

EFFECTIVE AS A FINAL ORDER

FILED

DATE: 05/31/2023

MAY 09 2023

KS State Board of Healing Arts

**BEFORE THE BOARD OF HEALING ARTS
OF THE STATE OF KANSAS**

In the Matter of

Maricelina D. Caro, M.D.

Kansas License No. 04-42485

)
) KSBHA Docket No. 23-HA 00029
)
)

SUMMARY ORDER

NOW ON THIS 9th day of May, 2023, this matter comes before Susan Gile, Executive Director, Kansas State Board of Healing Arts ("Board"), in summary proceedings under K.S.A. 77-537.

Under K.S.A 77-537 and K.S.A. 77-542, this Summary Order shall become effective as a Final Order, without further notice, if no written request for a hearing is made within 15 days of service. Upon review of the agency record and being duly advised in the premises, the following findings of fact, conclusions of law, and order are made for and on behalf of the Board:

Findings of Fact

1. Maricelina D. Caro, M.D. ("Licensee") is or has been entitled to engage in the practice of medicine and surgery in Kansas, having been issued License No. 04-42485 on August 13, 2019, and having last renewed such license on or about May 24, 2022. Licensee's license to practice medicine and surgery in Kansas is currently Active.

2. Licensee's last mailing address known to the Board is: **CONFIDENTIAL**
CONFIDENTIAL . Licensee's last known e-mail address known to the Board is:
CONFIDENTIAL

Maricelina D. Caro, M.D.
License No. 04-42485
Summary Order

3. Licensee was previously employed by the North Carolina Department of Health and Human Services Murdoch Developmental Center (“Murdoch Center”).

4. On March 9, 2018, Licensee received a letter from the Murdoch Center’s Director of Health Services informing her she had been suspended for five days for unprofessional conduct. (Bd. Ex. 1 – Letter of Suspension).

5. On or about June 28, 2019, Licensee submitted to the Board an application for initial licensure in Kansas. On her application, Licensee was asked:

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6. On or about August 3, 2020, the Wyoming Board of Medicine (“the Wyoming Board”) considered Licensee’s application to practice medicine and surgery in that state. The Wyoming Board found that Licensee had failed to disclose her suspension by the Murdoch Center and offered her licensure subject to a Stipulation for Issuance of Wyoming Physician License Subject to Reprimand and Fine, which would result in Licensee being issued public Letter of Reprimand and payment of a \$500.00 fine. Licensee ultimately declined licensure in Wyoming. (Bd. Ex. 3 – Wyoming Board Materials).

7. On or about October 22, 2020, the State of Oklahoma Board of Medical Licensure & Supervision (“the Oklahoma Board”) **CONFIDENTIAL**

~~CONFIDENTIAL~~ for failure to disclose her suspension by the Murdoch Center on her application for initial licensure in that state, and on a subsequent renewal application. (Bd. Ex. 4 – Oklahoma Board Materials)

8. On May 19, 2021, Licensee submitted a Kansas Renewal Application to this Board. On this application, Licensee was asked “In the past 12 months have you been the subject of any investigation, including in Kansas, regarding allegations, complaints, or charges by any state licensing agency or other government agency?” Licensee answered, “N” to this question, failing to disclose the investigations conducted by the Wyoming Board and the Oklahoma Board. (Bd. Ex. 5 – 2021 Kansas Renewal Application).

9. On or about September 15, 2021, Licensee entered into a Consent Order with the Virginia Board of Medicine (“the Virginia Board”) in which she was publicly censured for failure to disclose her suspension by the Murdoch Center on her application for initial licensure in that state. This was reported to the National Practitioners Data Bank (“NPDB”) as public discipline. (Bd. Ex. 6 – Virginia Board Materials)

10. On or about December 17, 2021, Licensee entered into a Consent Agreement and Order with the Pennsylvania State Board of Medicine (“the Pennsylvania Board”), in which she was publicly reprimanded and required to complete five hours of remedial education on the topic of ethics, for failure to disclose her suspension by the Murdoch Center on her application for initial licensure in that state. This was reported to the NPDB as public discipline. (Bd. Ex. 7 – Pennsylvania Board Materials)

11. On or about March 16, 2022, Licensee entered into a consent order with the State of Michigan Department of Licensing and Regulatory Affairs (“the Michigan Board”) in which

she was fined \$250.00 for failure to disclose her suspension by the Murdoch Center on her application for initial licensure in that state, as well as failure to timely disclose the discipline issued by the Virginia Board. This was reported to the NPDB as public discipline. (Bd. Ex. 8 – Michigan Board Materials)

Applicable Law

12. Under K.S.A. 65-2836(a), a licensee's license may be revoked, suspended, or limited, or the licensee may be publicly censured or placed under probationary conditions where the licensee "has committed fraud or misrepresentation in applying for or securing an original, renewal or reinstated license."

13. Under K.S.A. 65-2836(j), a licensee's license may be revoked, suspended, or limited, or the licensee may be publicly censured or placed under probationary conditions where "The licensee has had a license to practice the healing arts revoked, suspended or limited, has been censured or has had other disciplinary action taken, or an application for a license denied, by the proper licensing authority of another state, territory, District of Columbia, or other country."

Conclusions of Law

14. The Board has jurisdiction over Licensee as well as the subject matter of this proceeding, and such proceeding is held in the public interest.

15. The Board finds Licensee violated K.S.A. 65-2836(a), in that Licensee:

- a. Failed to disclose her suspension by the Murdoch Center on her 2019 application for initial licensure in Kansas; and
- b. Failed to disclose she had been investigated by the Wyoming Board and the Oklahoma Board on her 2021 renewal application.

16. The Board finds Licensee violated K.S.A. 65-2836(j), in that Licensee has had a license to practice the Healing Arts censured and/or has had other disciplinary action taken against her by the Boards of Virginia, Pennsylvania, and Michigan.

17. Based on the facts and circumstances set forth herein, the use of summary proceedings in this matter is appropriate, in accordance with the provisions set forth in K.S.A. 77-537(a), in that the use of summary proceedings does not violate any provision of law and the protection of the public interest does not require the Board to give notice and opportunity to participate to non-parties.

IT IS HEREBY ORDERED that Licensee is **PUBLICLY CENSURED** by the Kansas State Board of Healing Arts.

PLEASE TAKE NOTICE that upon becoming effective as a Final Order, this document shall be deemed a public record and be reported to any reporting entities authorized to receive such disclosure.

Dated this 9th day of May, 2023.

KANSAS STATE BOARD
OF HEALING ARTS

Susan Gile

Susan Gile
Executive Director

Maricelina D. Caro, M.D.
License No. 04-42485
Summary Order

FINAL ORDER NOTICE OF RIGHTS

PLEASE TAKE NOTICE that this is a Final Order. A Final Order is effective upon service. A party to an agency proceeding may seek judicial review of a Final Order by filing a petition in the District Court as authorized by K.S.A. 77-601, *et seq.* Reconsideration of a Final Order is not a prerequisite to judicial review. A petition for judicial review is not timely unless filed within 30 days following service of the Final Order. A copy of any petition for judicial review must be served upon Susan Gile, Executive Director, Kansas Board of Healing Arts, 800 SW Jackson, Lower Level-Suite A, Topeka, KS 66612.

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that I served a true and correct copy of the above and foregoing **FINAL ORDER** by depositing the same in the United States Mail, postage prepaid, on this 31st day of May 2023, addressed and emailed to:

Maricelina D. Caro, M.D.

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Licensee

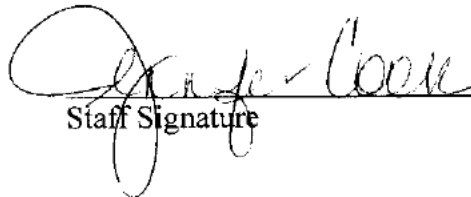
And a copy was hand-delivered to:

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

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

Office of the General Counsel
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

And the original was filed with the office of the Executive Director.



Staff Signature

Maricelina D. Caro, MD

Exhibit 1:
Letter of Suspension
March 9, 2018

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Maricelina D. Caro, MD

Exhibit 2:
Initial Application for Licensure
June 26, 2019

MD/DO – Worksheet

Application # 1427241

Analyst Initials cb
 Reviewed/Enter MLO Date 06/28/2019
 Routing Box Started Y ☒ N ☐
 Applied Fees ☒

Applicants Name Maricelina Caro

SS# **CONFIDENTIAL**

<input checked="" type="checkbox"/> Application Fee Receipt # <u>596346</u>	Check/MO # <u> </u>	CC # <u> </u>
<input checked="" type="checkbox"/> KBI Report Fee Receipt # <u>596303</u>	Check/MO # <u> </u>	CC # <u> </u>
<input checked="" type="checkbox"/> NPDB Fee Receipt # <u>596346</u>	Check/MO # <u> </u>	CC # <u> </u>

☒ (1App) Application
 Name Change Doc. NA Chronology of Activities ☒
 Home Add ☒ NPI ☒ Prac. Add

☒ (2FCVS) Using FCVS

☒ (3Sch) Professional School Verification

Jefferson Medical College 08/30/95-05/21/99 grad 05/27/99

☒ (4Trans) Medical School Transcripts

☒ (5Diplm) Medical School Diploma

NA (6ECFMG) ECFMG Report

(Foreign Trained Only)

☒ (8PGrad) PostGrad Program Verifications
(US Grad Min 1yr, IMG min 2yrs. ACGME)

PostGrad Programs/Dates	Rec.
-------------------------	------

<u>Indiana University 09/01/99-08/31/02</u>	<input checked="" type="checkbox"/>
---	-------------------------------------

<u>Trident Medical 06/01/99-08/01/99</u>	<input checked="" type="checkbox"/>
--	-------------------------------------

<u>University of NC 11/01/02-04/01/03</u>	<u> </u>
---	-----------------------------

☒ (9Exam) Exams USMLE

*Nat'l Board/Flex/USMLE (*completed within 10 yrs.)*

☒ (10StVerf) Verification Other Licenses TN, VA#0101266886, IN#01054187A, NC#2002-01346, SC#LL3560, SC#LL24616

☒ (11Photo) Affidavit/Release/Photo

☒ Addendum #1 License Designation Active

Statement of Health ☒

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NA (14SupportingDocs) Supporting Documents

☒ (15Rec) Addendum #3 Prof. Rec 1 ☒ 2 ☒

☒ (16FedRt) Addendum #4 Federation Report
(also called Practitioner Profile)

☒ Addendum #5 Waiver

☒ Fingerprint Card Received 06/26/2019 Sent 06/28/2019

 (19KBI) Criminal Background Report

☒ (20AMA or AOIA) AMA/AOIA Report

 Proof of Malpractice Insurance

☒ (21NPDB) NPDB Report Sent Received

 (22Prelease) Release to person/organization

☒ (23Wrkst) Worksheet

☒ (24Additl) Additional Information

Missing Requirements: business address? Did this individual ever take a leave of absence or break from his/her training? University of NC Hospitals Program stated yes, applicant stated no need clarification

proof of malpractice,

AMA/AOIA Folder Federation Folder FCVS Folder License Verification Folder Missing Req. Folder

E-transcripts Folder Affidavit Folder Excel KBI Excel NPDB Entered comments in comment boxes

Renamed in Build an Application to Applicant ID# Bookmarked Completed MRL

App Rec'd Sent to Legal Returned to Analyst Lic Approved

001

Uniform Application for Licensure

Application ID: 280104
FID: 213751498

License Requested: MD
License Type: Permanent Medical License
Submitted to: Kansas State Board of Healing Arts
Submission Date: 06/01/2019

Practitioner Name

Caro, Maricelina Doreley

Alternate Name(s): Knotts, Maricelina Caro

Contact Information

Address

Public Access	Board Contact	Type	Address
Yes	Yes	Home	CONFIDENTIAL UNITED STATES

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	Yes	Mobile	CONFIDENTIAL	

Email

Public Access	Board Contact	Email
Yes	Yes	CONFIDENTIAL

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
50199967	CONFIDENTIAL		Montevideo, MO URUGUAY	F	1457335630	MD	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
Jefferson Medical College of Thomas Jefferson University	1025 Walnut Street Philadelphia, PA 191075083 UNITED STATES	08/30/1995	05/21/1999	05/27/1999	MD

Fifth Pathway

None Reported

ECFMG

Certificate Number	Issue Date
None Reported	

Applicant Name: Caro, Maricelina Doreley
Application ID: 280104

Uniform Application for Physician State Licensure
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Bhakta, Chandni [BOHA]

From: Marie Caro **CONFIDENTIAL**
Sent: Friday, June 28, 2019 7:28 PM
To: Bhakta, Chandni [BOHA]
Subject: Re: KSBHA-Initial MD Application
Attachments: 1800malpractice.pdf

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

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On Fri, Jun 28, 2019 at 9:15 AM Bhakta, Chandni [BOHA] <Chandni.Bhakta@ks.gov> wrote:

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Thank you,

Chandni Bhakta

Licensing Analyst

Postgraduate Training

Hospital Name:	Indiana University School of Medicine Program Indianapolis, IN UNITED STATES	Program Code:	ACGME 1401721133
		Attendance Dates:	
Institution:	Indiana University School of Medicine	Start Date:	09/01/1999
Training Specialty:	Internal Medicine	End Date:	08/31/2002
		Program Type:	Internship/Residency
Training Status:	Completed		
Clinical %:	100	Administrative %:	0

Hospital Name:	Trident Medical Center/Medical University of South Carolina Program Charleston, SC UNITED STATES	Program Code:	ACGME 1204521290
		Attendance Dates:	
Institution:	Trident Medical Center	Start Date:	06/01/1999
Training Specialty:	Family Medicine	End Date:	08/01/1999
		Program Type:	Internship
Training Status:	Withdrawn		
Clinical %:	100	Administrative %:	0

Hospital Name:	University of North Carolina Hospitals Program Chapel Hill, NC UNITED STATES	Program Code:	ACGME 1463621136
		Attendance Dates:	
Institution:	University of North Carolina Hospitals	Start Date:	11/01/2002
Training Specialty:	Internal Medicine/Infectious Disease	End Date:	04/01/2003
		Program Type:	Fellowship
Training Status:	Withdrawn		
Clinical %:	100	Administrative %:	0

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		06/10/1997	Pass	1
USMLE Step 2 CK Examination		08/25/1998	Pass	1
USMLE Step 3 Examination		10/18/2000	Pass	1

State Licensure History

Applicant Name: Caro, Maricelina Doreley
Application ID: 280104

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Tennessee Board of Medical Examiners	TN					Applicant
Virginia Board of Medicine	VA	0101266886	05/14/2019	06/30/2020	Full	Active
Medical Licensing Board of Indiana	IN	01054187A	05/17/2001	06/30/2009		Expired
North Carolina Medical Board	NC	2002-01346	06/20/2008	06/02/2020		Active
South Carolina Board of Medical Examiners	SC	LL3560	07/01/1999			
South Carolina Board of Medical Examiners	SC	LL24616	07/01/1999	06/30/2000	Limited	Lapsed

Physician Reported License History

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

Chronology of Activity Type

Practice/Emp/ Desc:	Jefferson Medical College of Thomas Jefferson University		Chronology Type:	Medical Education	
	Address:	Philadelphia, PA US	Attendance Dates:		
	Position/Dept:		Start Date:	08/30/1995	
			End Date:	05/21/1999	
	Clinical %:				
	Admin %:				
	Employment:		Staff Privileges:		Affiliation:
Practice/Emp/ Desc:	time with family and friends		Chronology Type:	Vacation	
	Address:		Attendance Dates:		
	Position/Dept:		Start Date:	05/28/1999	
			End Date:	05/31/1999	
	Clinical %:	0			
	Admin %:	0			
	Employment:		Staff Privileges:		Affiliation:
Practice/Emp/ Desc:	Trident Medical Center/Medical University of South Carolina Program		Chronology Type:	Accredited Training	
	Address:	Charleston, SC US	Attendance Dates:		
	Position/Dept:		Start Date:	06/01/1999	
			End Date:	08/01/1999	
	Clinical %:	100			
	Admin %:	0			
	Employment:		Staff Privileges:		Affiliation:

Applicant Name: Caro, Maricelina Doreley

Application ID: 280104

Uniform Application for Physician State Licensure

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Practice/Emp/ Desc:	Indiana University School of Medicine Program	Chronology Type:	Accredited Training
Address:	Indianapolis, IN US	Attendance Dates:	
Position/Dept:		Start Date:	09/01/1999
		End Date:	08/31/2002
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	time with family and friends and transition to fellowship	Chronology Type:	Vacation
Address:		Attendance Dates:	
Position/Dept:		Start Date:	09/01/2002
		End Date:	10/30/2002
Clinical %:	0		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	University of North Carolina Hospitals Program	Chronology Type:	Accredited Training
Address:	Chapel Hill, NC US	Attendance Dates:	
Position/Dept:		Start Date:	11/01/2002
		End Date:	04/01/2003
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	University of North Carolina Medical Center	Chronology Type:	Work
Address:	101 Manning Dr. Chapel Hill, NC 27514 US	Attendance Dates:	
Position/Dept:	physician - Urgent Care	Start Date:	12/01/2002
		End Date:	03/01/2003
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	Dorothea Dix Hospital	Chronology Type:	Work
Address:	820 Boylan Ave Raleigh, NC 27603 US	Attendance Dates:	
Position/Dept:	Physician - Medicine	Start Date:	12/01/2002
		End Date:	03/01/2004
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	

Applicant Name: Caro, Maricelina Doreley











Application ID: 280104

Uniform Application for Physician State Licensure

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Practice/Emp/ Desc:	time with family and friends and to travel	Chronology Type:	Vacation
Address:		Attendance Dates:	
Position/Dept:		Start Date:	03/02/2004
		End Date:	03/31/2004
Clinical %:	0		
Admin %:	0		
Employment:		Staff Privileges:	
Practice/Emp/ Desc:	Citizens Health Corporation	Chronology Type:	Work
Address:	1650 North College Ave Indianapolis, IN 46203 US	Attendance Dates:	
Position/Dept:	Physician - Medicine	Start Date:	04/01/2004
		End Date:	06/14/2005
Clinical %:	100		
Admin %:	0		
Employment:		Staff Privileges:	
Practice/Emp/ Desc:	St. Vincent Hospital	Chronology Type:	Work
Address:	2001 West 86th St Indianapolis, IN 46260 US	Attendance Dates:	
Position/Dept:	Hospitalist and Faculty - Medicine	Start Date:	06/15/2005
		End Date:	07/28/2008
Clinical %:	100		
Admin %:	0		
Employment:		Staff Privileges:	
Practice/Emp/ Desc:	Moving from Indiana to North Carolina	Chronology Type:	Seeking Employment
Address:		Attendance Dates:	
Position/Dept:		Start Date:	07/29/2008
		End Date:	09/01/2008
Clinical %:	0		
Admin %:	0		
Employment:		Staff Privileges:	
Practice/Emp/ Desc:	Dorothea Dix Hospital	Chronology Type:	Work
Address:	820 South Boylan Ave. Raleigh, NC 27603 US	Attendance Dates:	
Position/Dept:	Physician - Medicine	Start Date:	09/02/2008
		End Date:	10/31/2009
Clinical %:	100		
Admin %:	0		
Employment:		Staff Privileges:	
Practice/Emp/ Desc:	Central Regional Hospital	Chronology Type:	Work

Address: 300 Veazey Rd.
Butner, NC 27509
US

Position/Dept: Physician - Medicine

Clinical %: 100

Admin %: 0

Attendance Dates:

Start Date: 11/01/2009

End Date: 09/22/2014

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

Murdoch Developmental Center

Chronology Type: Work

Address: 1600 East C St.
Butner, NC 27509
US

Position/Dept: Physician - Medicine

Attendance Dates:

Start Date: 09/23/2014

End Date: 06/08/2018

Clinical %: 100

Admin %: 0

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

OnSite Care

Chronology Type: Work

Address: 10130 Perimeter Parkway
Charlotte, NC 28216
US

Position/Dept: Physician on Leadership Track -
Medicine

Attendance Dates:

Start Date: 06/11/2018

End Date: 10/17/2018

Clinical %: 100

Admin %: 0

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

Seeking Employment

Chronology Type: Seeking Employment

Address:

Attendance Dates:

Position/Dept:

Start Date: 10/18/2018

End Date: 11/12/2018

Clinical %: 0

Admin %: 0

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

Guilford County Health Department

Chronology Type: Work

Address: 1100 West Wendover Avenue
Greensboro, NC 27408
US

Position/Dept: Medical Director - Public Health

Attendance Dates:

Start Date: 11/13/2018

End Date: 04/08/2019




Clinical %: 50

Admin %: 50

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:	Seeking Emplyment	Chronology Type:	Seeking Employment
Address:		Attendance Dates:	
Position/Dept:		Start Date:	04/09/2019
		End Date:	In Progress
Clinical %:	0		
Admin %:	0		
Employment:		Staff Privileges:	
		Affiliation:	

Malpractice

None Reported

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Caro, Maricelina Doreley**

Social Security Number: **CONFIDENTIAL**

Date of Birth:

FID#: **213751498**

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

Delivery Date: **05/23/2019**

ABOUT THIS PROFILE

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

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

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



FEDERATION OF
STATE MEDICAL BOARDS

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

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

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

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

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



Maricelina Caro

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

Caro

Applicant's Printed Last Name

Maricelina, D.

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

04/16/2019

Date of Signature (must correspond to date of notarization)



Williamsburg

State of Virginia, County of _____

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 16 day of April, 2019.

Notary Public Signature: Aleksandra Dzwonik-Abbondano

My Notary Commission Expires: 03/31/2020

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

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

Biographic Information

Medical professional Name(s): **Caro, Maricelina Doreley****Knotts, Maricelina Caro****CONFIDENTIAL**

Date of Birth:

Place of Birth: Montevideo, MO, URUGUAY

Contact Information

Home Address:

CONFIDENTIAL

Mobile Phone:

Email:

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public Is Required

Applicant Full Legal Name: Caro Maricelina Doreley
Last First Middle

FCVS ID Number: 213751498

Notary – Please complete the section below:

State of Virginia County of Williamsburg

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

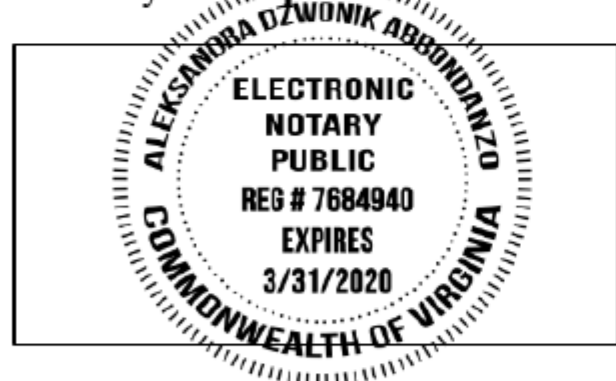
The statements on this document are subscribed and sworn to before me by the applicant on this
(Day) 16, of (Month) April, (Year) 2019.

Notary Public Signature: Aleksandra Dzwonik Abbonando

Commission Expiration Date* (Month) 03 / (Day) 31 / (Year) 2020

*** The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.**

Notary Stamp Here



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

Federation of State Medical Boards

ATTN: FCVS

400 Fuller Wiser Rd., Suite 300

Eules, TX 76039-3856



Scanned with CamScanner

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

Start Date	End Date	Activity Type	Location
08/30/1995	05/21/1999	Medical Education	Jefferson Medical College of Thomas Jefferson University Philadelphia Pennsylvania UNITED STATES
05/28/1999	05/31/1999	Vacation	time with family and friends
06/01/1999	08/01/1999	Postgraduate Training	Trident Medical Center/Medical University of South Carolina Program Charleston South Carolina UNITED STATES
09/01/1999	08/31/2002	Postgraduate Training	Indiana University School of Medicine Program Indianapolis Indiana UNITED STATES
09/01/2002	10/30/2002	Vacation	time with family and friends and transition to fellowship
11/01/2002	04/01/2003	Postgraduate Training	University of North Carolina Hospitals Program Chapel Hill North Carolina UNITED STATES
12/01/2002	03/01/2004	Work	Dorothea Dix Hospital 820 Boylan Ave Raleigh, North Carolina UNITED STATES
12/01/2002	03/01/2003	Work	University of North Carolina Medical Center 101 Manning Dr. Chapel Hill, North Carolina UNITED STATES
03/02/2004	03/31/2004	Vacation	time with family and friends and to travel
04/01/2004	06/14/2005	Work	Citizens Health Corporation 1650 North College Ave Indianapolis, Indiana UNITED STATES
06/15/2005	07/28/2008	Work	St. Vincent Hospital 2001 West 86th St Indianapolis, Indiana UNITED STATES
07/29/2008	09/01/2008	Seeking Employment	Moving from Indiana to North Carolina
09/02/2008	10/31/2009	Work	Dorothea Dix Hospital 820 South Boylan Ave. Raleigh, North Carolina UNITED STATES

11/01/2009	09/22/2014	Work	Central Regional Hospital 300 Veazey Rd. Butner, North Carolina UNITED STATES
09/23/2014	06/08/2018	Work	Murdoch Developmental Center 1600 East C St. Butner, North Carolina UNITED STATES
06/11/2018	10/17/2018	Work	OnSite Care 10130 Perimeter Parkway Charlotte, North Carolina UNITED STATES
10/18/2018	11/12/2018	Seeking Employment	Seeking Employment
11/13/2018	04/08/2019	Work	Guilford County Health Department 1100 West Wendover Avenue Greensboro, North Carolina UNITED STATES
04/09/2019		Seeking Employment	Seeking Employment

End of Chronology of Activities report for: Caro, Maricelina Doreley

Medical Education

Medical School: Jefferson Medical College of Thomas Jefferson University

Location: Philadelphia, PA
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

Instruction to the Dean

Please complete both pages of this form, sign date and seal on the front page then return to:

**Federation Credentials
Verification Service**
400 Fuller Wiser Road
Suite 300
Euless, TX 76039

The individual identified on the attached Authorization for Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution.

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover.

If your office also processes transcript requests, please attach the individual's official transcript
(which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

Institution Name: Sidney Kimmel Medical College at Thomas Jefferson University

Address Line 1: 1015 Walnut Street

Address Line 2: Suite 110

City: Philadelphia

State/Province: PA

Zip Code (Postal Code): 19107

Country: US

If name of institution was different when this individual attended, please note this name below:

N/A

Premedical Education:

Years of education required for admission to your medical school: 16

Credential/degree presented by the applicant for admission to your medical school: BS

Enrollment and Participation: Our records indicate that Caro, Maricelina Doreley

(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 144 weeks of medical education on the following dates: **From:** 09/01/1995 **To:** 05/27/1999

Month Day Year Month Day Year

This individual

Was awarded the degree of Doctor of Medicine on 05/27/1999

Was NOT awarded a degree because: (please explain - additional page if necessary) Month Day Year

Attestation

Affix Institutional
Seal Here

If no seal is available,
this form must be
notarized.

Watermark

For FCVS internal use only.

Name: Shannon Doran

Signature: Shannon Doran

Title: Associate Registrar

Date of Signature: 04/25/2019

Phone: (215) 503-8734

Fax: (215) 923-6974

Email: Shannon.Doran@jefferson.edu

Unusual Circumstances

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?

No

If Yes, please specify the reason(s) for, indicate the date of the interruptions(s) or extension(s) and check whether the Interruption/extension was approved or unapproved:

From Date:

To Date:

Personal/Family _____

Academic remediation _____

Health _____

Financial _____

Participation in joint degree Program (e.g., MD/PhD)

Participation in non-research special study

(e.g., fellowship, international experience) _____

Participation in non-degree research _____

Other:

Other:

Please Specify:

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

No

If YES, please select the reason(s) for the probation, indicate the dates of placement on and removal from probation and attach additional documentation to this report:

From Date:

To Date:

Academic Probation _____

Probation for unprofessional conduct/behavioral _____

Other:

Please specify a reason:

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

No

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

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

No

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

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

No

If YES, please provide detailed documentation/information about the nature of the limitations or special requirement:

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213751498

Medical School

Medical Professional Name: Caro, Maricelina Doreley

Jefferson Medical College of Thomas Jefferson University

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Caro, Maricelina Doreley

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SIDNEY KIMMEL MEDICAL COLLEGE

at

THOMAS JEFFERSON UNIVERSITY

GENERAL INFORMATION ON THE EDUCATION PROGRAM

ACCREDITATION – Sidney Kimmel Medical College at Thomas Jefferson University is accredited by the Liaison Committee on Medical Education. Thomas Jefferson University is fully accredited by the Middle States Commission on Higher Education.

CALENDAR - The first two years consists of variable length blocks totaling 36 to 40 weeks each year.

The clinical curriculum for the final two years consists of 100 weeks, of which 84 weeks are required and 16 weeks are vacation. Phase I clinical curriculum is 48 weeks. Phase II clinical curriculum is 36 weeks.

COURSE DESIGNATION - Courses are designated by number and title.

100 - 199 First Year Courses (Core Curriculum) 300 - 399 Clinical Curriculum (Phase I)
200 - 299 Second Year Courses (Core Curriculum) 400 - 499 Clinical Curriculum (Phase II)

PRE-CLINICAL CURRICULUM GRADES - Pass (PASS) and Fail (F)

CLINICAL CLERKSHIP GRADES

Phase I clinical courses have one grade recorded on the student's academic record, which reflects the student's overall clinical performance, skills and attitude during the clerkship, designated as follows:

HON	High Honors
EXCEL	Excellent
GOOD	Good
MAR	Marginal Competence
INC	Incomplete
PASS (PAS)	Pass
F	Failure
+	***

***For MED350 only, one section will report a final grade (HON-F), the other section will report a '+'

Phase II clinical grades are recorded with the grades listed above.

IN-PROGRESS/FUTURE ENROLLMENT COURSES – Courses in progress, scheduled in the future, or scheduled in the past and have not had a final grade submitted appear at the end of the transcript in the "Registered" section.

UNITED STATES MEDICAL LICENSING EXAMINATIONS - Passing Step 1 is required for promotion into the third year. Passing Step 2 CK and Step 2 CS are graduation requirements.

CONFIDENTIAL

SIDNEY KIMMEL MEDICAL COLLEGE

at

THOMAS JEFFERSON UNIVERSITY

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CONFIDENTIAL

SIDNEY KIMMEL MEDICAL COLLEGE

at

THOMAS JEFFERSON UNIVERSITY

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UNITED STATES MEDICAL LICENSING EXAMINATIONS - Passing Step 1 is required for promotion into the third year. Passing Step 2 CK and Step 2 CS are graduation requirements.

TRUE COPY

I, Maricelina Caro, do hereby swear or affirm that the
document owner

attached is a true copy of Medical School Diploma and that this
description of document
copy contains no alterations from the original.

[Signature]
Principal's signature

North Carolina

County of Wake

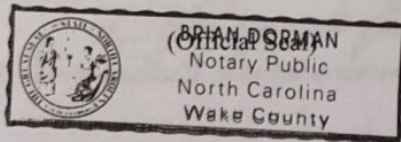
I, Brian Dorman, a Notary Public for Wake

County, North Carolina, do hereby certify that Maricelina Caro
Name of principal

personally appeared before me this day and acknowledged the due execution of

the foregoing instrument.

Witness my hand and official seal, this the 9 day of April, 2019



[Signature]
Official Signature of Notary

Brian Dorman, Notary Public

Notary's printed or typed name

My commission expires:

12/1/19

**Omniis HAS LITERAS Visuris
SARI E SI.**

Quandoquidem **GRADUS ACADEMICI** cum in finem instituti fuerint, ut homines ingenio et doctrina praediti titulis praeter ceteros insignirentur, eo ut ipse praesit, nec non aliorum provocetur industria et inter homines studium Virtutis et Bonarum Literarum augeatur. Quando etiam huc potissimum spectant, amplissima illa jura nostrae collegii publicae Diplomata collata. Idcirco,

**VOIUM SIT, QUOD VOS. PRAESES ET PROFESSORES
Collegii Medicinalis Jeffersoniani Philadelphiensis
Universitatis Thomasinae Jeffersonianae
IN REPUBLICA PENNSYLVANIENSIS.**

Maricelina Doreley Caro *Hominem probum, nobis devotissimum propter mores benevolos et omnes eas artes, quae optimum quemque ornant, qui etiam scientia excimia in Arte Medica, aequae ac Chirurgica, nostro Collegio, sibi acquisita, nobisque examinatione publice habita, plenius manifesta, se diuina **AMPLISSIMIS MERITORIBUS ACADEMICIS** ostendit.*

Doctorem in Arte Medendi creavimus et constituimus. Eique praefate **Maricelina Doreley Caro** hujus **DIPLOMATIS** virtute, singula Jura, Honores et Privilegia ad Gradum Doctoris in Arte Medendi, inter nos et ubique gentium pertinentia libentissime et plenissime concessimus et rata facimus.

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

Datum in **URBE, PHILADELPHIA**,
vicesimo septimo die Mai Anno Hu-
mana Salutis **MCMXCIX** Annoque
Rerum Publicarum Americae Federatae
rum Summae Potestatis anno ducentesimo vicesimo tertio



Paul C. Smith, 20
PRAESES.

Joseph S. Gonnella
DECANUS, PRO PROFESSORIBUS.

OmniBUS HAS LITERAS VISITIS
SACRIS

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

NOTUM SIT, QUOD NOS, PRAESES ET PROFESSORES
Collegii Medicinalis Jeffersoniani Philadelphiensis
Universitatis Thomasinae Jeffersonianae
IN REPUBLICA PENNSYLVANIENSIS

Maricelina Doreley Caro Nominem probum, nobis devotissimum propter mores, bonos, et omnes eas artes, quae optimum, quemque ornant, qui etiam scientia eximia in Arte Medica, aequae ac Chirurgica, nostro Collegio, sibi acquisita, nobisque examinatione publice habita, plenius manifesta, se, dignum **AMPLISSIMIS ET HONORIBUS ACADEMICIS** ostendit. **Doctorem in Arte Medendi** creavimus, et constituimus.

Eique praefato **Maricelina Doreley Caro** hujus **DIPLOMATIS** virtute, singula Jura, Honores, et Privilegia, ad Gradum Doctoris, in Arte Medendi, inter nos, et ubique genti, um pertinentia, libentissime, et plenissime, concessimus, et rata fecimus.

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

Datum, in **URBE, PHILADELPHIA**,
vicesimo septimo die Mai Anno Hu-
manae Salutis **MCMXCIX** Annoque
Rerum Publicarum Americae Federatae-
rum Summae Potestatis anno ducentesimo vicesimo tertio



Paul C. Smith, MD
PRAESES.

Faith S. Gonnella
DECANUS, PRO PROFESSORIBUS.

TRANSLATION

**DIPLOMA OF THE JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA
OF
THOMAS JEFFERSON UNIVERSITY**

TO ALL WHO SHALL SEE THESE WRITINGS, GREETING:

For as much as academic degrees were instituted to the intent that persons endowed with learning and wisdom should be distinguished from others by honors, to the end that this might be profitable to them, and also that the industry of others might be simulated and the exercise of virtue and the liberal arts be increased among mankind:- And as the fullest right conferred publicly by diploma in our College have this end in view:-

Therefore, be it known, that we, the President and Professors of Jefferson Medical College of Philadelphia of Thomas Jefferson University, in the Commonwealth of Pennsylvania, have created and constituted a Doctor in the Art of Healing, MARICELINA D. CARO, an honorable person, endeared to us by correct morals and all those virtues which adorn every good person; who also, by his/her excellent knowledge of medical as well as of surgical art, acquired by him/her in our College, and manifested more fully in an examination publicly held by us, has shown himself/herself worthy of the fullest academic honors.

To the one thus referred to, MARICELINA D. CARO, we have, by virtue of this diploma, most freely and fully granted and confirmed all the rights, honors, privileges belonging to the degree of DOCTOR IN THE ART OF MEDICINE, among ourselves, and all nations.

In evidence of which let this diploma, signed in our handwriting, and having appended the seal of the University, be a testimonial.

Given in the City of Philadelphia, on the 27TH day of MAY in the year of human salvation 1999 and in the 223th year of the sovereign power of the United States of America.



Cate Lysionek
Associate Registrar
Thomas Jefferson University
Sidney Kimmel Medical College

SEAL OF UNIVERSITY

Postgraduate Training

Accreditation ID: 1204521290**Institution:** Trident Medical Center/Medical University of South Carolina ProgramLocation: Charleston, SC
UNITED STATES**Accreditation ID:** 1401721133**Institution:** Indiana University School of Medicine ProgramLocation: Indianapolis, IN
UNITED STATES**Accreditation ID:** 1463621136**Institution:** University of North Carolina Hospitals ProgramLocation: Chapel Hill, NC
UNITED STATES

Credentials Analysis Information for Postgraduate Training

Issue:

FCVS has identified a postgraduate training Discrepancy at University of North Carolina Hospitals Program.

Unusual Circumstances**Solution(s):**

FCVS does not follow up with the Medical Professional or the institution with inconsistent information on Unusual Circumstances questions.


FCVS
**FEDERATION CREDENTIALS
VERIFICATION SERVICE**
Verification of Postgraduate Medical Education
Accreditation Code: 1204521290

Institution Name: Trident Medical Center/Medical University of South Carolina Program

Affiliated University: Trident Medical Center

City: Charleston

State: South Carolina

Country: United States

Verification For: Maricelina Doreley Caro

Date of Birth: CONFIDENTIAL

Program Participation:

PGY: 1	Accredited By: ACGME	Status: Not Complete
Specialty: Family Medicine		
From: 06/01/1999	To: 08/01/1999	Program Type: Internship

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

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

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

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

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

FID: 213751498

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

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

Unusual Circumstances

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

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

ELECTRONIC SEAL VERIFIED	Name: Alex DeCastro	
	Title: Program Director	Degree: MD
	Signature: 	
	Date of Signature: 5/3/2019	

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

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

Graduate Medical Education

Medical Professional Name:	Caro, Maricelina Doreley
Accreditation ID:	1204521290
Institution:	Trident Medical Center/Medical University of South Carolina Program
Specialty:	Family Medicine

Unusual Circumstances

Training Period: 6/1/1999 - 8/1/1999	Internship
---	-------------------

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

End of Applicant Reported Unusual Circumstances report for: Caro, Maricelina Doreley


FCVS
**FEDERATION CREDENTIALS
VERIFICATION SERVICE**
Verification of Postgraduate Medical Education
Accreditation Code: 1401721133

Institution Name: Indiana University School of Medicine Program

Affiliated University: Indiana University School of Medicine

City: Indianapolis

State: Indiana

Country: United States

Verification For: Maricelina Doreley Caro

Date of Birth: CONFIDENTIAL

Program Participation:

PGY: 1	Accredited By: ACGME	Status: Complete
Specialty: Internal Medicine		
From: 09/01/1999	To: 08/31/2000	Program Type: Internship/Residency

PGY: 2	Accredited By: ACGME	Status: Complete
Specialty: Internal Medicine		
From: 09/01/2000	To: 08/31/2001	Program Type: Internship/Residency

PGY: 3	Accredited By: ACGME	Status: Complete
Specialty: Internal Medicine		
From: 09/01/2001	To: 08/31/2002	Program Type: Internship/Residency

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

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

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

FID: 213751498

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

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

Unusual Circumstances

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

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

ELECTRONIC SEAL VERIFIED	Name: Mitchell Goldman	
	Title: Program Director	Degree: MD
	Signature: 	
	Date of Signature: 4/16/2019	

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

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

**Graduate Medical Education**

Medical Professional Name: Caro, Maricelina Doreley

Accreditation ID: 1401721133

Institution: Indiana University School of Medicine Program

Specialty: Internal Medicine

Unusual Circumstances

Training Period: 9/1/1999 - 8/31/2002 **Internship/Residency**

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

End of Applicant Reported Unusual Circumstances report for: Caro, Maricelina Doreley



INDIANA UNIVERSITY

DEPARTMENT OF MEDICINE
School of Medicine

April 11, 2019

Indiana Professional Licensing Agency

RE: **Maricelina D. Caro, M.D.**

Residency Start Date: September 1, 1999
End Date: August 31, 2002
Program: Categorical Internal Medicine

This letter is to certify that **Maricelina D. Caro** has successfully completed the one year minimum residency period required to qualify for a permanent license in the State of Indiana.

Dr. Maricelina D. Caro was a member in good standing in the Internal Medicine Residency Program at Indiana University School of Medicine. She has met all educational objectives and performed all duties satisfactorily in every respect.

Indiana University School of Medicine Residency Program is accredited by the Accreditation Council for Graduate Medical Education and adheres to the policies established by the American Board of Internal Medicine. Members of our residency and fellowship training programs receive a complete and balanced academic and clinical education and upon graduation are eligible for Board Certification in their area of specialization.

I have no reason to doubt **Dr. Maricelina D. Caro's** professionalism, competence or fitness for duty.

Should you need additional information, please contact my office.

Sincerely,

Mitchell Goldman, MD
Professor of Medicine
Program Director, Internal Medicine
Indiana University School of Medicine
1120 West Michigan Street, CL626
Indianapolis, IN 46202
Phone: 317-278-2687 Fax: 317-278-2650
Email: mgoldman@iupui.edu



Verification of Postgraduate Medical Education

Institution: <u>University of North Carolina Hospitals Program</u>	Attention: Program Director
Specialty: <u>Internal Medicine/Infectious Disease</u>	Affiliated University: <u>University of North Carolina at Chapel Hill</u>
Address: <u>Chapel Hill, NC</u>	

Verification For:	Name: <u>Maricelina Doreley Caro</u>
	DOB: CONFIDENTIAL
	Individual's Name on Record (If different from above): _____

Program Participation: Important: Report Incomplete postgraduate years (PGY) separate from those that were successfully completed. If the postgraduate year is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately. Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	PGY: <u>4</u>	Specialty/Subspecialty: <u>Infectious Disease</u>
	<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input checked="" type="checkbox"/> Fellowship <input type="checkbox"/> Research	From: <u>11/2002</u> To: <u>4/2003</u> Successfully Completed?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
	PGY: _____	Specialty/Subspecialty: _____
	<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	From: _____ To: _____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
PGY: _____	Specialty/Subspecialty: _____	
<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Chief Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research	From: _____ To: _____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSA <input type="checkbox"/> APPAP <input type="checkbox"/> None of these	

Unusual Circumstances: Check the correct response. Omitted responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper.	1. Did this individual ever take a leave of absence or break from his/her training? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	2. Was this individual ever placed on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	3. Was this individual ever disciplined or placed under investigation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	4. Were any negative reports for behavioral reasons ever filed by instructors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Please explain any "Yes" response from above: <u>The trainee withdrew from the program.</u>

Certification: Affix your institutional seal in this space. If no seal is available, you must have this form notarized	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only).	
	Name: <u>Michelle Floris-Moore, MD, MS</u>	Signature: <u>Michelle Floris-Moore, MD, MS</u>
	Title: <u>Fellowship Program Director</u>	Date of Signature: <u>5/2/2019</u>
	Tel: <u>919-962-5110</u> Fax: _____ E-Mail: <u>michelle.floris-moore@med.unc.edu</u>	

Graduate Medical Education

Medical Professional Name: Caro, Maricelina Doreley

Accreditation ID: 1463621136

Institution: University of North Carolina Hospitals Program

Specialty: Internal Medicine/Infectious Disease

Unusual Circumstances

Training Period: 11/1/2002 - 4/1/2003 **Fellowship**

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

End of Applicant Reported Unusual Circumstances report for: Caro, Maricelina Doreley



Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



United States Medical Licensing Examination® (USMLE®)

Certified Transcript of Scores

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

Date: 05/23/2019

Federation Credentials Verification Service

ATTN: FCVS

FCVSID: 458047

Examinee: Caro, Maricelina Doreley

Alt Name(s): Knotts, Maricelina Caro

Examinee ID: 5-019-996-7

Date of Birth: **CONFIDENTIAL**

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, 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	Score	Minimum Pass	Comments
06/10/1997	Pass	CONFIDENTIAL		

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Comments
08/25/1998	Pass	

USMLE STEP 3

Test Date	Pass/Fail	Comments
10/18/2000	Pass	

End of Exam History

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



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

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400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Caro, Maricelina Doreley

Examinee ID: 5-019-996-7
Date of Birth: **CONFIDENTIAL**

INTERPRETATION OF RESULTS

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

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

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

ANNOTATIONS APPEARING AS "NOTE"

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

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

PRACTITIONER PROFILE

Prepared for: FCVS As of Date:5/23/2019

PRACTITIONER INFORMATION

Name: Caro, Maricelina Doreley
 Alternate Name(s): Knotts, Maricelina Caro
 DOB: **CONFIDENTIAL**
 Medical School: S dney Kimme Med ca Co ege at homas Jefferson Un vers ty
 Ph ade ph a, Pennsy van a, UNI ED S A ES
 Year of Grad: 1999
 Degree Type: MD
 NPI: 1457335630

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
INDIANA	01054187A	05/17/2001	06/30/2009	04/17/2019
NORTH CAROLINA	2002-01346	06/20/2008	06/02/2020	05/01/2019
SOUTH CAROLINA	LL3560	07/01/1999		05/06/2019
SOUTH CAROLINA	LL24616	07/01/1999	06/30/2000	05/06/2019
VIRGINIA	0101266886	05/14/2019	06/30/2020	05/15/2019

PRACTITIONER PROFILE

Prepared for: FCVS As of Date: 5/23/2019
Practitioner Name: Caro, Maricelina Doreley

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Internal Medicine
Participating in MOC: Yes

Certifying Board: American Board of Internal Medicine
Certificate: Internal Medicine
Certification Type: General
Certification Status: Certified

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	04/24/2017		04/01/2020	Recertification	04/25/2019
Expired	Time Limited	08/20/2002	12/31/2012		Initial	04/25/2019

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

CARO, MARICELINA DORELEY

DCN: 5500000147195311

FOR AUTHORIZED USE BY: Kansas State Board of Healing Arts

Process Date: 5/23/2019

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

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

Practitioner Name: CARO, MARICELINA DORELEY

Date of Birth: CONFIDENTIAL

Gender: FEMALE

Work Address: MUSC MEDICAL CTR
CHARLESTON, SC 29425

Home Address: CONFIDENTIAL

National Provider Identifiers (NPI): 1457335630

License(s): Physician (MD), 0101266886, VA
Physician (MD), 2002-01346, NC
Physician (MD), LL3560, SC

Professional School(s): JEFFERSON MEDICAL COLLEGE OF THOMAS JEFFERSON
UNIVERSITY (1999)

B. QUERY INFORMATION

Statutes Queried: Title IV, Section 1921, Section 1128E

Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.

Entity Name: Kansas State Board of Healing Arts

Authorized Agent: Federation of State Medical Boards, (817) 868 - 4000

Customer Use: 213751498

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 5/23/2019**The following report types have been searched:**

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

UA

UNIFORM APPLICATION
FOR PHYSICIAN
STATE LICENSURE

Affidavit and Authorization for Release of Information

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

Applicant:

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

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

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

Send this notarized affidavit to:

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

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

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

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

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

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

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



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

Applicant's printed last name

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

Date of signature (must correspond to date of notarization)

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

Notary

State of NC, County of Orange

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

The statements on this document are subscribed and sworn to before me by the applicant on this 23 day of May, 2019.

Notary Public Signature: [Signature]

My Notary Commission Expires: Aug 21, 2019



(NOTARY PUBLIC SEAL)

ADDENDUM 1
KANSAS STATE BOARD OF HEALING ARTS

Select the discipline applying for and the license designation being requested.

☒ Medicine & Surgery ☐ Osteopathic Medicine & Surgery

☒ Active

A license issued to a person authorizing the practice of medicine and surgery, osteopathic medicine and surgery, chiropractic or podiatry. Applicants for active licensure must provide evidence of professional liability insurance (which will be in effect as of the date of licensure) in compliance with Kansas law before a license will be issued. Each active license may be renewed annually. Licensees must maintain and submit evidence of satisfactory completion of a program of continuing education. Licensees must maintain and submit evidence of professional liability insurance, and contribute to the Kansas Health Care Stabilization Fund (more information about this fund can be found here: <https://hcsf.kansas.gov/>).

☐ Federal Active

A license issued to only a person who meets all the requirements for a license to practice the healing arts in Kansas and who practiced that branch of the healing arts solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies or who, in addition to such employment or assignment, provides professional services as a charitable health care provider as defined under K.S.A. 75-6102. Continuing education, expiration and renewal of a license shall be applicable to a federally active license. A person who practices under a federally active license shall not be deemed to be rendering professional service as a health care provider in this state and is not required to have policy of professional liability coverage in effect.

☐ Inactive

A license issued to a person who is not regularly engaged in the practice of the healing arts in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. An inactive license shall not entitle the holder to practice the healing arts in this state. Each inactive license may be renewed annually. The holder of an inactive license shall not be required to submit evidence of satisfactory completion of a program of continuing education and is not required to have basic coverage or self-insurance in effect solely because such person is no longer engaged in rendering professional service as a health care provider.

☐ Exempt

A license issued to a person who is not regularly engaged in the practice of the healing arts or podiatry in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. Each exempt license may be renewed annually. The holder of an exempt license is entitled to all the privileges of their branch of the healing arts and (1) may serve as a coroner or as a paid employee of a local health department as defined by K.S.A. 65-241; or (2) practice as a charitable health care provider for an indigent health care clinic as defined by K.S.A. 75-6102. Additionally, the holder of an exempt license may perform administrative functions. The holder of an exempt license shall not be required to submit evidence of satisfactory completion of a program of continuing education nor are they required to have basic coverage or self-insurance in effect.

List intended professional activities: _____

Additional Information and Statement of Health:

1. Have you ever been licensed to practice the Healing Arts in Kansas? ☐ Yes ☒ No

2. Give location of intended practice in Kansas Remote, Telemedicine

3. Primary Specialty Internal Medicine

American Board Certified ABIM American Board Eligible _____

4. Do you presently have any physical or mental problems or disabilities which could affect your ability to competently practice your particular branch of the healing arts or your particular specialty? **CONFIDENTIAL**

If yes, applicant shall file with this application a detailed statement of his/her health, diagnosis and prognosis, supported by a report from his/her attending physician including any medication and treatment currently prescribed.

ADDENDUM 2
KANSAS STATE BOARD OF HEALING ARTS

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

If you are unsure of your response to a particular question, check (✓) the "yes" box and submit the appropriate form if required. Your responses on your application are evaluated as evidence of your candor and honesty. An honest "yes" answer to a question on your application is not definitive as to the Boards' assessment of your present moral character and fitness, but a dishonest "no" answer is evidence of a lack of candor and honesty, which may be definitive on the character and fitness issue. Please be advised that a false response to any of these questions may be grounds for denial of licensure and reported to the appropriate data banks. If a question is not applicable, then check (✓) the "no" box. It is your continuing duty to update the Board on any changes once the application has been submitted.

1. ☐ Yes ☒ No Have you ever been dropped, suspended, expelled, fined, placed on probation, allowed to resign, requested to leave temporarily or permanently, or otherwise had action taken against you by any professional training or educational program, including but not limited to medical school, prior to completing the training?

2. ☐ Yes ☒ No Have you ever had any application for any professional license refused or denied by any licensing authority?

3. ☐ Yes ☒ No Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?

CONFIDENTIAL

4. Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, suspended, revoked or placed on probation, or have you ever involuntarily or voluntarily (to avoid disciplinary action or investigation) resigned or withdrawn from any licensed hospital, nursing home, clinic or other health care facility in which you have trained, including but not limited to residency or postgraduate training programs, or otherwise been a staff member, been a partner or held privileges?

5. ☐ Yes ☒ No Have you ever been denied staff membership with any licensed hospital, nursing home, clinic or other health care facility?

CONFIDENTIAL

6. Have you ever been requested to resign, withdraw or otherwise terminate your position with a partnership, professional association, corporation or other practice organization, either public or private?

7. ☐ Yes ☒ No Have you ever voluntarily surrendered any professional license?

8. ☐ Yes ☒ No Has any licensing authority ever limited, restricted, suspended, revoked, censured or placed on probation, or had any other disciplinary action taken against any professional license you have held?

9. ☐ Yes ☒ No Have you ever been notified or requested to appear before a licensing or disciplinary agency?

10. ☐ Yes ☒ No To your knowledge, have any complaints (regardless of status) ever been filed against you with any licensing agency, professional association, hospital, nursing home, clinic or other health care facility?

11 ☐ Yes ☒ No

Has any professional association imposed any disciplinary action against you?

12

CONFIDENTIAL

Within the past 2 years, have you used any alcohol, narcotic, barbiturate, or other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent?

13

Within the past 2 years, have you been diagnosed or treated for any physical, emotional or mental illness or disease, including drug addiction or alcohol dependency, which limited your ability to practice the healing arts with reasonable skill and safety?

14

Within the past 2 years, have you used controlled substances, which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the directions of a licensed health care provider?

15

Have you ever practiced your profession while any physical or mental disability, loss of motor skill or use of drugs or alcohol, impaired your ability to practice with reasonable safety?

16

Do you presently have any physical or mental problems or disabilities which could affect your ability to competently practice your profession?

17 ☐ Yes ☒ No

Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics or controlled substance registration certificate or been called before or warned by any such agency or other lawful authority concerned with controlled substances?

18 ☐ Yes ☒ No

Have you ever surrendered your state or federal controlled substances registration or had it revoked, suspended, or restricted in any way?

19 ☐ Yes ☒ No

Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency?

20 ☐ Yes ☒ No

Have you ever been arrested? Do not include minor traffic or parking violations or citations except those related to a DUI, DWI or a similar charge. You must include all arrests including those that have been set aside, dismissed or expunged or where a stay of execution has been issued.

21 ☐ Yes ☒ No

Have you ever been charged with a crime, indicted, convicted of a crime, imprisoned, or placed on probation (a crime includes both Class A misdemeanors and felonies)? You must include all convictions including those that have been set aside, dismissed or expunged or where a stay of execution has been issued.

22 ☐ Yes ☒ No

Have you ever been court-martialed or discharged dishonorably from the armed services?

23 ☐ Yes ☒ No

Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such claim yourself?

24 ☐ Yes ☒ No

Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs or in a private insurance company?

25 ☐ Yes ☒ No

Have you ever been terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicaid Programs or private insurance company?

ADDENDUM 3

Kansas State Board of Healing Arts

800 SW Jackson, Lower Level, Suite A
Topeka, Kansas 66612



Recommendations from Two Reputable Physicians

The KSBHA requires two (2) recommendations from licensed physicians. Persons attesting to the good character of the applicant are attesting to the fact that they have known the applicant for at least one (1) year.

Name of Applicant (Printed or Typed): Maricelina Caro Date of Birth: **CONFIDENTIAL**

Please mail this document to the Kansas State Board of Healing Arts at the address above.
Thank you. DO NOT RETURN TO APPLICANT.

This is to certify that I have known Dr. Caro (type or print) for 1 years; that he/she is a capable physician and is not addicted to alcohol or drugs.

I further certify that to the best of my knowledge and belief Dr. Caro is a fit and proper person for endorsement for license by the Kansas State Board of Healing Arts.

(Please type or print)

Name: Jeff Hoffman

Profession: Please select one: MD ☒ DO ☐

Street 1: **CONFIDENTIAL**

Street 2: _____

State/Zip: _____

Telephone: _____

Signature: [Signature]

Date: 6-15-19

Wm. J. Hall

RECEIVED
AUG 05 2019
KSBHA

800 SW Jackson, Lower Level, Suite A
Topeka, Kansas 66612

The KSBHA requires two (2) recommendations from licensed physicians. Persons attesting to the good character of the applicant are attesting to the fact that they have known the applicant for at least one (1) year.

CONFIDENTIAL

Name of Applicant (Printed or Typed): Maricelina Caro Date of Birth:

This is to certify that I have known Dr. Maricelma Cavo (type or print) for 2 years; that he/she is a capable physician and is not addicted to alcohol or drugs.

I further certify that to the best of my knowledge and belief Dr. Maricelma Caro
is a fit and proper person for endorsement for license by the Kansas State Board of Healing Arts.

(Please type or print)

Name: Larry Wilson

Profession: Please select one: MD ☒ DO ☐

Street 1: **CONFIDENTIAL** _____

Street 2: _____

State/Zip: _____

Telephone: _____

Signature: G. F. Johnson, III

Date: 7/29/2019

Dr. Lanny Wilson
Wake Forest, NC

RALEIGH NC 275
Research Triangle Region
30 JUL 2019 PM 11

RECEIVED

AUG 05 2019

KSBHA



Kansas State Board
of Healing Arts

800 SW Jackson, Lower Level
Suite A
Topeka, Kansas 66612

66612-124473



062

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

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

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

I have ☐ OR have not ☒ been convicted of a crime.

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

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

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

Signature *Maricelina Caru*

Date 6/24/2019

Maricelina Caru

CONFIDENTIAL

CONFIDENTIAL

Date of Birth _____

Residential Address _____ City _____ State _____ Zip _____

TO BE COMPLETED BY THE FINGERPRINTING AGENCY:

Method of Verifying Identity: <u>Orange Co. Sheriff Office</u>	Driver's License <input checked="" type="checkbox"/> Military ID Card <input type="checkbox"/>	State Issued ID Card <input type="checkbox"/>
State/Branch: <u>106 E Margaret Lane Hillsborough, NC 27278</u>	ID Number: <u>6</u>	

Agency Name: Orange Co. Sheriff Office

Address: 106 East Margaret Lane Hillsborough, NC 27278

Telephone: 919-644-2900 Fax: _____

Name of Individual Verifying Identity: Connie Lloyd

AUTHORIZED RECIPIENT: 1. Must maintain original or arrange for KBI to maintain.
2. Must provide a copy to the applicant.

CONFIDENTIAL



AMA Physician Profile

PREPARED FOR

Kansas State Board of Healing Arts, Topeka, KS

Name and Mailing Address

MARICELINA DORELEY CARO

CONFIDENTIAL

Primary Office Address

1600 E C ST
BUTNER, NC 27509-2530

Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED FULL-TIME PHYSICIAN STAFF

Self-designated practice specialty

INTERNAL MEDICINE (primary)
UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status

MEMBER

All information from this point forward is provided by the primary source

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1457335630	12/01/2005	NOT RPTD	NOT RPTD	NOT RPTD	06/17/2019

Current and/or historical medical school

SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY

Degree Awarded: YES
Degree Year: 1999

Current and/or historical post graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Beginning with the 2016/2017 cycle of the National GME Census post-graduate training segments will include a training type of specialty (residency) or subspecialty (fellowship). Training types for programs reported prior to 2016 will not include this designation.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

If a segment below is indicated as "being re-verified", it typically means that the physician is a current resident and the AMA is confirming with the residency program that the physician is still enrolled - this standard process occurs on an annual basis.

Sponsoring Institution: INDIANA UNIVERSITY SCHOOL OF MEDICINE
Sponsoring State: INDIANA
Specialty: INTERNAL MEDICINE
Training Type:
Dates: 9/1999 - 7/2002 (Verified)

Sponsoring Institution: MEDICAL UNIVERSITY OF SOUTH CAROLINA COLLEGE OF MEDICINE
Sponsoring State: SOUTH CAROLINA
Specialty: FAMILY MEDICINE
Training Type:
Dates: 7/1999 - 8/1999* (Verified)

***Program reports partial training completed at this institution. Please review final postgraduate training segment(s) to determine completion.*

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 0

Specialty Board Certification

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: AMERICAN BOARD OF INTERNAL MEDICINE
Certificate: INTERNAL MEDICINE
Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC ⁺	Active	04/24/2017	n/a	04/01/2020	RE-CERT	06/06/2019	Y
TIME LIMITED	Expired	08/20/2002	12/31/2012		INITIAL	06/06/2019	Y

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2019 American Board of Medical Specialties. All right reserved.

+The above certifying board has implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Only certificates issued by a MOC participating board will reflect a reverification date.

Current and/or historical medical licensure

License No.	MD / DO	Jurisdiction	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported
200201346	MD	NC	06/20/2008	NOT RPTD	06/02/2020	ACTIVE	UNLTD	06/12/2019
0101266886	MD	VA	05/14/2019	06/30/2020		ACTIVE	UNLTD	06/03/2019
01054187A	MD	IN	05/17/2001	06/30/2009		INACTIVE	UNLTD	09/01/2009
LL24616	MD	SC	07/01/1999	06/30/2000	07/01/1999	INACTIVE	LTD	06/20/2011

Action Notifications

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Department of Justice.

U.S. Drug Enforcement Administration (DEA)

DEA number	Schedule	Expiration Date	Last Reported Date	Address
XXXXXX389	22N 33N 4 5	08/31/2020	06/17/2019	301 New Parkside Dr Chapel Hill, NC 27516-1160

Only the last three characters of active DEA numbers are displayed

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

ECFMG Certification

Applicant Number:

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfm.org/>

Profile Information

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission(AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.



If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.



MYSMPDN-02

DJOYAL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 1780862 HUB International New England PO Box 320309 Fairfield, CT 06824	CONTACT NAME Dan Joyal
	PHONE (A/C, No, Ext) (774) 233-6208 FAX (A/C, No)
	E-MAIL ADDRESS dan.joyal@hubinternational.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A Beazley Insurance Company
	INSURER B
	INSURER C
	INSURER D
	INSURER E
	INSURER F

INSURED

MySpecialistMD Network, LLC
30575 Bainbridge Road, Suite 200
Cleveland, OH 44139

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE L MIT APPL ES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CONFIDENTIAL	6/1/2019	6/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACC DENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Med. Prof. Liability			CONFIDENTIAL 1	6/1/2019	6/1/2020	\$1M/\$3M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Limits above apply as \$1,000,000 per claim/\$3,000,000 aggregate

Evidence of coverage for Maricelina Caro, MD

Professional Services: Medical consultations performed over a telemedicine platform.

Blanket coverage for physicians and independent contractor providers for professional services performed on behalf of the named insured.

Retroactive Date: 4/6/2019

CERTIFICATE HOLDER

CANCELLATION

For Record Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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

RECEIPT NUMBER: 596346

DATE: 06/26/2019

NAME: Maricelina Doreley Caro LICENSE TYPE: FEE: LIC #:

AMOUNT: 300.00	TYPE: Credit Card	CH/CC #:	102022
AMOUNT: 3.00	TYPE: Credit Card	CH/CC #:	102022

RECEIVED FROM:

Maricelina Doreley Caro

CONFIDENTIAL

ADDENDUM 3

Kansas State Board of Healing Arts

800 SW Jackson, Lower Level, Suite A
Topeka, Kansas 66612



Recommendations from Two Reputable Physicians

The KSBHA requires two (2) recommendations from licensed physicians. Persons attesting to the good character of the applicant are attesting to the fact that they have known the applicant for at least one (1) year.

CONFIDENTIAL

Name of Applicant (Printed or Typed): Maricelina Caru Date of Birth:

Please mail this document to the Kansas State Board of Healing Arts at the address above.
Thank you. DO NOT RETURN TO APPLICANT.

This is to certify that I have known Dr. Maricelina Caru (type or print) for 1 years; that he/she is a capable physician and is not addicted to alcohol or drugs.

I further certify that to the best of my knowledge and belief Dr. Maricelina Caru is a fit and proper person for endorsement for license by the Kansas State Board of Healing Arts.

(Please type or print)

Name:

Jeff Hoffman

Profession:

Please select one: MD ☒ DO ☐

Street 1:

CONFIDENTIAL

Street 2:

State/Zip:

Telephone:

Signature:

[Signature] 5-27-19

Date:

5.00 Value
CONFIDENTIAL

CHARLOTTE NC 282

28 MAY 2019 PM 3 L



RECEIVED

JUN 03 2019

KSBH

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

66612-220299



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

RECEIPT NUMBER: 596303

DATE: 06/26/2019

NAME:

LICENSE TYPE:

FEE:

LIC #:

Maricelina Doreley Caro

MD

Background Check Fee N/A

AMOUNT: 47.00

TYPE: Check

CH/CC #: 1473

RECEIVED FROM:

Maricelina Doreley Caro

CONFIDENTIAL



MYSMPDN-02

DJOYA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/8/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 1780862 HUB International New England PO Box 320309 Fairfield, CT 06824	CONTACT NAME Dan Joyal	
	PHONE (A/C, No, Ext) dan.joyal@hubinternational.com	
INSURED MySpecialistMD Network, LLC 30575 Bainbridge Road, Suite 200 Cleveland, OH 44139	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A Beazley Insurance Company	37540
	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	
	INSURER F	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE L MIT APPL ES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CONFIDENTIAL	6/1/2018	6/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCR PTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACC DENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Med. Prof. Liability			CONFIDENTIAL	6/1/2018	6/1/2019	\$1M/\$3M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Limits above apply as \$1,000,000 per claim/\$3,000,000 aggregate

Evidence of coverage for Maricelina Caro, MD.

Professional Services: Medical consultations performed over a telemedicine platform.

Blanket coverage for physicians and independent contractor providers for professional services performed on behalf of the named insured.

Retroactive Date: 4/6/2019

CERTIFICATE HOLDER

CANCELLATION

For Record Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Bhakta, Chandni [BOHA]

From: Marie Caro **CONFIDENTIAL**
Sent: Monday, July 8, 2019 6:19 PM
To: Bhakta, Chandni [BOHA]
Subject: Re: KSBHA-Initial MD Application
Attachments: CPRO Maricelina Caro, MD.pdf

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

CONFIDENTIAL

On Mon, Jul 1, 2019 at 8:43 AM Bhakta, Chandni [BOHA] <Chandni.Bhakta@ks.gov> wrote:

CONFIDENTIAL

Chandni Bhakta

Licensing Analyst

Kansas State Board of Healing Arts

800 SW Jackson, LL – Suite A

Topeka, Kansas 66612

Email chandni.bhakta@ks.gov

Phone 785.296.0440

Fax 785.296.0852

[Licensing Customer Satisfaction Survey](#)

<http://www.ksbha.org/main.shtml>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/14/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Beecher Carlson Insurance Services 6 Cadillac Drive, Suite 200 Brentwood, TN 37027 www.beecher Carlson.com	CONTACT NAME Beecher Carlson Insurance Services	FAX (A/C, No) 615-277-9879	
	PHONE (A/C, No, Ext) 615-277-9840	E-MAIL ADDRESS	
INSURED 1-800MD, LLC 6408 Bannington Road Charlotte NC 28226	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A Homeland Insurance Company of New York		34452
	INSURER B		
	INSURER C		
	INSURER D		
	INSURER E		
INSURER F			

COVERAGES

CERTIFICATE NUMBER: 45934617

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE L MIT APPL ES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CONFIDENTIAL	1/1/2019	1/1/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000/25,000 Agg PERSONAL & ADV INJURY \$Included GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$Included \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCR PTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACC DENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Medical Facilities and Providers Professional Liability Claims Made			CONFIDENTIAL	1/1/2019	1/1/2020	\$1,000,000 Each Claim \$5,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Proof Of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(NASH) Lynn Thompson

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

ATTENTION Doctors of Osteopathic Medicine and Surgery— If you are currently applying for your initial KS healing arts license, please note KS Board of Healing Arts requires all licensed professionals to renew their licenses annually.

Applicants licensed before August 1, 2019 will be required to renew in August of 2019, those licensed on August 1, 2019 or after will be required to renew in August of 2020. If you choose to be licensed after August 1, 2019 you will need to submit an email or letter stating the date you want to be licensed before your application has been completed. All Active licensees are required to have Insurance and be in compliance with the Healthcare Stabilization Fund before you start practicing.

Find out more at our website— <http://www.ksbha.org/faq/faqlicensingrnwl.shtml>



Confidentiality Notice: This message is from the Licensing Division of the Kansas State Board of Healing Arts and is intended only for the addressee. The information contained in this message is confidential, may be attorney-client privileged, may be privileged work product, may constitute protected health information not subject to disclosure under applicable federal or state laws, and is intended only for the use of the addressee. Unauthorized forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you are not the addressee, please promptly delete this message and notify the sender of the delivery error. E-mail is not a secure medium and there is no guarantee e-mail information will remain confidential. If you would prefer not to receive future communication by e-mail, please notify the sender.

The Kansas State Board of Healing Arts does not issue advisory opinions or render legal advice or services. Any and all statements herein should not be construed as legal advice relating to your particular situation or the establishment of an attorney-client relationship. Any information provided by Board staff is for general guidance and does not necessarily represent the opinions or position of the Board. The Kansas State Board of Healing Arts disclaims any and all responsibility and makes no warranties or representations whatsoever regarding the quality, content, completeness, or adequacy of the information provided on this matter. Board staff recommends you obtain independent legal counsel for an application of the law to your particular situation.

From: Marie Caro <CONFIDENTIAL>
Sent: Friday, June 28, 2019 7:28 PM
To: Bhakta, Chandni [BOHA] <Chandni.Bhakta@ks.gov>
Subject: Re: KSBHA-Initial MD Application

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On Fri, Jun 28, 2019 at 9:15 AM Bhakta, Chandni [BOHA] <Chandni.Bhakta@ks.gov> wrote:

CONFIDENTIAL

Chandni Bhakta

Licensing Analyst

Kansas State Board of Healing Arts

800 SW Jackson, LL – Suite A

Topeka, Kansas 66612

Email chandni.bhakta@ks.gov

Phone 785.296.0440

Fax 785.296.0852

[Licensing Customer Satisfaction Survey](#)

<http://www.ksbha.org/main.shtml>

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FROM: *Maricela Caro*

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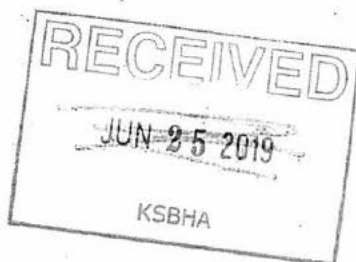
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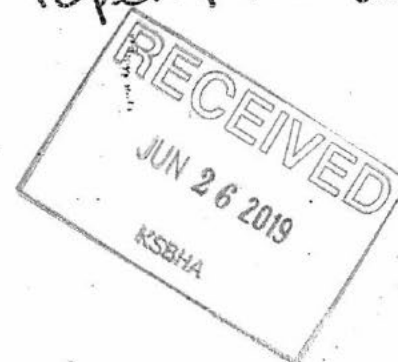
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TO:
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Healing Arts
800 SW Jackson, Lower Level
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Topeka, KS 66612*



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ADDENDUM 4
KANSAS STATE BOARD OF HEALING ARTS

Applicant: Complete this form and email it to boardinquiry@fsmb.org. You must also check the box below.



I hereby certify that I am the individual referenced below and I acknowledge that I have answered all questions and reported all information on this page truthfully and completely.

Federation of
**STATE
MEDICAL
BOARDS**

Federation of State Medical Boards of the United States, Inc.

400 Fuller Wiser Road, Suite 300 | Euless, TX 76039

Tel (817) 868-4000 Fax (817) 868-4099

Physician Data Center Inquiry Form

Attention: State Board Inquiries

The Kansas State Board of Healing Arts is requesting a PDC Search concerning the following individual:

Last Name

Card

First Name

Maricelina

Middle Name

Doreley

Date of Birth

Daytime Phone

Email

Degree (MD, DO, or PA only)

MD U

Medical School

Sidney Kimmel Medical College

Year of Graduation

1999

Last Four Digits of Social Security Number

CONFIDENTIAL

ECFMG # (if applicable)

-

NPI Number

1457335630

Please mail the result to the following address:

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

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



Phone: 785/296-7413
Toll Free: 888/886-7205
www.ksbha.org

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

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

Completing the Kansas Licensure Addendum

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

- ☒ **Addendum 1** These questions must be completed by the applicant.
- ☒ **Addendum 2** Each question must be completed by the applicant. Documentation must be provided for any "yes" answer(s). **It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant.**
- ☒ **Addendum 3** The applicant's full name and date of birth should be printed in the spaces provided on both pages. Two (2) recommendations by licensed physicians that can attest to the applicant's good moral character, and who have known the applicant for at least one year are required. The completed forms must be **returned directly to the Board.** Two (2) forms have been provided for your convenience. *Larry Wilson*
Jeff Hoffman
- ☒ **Addendum 4** *using FSMB* This form must be completed by the applicant. All applicants for licensure in the State of Kansas must request a disciplinary inquiry report from the Federation of State Medical Boards (FSMB). Once this form has been completed, you may email it to the FSMB at boardinquiry@fsmb.org.
If you are using FCVS, do not complete this form. They will obtain your disciplinary report and send it to the Board.
- ☒ **Addendum 5** Effective January 1, 2009, applicants to practice the healing arts will be required to submit their fingerprints for state and national criminal history background checks. Addendum 5 explains in detail how to obtain and submit fingerprints to the Board.
Be aware that fingerprint processing may delay your application. Please make it a PRIORITY to complete the fingerprint process. Complete, sign and return the Waiver Agreement and Statement form directly to the Board.
- ☒ **Credit Card Payment Authorization Form** This form should be used by applicants for payment of the Kansas application fee by credit card. Please enter the required information and return the form directly to the Board at the address above.

PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure As of Date:6/3/2019

PRACTITIONER INFORMATION

Name: Caro, Maricelina Doreley
 Alternate Name(s): Knotts, Maricelina Caro
 DOB: **CONFIDENTIAL**
 Medical School: Sidney Kimmel Medical College at Thomas Jefferson University
 Philadelphia, Pennsylvania, UNITED STATES
 Year of Grad: 1999
 Degree Type: MD
 NPI: 1457335630

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
INDIANA	01054187A	05/17/2001	06/30/2009	04/17/2019
NORTH CAROLINA	2002-01346	06/20/2008	06/02/2020	05/01/2019
SOUTH CAROLINA	LL3560	07/01/1999		05/06/2019
SOUTH CAROLINA	LL24616	07/01/1999	06/30/2000	05/06/2019
VIRGINIA	0101266886	05/14/2019	06/30/2020	05/15/2019

PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure As of Date:6/3/2019

Practitioner Name: Caro, Maricelina Doreley

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Internal Medicine

Participating in MOC: Yes

Certifying Board: American Board of Internal Medicine

Certificate: Internal Medicine

Certification Type: General

Certification Status: Certified

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	04/24/2017		04/01/2020	Recertification	05/30/2019
Expired	Time Limited	08/20/2002	12/31/2012		Initial	05/30/2019

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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EXPECTED DELIVERY DAY: 06/27/19

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FROM: Grange Co Sheriff Office
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Hillsborough, NC 27228

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KSBHA
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Topeka KS 66612



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PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure As of Date:5/23/2019

PRACTITIONER INFORMATION

Name: Caro, Maricelina Doreley
 Alternate Name(s): Knotts, Maricelina Caro
 DOB: **CONFIDENTIAL**
 Medical School: Sidney Kimmel Medical College at Thomas Jefferson University
 Philadelphia, Pennsylvania, UNITED STATES
 Year of Grad: 1999
 Degree Type: MD
 NPI: 1457335630

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
INDIANA	01054187A	05/17/2001	06/30/2009	04/17/2019
NORTH CAROLINA	2002-01346	06/20/2008	06/02/2020	05/01/2019
SOUTH CAROLINA	LL3560	07/01/1999		05/06/2019
SOUTH CAROLINA	LL24616	07/01/1999	06/30/2000	05/06/2019
VIRGINIA	0101266886	05/14/2019	06/30/2020	05/15/2019

PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure As of Date: 5/23/2019

Practitioner Name: Caro, Maricelina Doreley

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Internal Medicine

Participating in MOC: Yes

Certifying Board: American Board of Internal Medicine

Certificate: Internal Medicine

Certification Type: General

Certification Status: Certified

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	04/24/2017		04/01/2020	Recertification	04/25/2019
Expired	Time Limited	08/20/2002	12/31/2012		Initial	04/25/2019

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PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure As of Date:5/29/2019

PRACTITIONER INFORMATION

Name: Caro, Maricelina Doreley
 Alternate Name(s): Knotts, Maricelina Caro
 DOB: **CONFIDENTIAL**
 Medical School: Sidney Kimmel Medical College at Thomas Jefferson University
 Philadelphia, Pennsylvania, UNITED STATES
 Year of Grad: 1999
 Degree Type: MD
 NPI: 1457335630

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
INDIANA	01054187A	05/17/2001	06/30/2009	04/17/2019
NORTH CAROLINA	2002-01346	06/20/2008	06/02/2020	05/01/2019
SOUTH CAROLINA	LL3560	07/01/1999		05/06/2019
SOUTH CAROLINA	LL24616	07/01/1999	06/30/2000	05/06/2019
VIRGINIA	0101266886	05/14/2019	06/30/2020	05/15/2019

PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure As of Date: 5/29/2019

Practitioner Name: Caro, Maricelina Doreley

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Internal Medicine

Participating in MOC: Yes

Certifying Board: American Board of Internal Medicine

Certificate: Internal Medicine

Certification Type: General

Certification Status: Certified

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	04/24/2017		04/01/2020	Recertification	04/25/2019
Expired	Time Limited	08/20/2002	12/31/2012		Initial	04/25/2019

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AOA® CERTIFICATION HISTORY

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Uniform Application for Licensure

Application ID: 279573
FID: 213751498

License Requested: MD
License Type: Permanent Medical License
Submitted to: Kansas State Board of Healing Arts
Submission Date: 05/23/2019

Practitioner Name

Caro, Maricelina Doreley

Alternate Name(s): Knotts, Maricelina Caro

Contact Information

Address

Public Access	Board Contact	Type	Address
Yes	Yes	Home	CONFIDENTIAL UNITED STATES

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	Yes	Mobile	CONFIDENTIAL	

Email

Public Access	Board Contact	Email
Yes	Yes	CONFIDENTIAL

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
50199967	CONFIDENTIAL		Montevideo, MO URUGUAY	F	1457335630	MD	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
Jefferson Medical College of Thomas Jefferson University	1025 Walnut Street Philadelphia, PA 191075083 UNITED STATES	08/30/1995	05/21/1999	05/27/1999	MD

Fifth Pathway

None Reported

ECFMG

Certificate Number	Issue Date
None Reported	

Applicant Name: Caro, Maricelina Doreley
Application ID: 279573

Uniform Application for Physician State Licensure
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Page 1 of 7

Postgraduate Training

Hospital Name:	Indiana University School of Medicine Program Indianapolis, IN UNITED STATES	Program Code:	ACGME 1401721133
		Attendance Dates:	
Institution:	Indiana University School of Medicine	Start Date:	09/01/1999
Training Specialty:	Internal Medicine	End Date:	08/31/2002
		Program Type:	Internship/Residency
Training Status:	Completed		
Clinical %:	100	Administrative %:	0

Hospital Name:	Trident Medical Center/Medical University of South Carolina Program Charleston, SC UNITED STATES	Program Code:	ACGME 1204521290
		Attendance Dates:	
Institution:	Trident Medical Center	Start Date:	06/01/1999
Training Specialty:	Family Medicine	End Date:	08/01/1999
		Program Type:	Internship
Training Status:	Withdrawn		
Clinical %:	100	Administrative %:	0

Hospital Name:	University of North Carolina Hospitals Program Chapel Hill, NC UNITED STATES	Program Code:	ACGME 1463621136
		Attendance Dates:	
Institution:	University of North Carolina Hospitals	Start Date:	11/01/2002
Training Specialty:	Internal Medicine/Infectious Disease	End Date:	04/01/2003
		Program Type:	Fellowship
Training Status:	Withdrawn		
Clinical %:	100	Administrative %:	0

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		06/10/1997	Pass	1
USMLE Step 2 CK Examination		08/25/1998	Pass	1
USMLE Step 3 Examination		10/18/2000	Pass	1

State Licensure History

Applicant Name: Caro, Maricelina Doreley
Application ID: 279573

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Tennessee Board of Medical Examiners	TN					Applicant
Virginia Board of Medicine	VA	0101266886	05/14/2019	06/30/2020	Full	Active
Medical Licensing Board of Indiana	IN	01054187A	05/17/2001	06/30/2009		Expired
North Carolina Medical Board	NC	2002-01346	06/20/2008	06/02/2020		Active
South Carolina Board of Medical Examiners	SC	LL3560	07/01/1999			
South Carolina Board of Medical Examiners	SC	LL24616	07/01/1999	06/30/2000	Limited	Lapsed

Physician Reported License History

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

Chronology of Activity Type

Practice/Emp/ Desc:	Jefferson Medical College of Thomas Jefferson University		Chronology Type:	Medical Education	
	Address:	Philadelphia, PA US	Attendance Dates:		
	Position/Dept:		Start Date:	08/30/1995	
			End Date:	05/21/1999	
	Clinical %:				
	Admin %:				
	Employment:		Staff Privileges:		Affiliation:
Practice/Emp/ Desc:	time with family and friends		Chronology Type:	Vacation	
	Address:		Attendance Dates:		
	Position/Dept:		Start Date:	05/28/1999	
			End Date:	05/31/1999	
	Clinical %:	0			
	Admin %:	0			
	Employment:		Staff Privileges:		Affiliation:
Practice/Emp/ Desc:	Trident Medical Center/Medical University of South Carolina Program		Chronology Type:	Accredited Training	
	Address:	Charleston, SC US	Attendance Dates:		
	Position/Dept:		Start Date:	06/01/1999	
			End Date:	08/01/1999	
	Clinical %:	100			
	Admin %:	0			
	Employment:		Staff Privileges:		Affiliation:

Applicant Name: Caro, Maricelina Doreley

Application ID: 279573











Uniform Application for Physician State Licensure

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Page 3 of 7

Practice/Emp/ Desc:	Indiana University School of Medicine Program	Chronology Type:	Accredited Training
Address:	Indianapolis, IN US	Attendance Dates:	
Position/Dept:		Start Date:	09/01/1999
		End Date:	08/31/2002
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	time with family and friends and transition to fellowship	Chronology Type:	Vacation
Address:		Attendance Dates:	
Position/Dept:		Start Date:	09/01/2002
		End Date:	10/30/2002
Clinical %:	0		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	University of North Carolina Hospitals Program	Chronology Type:	Accredited Training
Address:	Chapel Hill, NC US	Attendance Dates:	
Position/Dept:		Start Date:	11/01/2002
		End Date:	04/01/2003
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	University of North Carolina Medical Center	Chronology Type:	Work
Address:	101 Manning Dr. Chapel Hill, NC 27514 US	Attendance Dates:	
Position/Dept:	physician - Urgent Care	Start Date:	12/01/2002
		End Date:	03/01/2003
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	Dorothea Dix Hospital	Chronology Type:	Work
Address:	820 Boylan Ave Raleigh, NC 27603 US	Attendance Dates:	
Position/Dept:	Physician - Medicine	Start Date:	12/01/2002
		End Date:	03/01/2004
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	

Applicant Name: Caro, Maricelina Doreley
Application ID: 279573

Practice/Emp/ Desc:	time with family and friends and to travel	Chronology Type:	Vacation
Address:		Attendance Dates:	
Position/Dept:		Start Date:	03/02/2004
		End Date:	03/31/2004
Clinical %:	0		
Admin %:	0		
Employment:		Staff Privileges:	
Practice/Emp/ Desc:	Citizens Health Corporation	Chronology Type:	Work
Address:	1650 North College Ave Indianapolis, IN 46203 US	Attendance Dates:	
Position/Dept:	Physician - Medicine	Start Date:	04/01/2004
		End Date:	06/14/2005
Clinical %:	100		
Admin %:	0		
Employment:		Staff Privileges:	
Practice/Emp/ Desc:	St. Vincent Hospital	Chronology Type:	Work
Address:	2001 West 86th St Indianapolis, IN 46260 US	Attendance Dates:	
Position/Dept:	Hospitalist and Faculty - Medicine	Start Date:	06/15/2005
		End Date:	07/28/2008
Clinical %:	100		
Admin %:	0		
Employment:		Staff Privileges:	
Practice/Emp/ Desc:	Moving from Indiana to North Carolina	Chronology Type:	Seeking Employment
Address:		Attendance Dates:	
Position/Dept:		Start Date:	07/29/2008
		End Date:	09/01/2008
Clinical %:	0		
Admin %:	0		
Employment:		Staff Privileges:	
Practice/Emp/ Desc:	Dorothea Dix Hospital	Chronology Type:	Work
Address:	820 South Boylan Ave. Raleigh, NC 27603 US	Attendance Dates:	
Position/Dept:	Physician - Medicine	Start Date:	09/02/2008
		End Date:	10/31/2009
Clinical %:	100		
Admin %:	0		
Employment:		Staff Privileges:	
Practice/Emp/ Desc:	Central Regional Hospital	Chronology Type:	Work

Applicant Name: Caro, Maricelina Doreley
Application ID: 279573

Address: 300 Veazey Rd.
Butner, NC 27509
US

Position/Dept: Physician - Medicine

Clinical %: 100

Admin %: 0

Attendance Dates:

Start Date: 11/01/2009

End Date: 09/22/2014

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

Murdoch Developmental Center

Chronology Type: Work

Address: 1600 East C St.
Butner, NC 27509
US

Position/Dept: Physician - Medicine

Attendance Dates:

Start Date: 09/23/2014

End Date: 06/08/2018

Clinical %: 100

Admin %: 0

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

OnSite Care

Chronology Type: Work

Address: 10130 Perimeter Parkway
Charlotte, NC 28216
US

Position/Dept: Physician on Leadership Track -
Medicine

Attendance Dates:

Start Date: 06/11/2018

End Date: 10/17/2018

Clinical %: 100

Admin %: 0

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

Seeking Employment

Chronology Type: Seeking Employment

Address:

Attendance Dates:

Position/Dept:

Start Date: 10/18/2018

End Date: 11/12/2018

Clinical %: 0

Admin %: 0

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

Guilford County Health Department

Chronology Type: Work

Address: 1100 West Wendover Avenue
Greensboro, NC 27408
US

Position/Dept: Medical Director - Public Health

Attendance Dates:

Start Date: 11/13/2018

End Date: 04/08/2019




Clinical %: 50

Admin %: 50

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:	Seeking Emplyment	Chronology Type:	Seeking Employment
Address:		Attendance Dates:	
Position/Dept:		Start Date:	04/09/2019
		End Date:	In Progress
Clinical %:	0		
Admin %:	0		
Employment:		Staff Privileges:	
		Affiliation:	

Malpractice

None Reported

Uniform Application for Licensure

Application ID: 279934
FID: 213751498

License Requested: MD
License Type: Permanent Medical License
Submitted to: Kansas State Board of Healing Arts
Submission Date: 05/29/2019

Practitioner Name

Caro, Maricelina Doreley

Alternate Name(s): Knotts, Maricelina Caro

Contact Information

Address

Public Access	Board Contact	Type	Address
Yes	Yes	Home	CONFIDENTIAL UNITED STATES

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	Yes	Mobile	CONFIDENTIAL	

Email

Public Access	Board Contact	Email
Yes	Yes	CONFIDENTIAL

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
50199967	CONFIDENTIAL		Montevideo, MO URUGUAY	F	1457335630	MD	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
Jefferson Medical College of Thomas Jefferson University	1025 Walnut Street Philadelphia, PA 191075083 UNITED STATES	08/30/1995	05/21/1999	05/27/1999	MD

Fifth Pathway

None Reported

ECFMG

Certificate Number	Issue Date
None Reported	

Applicant Name: Caro, Maricelina Doreley
Application ID: 279934

Uniform Application for Physician State Licensure
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Postgraduate Training

Hospital Name:	Indiana University School of Medicine Program Indianapolis, IN UNITED STATES	Program Code:	ACGME 1401721133
		Attendance Dates:	
Institution:	Indiana University School of Medicine	Start Date:	09/01/1999
Training Specialty:	Internal Medicine	End Date:	08/31/2002
		Program Type:	Internship/Residency
Training Status:	Completed		
Clinical %:	100	Administrative %:	0

Hospital Name:	Trident Medical Center/Medical University of South Carolina Program Charleston, SC UNITED STATES	Program Code:	ACGME 1204521290
		Attendance Dates:	
Institution:	Trident Medical Center	Start Date:	06/01/1999
Training Specialty:	Family Medicine	End Date:	08/01/1999
		Program Type:	Internship
Training Status:	Withdrawn		
Clinical %:	100	Administrative %:	0

Hospital Name:	University of North Carolina Hospitals Program Chapel Hill, NC UNITED STATES	Program Code:	ACGME 1463621136
		Attendance Dates:	
Institution:	University of North Carolina Hospitals	Start Date:	11/01/2002
Training Specialty:	Internal Medicine/Infectious Disease	End Date:	04/01/2003
		Program Type:	Fellowship
Training Status:	Withdrawn		
Clinical %:	100	Administrative %:	0

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		06/10/1997	Pass	1
USMLE Step 2 CK Examination		08/25/1998	Pass	1
USMLE Step 3 Examination		10/18/2000	Pass	1

State Licensure History

Applicant Name: Caro, Maricelina Doreley
Application ID: 279934

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Tennessee Board of Medical Examiners	TN					Applicant
Virginia Board of Medicine	VA	0101266886	05/14/2019	06/30/2020	Full	Active
Medical Licensing Board of Indiana	IN	01054187A	05/17/2001	06/30/2009		Expired
North Carolina Medical Board	NC	2002-01346	06/20/2008	06/02/2020		Active
South Carolina Board of Medical Examiners	SC	LL3560	07/01/1999			
South Carolina Board of Medical Examiners	SC	LL24616	07/01/1999	06/30/2000	Limited	Lapsed

Physician Reported License History

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

Chronology of Activity Type

Practice/Emp/ Desc:	Jefferson Medical College of Thomas Jefferson University	Chronology Type:	Medical Education
Address:	Philadelphia, PA US	Attendance Dates:	
Position/Dept:		Start Date:	08/30/1995
		End Date:	05/21/1999
Clinical %:			
Admin %:			
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	time with family and friends	Chronology Type:	Vacation
Address:		Attendance Dates:	
Position/Dept:		Start Date:	05/28/1999
		End Date:	05/31/1999
Clinical %:	0		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	Trident Medical Center/Medical University of South Carolina Program	Chronology Type:	Accredited Training
Address:	Charleston, SC US	Attendance Dates:	
Position/Dept:		Start Date:	06/01/1999
		End Date:	08/01/1999
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	

Applicant Name: Caro, Maricelina Doreley

Application ID: 279934











Uniform Application for Physician State Licensure

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Practice/Emp/ Desc:	Indiana University School of Medicine Program	Chronology Type:	Accredited Training
Address:	Indianapolis, IN US	Attendance Dates:	
Position/Dept:		Start Date:	09/01/1999
		End Date:	08/31/2002
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	time with family and friends and transition to fellowship	Chronology Type:	Vacation
Address:		Attendance Dates:	
Position/Dept:		Start Date:	09/01/2002
		End Date:	10/30/2002
Clinical %:	0		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	University of North Carolina Hospitals Program	Chronology Type:	Accredited Training
Address:	Chapel Hill, NC US	Attendance Dates:	
Position/Dept:		Start Date:	11/01/2002
		End Date:	04/01/2003
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	University of North Carolina Medical Center	Chronology Type:	Work
Address:	101 Manning Dr. Chapel Hill, NC 27514 US	Attendance Dates:	
Position/Dept:	physician - Urgent Care	Start Date:	12/01/2002
		End Date:	03/01/2003
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	Dorothea Dix Hospital	Chronology Type:	Work
Address:	820 Boylan Ave Raleigh, NC 27603 US	Attendance Dates:	
Position/Dept:	Physician - Medicine	Start Date:	12/01/2002
		End Date:	03/01/2004
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	

Applicant Name: Caro, Maricelina Doreley
Application ID: 279934

Practice/Emp/ Desc:	time with family and friends and to travel	Chronology Type:	Vacation
Address:		Attendance Dates:	
Position/Dept:		Start Date:	03/02/2004
		End Date:	03/31/2004
Clinical %:	0		
Admin %:	0		
Employment:		Staff Privileges:	
Practice/Emp/ Desc:	Citizens Health Corporation	Chronology Type:	Work
Address:	1650 North College Ave Indianapolis, IN 46203 US	Attendance Dates:	
Position/Dept:	Physician - Medicine	Start Date:	04/01/2004
		End Date:	06/14/2005
Clinical %:	100		
Admin %:	0		
Employment:		Staff Privileges:	
Practice/Emp/ Desc:	St. Vincent Hospital	Chronology Type:	Work
Address:	2001 West 86th St Indianapolis, IN 46260 US	Attendance Dates:	
Position/Dept:	Hospitalist and Faculty - Medicine	Start Date:	06/15/2005
		End Date:	07/28/2008
Clinical %:	100		
Admin %:	0		
Employment:		Staff Privileges:	
Practice/Emp/ Desc:	Moving from Indiana to North Carolina	Chronology Type:	Seeking Employment
Address:		Attendance Dates:	
Position/Dept:		Start Date:	07/29/2008
		End Date:	09/01/2008
Clinical %:	0		
Admin %:	0		
Employment:		Staff Privileges:	
Practice/Emp/ Desc:	Dorothea Dix Hospital	Chronology Type:	Work
Address:	820 South Boylan Ave. Raleigh, NC 27603 US	Attendance Dates:	
Position/Dept:	Physician - Medicine	Start Date:	09/02/2008
		End Date:	10/31/2009
Clinical %:	100		
Admin %:	0		
Employment:		Staff Privileges:	
Practice/Emp/ Desc:	Central Regional Hospital	Chronology Type:	Work

Applicant Name: Caro, Maricelina Doreley
Application ID: 279934

Address: 300 Veazey Rd.
Butner, NC 27509
US

Position/Dept: Physician - Medicine

Clinical %: 100

Admin %: 0

Attendance Dates:

Start Date: 11/01/2009

End Date: 09/22/2014

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

Murdoch Developmental Center

Chronology Type: Work

Address: 1600 East C St.
Butner, NC 27509
US

Position/Dept: Physician - Medicine

Attendance Dates:

Start Date: 09/23/2014

End Date: 06/08/2018

Clinical %: 100

Admin %: 0

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

OnSite Care

Chronology Type: Work

Address: 10130 Perimeter Parkway
Charlotte, NC 28216
US

Position/Dept: Physician on Leadership Track -
Medicine

Attendance Dates:

Start Date: 06/11/2018

End Date: 10/17/2018

Clinical %: 100

Admin %: 0

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

Seeking Employment

Chronology Type: Seeking Employment

Address:

Attendance Dates:

Position/Dept:

Start Date: 10/18/2018

End Date: 11/12/2018

Clinical %: 0

Admin %: 0

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

Guilford County Health Department

Chronology Type: Work

Address: 1100 West Wendover Avenue
Greensboro, NC 27408
US

Position/Dept: Medical Director - Public Health

Attendance Dates:

Start Date: 11/13/2018

End Date: 04/08/2019

Clinical %: 50

Admin %: 50

Employment: ●

Staff Privileges: ●

Affiliation: ●




Applicant Name: Caro, Maricelina Doreley

Application ID: 279934

Uniform Application for Physician State Licensure

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Practice/Emp/ Desc:	Seeking Emplyment	Chronology Type:	Seeking Employment
Address:		Attendance Dates:	
Position/Dept:		Start Date:	04/09/2019
		End Date:	In Progress
Clinical %:	0		
Admin %:	0		
Employment:		Staff Privileges:	
		Affiliation:	

Malpractice

None Reported

Uniform Application for Licensure

Application ID: 279934
FID: 213751498

License Requested: MD
License Type: Permanent Medical License
Submitted to: Kansas State Board of Healing Arts
Submission Date: 05/29/2019

Practitioner Name

Caro, Maricelina Doreley

Alternate Name(s): Knotts, Maricelina Caro

Contact Information

Address

Public Access	Board Contact	Type	Address
Yes	Yes	Home	CONFIDENTIAL UNITED STATES

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	Yes	Mobile	CONFIDENTIAL	

Email

Public Access	Board Contact	Email
Yes	Yes	CONFIDENTIAL

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
50199967	CONFIDENTIAL		Montevideo, MO URUGUAY	F	1457335630	MD	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
Jefferson Medical College of Thomas Jefferson University	1025 Walnut Street Philadelphia, PA 191075083 UNITED STATES	08/30/1995	05/21/1999	05/27/1999	MD

Fifth Pathway

None Reported

ECFMG

Certificate Number	Issue Date
None Reported	

Applicant Name: Caro, Maricelina Doreley
Application ID: 279934

Uniform Application for Physician State Licensure
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Postgraduate Training

Hospital Name:	Indiana University School of Medicine Program Indianapolis, IN UNITED STATES	Program Code:	ACGME 1401721133
		Attendance Dates:	
Institution:	Indiana University School of Medicine	Start Date:	09/01/1999
Training Specialty:	Internal Medicine	End Date:	08/31/2002
		Program Type:	Internship/Residency
Training Status:	Completed		
Clinical %:	100	Administrative %:	0

Hospital Name:	Trident Medical Center/Medical University of South Carolina Program Charleston, SC UNITED STATES	Program Code:	ACGME 1204521290
		Attendance Dates:	
Institution:	Trident Medical Center	Start Date:	06/01/1999
Training Specialty:	Family Medicine	End Date:	08/01/1999
		Program Type:	Internship
Training Status:	Withdrawn		
Clinical %:	100	Administrative %:	0

Hospital Name:	University of North Carolina Hospitals Program Chapel Hill, NC UNITED STATES	Program Code:	ACGME 1463621136
		Attendance Dates:	
Institution:	University of North Carolina Hospitals	Start Date:	11/01/2002
Training Specialty:	Internal Medicine/Infectious Disease	End Date:	04/01/2003
		Program Type:	Fellowship
Training Status:	Withdrawn		
Clinical %:	100	Administrative %:	0

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		06/10/1997	Pass	1
USMLE Step 2 CK Examination		08/25/1998	Pass	1
USMLE Step 3 Examination		10/18/2000	Pass	1

State Licensure History

Applicant Name: Caro, Maricelina Doreley
Application ID: 279934

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Tennessee Board of Medical Examiners	TN					Applicant
Virginia Board of Medicine	VA	0101266886	05/14/2019	06/30/2020	Full	Active
Medical Licensing Board of Indiana	IN	01054187A	05/17/2001	06/30/2009		Expired
North Carolina Medical Board	NC	2002-01346	06/20/2008	06/02/2020		Active
South Carolina Board of Medical Examiners	SC	LL3560	07/01/1999			
South Carolina Board of Medical Examiners	SC	LL24616	07/01/1999	06/30/2000	Limited	Lapsed

Physician Reported License History

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

Chronology of Activity Type

Practice/Emp/ Desc:	Jefferson Medical College of Thomas Jefferson University		Chronology Type:	Medical Education	
	Address:	Philadelphia, PA US	Attendance Dates:		
	Position/Dept:		Start Date:	08/30/1995	
			End Date:	05/21/1999	
	Clinical %:				
	Admin %:				
	Employment:		Staff Privileges:		Affiliation:
Practice/Emp/ Desc:	time with family and friends		Chronology Type:	Vacation	
	Address:		Attendance Dates:		
	Position/Dept:		Start Date:	05/28/1999	
			End Date:	05/31/1999	
	Clinical %:	0			
	Admin %:	0			
	Employment:		Staff Privileges:		Affiliation:
Practice/Emp/ Desc:	Trident Medical Center/Medical University of South Carolina Program		Chronology Type:	Accredited Training	
	Address:	Charleston, SC US	Attendance Dates:		
	Position/Dept:		Start Date:	06/01/1999	
			End Date:	08/01/1999	
	Clinical %:	100			
	Admin %:	0			
	Employment:		Staff Privileges:		Affiliation:

Applicant Name: Caro, Maricelina Doreley

Application ID: 279934

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Practice/Emp/ Desc:	Indiana University School of Medicine Program	Chronology Type:	Accredited Training
Address:	Indianapolis, IN US	Attendance Dates:	
Position/Dept:		Start Date:	09/01/1999
		End Date:	08/31/2002
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	time with family and friends and transition to fellowship	Chronology Type:	Vacation
Address:		Attendance Dates:	
Position/Dept:		Start Date:	09/01/2002
		End Date:	10/30/2002
Clinical %:	0		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	University of North Carolina Hospitals Program	Chronology Type:	Accredited Training
Address:	Chapel Hill, NC US	Attendance Dates:	
Position/Dept:		Start Date:	11/01/2002
		End Date:	04/01/2003
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	University of North Carolina Medical Center	Chronology Type:	Work
Address:	101 Manning Dr. Chapel Hill, NC 27514 US	Attendance Dates:	
Position/Dept:	physician - Urgent Care	Start Date:	12/01/2002
		End Date:	03/01/2003
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	
Practice/Emp/ Desc:	Dorothea Dix Hospital	Chronology Type:	Work
Address:	820 Boylan Ave Raleigh, NC 27603 US	Attendance Dates:	
Position/Dept:	Physician - Medicine	Start Date:	12/01/2002
		End Date:	03/01/2004
Clinical %:	100		
Admin %:	0		
Employment:	Staff Privileges:	Affiliation:	

Applicant Name: Caro, Maricelina Doreley

Application ID: 279934

Uniform Application for Physician State Licensure

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Practice/Emp/ Desc:	time with family and friends and to travel	Chronology Type:	Vacation
	Address:	Attendance Dates:	
	Position/Dept:	Start Date:	03/02/2004
		End Date:	03/31/2004
	Clinical %: 0		
	Admin %: 0		
	Employment: <input type="radio"/>	Staff Privileges: <input type="radio"/>	Affiliation: <input type="radio"/>
Practice/Emp/ Desc:	Citizens Health Corporation	Chronology Type:	Work
	Address: 1650 North College Ave Indianapolis, IN 46203 US	Attendance Dates:	
	Position/Dept: Physician - Medicine	Start Date:	04/01/2004
		End Date:	06/14/2005
	Clinical %: 100		
	Admin %: 0		
	Employment: <input checked="" type="radio"/>	Staff Privileges: <input type="radio"/>	Affiliation: <input type="radio"/>
Practice/Emp/ Desc:	St. Vincent Hospital	Chronology Type:	Work
	Address: 2001 West 86th St Indianapolis, IN 46260 US	Attendance Dates:	
	Position/Dept: Hospitalist and Faculty - Medicine	Start Date:	06/15/2005
		End Date:	07/28/2008
	Clinical %: 100		
	Admin %: 0		
	Employment: <input checked="" type="radio"/>	Staff Privileges: <input type="radio"/>	Affiliation: <input type="radio"/>
Practice/Emp/ Desc:	Moving from Indiana to North Carolina	Chronology Type:	Seeking Employment
	Address:	Attendance Dates:	
	Position/Dept:	Start Date:	07/29/2008
		End Date:	09/01/2008
	Clinical %: 0		
	Admin %: 0		
	Employment: <input type="radio"/>	Staff Privileges: <input type="radio"/>	Affiliation: <input type="radio"/>
Practice/Emp/ Desc:	Dorothea Dix Hospital	Chronology Type:	Work
	Address: 820 South Boylan Ave. Raleigh, NC 27603 US	Attendance Dates:	
	Position/Dept: Physician - Medicine	Start Date:	09/02/2008
		End Date:	10/31/2009
	Clinical %: 100		
	Admin %: 0		
	Employment: <input checked="" type="radio"/>	Staff Privileges: <input type="radio"/>	Affiliation: <input type="radio"/>
Practice/Emp/ Desc:	Central Regional Hospital	Chronology Type:	Work

Applicant Name: Caro, Maricelina Doreley

Application ID: 279934

Uniform Application for Physician State Licensure

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Address: 300 Veazey Rd.
Butner, NC 27509
US

Position/Dept: Physician - Medicine

Clinical %: 100

Admin %: 0

Attendance Dates:

Start Date: 11/01/2009

End Date: 09/22/2014

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

Murdoch Developmental Center

Chronology Type: Work

Address: 1600 East C St.
Butner, NC 27509
US

Position/Dept: Physician - Medicine

Attendance Dates:

Start Date: 09/23/2014

End Date: 06/08/2018

Clinical %: 100

Admin %: 0

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

OnSite Care

Chronology Type: Work

Address: 10130 Perimeter Parkway
Charlotte, NC 28216
US

Position/Dept: Physician on Leadership Track -
Medicine

Attendance Dates:

Start Date: 06/11/2018

End Date: 10/17/2018

Clinical %: 100

Admin %: 0

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

Seeking Employment

Chronology Type: Seeking Employment

Address:

Attendance Dates:

Position/Dept:

Start Date: 10/18/2018

End Date: 11/12/2018

Clinical %: 0

Admin %: 0

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:

Guilford County Health Department

Chronology Type: Work

Address: 1100 West Wendover Avenue
Greensboro, NC 27408
US

Position/Dept: Medical Director - Public Health

Attendance Dates:

Start Date: 11/13/2018

End Date: 04/08/2019

Clinical %: 50

Admin %: 50

Employment: ●

Staff Privileges: ●

Affiliation: ●

Practice/Emp/ Desc:	Seeking Emplyment	Chronology Type:	Seeking Employment
	Address:	Attendance Dates:	
	Position/Dept:	Start Date:	04/09/2019
		End Date:	In Progress
	Clinical %: 0		
	Admin %: 0		
	Employment: ●	Staff Privileges: ●	Affiliation: ●

Malpractice

None Reported

Kansas State Board of Healing Arts

800 SW Jackson, LL – Suite A

Topeka, Kansas 66612

Email chandni.bhakta@ks.gov

Phone 785.296.0440

Fax 785.296.0852

[Licensing Customer Satisfaction Survey](#)

<http://www.ksbha.org/main.shtml>



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Maricelina D. Caro, MD

Exhibit 3:
Wyoming Board Materials

Wyoming Board of Medicine

Serving the public and practitioners since 1905

130 Hobbs Avenue, Suite A • Cheyenne, WY 82002

Phone: 307-778-7053 • Fax: 307-778-2069 • Toll free within Wyoming: 800-438-5784

Email: wyomedboard@wyo.gov • Website: <http://wyomedboard.state.wy.us>



Mark Gordon
Governor

August 3, 2020

Via Certified Mail, Return Receipt Requested
No. 7016 1970 0000 7634 7877

Via e-mail: **CONFIDENTIAL**

Maricelina Caro, MD

CONFIDENTIAL

RE: Application for Licensure

Dear Dr. Caro:

Thank you for meeting with the Wyoming Board of Medicine to discuss your application for a Wyoming physician license at its meeting on July 31, 2020.

The Board voted to fine you \$500.00 with a public Letter of Reprimand for failing to disclose that due to an incident, your employer took action by giving you a disciplinary suspension without pay. The fine must be paid by cashier's check or money order, payable to the "State of Wyoming" and sent to the Board's office address. You also need to execute the enclosed Stipulation and return it to the Board office. An active Wyoming physician license will not be granted until the fine has been paid in full and the fully-executed Stipulation has been received. The issuance of a Letter of Reprimand and payment of the fine is reportable to the National Practitioner Data Bank.

If you do not wish to agree to the fine and reprimand, the Board has offered that you may request to withdraw your application. If you do not wish to proceed with the fine and reprimand or withdrawal of your application, the Board has directed that your application be referred to the Application Review Committee for formal proceedings, which may include issuance of a license with a Letter of Reprimand, the denial of your application, or other action as the Board may deem appropriate. This would be a contested case proceeding before the Board, likely at its October 2020 meeting. If you do not wish to pay the fine and agree to the public reprimand as a condition of issuance of a license to you, please let me know of your decision in writing.

In either event, I ask that you let me know which course of action you wish to take no later than August 19, 2020.

Please contact me at the Board office if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin D. Bohnenblust", with a stylized flourish at the end.

Kevin D. Bohnenblust
Executive Director

KDB/cjs
Encl.

Maricelina D. Caro, MD

Exhibit 4:
Oklahoma Board Materials

CONFIDENTIAL

Maricelina D. Caro, MD

Exhibit 5:

Kansas Renewal Application

May 19, 2021

KSBOHA Online Renewal Application

Date Created:Wednesday, May 19, 2021

Name:Maricelina Doreley Caro

License Information

License Number:04-42485

License Type:Medical Doctor (MD)

Status Before Renewal:Active

Status After Renewal:Active

Status Change Date:

Date of Birth:CONFIDENTIAL

Gender:F

Citizenship Status:U.S. Citizen

Ethnicity:

Address Information:

Use Primary Business Address for mailing:N

Home Address:

Line 1:CONFIDENTIAL

Line 2:

City, State, Zip

Country:*

Phone:

Email:*

Primary Business Address:

Line 1:CONFIDENTIAL

Line 2:

City, State, Zip

Country:*

Phone:

Email:*

Insurance Information:

Embroker Insurance Services LLC

Add

Policy Number:

CONFIDENTIAL

Malpractice Insurance

Insurance Issue Date:

5/7/2020

Insurance Exp Date:

6/7/2021

Exempt - Professional Activities

Professional activity	Description

Applicant Questions

Retirement

Planning to retire within 5 years?
N

Dispensing

Dispense Pharmaceuticals	Do you comply with dispensing requirements?
N	NA

Malpractice Screening Panel

I am willing to serve on a Screening Panel
N

Expert Witness

I am willing to serve as an expert for the Board
N

Supervise Non-Licensed Rad Techs

I supervise non-licensed rad techs	I certify that they are trained on the equipment	I certify that they have/will obtain continuing ed	Have you submitted the Data Form to the Board?
N			

Board Certifications

Certifying Board	Other Board
ABIM-American Board of Internal Medicine	

Kansas Hospital Privileges

Hospital\Surgery Center	Other Hospital
-------------------------	----------------

DEA Number

DEA Number
BK8181389

Identify all other authorities that have ever licensed you to practice.

Other Licenses/Permits/Certifications

State or Jurisdiction	Date Issued	Type	License Number
IN	May 17 2001 12:00AM		
NC	Jun 20 2008 12:00AM		
SC	Jul 1 1999 12:00AM		
VA	May 14 2019 12:00AM		
SC	Jul 1 1999 12:00AM		
AL	5/29/2019		
FL	06/04/2019		
MI	05/23/2019		
NE	08/10/2020		
OK	08/01/2019		
OR	02/12/2021		
PA	05/15/2019		
TN	07/08/2019		
NM	02/12/2021		

National Provider Identifier

NPI Number	No current NPI
1457335630	N

Language

English	Spanish	ASL (American Sign Language)	Other Languages
N	Y	N	

Disaster Relief

Please do not include me in the registry	Within My County	Within 75 Miles	Anywhere in Kansas	Outside the State of Kansas
Y	N	N	N	N

CE Year

Education Year

06/30/2021

Question Responses

<p>Continuing Education Review the instructions below before making a selection.</p> <p>If you are changing the status of your license from Inactive or Exempt to Active or Federal Active, select “Yes”. You may be contacted to provide proof of CE hours.</p> <p>If the Education Year listed in the chart above is a future year, you do not have continuing education hours due at this time. Select “NA”</p> <p>If the Education Year listed in the chart above is the current year or a prior year, you have continuing education hours due and must certify the hours you have obtained.</p> <ul style="list-style-type: none"> • If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 50 continuing education hours with a minimum of 20 category 1 and a maximum of 30 category 2 from 1-1-2020 to 6-30-2021, select “50”. • If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 100 continuing education hours with a minimum of 40 category 1 and a maximum of 60 category 2 from 1-1-2019 to 6-30-2021, select “100”. • If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 150 continuing education hours with a minimum of 60 category 1 and a maximum of 90 category 2 from 1-1-2018 to 6-30-2021, select “150”. 	50
<p>Continuing Education Audit Question</p> <p>The Board will verify compliance by auditing an undetermined percentage of renewal applications. This verification will require proof of your continuing education. You must maintain your continuing education records for a four-year period, in a manner that allows them to be readily produced. Do you understand the audit process?</p>	Y
<p>Gratuitous Professional Services</p> <p>Have you entered into an agreement with the Kansas Secretary of Health and Environment to gratuitously provide professional services to medically indigent persons or to conduct a children's immunization program administered by the Kansas Secretary of Health and Environment?</p>	N
<p>Have you gratuitously provided any professional services at a local health department or indigent healthcare clinic to a medically indigent person or a person receiving medical assistance from the programs operated by the department of health and environment?</p>	N
<p>If you answered in the affirmative to either of the preceding questions, how many hours of gratuitous services to medically indigent persons have you provided within the preceding licensure period? If you answered "No" above, enter "NA".</p>	NA
<p>How many hours of continuing education credit (by the performance of two hours of gratuitous professional services to medically indigent persons per hour claimed), up to a maximum of twenty (20) hours of continuing education credit, are you claiming for this licensure period? If you answered "No" above, enter "NA".</p>	NA
<p>KHCSF Compliance</p> <p>As a condition of providing professional services in Kansas, <u>whether or not physically located in Kansas</u>, each person with an active license must pay the annual surcharge to the Kansas Health Care Stabilization Fund (KHCSF).</p> <p>Have you paid the annual surcharge to the KHCSF?</p>	Y
<p>KTRACS</p> <p>Are you enrolled in the Prescription Drug Monitoring Program (K-TRACS)? (see www.kansas.gov/pharmacy)</p>	N
<p>I know what K-TRACS is.</p>	N
<p>I am unsure of how to enroll in K-TRACS.</p>	Y
<p>K-TRACS is clinically useful for me.</p>	N
<p>K-TRACS is cumbersome to use.</p>	Y
<p>I prescribe/dispense controlled substances.</p>	N
<p>Office Based Surgery</p> <p>In Kansas, since your last renewal, have you performed any procedures in your office that requires sedation, including IV sedation of any kind: inhaled agents; parenteral, regional, spinal, epidural or general anesthesia? ("Office" as used here does not include a hospital-based practice. Also excluded are minor procedures that can be performed safely and comfortably with any one or combination of the following: a low dose oral sedative that does not affect the patient's level of consciousness; local; topical; or no anesthesia).</p> <p>If you answered "Yes" to the above question, provide the practice location. If you answered "No", enter "NA".</p>	N
<p>If you answered "Yes" to the above question, provide the accrediting entity name. If your office is not accredited or if you answered "No", enter "NA". Appropriate names are as follows:</p> <ul style="list-style-type: none"> • Accreditation Association for Ambulatory Health Care, Inc. 	NA

<ul style="list-style-type: none">• American Association for Accreditation of Ambulatory Surgery Facilities, Inc.• Institute for Medical Quality• Joint Commission on Accreditation of Healthcare Organizations• NA	NA
If you answered "Yes" to the above question, provide the Certification/Accreditation number. If your office is not accredited or if you answered "No", enter "NA".	NA
Attestation Questions	
A. In the past 12 months have you been and/or continued to be a defendant or has any judgment, award or settlement been paid on your behalf as a result of a professional liability claim/lawsuit?	N
B. In the past 12 months have you been arrested, charged with or convicted of any misdemeanor, felony or the military equivalent? This includes a diversion or plea to any misdemeanor, felony or the military equivalent.	N
C. In the past 12 months has any disciplinary action been initiated or taken against you by any state or government agency, or have you been denied a license, had any adverse action taken on your license, surrendered or consented to limitation of your license to practice in any state or country?	N
D. In the past 12 months have any privileges related to your profession as a health care provider been suspended, restricted, limited or voluntarily surrendered or has any peer review or professional association initiated or taken any action against you?	CONFIDENTIAL
E. Do you have any physical or mental health condition (including alcohol or substance use) that currently impairs your ability to practice your profession in a competent, ethical, and professional manner?	
F. In the past 12 months have you been the subject of <u>any</u> investigation, including in Kansas, regarding allegations, complaints, or charges by any state licensing agency or other government agency?	N
Voluntary Public Statement	
<p>Pursuant to K.S.A. 65-28,131, the board shall make available on our website which is accessible by the public, the following information regarding licensees:</p> <ol style="list-style-type: none">1. Full name, business address, telephone number, license number, type, status and expiration date;2. practice specialty and board certifications, if any;3. any public disciplinary action taken against the licensee by the board or by the licensing agency of any state or other country in which the licensee is currently licensed or has been licensed in the past;4. any involuntary limitation, denial, revocation or suspension of the licensee's staff membership or clinical privileges at any hospital or other health care facility, and the name of the hospital or facility, the date the action was taken, a description of the action, including any terms and conditions of the action and whether the licensee has fulfilled the conditions of the action;5. any involuntary surrender of the licensee's drug enforcement administration registration; and6. any final criminal conviction or plea arrangement resulting from the commission or alleged commission of a felony in any state or country. <p>Do you wish to add a statement to further explain any disciplinary information contained in your public profile? Please note, not all public statements are posted or posted in full, to comply with Kansas and Federal law.</p>	N
Renewer	Maricelina Caro
Provide the full name of the person completing this renewal.	

Attestation

Pursuant to K.S.A. 65-28,131, information provided herein may be deemed public and posted on our Website. Failure to furnish the Board any information legally requested by the Board may be deemed unprofessional conduct and may be the basis for disciplinary action.

Pursuant to K.S.A. 65-28,126, Licensees are required to notify the Kansas State Board of Healing Arts in writing within 30 days of any changes in the licensee's mailing and practice addresses. I certify, under penalty of perjury, that by clicking the "Pay Fees" button I am the person named in this request or have been authorized by that person, and the information I have provided is true, correct and complete to the best of my knowledge. I understand that Kansas Statutes allow the State Board of Healing Arts to revoke, suspend or limit a license, or censure the licensee, or impose a fine in an amount up to \$5,000 for any act of fraud or misrepresentation in applying for renewal of a license.

Maricelina D. Caro, MD

Exhibit 6:
Virginia Board Materials

BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: MARICELINA CARO, M.D.
License Number: 0101-266886
Case Number: 207451

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Medicine ("Board") and Maricelina Caro, M.D., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Dr. Caro's license to practice medicine in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Maricelina Caro, M.D., was issued License Number 0101-266886 to practice medicine on May 14, 2019, which is scheduled to expire on June 30, 2022.
2. Dr. Caro violated Virginia Code § 54.1-2915(A)(1) and (16) in that on her application for licensure to practice medicine in Virginia, dated April 1, 2019, she checked "no" to the questions, "have you ever been denied clinical privileges or voluntarily surrendered your clinical privileges for any reason?" and "have you ever been placed on a corrective action plan, placed on probation or been dismissed or suspended or requested to withdraw from any professional school, training program, hospital, etc.?" In fact, Dr. Caro had been suspended for one week in March 2018 for unprofessional behavior while employed at a state hospital in North Carolina.
3. In an interview with an investigator for the Department of Health Professions on June 10, 2021, Dr. Caro indicated that she had withheld information about her disciplinary action on applications to practice medicine in Virginia and several other states and has now reported this omission to all state boards of medicine in which she is licensed.

CONSENT

Maricelina Caro, M.D., by affixing her signature to this Consent Order, agrees to the following:


1. I have been advised to seek advice of counsel prior to signing this document;
2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;
3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;
4. I waive my right to an informal conference;
5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;
6. I consent to the entry of the following Order affecting my license to practice medicine in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS that Maricelina Caro, M.D., is REPRIMANDED.


Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD


Jennifer Deschenes, J.D., M.S.
Deputy Executive Director
Virginia Board of Medicine

ENTERED: 9/15/2021

SEEN AND AGREED TO:


Maricelina Caro, M.D.

STATE OF NORTH CAROLINA
COUNTY/CITY OF Orange, TO WIT:

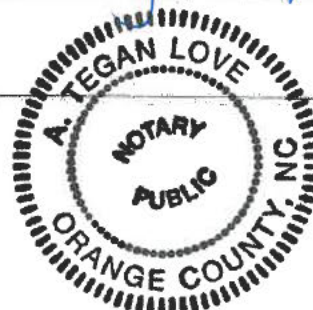
Subscribed and sworn to before me, a notary public in and for the State of North Carolina at large, on
this 10th day of September, 2021.


Notary Public

My commission expires:

February 20th, 2026

Registration No.:



Maricelina D. Caro, MD

Exhibit 7:
Pennsylvania Board Materials

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE**

**Commonwealth of Pennsylvania
Bureau of Professional and
Occupational Affairs**

vs.

**Maricelina Caro, M.D.,
Respondent**

Case No.: 20-49-012047

CONSENT AGREEMENT AND ORDER

PARTIES

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and **Maricelina Caro, M.D.** ("Respondent") stipulate as follows in settlement of the above-captioned case.

APPLICABLE LAW

1. This matter is before the State Board of Medicine ("Board") pursuant to the Medical Practice Act of 1985, act of December 20, 1985, P.L. 457, No. 112, ("Act"), *as amended*, 63 P.S. §§ 422.1-422.53; the Medical Care Availability and Reduction of Error ("Mcare") Act, act of March 20, 2002, P.L. 154, No. 13, *as amended*, 40 P.S. §§ 1303.101-1303.910; and/or 63 Pa. C.S. Chapter 31 ("Chapter 31"), 63 Pa. C.S. §§ 3101-3118.

LICENSURE STATUS

2. At all relevant and material times, Respondent held the following license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania: license no. MD467435, which was originally issued on May 15, 2019, and which is currently set to expire on December 31, 2022.

STIPULATED FACTS

3. Respondent admits the following:

a. Absent additional Board action, Respondent's license may be continually renewed or reactivated upon the filing of the required documentation and payment of the applicable fees.

b. Respondent's current address on file with the Board is: ^{CONFIDENTIAL}

CONFIDENTIAL

c. On or about April 11, 2019, Respondent submitted initial application number AA0001259480 for licensure as a medical physician and surgeon in the Commonwealth of Pennsylvania.

d. Respondent indicated a "no" response on legal question number 9, which provides "Have you ever had practice privileges denied, suspended, revoked, or restricted by a hospital or any health care facility?"

e. As a part of Respondent's 2019 initial application for licensure, Respondent submitted a then-current resume curriculum vitae.

f. Between September 2014, and June 2018, Respondent was employed as a Staff Physician at Murdoch Development Center located in Butner, North Carolina.

g. On or about March 9, 2018, by letter, Respondent was notified by Becky Gross, Director of Health Service at Murdoch Development Center that she was to be suspended without pay for a five-day period, commencing Friday, March 23, 2018, for unprofessional conduct.

h. A true and correct copy of the March 9, 2018, letter is attached and incorporated as **EXHIBIT A**.

i. Respondent failed to disclose her suspension to the Pennsylvania Board on her 2019 initial application for licensure as a medical physician and surgeon in the Commonwealth of Pennsylvania.

AUTHORITY OF THE BOARD

4. The Board is authorized to suspend or revoke, or otherwise restrict Respondent's license under sections 41 and 42 of the Act, 63 P.S. §§ 422.41 & 422.42; impose a civil penalty upon Respondent under section 908 of the Mcare Act, 40 P.S. §§ 1303.908, or 63 Pa. C.S. § 3108(b)(4); and/or impose the costs of investigation upon Respondent under 63 Pa. C.S. § 3108(b)(5).

SUMMARY OF DISCIPLINE

5. The following encapsulates the discipline as set forth in the Proposed Order:

- A public reprimand shall be placed on Respondent's permanent record with the Board; and
- Complete 5 hours of remedial education on the topic of ethics.

PROPOSED ORDER

6. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. **VIOLATIONS:** Respondent violated the Act at:

(1) Section 41(2) of the Act, 63 P.S. §422.41(2), making misleading, deceptive, untrue or fraudulent representations in the practice of the profession or practicing fraud, deceit, either alone or as a conspirator, in obtaining a license, certification or registration or in obtaining admission to a medical college, because Respondent failed to disclose a five-day suspension without pay that occurred

while employed as a Staff Physician at the Murdoch Developmental Center in Butner, North Carolina, on Respondent's 2019 initial application for licensure in the Commonwealth of Pennsylvania.

b. PUBLIC REPRIMAND: A public reprimand shall be placed on Respondent's permanent disciplinary record with the Board.

c. REMEDIAL EDUCATION: Respondent shall successfully complete five (5) hours of remedial education on the topic of ethics, and shall comply with the following terms and conditions pertaining to completion of the remedial education:

(1) The remedial education required by this Order shall be in compliance with either the initial education or the continuing education regulations of the Board;

(2) If any remedial education course requires Respondent to take an examination, Respondent must pass the examination(s);

(3) The remedial education required by this Order shall be successfully completed within 60 days of the approval of this agreement;

(4) Respondent shall submit acceptable proof of successful completion of the remedial education to the Board's Board Administrator **no later than** 60 days after the approval of this agreement;

(5) Acceptable proof of completion of the remedial education shall consist of an official school transcript or a certificate, printout or letter prepared by the provider indicating successful completion of the course(s). Such proof shall contain course titles, completion dates, final grade (if graded), and number of class hours or credits awarded;

(6) Respondent shall note the case number of this matter on any documentation submitted to the Board Administrator.

The address for the Board's Board Administrator is:

Jasmira Hunter, Board Administrator State Board of Medicine 2601 N. 3rd Street P.O. Box 2649 Harrisburg, PA 17105-2649
--

(7) The remedial education required by this Order shall be in addition to any continuing education requirements for the renewal of any license, registration, certificate, approval, authorization, or permit issued by the Board (hereinafter referred to collectively as "authorizations to practice the profession");

(8) Respondent may not utilize the remedial education required by this Order to satisfy any initial or continuing education requirement for Respondent's authorizations to practice the profession;

(9) Following the successful completion of the remedial education required by this Order, Respondent shall be subject to a

non-random audit of continuing education upon the next renewal or reactivation of Respondent's authorizations to practice the profession; and

(10) Respondent shall bear the responsibility of all costs incurred in complying with the terms of this Order, including production of records.

d. FAILURE TO PROVIDE PROOF OF SUCCESSFUL COMPLETION OF REMEDIAL EDUCATION: If Respondent fails to submit acceptable proof of successful completion of the remedial education as required by this Order, Respondent's authorizations to practice the profession shall be **IMMEDIATELY AND INDEFINITELY SUSPENDED** until such time as Respondent provides the Board's Board Administrator with acceptable proof of successful completion of the remedial education.

e. This Order constitutes disciplinary action by the Board. This Order will be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action.

f. This case shall be deemed settled and discontinued upon the Board issuing an order adopting this Consent Agreement.

ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS

7. Respondent agrees that this Consent Agreement and Order shall be admitted into evidence, without objection, in any proceeding before the Department of State.

ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING

8. Respondent acknowledges receipt of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter

and the following rights related to that hearing: to be represented by counsel; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any adverse final decision.

ACKNOWLEDGMENT OF RIGHT TO ATTORNEY

9. Respondent acknowledges the right to consult with and be represented by private legal counsel of Respondent's choosing and at Respondent's expense when reviewing, considering and accepting the terms of this Consent Agreement. To the extent that Respondent is not represented by legal counsel, Respondent has knowingly elected to proceed without the assistance of legal counsel.

WAIVER OF CLAIMS

10. Should the Board vote not to adopt the Order proposed in this Consent Agreement, the presentation and consideration of this Consent Agreement shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. Respondent expressly waives the right to raise any claims or issues, including any and all constitutional claims or issues, which may arise or have arisen during the review, presentation and deliberation of this Consent Agreement. These claims or issues include, but are not limited to, bias, the commingling of prosecutorial and adjudicative functions by the Board or its counsel, and the Board, in its discretion, recommending a different sanction based upon the facts set forth in the Consent Agreement. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at a hearing unless otherwise separately stipulated.

LIMITS ON MODIFICATION OF ORDER

11. Respondent agrees not to seek modification of the Order adopting and implementing this Consent Agreement without first obtaining the express written permission from the prosecution division. Any modification is at the sole discretion of the Board.

AGREEMENT NOT BINDING UNTIL APPROVED

12. This Consent Agreement is between the Commonwealth and Respondent. The Office of General Counsel has approved this Consent Agreement as to form and legality. The disciplinary provisions of this Consent Agreement do not take effect unless and until the Board issues an order adopting this Consent Agreement.

ENTIRE AGREEMENT


13. This Consent Agreement contains the entire agreement between the parties. There are no other terms, obligations, covenants, representations, statements, or conditions, oral or otherwise, of any kind whatsoever concerning this agreement.


AGREEMENT DOES NOT PREVENT FUTURE DISCIPLINE

14. Nothing in this Order shall preclude the prosecution division of the Department of State from filing charges, or the Board from imposing disciplinary or corrective measures, for violations or facts not contained in this Consent Agreement.

VERIFICATION OF FACTS AND STATEMENTS

15. Respondent verifies that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.


Matthew A. Anderson, Esq.
Prosecuting Attorney


Maricelina Caro, M.D.
Respondent

DATED: November 15, 2021

DATED:

11/8/2021

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE**

**Commonwealth of Pennsylvania
Bureau of Professional and
Occupational Affairs**

vs.

**Maricelina Caro, M.D.,
Respondent**

Case No.: 20-49-012047

ORDER

AND NOW, this 17th day of December 2021, the **STATE BOARD OF MEDICINE** ("Board") approves and adopts the foregoing Consent Agreement and incorporates the terms of paragraph 6, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

**BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS**



**K. Kalonji Johnson
Commissioner**

For the Commonwealth:

Respondent:

Date of mailing:

BY ORDER:

STATE BOARD OF MEDICINE

**Mark B. Woodland, M.D.
Chair**

Matthew A. Anderson, Esquire
2601 North Third Street
P.O. Box 69521
Harrisburg, PA 17106-9521

Maricelina Caro, M.D.,
301 New Parkside Drive
Chapel Hill, North Carolina 27516

12/17/2021

Maricelina D. Caro, MD

Exhibit 8:
Michigan Board Materials

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MARICELINA CARO, M.D.
License No. 43-01-119351,
Respondent.

File No. 43-21-002853

CONSENT ORDER

On November 8, 2021, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 et seq.

Respondent has admitted that the facts alleged in the Complaint are true and constitute violation(s) of the Public Health Code, except Count II which shall be dismissed. The Michigan Board of Medicine's Disciplinary Subcommittee (DSC) has reviewed this Consent Order and Stipulation and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violation(s) of MCL 333.16221(b)(x).

Accordingly, IT IS ORDERED that for the cited violation(s) of the Public Health Code:

Respondent is FINED \$250.00 to be paid to the State of Michigan within 90 days from the effective date of this Order. The fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display **File Number 43-21-002853**.

If Respondent fails to comply with the terms and conditions of this Order, Respondent's license shall be automatically SUSPENDED for a minimum of one (1) day. If, within six (6) months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.


If Respondent's license to practice remains suspended for more than six (6) months, Respondent must apply for reinstatement of the license. If Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with MCL 333.16245 and 333.16247.

If Respondent violates any provision of this Order, or fails to complete any term of the Order, the DSC may take disciplinary action pursuant to Mich Admin Code, R 338.1632 and MCL 333.16221(h).

Respondent shall direct all communications, except fines, required by the terms of this Order to: BPL-Monitoring@michigan.gov.

This Order shall be effective 30 days from the date signed by the DSC, as set forth below.

MICHIGAN BOARD OF MEDICINE

By:  For
Chairperson, Disciplinary Subcommittee

Dated: March 16, 2022

STIPULATION

1. Respondent and the Department agree that Count II of the Complaint, which charged Respondent with violating MCL 333.16221(f), shall be DISMISSED by the DSC.

2. The facts alleged in the Complaint are true and constitute violation(s) of MCL 333.16221(b)(x).

3. Respondent understands and intends that, by signing this Stipulation, Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 *et seq.*, to require the Department to prove a violation of the Public Health Code by presentation of evidence and legal authority, and Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

4. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, and this action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law.

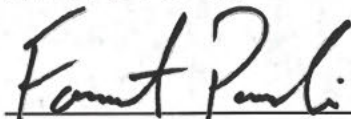
5. Factors considered in the formulation of this Order are as follows:

- a. On October 7, 2021, Respondent reported the disciplinary action taken by the Virginia Medical Board to the Department.

6. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the DSC in this matter.

7. This proposal is conditioned upon acceptance by the DSC. Respondent and the Department expressly reserve the right to further proceedings without prejudice should this Order be rejected.

AGREED TO BY:



Forrest Pasanski, Director
Enforcement Division
Bureau of Professional Licensing

Dated: 2-14-2022

MH

AGREED TO BY:



Maricelina Caro, M.D.
Respondent

Dated: 2/1/2022