



Initial Application for Licensure
Florida Board of Medicine



Basic Data

Profession: MEDICAL DOCTOR
Application Type: INITIAL LICENSURE ENDORSEMENT
Name: DR. MAYKEL LUNA CONCEPCION
Date of Birth: 11/25/1977
Place of Birth: HAVANA, CUBA
Citizenship: UNITED STATES
Email Address: MLUNA-CONCEPCION@KUMC.EDU
Modifiers: I will qualify for 'In Training' status at the approval of my licensure application.

Mailing Address

6320 SANTA FE DR.
OVERLAND PARK, KS 66202

Physical Location or Address of Employment

3901 RAINBOW BLVD
KANSAS CITY, KS 66160

Phone Numbers

Primary: 786-271-9709
Alternate:

Equal Opportunity Data

Gender: MALE
Race: HISPANIC

Education History

Will you be using FCVS to assist you in the licensure process? Your answer: YES

Table with 2 columns and 6 rows containing school information: School Name, School Address, Degree, Date Attended From, Date Attended To, Graduation Date.

Have you ever defaulted on any health education loan or scholarship obligation? Your answer: NO

If you are an international medical graduate, did you perform your core clerkships in the United States? Your answer: NO

Postgraduate Training

Table with 2 columns and 10 rows containing program information: Program Name, Program City, Program State or Country, Program Type, Specialty Area, Date From, Date To, Did you receive credit?

Program Name: UNIVERSITY OF KANSAS Program City: MEDICAL CENTER Program State or Country: KANSAS CITY Country: CUBA Program Type: RESIDENCY Specialty Area: MP - INTERNAL MEDICINE/ PSYCHIATRY Date From: 07/01/2010 Date To: 06/30/2014 Did you receive credit? Yes	Program Name: Program City: Program State or Country: Country: Program Type: Specialty Area: Date From: Date To: Did you receive credit?
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Have you ever been dropped, suspended, placed on probation, asked to resign or expelled from any postgraduate training program? Your answer: **NO**

Was attendance in a postgraduate training program for a period other than the established timeframe or were you required to repeat any of your postgraduate training including classes, test/exams, lectures or any other part of the curriculum? Your answer: **NO**

Did you take any type of break or leave of absence for any reason during your postgraduate training? Your answer: **NO**

Other Name History

Name: MAYKEL LUNA-CONCEPCION

Other State Licenses

License Number: 9407179 License Type: POSTGRADUATE MD Original Date Issued: 07/01/2009 Date of Expiration: 06/30/2014 Country: UNITED STATES State: KANSAS	License Number: 0435313 License Type: MEDICAL DOCTOR Original Date Issued: 09/23/2011 Date of Expiration: 06/30/2013 Country: UNITED STATES State: KANSAS
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Year Began Practice

2009

Practice Employment

Employment Type: Non-Employment Practice Begin Date: 09/01/2002 Practice End Date: 08/01/2004 Description: DURING THIS PERIOD I WAS A RESIDENT IN FAMILY MEDICINE/OB FOR THE PUBLIC HEALTH MINISTRY IN CUBA. I TRAVELED TO GUATEMALA 05/2004 ON A MEDICAL MISSION. COMPLETED SECOND YEAR RESIDENCY IN GUATEMALA.	Employment Type: Non-Employment Practice Begin Date: 08/01/2004 Practice End Date: 12/10/2004 Description: I LEFT GUATEMALA TO COME TO THE UNITED STATES AS A REFUGEE AND DURING THIS TIME I HAD TO WAIT ON IMMIGRATION PROCEDURES AND TO FIND EMPLOYMENT.
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Division of
Medical Quality Assurance



Employment Type: Employment Employer Name: JACKSON HEALTH SYSTEM. Address Line 1: 971 NW 2ND ST. Address Line 2: City: MIAMI State: FL Title of Position: PATIENT CARE ASSOCIATE/ MEDICAL ASSISTANT Practice Begin Date: 12/20/2004 Practice End Date: 05/30/2009	Employment Type: Employment Employer Name: KANSAS UNIVERSITY MEDICAL CENTER Address Line 1: 3901 RAINBOW BLVD Address Line 2: City: KANSAS CITY State: KS Title of Position: RESIDENT PHYSICIAN Practice Begin Date: 07/01/2009 Practice End Date:
Employment Type: Employment Employer Name: OSAWATOMIE STATE HOSPITA Address Line 1: 500 STATE HOSPITAL DR Address Line 2: City: OSAWATOMIE State: KS Title of Position: PRN PHYSICIAN. Practice Begin Date: 03/01/2012 Practice End Date:	Employment Type: Employment Employer Name: HILLSBORO COMMUNITY HOSPITAL Address Line 1: 701 S MAIN ST HILLSBORO Address Line 2: City: HILLSBORO State: KS Title of Position: PRN PHYSICIAN. Practice Begin Date: 06/01/2012 Practice End Date: 06/01/2013

Have you ever had employment terminated for cause?

Your answer: **NO**

Faculty Appointment

Do you currently hold a faculty appointment at a medical school?

Your answer: **NO**

Graduate Medical Education

Have you had responsibility for graduate medical education within the last 10 years?

Your answer: **NO**

Staff Privileges

Do you currently hold staff privileges in any hospital, health institution, clinic or medical facility?

Your answer: **YES**

Name of institution: OUT OF STATE Name of Institution: OSAWATOMIE STATE HOSPITAL City: OSAWATOMIE State: KANSAS Date From: 03/01/2012 Date To: 12/30/2014 Types of privileges: FULL PRIVILEGES
Name of institution: OUT OF STATE Name of Institution: HILLSBORO COMMUNITY HOSPITAL City: HILLSBORO KANSAS State: KANSAS Date From: 06/01/2012 Date To: 06/01/2013 Types of privileges: FULL PRIVILEGES

Specialty Board Certification

Are you certified by any specialty board recognized by the American Board of Medical Specialties or specialty board approved by the Florida Board of Medicine?

Your answer: **NO**

Drug Enforcement Administration Questions

Have you ever been warned or called before the United States Drug Enforcement Administration (DEA)?

Your answer: **NO**



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Have you ever been made an offer to compromise or entered into any arrangement plea, or agreement instead of a federal prosecution for a drug violation regulated by DEA?

Your answer: **NO**

Have you ever been denied or surrendered a DEA registration?

Your answer: **NO**

Mandatory Continuing Medical Education (CME)

I hereby certify that since June 1, 2002, I have completed a minimum of two (2) hours of Prevention of Medical Errors continuing medical education as defined by s. 456.013(7), Florida Statutes.

Electronic Fingerprinting

The Florida Care Provider Background Screening Clearinghouse is unavailable at this time.

Acknowledgement Statement

I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy, and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation.

Your answer: **YES**

Criminal History

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense?

Your answer: **NO**

Specialty Board Discipline History

Have you ever had any final disciplinary action taken against you by a specialty board or similar national organization?

Your answer: **NO**

Discipline History

Have you ever had any professional license or license to practice medicine revoked, suspended, placed on probation, received a citation, or other disciplinary action taken in any state, territory or country?

Your answer: **NO**

Have you ever had any staff privileges denied, suspended, revoked, modified, restricted, or placed on probation, or have you been asked to resign or take a temporary leave of absence or otherwise acted against by any facility?

Your answer: **NO**

Have you ever been asked, or allowed to resign from any facility instead of disciplinary action or during any pending investigations into your practice?

Your answer: **NO**

Have you ever had any staff privileges restricted or not renewed by any facility instead of disciplinary action?

Your answer: **NO**

Have you had any application for a medical license or professional license denied by any state board or other governmental agency of any state, territory, or country?

Your answer: **NO**

Have you ever been allowed to withdraw an application for medical licensure for any reason or during a pending investigation in any jurisdiction in lieu of your license being denied?

Your answer: **NO**

Have you ever been notified, invited or required to appear before any licensing agency for a hearing on a complaint of any nature including, but not limited to, a charge or violation of the Medical Practice Act, involving unprofessional or unethical conduct?

Your answer: **NO**

Have you ever been denied or been excluded from Medicare and/or state health care programs?

Your answer: **NO**

Are you currently under investigation in any jurisdiction for an act or offense that would constitute a violation of Section 458.331, Florida Statutes?

Your answer: **NO**

United States Military and/or Public Health Service

Have you ever been in the United States Military and/or Public Health Service?

Your answer: **NO**

Questions related to Section 456.0635(2), Florida Statutes

Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?

Your answer: **NO**

For the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?

Your answer: **N/A**

For the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).

Your answer: **N/A**

For the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?

Your answer: **N/A**

Have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed?

Your answer: **N/A**

Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?

Your answer: **NO**

Has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?

Your answer: **N/A**

Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?

Your answer: **NO**

If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

Your answer: **N/A**

Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?

Your answer: **NO**

Have you been in good standing with a state Medicaid program for the most recent five years?

Your answer: **N/A**

Did the termination occur at least 20 years before the date of this application?

Your answer: **N/A**

Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?

Your answer: **NO**

On or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health?

Your answer: **N/A**

Additional Information

Availability for disaster

As a Florida licensed physician, are you willing to provide health care services in special need shelters or to work with disaster medical teams during times of emergency or major disasters?

Your answer: **YES**



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Financial Responsibility

I do not practice medicine in the State of Florida.

Liability Claims

Within the last 10 years have you had any liability claim(s) or action(s) for damages for personal injury settled or finally adjudicated in an amount that exceeds \$100,000.00?

Your answer: **NO**

Have you ever had a judgment entered against you for medical malpractice where the incident(s) of malpractice occurred after November 2, 2004?

Your answer: **NO**



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Confidential Information

Name: DR. MAYKEL LUNA CONCEPCION
Social Security Number: [REDACTED]

This information is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

Examination History

Table with 2 columns: Exam Name (USMLE III), Exam Date (06/13/2009)

This information is exempt from public records disclosure because it contains exam grades as described by section 456.014 (1), Florida Statutes.

Health History

In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years? Your answer: [REDACTED]

In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment? Your answer: [REDACTED]

In the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice medicine within the last five years? Your answer: [REDACTED]

In the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice medicine? Your answer: [REDACTED]

In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder, or if you were previously in such a program, did you suffer a relapse within the last five years? Your answer: [REDACTED]

During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice medicine within the past five years? Your answer: [REDACTED]

This information is exempt from public records disclosure because it contains medical information as described by Section 456.014 (1), Florida Statutes.



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Application Statement

- I state that these statements are true and correct. I recognize that providing false information may result in denial of licensure, disciplinary action against my license, or criminal penalties pursuant to Sections 456.067, 775.083, and 775.084, Florida Statutes. I state that I have read Chapters 456, 458 and 766.301-.316, Florida Statutes and Chapter 64B8, Florida Administrative Code.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Board of Medicine information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I state that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act constitutes cause for denial, suspension, or revocation of my license to practice Medicine in the State of Florida. If there are any changes to my status or any change that would affect any of my answers to this application I must notify the Board within 30 days. I understand that my records are protected under federal and state regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under federal and state regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.



MEDICINE BOARD
13 APR 26 PM 1:54

AMA Physician Profile

Name and Mailing Address:

MAYKEL LUNA-CONCEPCION MD
MS 4015
3901 RAINBOW BLVD
KANSAS CITY KS 66103-2937

Primary Office Address:

SAME AS MAILING ADDRESS

Phone: UNKNOWN

Birthdate: 11/25/1977

Physician's Major Professional Activity: HOSPITAL BASED RESIDENTS - ALL YEARS

Practice Specialties Self Designated by the Physician*:

Primary Specialty: INTERNAL MED/PSYCHIATRY

Secondary Specialty:

**Self-Designated Practice Specialties/Areas of Practice (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, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.*

AMA membership: NON MEMBER

————— All Information from this Point Forward is Provided by the Primary Source —————

Current and/or Historical Medical School:

INST SUP DE CIEN MED DE LA HABANA, LA HABANA, CUBA

Degree Awarded: Yes

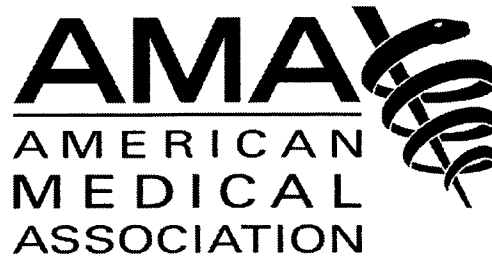
Degree Year: 2002

AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association ("AMA") and the Requesting Organization that the physician profiles being requested are provided to the Requesting Organization with the understanding that: (1) the information on the physician profiles will be treated with complete confidentiality; (2) such information is granted solely to the Requesting Organization and is granted as a non-exclusive limited license, consistent with and limited to the sole and specific purpose of verifying physicians' credentials; (3) no physician profile information will be released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency; (4) no physician profile obtained or any information contained therein will be used as a vehicle to create, maintain or enhance another database; and (5) that upon breach of any of the foregoing covenants this license to use and possess physician profiles shall be automatically and immediately terminated and no further physician profiles shall be provided by AMA.

AMA endeavors to maintain its physician profiles with information that is accurate, complete and current; however, because AMA compiles data from numerous and varied sources, and therefore may experience reporting and processing errors or delays, no representations or warranties as to the accuracy or completeness of the data or as to the uninterrupted access can be or are made.

AMA makes no representations or warranties of any nature, with respect to the physician profiles obtained including without limitation, the implied warranties of merchantability and fitness for any particular purpose, nor assumes any responsibility or legal liability for Requesting Organization's use or the results of its use of such profiles. In consideration of the receipt of each physician profile provided by AMA, the Requesting Organization hereby releases AMA and their respective agents and servants from any and all liability whatsoever for inaccurate or incomplete information in any physician profile obtained.



AMA Physician Profile

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.

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.

Sponsoring Institution: UNIV OF KS SCH OF MED
Sponsoring State: KANSAS
Program Name: UNIVERSITY OF KANSAS SCHOOL OF MEDICINE PROGRAM
Specialty: INTERNAL MED/PSYCHIATRY
Dates: 07/2009 - 06/2014 (BEING REVERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
KANSAS	MD	09/23/2011	06/30/2013	ACTIVE	UNLIMITED	04/01/2013
KANSAS	MD	07/01/2009	06/30/2014	INACTIVE	RESIDENT	09/30/2011

Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1083841852	06/18/2009	NOT RPTD	NOT RPTD	NOT RPTD	04/20/2013

ECFMG Certification:

Applicant Number: 07087208

Note: 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 in writing at P.O. Box 13679, Philadelphia, PA 19101.

AMA Physician Profile (continued)

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AMA makes no representations or warranties of any nature, with respect to the physician profiles obtained including without limitation, the implied warranties of merchantability and fitness for any particular purpose, nor assumes any responsibility or legal liability for Requesting Organization's use or the results of its use of such profiles. In consideration of the receipt of each physician profile provided by AMA, the Requesting Organization hereby releases AMA and their respective agents and servants from any and all liability whatsoever for inaccurate or incomplete information in any physician profile obtained.



AMA Physician Profile

Federal Drug Enforcement Administration:

** Only the last three characters of active DEA number(s) are displayed.*

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
None	Reported		
Address:			

Note: 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.

Specialty Board Certification(s)*:

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: TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.

Certificate:

Certificate Type:

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification Occurrence</u>	<u>Last Reported</u>
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Note: 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. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2013 American Board of Medical Specialties. All right reserved.

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

AMA Physician Profile (continued)

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AMA Physician Profile

Other Federal Sanction(s):

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 PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the Physician Profile is intended to assist with credentialing. Appropriate use of the data contained in the AMA Physician Masterfile by an organization 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 is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification and Federal DEA registration.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60654
800-665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

AMA Physician Profile (continued)

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1762767



Additional Information Required
Documentation for NICA Designation

Division of
Medical Quality Assurance



Name: DR. MAYKEL LUNA CONCEPCION
Profession: 1501
Transaction Code: 1021
File Number: 116136

Florida Birth Related Neurological Compensation Association

Name: MAYKEL LUNA CONCEPCION

Address: 6320 SANTA FE DR.

City, State, Zip: OVERLAND PARK, KS 66202

You must choose one of the three options described below. Please be sure to view the information about each exemption at www.nica.com. Check only one.

- \$5,000 - Participating physician
- \$250 - Non-Participating physician
- \$0 - Exemption

I have read the explanatory information provided by NICA, and I choose the option above.

Signature

4/20/2013
Date

Please mail or fax this form to:

Florida Board of Medicine
4052 Bald Cypress Way, Bin C-03
Tallahassee, FL 32399-3253

FAX (850) 412-1268

If you select 'Exemption' you must also mail this form, along with proof of your exemption to:

NICA
2360 Christopher Place
Tallahassee, FL 32308