 3 or more malpractice settlements, awards or judgments in any consecutive 5 year period?	N
Have you had one or more malpractice settlements, awards or judgments totaling \$200,000 or more in any consecutive 5 year period?	N
Have you had a federal or state health professional or registration revoked, suspended or otherwise disciplined, been denied a license; or currently have disciplinary action pending against you?	N
Have you been denied the privilege of taking an examination by any state medical board?	N
If you have held a permanent license in another state, list the state's in which you hold or have held a medicine license.	CA, IA, NE, SD, MS, MA, NY
If you ever held a health professional license in Michigan, please provide the Permanent ID Number (License Number) and Expiration date	
List all previous names used.	

EDUCATION

School Name	DATE FROM	DATE TO
Albert Einstein College of Medicine Bronx, NY	08/01/1995	06/01/1999



STATE OF MICHIGAN

RICK SNYDER
GOVERNORDEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICESSTEVE ARWOOD
DIRECTOR

Name : NICOLA LOUISE MOORE
 License Number : Pending
 Tracking Number : 2558682
 Profession : Medicine
 License Type : Medical Doctor
 Process : Apply for Initial License process

Certification

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization. I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country. The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature :

Sign on the signature line and mail this page along
with any required attachments to:

Bureau of Health Professions
 P.O. Box 30670
 Lansing, MI 48909

Print Page

Close Window



MEDICAL BOARD OF CALIFORNIA
Licensing Program



April 29, 2014

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
PO BOX 30670
LANSING MI 48909

To Whom It May Concern:

This is to certify that on the date of this letter the records of the Medical Board of California (Board) indicate the following information:

Physician:	NICOLA LOUISE MOORE
License Number:	A89646
Issued Date:	12/17/2004
Exam Type:	A written examination
Expiration Date:	12/31/2010
License Status:	DELINQUENT
Board Discipline:	No

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MAY 08 2014
LARA

If Board Discipline is indicated, you may contact the Board's Enforcement Program, Central File Room by email at fileroom@mbc.ca.gov, by fax at (916) 263-2420 or by mail at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain information concerning the action.

Further public records pertaining to the above licensee, as well as information related to license status may be available from the Board's Web site at <http://www.mbc.ca.gov>.

Curtis J. Worden
Chief of Licensing

SECTION 162 OF THE BUSINESS AND PROFESSIONS CODE:

The certificate of the officer in charge of the records of any board in the department that any person was or was not on a specified date, or during a specified period of time, licensed, certified or registered under the provisions of law administered by the Board, or that the license, certificate or registration of any person was revoked or under suspension, shall be admitted in any court as prima facie evidence of the facts therein recited.



Division of Public Health

State of Nebraska
Dave Heineman, Governor

CERTIFICATION OF LICENSE

Michigan Bureau of Health Professions
PO Box 30670
Lansing MI 48933

RECEIVED
MAY 12 2014
LARA

Name:	Nicola Louise Moore, MD		
Address:	395 Concord Avenue Cambridge MA 02138		
Date of Birth:	[REDACTED]		
Place of Birth:	[REDACTED]		
PROFESSION NAME:	Physician		
Number	24762	Status:	Active
Issuance Date.	07/28/2008	Expiration Date	10/01/2014
Credential Obtained by:	Exam		
Exam Type:	Exam Score:		
USMLE Step 1	[REDACTED]		
USMLE Step 2			
USMLE Step 3			
School/Graduation Date:	ALBERT EINSTEIN COL OF MED OF YESHIVA UNIV 06/03/1999		
Disciplinary Action:			

To expedite the certification process, the Licensure Unit is using the above format. There is no derogatory information in the professional's records if the Disciplinary Action section above is left blank.

Helen L. Meeks, Administrator
Licensure Unit

May 7, 2014

(SEAL)

You may verify licenses under the following Internet Web Site Address:
<http://www.nebraska.gov/LISSearch/search.cgi>



Fields of Opportunities

STATE OF IOWA

TERRY BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

IOWA BOARD OF MEDICINE
MARK BOWDEN, EXECUTIVE DIRECTOR

April 20, 2014

Verification of Licensure

Michigan Board of Medicine
P O Box 30670
Lansing, MI 48909

This is to certify that the records of the Iowa Board of Medicine indicate the following information regarding this physician.

NAME:	Nicola Louise Moore, MD
DATE OF BIRTH:	[REDACTED]
LICENSE NUMBER:	MD-37992
LICENSE TYPE:	Permanent
ISSUE DATE:	12/09/2013
EXPIRATION DATE:	12/01/2013
STATUS:	Inactive
DISCIPLINARY ACTION:	No
HISTORY OF INVESTIGATION:	See below

This license information was last updated on 04/17/2014

The above format is prepared for all physicians regulated by this board. All physicians are considered in good standing unless otherwise noted. **If disciplinary action has been indicated or if a history of investigation exists, a copy of that information will be provided to your office in a separate mailing within ten business days.**

Sincerely,

Rachel Davis
Licensing Assistant



DEVAL L. PATRICK
GOVERNOR

Commonwealth of Massachusetts
Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

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APR 28 2014
LARA

4/24/2014

To Whom It May Concern:

This certifies that Nicola L Moore, M.D., a 1999 graduate of Albert Einstein College of Medicine Yeshiva Univ, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 223184 was issued to Dr. Moore on 02/16/2005. The license status is: Active. The expiration date is 12/30/2014.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

Closed Complaint Information

Our files contain 0 closed complaint(s) on this physician.

Final Board Disciplinary Action

Our files contain 0 disciplinary action(s) taken against this physician by the Board.

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

www.mass.gov/massmedboard

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

SEAL

Staff Member, Board of Registration in Medicine

Francee Mulero



TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

VERIFICATION OF MEDICAL LICENSURE

April 20, 2014

This is to certify that the records of the Mississippi State Board of Medical Licensure indicate the following information

Physician Name: **Nicola Louise Moore** Degree **M.D.**
Date of Birth: [REDACTED]
Primary Practice Location: **Planned Parenthood of the Heartland**
1000 East Army Post Road
Des Moines, IA 50315
MD/DO School: **Albert Einstein College of Medic** Year of Graduation: **1999**
Specialty: **FAMILY PRACTICE (Not Primary Source Verified)**
License Number **21316**
Issue Date: **November 2, 2010** Reinstated Date.
Expiration Date: **June 30, 2011** Date of Expiration Prior
Public Record. **NO** to Reinstatement:

This license information was last updated on: 04/18/2014

If public record is indicated, submit a request for records to the following email address
mboard@msbml.state.ms.us

Sincerely,

A handwritten signature in black ink that reads "H. Vann Craig" followed by a stylized flourish.

H Vann Craig, M D
Executive Director

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

W

MI

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, MOORE NICOLA LOUISE was issued license/certificate number 219226 for the practice of MEDICINE on 09/14/00.

Our records also indicate the following information:
Date of birth: [REDACTED]
School attended: ALBERT EINSTEIN MED COL
Date of graduation: 06/03/99
Degree earned: MD

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

DATE	EXAM	SCORE
07/00	USMLE STEP3	80
08/98	USMLE STEP2	82
06/97	USMLE STEP1	86

RECEIVED
MAY 01 2014
LARA

EXMS TAKEN=03

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: NO Last reg period ended: 11/30/13
Address: 395 CONCORD AVE

CAMBRIDGE MA 02138-0000

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Cathy Hanczaryk, Principal Clerk, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Principal Clerk of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

SEAL



Cathy Hanczaryk
Principal Clerk 04/24/14

SMW



South Dakota Board of Medical and Osteopathic Examiners

Primary Source Verification

101 N Main Ave Suite 301
Sioux Falls, SD 57104

Phone: 605-367-7781
Email: sdbmoe@state.sd.us

Name: **Nicola Louise Moore, MD**

Last Reported Address(es):

No Work Address Listed

Licenses, Permits, Registrations, Certificates:

As of 04/22/2014

<u>Type</u>	<u>Number</u>	<u>Issue Date</u>	<u>Expiration Date</u>	<u>Status</u>
Medical License (MD/DO)	8353	April 23, 2012	March 01, 2015	Active

Board Actions:

Date

No Board Actions on File

To expedite the verification of licensure process, the above is the standard format for all professionals regulated by the Board

Board Action

If Board Action is indicated please review the board action documents available at <http://www.sdbmoe.gov>. If the document is not listed, please email the Board at sdbmoe@state.sd.us.

License verification data is updated daily, and may not reflect changes to licensure occurring within the past 24 hours



South Dakota Board of Medical and Osteopathic Examiners

Primary Source Verification

SMO

101 N Main Ave Suite 301
Sioux Falls, SD 57104

Phone 605-367-7781
Email. sdbmoe@state sd us

Name: Nicola Louise Moore, MD

Last Reported Address(es):

No Work Address Listed

Licenses, Permits, Registrations, Certificates:

As of 04/22/2014

<u>Type</u>	<u>Number</u>	<u>Issue Date</u>	<u>Expiration Date</u>	<u>Status</u>
Medical License (MD/DO)	8353	April 23, 2012	March 01, 2015	Active

Board Actions:

Date

No Board Actions on File

To expedite the verification of licensure process, the above is the standard format for all professionals regulated by the Board.

Board Action

If Board Action is indicated please review the board action documents available at <http://www.sdbmoe.gov> If the document is not listed, please email the Board at sdbmoe@state.sd.us

License verification data is updated daily, and may not reflect changes to licensure occurring within the past 24 hours.

Michigan Department of Licensing and Regulatory Affairs

Board of Medicine

P.O. Box 30192

Lansing, MI 48909

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JW

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LARA

**CERTIFICATION OF MEDICAL EDUCATION FOR GRADUATES OF MEDICAL SCHOOLS
LOCATED IN THE UNITED STATES, ITS TERRITORIES, THE DISTRICT OF COLUMBIA, OR
THE DOMINION OF CANADA**

Authority: Public Act 368 of 1976, as amended
If this form is not completed, a license will not be issued

INSTRUCTIONS TO APPLICANT:

Complete Section I. Type or print your legal name exactly as it appears on your application. For Section II, send this form to be completed by the Dean of the medical school you attended. This certification must be submitted directly to the Michigan Board of Medicine by the medical school.

SECTION I - APPLICANT INFORMATION

First Name NICOLA	Middle Name LOUISE	Last Name MOORE
Social Security Number [REDACTED]	Date of Birth [REDACTED]	Daytime Telephone Number (417) 955-7582
Street Address 395 Concord Avenue		
City Cambridge	State MA	ZIP Code 02138
All Previous Names and/or Birth Name Used (if applicable)		
Date of Admission 8/1995		Date of Graduation 6/1999

Signature of Applicant Nicola Louise Moore	Date 4/20/14
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APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE DEAN OF YOUR MEDICAL SCHOOL FOR COMPLETION OF SECTION II.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.



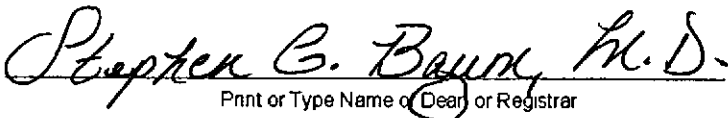
Name
NICOLA LOUISE MOORE

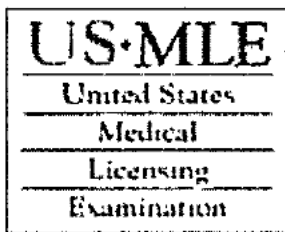
TO BE COMPLETED BY THE DEAN OR REGISTRAR OF THE MEDICAL SCHOOL

INSTRUCTIONS FOR COMPLETING SECTION II:

Please complete the following information. Return this completed certification directly to the Michigan Board of Medicine at the address shown on Page 1 of this form

SECTION II - CERTIFICATION OF MEDICAL EDUCATION

Name of Medical School	
Albert Einstein College of Medicine	
Street Address of Medical School	
1300 Morris Park Ave	
City, State and ZIP Code	
Bronx, NY 10461	
I certify that	Nicola L. Moore
(Applicant's Name)	attended the
medical school named above from	8/16/95 to 5/28/99
(Month/Day/Year)	(Month/Day/Year)
and was/will be granted the degree of	Doctor of Medicine
	on
	6/3/99
	(Month/Day/Year)
	
Signature of Dean or Registrar	Date of Signature
	(SEAL)
Print or Type Name of Dean or Registrar	If school has no seal, please indicate



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

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Wiser Road, Suite 300, Eules, TX 76039-3856 – Telephone (817) 868-4000

Date : 04/21/2014

Recipient:

Michigan Board of Medicine
ATTN: Carole Hakala Engle
611 W Ottawa
1st Floor
Lansing, MI 48933

Examinee: Moore, Nicola Louise
Alt Name(s):

Examinee ID#: 5-030-515-0
Date of Birth: [REDACTED]

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. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. 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, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
06/10/1997	Pass	[REDACTED]	[REDACTED]	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
08/25/1998	Pass	[REDACTED]	[REDACTED]	

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
NEW YORK 07/19/2000	Pass	[REDACTED]	[REDACTED]	

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee

