

## Attachment III

**From:** Katie Vinoski / FloridaMed <[katie@floridamedlicense.com](mailto:katie@floridamedlicense.com)>  
**Reply-To:** <[katie@floridamedlicense.com](mailto:katie@floridamedlicense.com)>  
**Date:** Fri, 28 Sep 2007 11:45:52 -0400  
**To:** Ariel King <[drarielking@yahoo.com](mailto:drarielking@yahoo.com)>  
**Subject:** FW: FL medical license

Dr. King,

Below is the update for Dr. Pfeiffer's file at the FL Board of Medicine. Below are the items the FL Board awaits to complete his file.

### **APPLICATION SUBMITTED REMAINS DEFICIENT FOR LACK OF THE FOLLOWING:**

1. The Board Office is not in receipt of your fingerprint card. Please submit your fingerprints to the Board immediately.
2. Submit in writing, your employment and / or non – employment activities from 06/07 (after completion of Residency Training) to present.
3. Submit an official copy of medical school transcripts (mark sheets) or have them sent by medical school.
4. If applicable, submit an acceptable translation of medical school transcripts, prepared according to the Board's criteria.
5. We await verification of MD Degree, direct from medical school, which must be requested by the applicant.
6. Submit a copy of ECFMG certificate that states "VALID INDEFINITELY".
7. Submit a copy of Residency certificate (s) from Georgetown University. If unavailable, submit a letter from Program Director of training, addressed to the Florida Board of Medicine, listing the beginning and ending dates of each year of training and PGY level (s) completed.
8. Submit two current letters of recommendation, addressed to the Florida Board of Medicine. "**To Whom It May Concern**" is not acceptable. Recommendation letters must be current, original, personable and from physicians.
9. Submit copy of National Practitioner Data Bank **AND** Healthcare Integrity Protection Data Bank report. Their contact number is 800-767-6732.
10. Effective July 1, 2006, applicants for licensure are required by Chapter 456 in the Florida Statute to show proof of completion of 2 hours of Prevention of Medical Errors before they will be issued a license number (see general information section above). Please provide proof of this training.

Dr. King, I have not heard from you in a few months. I hope all is well. Please let me know what I can do to assist you with the remaining items.

I look forward to hearing from you soon.

Thank you,

*Katherine Vinoski*

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