



# AMA Physician Initial Profile

PREPARED FOR  
ABC Hospital, Anytown, IL

**Name and Mailing Address**

SUSAN SAMPLE SILVA  
PHYSICIAN ASSOCIATES INC  
555 FIRST ST  
ANYTOWN, IL 55555-0001

**Primary Office Address**

SAME AS MAILING ADDRESS

**Phone** (555) 555-5555

**Birth date** 03/05/1987

**Physician's major professional activity**

OFFICE BASED PRACTICE

**Self-designated practice specialty**

ALLERGY AND IMMUNOLOGY (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

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

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**Current and/or historical National Provider Identifier (NPI) information**

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1010101010	01/10/2016	NOT RPTD	NOT RPTD	NOT RPTD	09/12/2024

### Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, **enrollment date** is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. **Degree date** is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

**School:** COLEGIO MAYOR DE NUESTRA SENORA DEL ROSARIO FACULTAD DE MEDICINA

<b>Degree Awarded:</b>	YES	<b>Degree Type:</b>	MD
<b>Enrollment Date:</b>	NOT REPORTED	<b>Degree Date:</b>	2013

### Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. **Completed** indicates that the training has been completed in its entirety and verified with the program. **Training in Progress** indicates the training has a future completion date and is verified as in progress. **Verification of Completion in Progress** indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. **Partially Completed** indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

<b>Sponsoring Institution:</b>	STANFORD HOSPITAL AND CLINICS
<b>Sponsoring State:</b>	CALIFORNIA
<b>Program name:</b>	STANFORD HEALTH CARE-SPONSORED STANFORD UNIVERSITY PROGRAM
<b>Specialty:</b>	ALLERGY AND IMMUNOLOGY
<b>Training Type:</b>	SPECIALTY
<b>Dates:</b>	07/01/2019 - 07/03/2021
<b>Status:</b>	COMPLETED



**Sponsoring Institution:** ST JOSEPH'S REGIONAL MEDICAL CENTER  
**Sponsoring State:** NEW JERSEY  
**Program name:** ST JOSEPH'S UNIVERSITY MEDICAL CENTER PROGRAM  
**Specialty:** PEDIATRICS  
**Dates:** 08/28/2015 - 06/29/2019  
**Status:** COMPLETED

**Specialty board certification**

*This section provides specialty board certification data specific to one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the AMA (through the Liaison Committee on Specialty Boards) as reported by the ABMS.*

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

**Certifying board:** AMERICAN BOARD OF PEDIATRICS  
**Certificate:** PEDIATRICS  
**Certificate type:** GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC <sup>+</sup>	Active	10/15/2020	n/a	02/15/2025	INITIAL	05/24/2024	Y

**Certifying board:** AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY  
**Certificate:** ALLERGY & IMMUNOLOGY  
**Certificate type:** GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
TIME LIMITED	Active	11/18/2021	12/31/2031		INITIAL	05/24/2024	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.*

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

### Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
RAW1234567	MD	IL	11/05/2021	10/31/2025		ACT	UNL	09/08/2024	Susan Silva
012345F-01	MD	WI	04/01/2021	04/01/2025		ACT	UNL	08/14/2024	SUSAN SAMPLE SILVA
98.765RES3210	MD	OH	03/28/2018	07/02/2021	04/07/2018	INA	RES	04/28/2022	Susan Sample-Silva

Abbreviation key: ACT = Active, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

### Action notifications reported to the AMA

**Medical Licensing Boards:** NO ACTIONS REPORTED AT THIS TIME.

▶ **Medicare/Medicaid Sanctions from DHHS:** *ACTION REPORTED*. Contact the DHHS or use the DHHS lookup tool at <https://exclusions.oig.hhs.gov>

▶ **US DOJ Drug Enforcement Administration:** *ACTION REPORTED*. Contact this agency for additional information.

### U.S. Drug Enforcement Administration (DEA)

DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
-----257	C-0	22N 33N 4 5	Active	12/31/2027	Exempt	09/05/2024	Physician Associates Inc 555 First St Anytown, IL 55555-0001

\* Only the last three characters of DEA numbers are displayed

† Business Activity key: C-0 = Practitioner, C-2 = Practitioner–Military, C-7 = Practitioner–Department of Defense Contractor, C-Q = Practitioner–Federal.

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: 01234567

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.ecfmg.org/>



## Physician's Recognition Award

This physician holds an AMA Physician's Recognition Award certificate (AMA PRA), valid through 04/02/2026. The AMA PRA certificate recognizes physicians who complete at least fifty hours of continuing medical education annually.

## Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional Data™, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

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

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