

Demographic Details

First Name

Michael

Middle Name

Lee

Last Name \*

Brooks

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

☐ Yes ☐ No

Date Deceased

Do you have a Nevada Business License in your individual name?

☐ Yes ☐ No

Nevada BIN

Historical File Number

Military Detail

Gender

Male

Date of Birth

-1955

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

Have you ever served in the United States Military (to include National Guard or Reserves)?

☐ Yes ☒ No

## Discipline / SPL

Disciplinary Action?

☐ Yes ☐ No

SPL?

☐ Yes ☐ No

Date of SPL Issuance



## Contact Information

Primary Phone

#

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

#

Fax

#

## Public Address

Street Address

100 E Campus View Blvd

ZIP / Postal Code

43235

Address Line 2

State / Province

Ohio

City

Columbus

Country

United States



County

Franklin

Is your physical address different from your mailing address?

☒ Yes ☐ No

Public Phone

#

(614) 340-7741

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)





County (Mailing)

## Application Status

Applicant \*

Brooks, Michael Lee ▼




Application Number

License Issued?

☐ Yes ☐ No

Application Status

Pending Review by the Board ▼



Assigned To



Manual Paper Application?


☐ Yes ☐ No

License ID Card Conditions (max 120 characters)

## License Details (Pre-Approval)


License Category

Medical Doctor ▼




Obtained By

Nat. Boards ▼




Expected Issue Date



Credentials / Degree Suffix (Enter before approval)

M.D.

Expected Expiration Date




## Application Details

Application Type


Medical Doctor - Active ▼



Application Date \*



Submitted Date



Application Step

#


Have you ever served in the United States Military (to include National Guard or Reserves)?

☐ Yes ☒ No


Reviewed Date




Decision Date



Approved Date



Expiration Date



Is Simultaneous Application


☐ Yes ☐ No

Are you the spouse of an active duty member or surviving spouse of a veteran?


☐ Yes ☒ No

## Invoices


Application Invoice

|                |   |
|----------------|---|
| - Paid in Full |  |
|----------------|---|


Licensure Invoice

|  |   |
|--|---|
|  |  |
|--|---|

Application Payment Date

|  |   |
|--|---|
|  |  |
|--|---|

Licensure Payment Date

|  |   |
|--|---|
|  |  |
|--|---|

## Attestations

I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

☒ Yes ☐ No

I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.

☒ Yes ☐ No

The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice medicine in the state of Nevada.

☒ Yes ☐ No


I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.

☒ Yes ☐ No

I consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States.

☐ Yes ☐ No

Child Support Attestation Type

|                              |   |
|------------------------------|---|
| Not subject to a court order |  |
|------------------------------|---|

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

☒ Yes ☐ No

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

☒ Yes ☐ No

Board Certifications

| Licensee / Applicant ▼ | Certifying Board ▼      | Other Certifying Board ▼ | Specialty ▼    | Initial Certification Date ↑ ▼ | Recertification Date |
|------------------------|-------------------------|--------------------------|----------------|--------------------------------|----------------------|
| Brooks, Michael Lee    | American Board          | N/A                      | Radiology      | Jun-06-1986                    | N/A                  |
| Brooks, Michael Lee    | American Board Subboard | N/A                      | Neuroradiology | Nov-04-1996                    | Jan-01-2017          |

Board Certification Details

Licensee / Applicant

Brooks, Michael Lee

▼



Specialty

Radiology

▼




Other Certifying Board

Initial Certification Date

Jun-06-1986



Recertification Date



Certification Number

Archive Program

Historical Specialty


Connected Record

Application

Application -

- Brooks, Michael Lee

▼



Board Certification Details

Licensee / Applicant

Brooks, Michael Lee

▼

Specialty

Neuroradiology

▼

Certifying Board

American Board Subboard

▼

Other Certifying Board

Initial Certification Date

Nov-04-1996

Recertification Date

Jan-01-2017

Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application -

- Brooks, Michael Lee

▼



Activities


| Licensee / Applicant ↑ ▼ | Name of Organization / Institution ▼                | Start Date ↑ ▼ | End Date ▼  | Percent Clinical |
|--------------------------|---|----------------|-------------|------------------|
| Michael Brooks           | Baylor College of Medicine                          | Jul-01-1981    | Oct-01-1981 | 100              |
| Michael Brooks           | Vacation/Relocating to PA                           | Oct-01-1981    | Apr-01-1982 | 0                |
| Michael Brooks           | Mercy Catholic Medical Center                       | Apr-01-1982    | Jun-30-1985 | 100              |
| Michael Brooks           | Brigham and Women's Hospital/Harvard Medical School | Jul-01-1985    | Jun-30-1987 | 100              |
| Michael Brooks           | Brigham And Women's Hospital                        | Jul-01-1987    | Jun-30-1988 | 100              |
| Michael Brooks           | The Graduate Hospital                               | Jul-01-1988    | Jun-30-1998 | 100              |
| Michael Brooks           | Mercy Diagnostic Imaging                            | Jul-01-1998    | Aug-31-2020 | 100              |
| Michael Brooks           | Riverside Radiology and Interventional Associates   | Sep-01-2020    | May-23-2024 | 100              |

## Application Activity Details

Licensee / Applicant

Brooks, Michael Lee

▼



Start Date

Jul-01-1981



Percent Clinical \*

#


100

Application

Application -

- Brooks, Michael Lee

▼



Name of Organization / Institution

Baylor College of Medicine

End Date

Oct-01-1981




Position

Activity Type

Postgraduate Training

▼



## Location Details

Street Address 1


City

Houston

Country

United States

▼



State / Province

Texas


Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Brooks, Michael Lee

▼



Start Date

Oct-01-1981



Percent Clinical \*

#


0

Application

Application -

- Brooks, Michael Lee

▼




Name of Organization / Institution

Vacation/Relocating to PA

End Date

Apr-01-1982




Position

Activity Type

Vacation

▼



## Location Details


Street Address 1

City

Country

United States

▼



State / Province

Pennsylvania

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Brooks, Michael Lee

▼



Name of Organization / Institution

Mercy Catholic Medical Center

Start Date

Apr-01-1982



End Date

Jun-30-1985



Percent Clinical \*

#

100


Position

Application

Application -

- Brooks, Michael Lee

▼



Activity Type

Postgraduate Training

▼




## Location Details

Street Address 1

Country

United States

▼



City

Darby

State / Province

Pennsylvania

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Brooks, Michael Lee

▼



Start Date

Jul-01-1985



Percent Clinical \*

#


100

Application

Application -

- Brooks, Michael Lee

▼



Name of Organization / Institution

Brigham and Women's Hospital/Harvard Medical School

End Date

Jun-30-1987



Position

Activity Type

Postgraduate Training

▼



## Location Details

Street Address 1

City

Boston

Country

United States

▼



State / Province

Massachusetts

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Brooks, Michael Lee

▼



Start Date

Jul-01-1987



Percent Clinical \*

#


100

Application

Application -

- Brooks, Michael Lee

▼



Name of Organization / Institution

Brigham And Women's Hospital

End Date

Jun-30-1988




Position

Activity Type

Medical Practice/Physician

▼



## Location Details

Street Address 1

City

Boston

Country

United States

▼



State / Province

Massachusetts


Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Brooks, Michael Lee

▼



Name of Organization / Institution

The Graduate Hospital


Start Date

Jul-01-1988



End Date

Jun-30-1998



Percent Clinical \*

#

100


Position

Application

Application -

- Brooks, Michael Lee


▼



Activity Type

Medical Practice/Physician

▼



## Location Details

Street Address 1

Country

United States

▼



City

Philadelphia

State / Province

Pennsylvania


Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Brooks, Michael Lee

▼



Name of Organization / Institution

Mercy Diagnostic Imaging

Start Date

Jul-01-1998



End Date

Aug-31-2020



Percent Clinical \*

#

100


Position

Application

Application -

- Brooks, Michael Lee


▼



Activity Type

Medical Practice/Physician

▼



## Location Details

Street Address 1

Country

United States

▼



City

Darby

State / Province

Pennsylvania

Zip / Postal Code



## Application Activity Details

Licensee / Applicant

Brooks, Michael Lee

▼



Start Date

Sep-01-2020



Percent Clinical \*

#


100

Application

Application -

- Brooks, Michael Lee

▼



Name of Organization / Institution

Riverside Radiology and Interventional Associates

End Date

May-23-2024




Position

Activity Type

Medical Practice/Physician

▼



## Location Details

Street Address 1


City

Columbus

Country

United States

▼



State / Province

Ohio

Zip / Postal Code

## Declarations

| Ordinal ↑ | Licensee/Applicant  | Declaration Question  | Answer | Answer Details |
|-----------|---------------------|---|--------|----------------|
| 1         | Michael Brooks      | MD, PA – Q1 – Medical Condition Impair Safe Practice        | No     |                |
| 2         | Michael Brooks      | MD, PA – Q2 – Medical Condition Field of Practice           | No     |                |
| 3         | Michael Brooks      | MD, PA – Q3 – Chemical Substances Impair Safe Practice      | No     |                |
| 4         | Michael Brooks      | MD, PA, LL – Q4 – Performance of Public Service Requirement | No     |                |
| 5         | Brooks, Michael Lee | ALL – Q5 – Named Defendant Respond to Legal Action          | Yes    |                |
| 6         | Brooks, Michael Lee | ALL – Q6 – Malpractice Claim Paid                           | Yes    |                |
| 7         | Michael Brooks      | ALL – Q7 – Arrest Question                                  | No     |                |
| 8         | Michael Brooks      | MD, Previously applied for licensure in Nevada.             | No     |                |
| 9         | Michael Brooks      | MD – Investigation Disciplinary during Training Program     | No     |                |
| 10        | Michael Brooks      | MD – Q8 – Denied License / Permission to Practice Medicine  | No     |                |
| 11        | Michael Brooks      | MD – Q9 – Medical License Revoked                           | No     |                |
| 12        | Michael Brooks      | MD – Q11 – Voluntarily Surrendered a License                | No     |                |
| 13        | Michael Brooks      | MD – Q12 – Denied Membership                                | No     |                |
| 14        | Michael Brooks      | MD – Q13 – Investigation – Respond To/Notify Of             | No     |                |
| 15        | Michael Brooks      | MD, PA – Q10 – Controlled Substance Registration            | No     |                |
| 16        | Michael Brooks      | MD, PA, CCP, Hospital Privileges Denied, Suspended.         | No     |                |

Declaration

Licensee/Applicant

Brooks, Michael Lee

Declaration Question

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#

5

Declaration Text

Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

Related To

Application

Application -

- Brooks, Michael Lee

Renewal

Declaration

Licensee/Applicant

|                     |   |   |
|---------------------|---|---|
| Brooks, Michael Lee | ▼ |  |
|---------------------|---|---|

Declaration Question

|                                   |   |   |
|-----------------------------------|---|---|
| ALL – Q6 – Malpractice Claim Paid | ▼ |  |
|-----------------------------------|---|---|

Answer

☒ Yes ☐ No

Answer Details

Ordinal


|   |   |
|---|---|
| # | 6 |
|---|---|

Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

Related To

Application

|               |                       |   |   |
|---------------|-----------------------|---|---|
| Application - | - Brooks, Michael Lee | ▼ |  |
|---------------|-----------------------|---|---|

Renewal

|  |   |   |
|--|---|---|
|  | ▼ |  |
|--|---|---|

Education

| Licensee/Applicant ▼ | Education Type ↑ ▼ | Name of School ▼                        | Degree Attained ▼     | Date From ↑ ▼ | Date To ↑ ▼ | Graduation Date |
|----------------------|--------------------|---|-----------------------|---------------|-------------|-----------------|
| Brooks, Michael Lee  | College/University | University of Pennsylvania              | Bachelor of Arts      | Sep-01-1974   | May-22-1977 | May-22-1977     |
| Brooks, Michael Lee  | Medical School     | Hahnemann University School of Medicine | Medical Doctor Degree | Sep-06-1977   | May-30-1981 | Jun-10-1981     |
| Brooks, Michael Lee  | Graduate           | Temple University                       | Doctorate             | May-30-2002   | May-18-2006 | May-18-2006     |

Education Details

Licensee/Applicant \*

Brooks, Michael Lee

▼

Address

City

Philadelphia

State / Province

Pennsylvania

Zip / Postal Code

Country

United States

▼

Application

Application -

- Brooks, Michael Lee

▼

Specialty Type

▼

Name of School

University of Pennsylvania

Education Type

College/University

▼

Degree Attained

Bachelor of Arts

▼

Date From

Sep-01-1974

Date To

May-22-1977

Did you graduate from the program?

☒ Yes

☐ No

Graduation Date

May-22-1977

Major Program

Education Details

Licensee/Applicant \*

Brooks, Michael Lee

▼

Address

City

Philadelphia

State / Province

Pennsylvania

Zip / Postal Code

Country

United States

▼

Application

Application -

- Brooks, Michael Lee

▼

Specialty Type

▼

Name of School

Hahnemann University School of Medicine

Education Type

Medical School

▼

Degree Attained

Medical Doctor Degree

▼

Date From

Sep-06-1977

Date To

May-30-1981

Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

Jun-10-1981

Major Program

Education Details

Licensee/Applicant \*

Brooks, Michael Lee

▼

Address

City

Philadelphia

State / Province

Pennsylvania

Zip / Postal Code

Country

United States

▼

Application

Application -

- Brooks, Michael Lee

▼

Specialty Type

▼

Name of School

Temple University

Education Type

Graduate

▼

Degree Attained

Doctorate

▼

Date From

May-30-2002

Date To

May-18-2006

Did you graduate from the program?

☒ Yes

☐ No

Graduation Date

May-18-2006

Major Program



Examinations

| Licensee / Applicant ▼ | Examination Type ▼                         | Attended Date ↑ |
|------------------------|--|-----------------|
| Brooks, Michael Lee    | National Board of Medical Examiners (NBME) | Jun-12-1979     |
| Brooks, Michael Lee    | National Board of Medical Examiners (NBME) | Sep-23-1980     |
| Brooks, Michael Lee    | National Board of Medical Examiners (NBME) | Mar-09-1983     |

Examination Details

Licensee / Applicant \*

Brooks, Michael Lee

▼

Attended Date

Jun-12-1979

Number of Attempts

#

1

Application

Application -

- Brooks, Michael Lee

▼

Location

Result

515

Examination Type

National Board of Medical Examiners (NBME)

▼

Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

Part 1

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant \*

Brooks, Michael Lee

▼



Attended Date

Sep-23-1980



Number of Attempts

#


1

Application

Application -

- Brooks, Michael Lee

▼



Location

Result

570

Examination Type

National Board of Medical Examiners (NBME)

▼



Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps


Part 2

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant \*

Brooks, Michael Lee

▼

Attended Date

Mar-09-1983

Number of Attempts

#

1

Application

Application -

- Brooks, Michael Lee

▼

Location

Result

450

Examination Type

National Board of Medical Examiners (NBME)

▼

Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

Part 3

Certificate Number

Exam Date

Expiration Date

## Hospitals


| Licensee / Applicant ▼ | Name of Organization ▼                            | Start Date ↑ | End Date ▼  |
|------------------------|---|--------------|-------------|
| Michael Brooks         | Mercy Catholic Medical Center - Fitzgerald Campus | Jul-01-2000  | Sep-01-2020 |
| Michael Brooks         | Genesis Hospital                                  | Sep-01-2020  | N/A         |
| Michael Brooks         | Magruder Hospital                                 | Sep-01-2020  | N/A         |
| Michael Brooks         | Hocking Valley Community Hospital                 | Sep-01-2020  | N/A         |
| Michael Brooks         | OhioHealth Berger Hospital                        | Sep-01-2020  | N/A         |
| Michael Brooks         | Mercy Health - Willard Hospital                   | Sep-01-2020  | N/A         |
| Michael Brooks         | Blanchard Valley Hospital                         | Sep-01-2020  | N/A         |
| Michael Brooks         | Louis Stokes Cleveland VA Medical Center          | Sep-01-2020  | N/A         |
| Michael Brooks         | OhioHealth Grant Medical Center                   | Sep-01-2020  | N/A         |

## Hospital Details

Licensee / Applicant

Brooks, Michael Lee

▼



Name of Organization


Mercy Catholic Medical Center - Fitzgerald Campu

Application

Application -

- Brooks, Michael Lee

▼



Start Date

Jul-01-2000



End Date

Sep-01-2020



## Address Details

Street Address Line 1

1500 Lansdowne Ave

State / Province

Pennsylvania

Street Address Line 2

ZIP / Postal Code

19023

City

Darby

Country

United States

▼



## Hospital Details

Licensee / Applicant

Brooks, Michael Lee ▼




Name of Organization

Genesis Hospital

Application

Application - - Brooks, Michael Lee ▼



Start Date

Sep-01-2020



End Date



## Address Details

Street Address Line 1

2951 Maple Avenue

State / Province

Ohio

Street Address Line 2

ZIP / Postal Code

43701

City

Zanesville

Country


United States ▼



## Hospital Details

Licensee / Applicant

Brooks, Michael Lee ▼




Name of Organization

Magruder Hospital

Application

Application - - Brooks, Michael Lee ▼



Start Date

Sep-01-2020



End Date



## Address Details

Street Address Line 1

615 Fulton St

State / Province

Ohio

Street Address Line 2

ZIP / Postal Code

43452

City

Port Clinton

Country

United States ▼





## Hospital Details

Licensee / Applicant

Brooks, Michael Lee

▼



Name of Organization


Hocking Valley Community Hospital

Application

Application -

- Brooks, Michael Lee

▼



Start Date

Sep-01-2020



End Date



## Address Details

Street Address Line 1

601 OH-664 N

State / Province

Ohio

Street Address Line 2

ZIP / Postal Code

43138

City

Logan

Country

United States

▼



## Hospital Details

Licensee / Applicant

Brooks, Michael Lee

▼



Name of Organization


OhioHealth Berger Hospital

Application

Application -

- Brooks, Michael Lee

▼



Start Date

Sep-01-2020



End Date



## Address Details

Street Address Line 1

600 N Pickaway St

State / Province

Ohio

Street Address Line 2

ZIP / Postal Code

43113

City

Circleville

Country

United States

▼



## Hospital Details

Licensee / Applicant

Brooks, Michael Lee

▼



Name of Organization


Mercy Health - Willard Hospital

Application

Application -

- Brooks, Michael Lee

▼



Start Date

Sep-01-2020



End Date



## Address Details

Street Address Line 1

1100 Neal Zick Rd

State / Province

Ohio

Street Address Line 2

ZIP / Postal Code

44890

City

Willard

Country

United States

▼



## Hospital Details

Licensee / Applicant

Brooks, Michael Lee

▼



Name of Organization


Blanchard Valley Hospital

Application

Application -

- Brooks, Michael Lee

▼




Start Date

Sep-01-2020



End Date



## Address Details

Street Address Line 1

1900 S Main St

State / Province

Ohio

Street Address Line 2

ZIP / Postal Code

45840

City

Findlay

Country

United States


▼



## Hospital Details

Licensee / Applicant

Brooks, Michael Lee ▼




Name of Organization

Louis Stokes Cleveland VA Medical Center

Application

Application - - Brooks, Michael Lee ▼



Start Date

Sep-01-2020



End Date



## Address Details

Street Address Line 1

10701 East Boulevard

State / Province

Ohio

Street Address Line 2

ZIP / Postal Code

44106

City

Cleveland

Country

United States ▼



## Hospital Details


Licensee / Applicant

|                     |   |   |
|---------------------|---|---|
| Brooks, Michael Lee | ▼ |  |
|---------------------|---|---|

Name of Organization

|                                 |
|---------------------------------|
| OhioHealth Grant Medical Center |
|---------------------------------|

Application

|               |                       |   |   |
|---------------|-----------------------|---|---|
| Application - | - Brooks, Michael Lee | ▼ |  |
|---------------|-----------------------|---|---|

Start Date

|             |   |
|-------------|---|
| Sep-01-2020 |  |
|-------------|---|

End Date

|  |   |
|--|---|
|  |  |
|--|---|

## Address Details

Street Address Line 1

|                 |
|-----------------|
| 111 S Grant Ave |
|-----------------|

State / Province

|      |
|------|
| Ohio |
|------|

Street Address Line 2

|  |
|--|
|  |
|--|

ZIP / Postal Code

|       |
|-------|
| 43215 |
|-------|

City

|          |
|----------|
| Columbus |
|----------|

Country

|               |   |   |
|---------------|---|---|
| United States | ▼ |  |
|---------------|---|---|

Other Licenses

| Licensee/Applicant ▼ | License Number ▼ | License Type ▼ | Issue Date ▼ | Expiration Date ▼ | State / Province ↑ |
|----------------------|------------------|----------------|--------------|-------------------|--------------------|
| Brooks, Michael Lee  | C1-0006415       | N/A            | Nov-27-2001  | Mar-31-2025       | Delaware           |
| Brooks, Michael Lee  | MD-47766         | N/A            | Aug-26-2020  | Dec-01-2025       | Iowa               |
| Brooks, Michael Lee  | 55111            | N/A            | Nov-20-1985  | Dec-03-2025       | Massachusetts      |
| Brooks, Michael Lee  | 25MA07468700     | N/A            | Aug-28-2002  | Jun-30-2025       | New Jersey         |
| Brooks, Michael Lee  | 205173           | N/A            | Dec-06-1996  | Nov-30-2025       | New York           |
| Brooks, Michael Lee  | 35.140341        | N/A            | Aug-06-2020  | Aug-06-2024       | Ohio               |
| Brooks, Michael Lee  | MD029080E        | N/A            | Jun-10-1983  | Dec-31-2024       | Pennsylvania       |
| Brooks, Michael Lee  | 73919-20         | N/A            | Aug-17-2020  | Oct-31-2025       | Wisconsin          |

Other License Details

Licensee/Applicant

Brooks, Michael Lee

▼



Licensing Board or Regulatory Authority

Medical Board

License Number

C1-0006415

State / Province

Delaware

Country

United States

▼




Application

Application -

- Brooks, Michael Lee

▼



License Type

License Status

Active


Issue Date

Nov-27-2001



Expiration Date

Mar-31-2025



Notes



Other License Details

Licensee/Applicant

Brooks, Michael Lee

▼



Licensing Board or Regulatory Authority

Medical Board

License Number

MD-47766

State / Province

Iowa

Country

United States

▼




Application

Application -

- Brooks, Michael Lee

▼



License Type

License Status

Active


Issue Date

Aug-26-2020



Expiration Date

Dec-01-2025



Notes

Other License Details

Licensee/Applicant

Brooks, Michael Lee

▼



Licensing Board or Regulatory Authority

Medical Board

License Number

55111

State / Province

Massachusetts

Country

United States

▼




Application

Application -

- Brooks, Michael Lee

▼



License Type

License Status

Active


Issue Date

Nov-20-1985



Expiration Date

Dec-03-2025



Notes

Other License Details

Licensee/Applicant

Brooks, Michael Lee

▼



Licensing Board or Regulatory Authority

Medical Board

License Number

25MA07468700

State / Province

New Jersey

Country

United States

▼




Application

Application -

- Brooks, Michael Lee

▼



License Type

License Status

Active


Issue Date

Aug-28-2002



Expiration Date

Jun-30-2025



Notes

Other License Details

Licensee/Applicant

Brooks, Michael Lee

▼



Licensing Board or Regulatory Authority

Medical Board

License Number

205173

State / Province

New York

Country

United States

▼




Application

Application -

- Brooks, Michael Lee

▼



License Type

License Status

Active

Issue Date

Dec-06-1996



Expiration Date

Nov-30-2025



Notes

Other License Details

Licensee/Applicant

Brooks, Michael Lee

▼



Licensing Board or Regulatory Authority

Medical Board

License Number

35.140341

State / Province

Ohio

Country

United States

▼




Application

Application -

- Brooks, Michael Lee

▼



License Type

License Status

Active


Issue Date

Aug-06-2020



Expiration Date

Aug-06-2024



Notes

Other License Details

Licensee/Applicant

Brooks, Michael Lee

▼



Licensing Board or Regulatory Authority

Medical Board

License Number

MD029080E

State / Province

Pennsylvania

Country

United States

▼




Application

Application -

- Brooks, Michael Lee

▼




License Type

License Status

Active


Issue Date

Jun-10-1983



Expiration Date

Dec-31-2024



Notes

Other License Details

Licensee/Applicant

Brooks, Michael Lee

▼



Licensing Board or Regulatory Authority

Medical Board

License Number

73919-20

State / Province

Wisconsin

Country

United States

▼




Application

Application -

- Brooks, Michael Lee

▼



License Type

License Status

Active


Issue Date

Aug-17-2020



Expiration Date

Oct-31-2025



Notes

Postgraduate Training

| Licensee / Applicant ▼ | Name of School or Institution ▼                             | Specialty Type ▼      | Date From ↑ ▼ | Date To ↑ ▼ | Program Type ↑ |
|------------------------|---|-----------------------|---------------|-------------|----------------|
| Brooks, Michael Lee    | Baylor College of Medicine Program                          | Surgery, General      | Jul-01-1981   | Aug-31-1981 | Residency      |
| Brooks, Michael Lee    | Mercy Catholic Medical Center Program                       | Radiology, Diagnostic | Apr-01-1982   | Jun-30-1985 | Residency      |
| Brooks, Michael Lee    | Brigham and Women's Hospital/Harvard Medical School Program | Neuroradiology        | Jul-01-1985   | Jun-30-1986 | Fellowship     |
| Brooks, Michael Lee    | Brigham and Women's Hospital/Harvard Medical School Program | Neuroradiology        | Jul-01-1986   | Jun-30-1987 | Fellowship     |



Postgraduate Training Details

Licensee / Applicant \*

Brooks, Michael Lee

Program Type \*

Residency

Date From

Jul-01-1981

Name of School or Institution

Baylor College of Medicine Program

Specialty Type

Surgery, General

Other (Specialty)

Training Status \*

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date To

Aug-31-1981

Application

Application -

- Brooks, Michael Lee

Historical Major Program

Historical Degree Attained

Location Details

City

Houston

State / Province

Texas

County

Zip / Postal Code

Country

United States

Street Address 1

## Postgraduate Training Details

Licensee / Applicant \*

|                     |   |   |
|---------------------|---|---|
| Brooks, Michael Lee | ▼ |  |
|---------------------|---|---|

Program Type \*

|           |   |   |
|-----------|---|---|
| Residency | ▼ |  |
|-----------|---|---|

Date From

|             |   |
|-------------|---|
| Apr-01-1982 |  |
|-------------|---|

Name of School or Institution

|                                       |
|---------------------------------------|
| Mercy Catholic Medical Center Program |
|---------------------------------------|

Specialty Type

|                       |   |   |
|-----------------------|---|---|
| Radiology, Diagnostic | ▼ |  |
|-----------------------|---|---|

Other (Specialty)

|  |
|--|
|  |
|--|

Training Status \*

|           |   |   |
|-----------|---|---|
| Completed | ▼ |  |
|-----------|---|---|


Accreditation Type

|  |   |
|--|---|
| ACGME (Accreditation Council for Graduate Medical Education) |  |
|--|---|

Date To

|             |   |
|-------------|---|
| Jun-30-1985 |  |
|-------------|---|

Application

|               |                       |   |   |
|---------------|-----------------------|---|---|
| Application - | - Brooks, Michael Lee | ▼ |  |
|---------------|-----------------------|---|---|

Historical Major Program

|  |
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|--|

Historical Degree Attained

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|--|

## Location Details


City

|       |
|-------|
| Darby |
|-------|

State / Province

|              |
|--------------|
| Pennsylvania |
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County

|  |   |   |
|--|---|---|
|  | ▼ |  |
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Zip / Postal Code

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Country

|               |   |   |
|---------------|---|---|
| United States | ▼ |  |
|---------------|---|---|

Street Address 1

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## Postgraduate Training Details

Licensee / Applicant \*

|                     |   |   |
|---------------------|---|---|
| Brooks, Michael Lee | ▼ |  |
|---------------------|---|---|

Program Type \*

|            |   |   |
|------------|---|---|
| Fellowship | ▼ |  |
|------------|---|---|

Date From

|             |   |
|-------------|---|
| Jul-01-1985 |  |
|-------------|---|

Name of School or Institution

|  |
|--|
| Brigham and Women's Hospital/Harvard Medical |
|--|

Specialty Type

|                |   |   |
|----------------|---|---|
| Neuroradiology | ▼ |  |
|----------------|---|---|

Other (Specialty)

|  |
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Training Status \*

|           |   |   |
|-----------|---|---|
| Completed | ▼ |  |
|-----------|---|---|


Accreditation Type

|  |   |
|--|---|
| ACGME (Accreditation Council for Graduate Medical Education) |  |
|--|---|

Date To

|             |   |
|-------------|---|
| Jun-30-1986 |  |
|-------------|---|

Application

|               |                       |   |   |
|---------------|-----------------------|---|---|
| Application - | - Brooks, Michael Lee | ▼ |  |
|---------------|-----------------------|---|---|

Historical Major Program

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Historical Degree Attained

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## Location Details


City

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State / Province

|               |
|---------------|
| Massachusetts |
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County

|  |   |   |
|--|---|---|
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Zip / Postal Code

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Country

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|  | ▼ |  |
|--|---|---|

Street Address 1

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## Postgraduate Training Details

Licensee / Applicant \*

Brooks, Michael Lee

▼



Program Type \*

Fellowship

▼



Date From

Jul-01-1986



Name of School or Institution

Brigham and Women's Hospital/Harvard Medical School

Specialty Type

Neuroradiology

▼



Other (Specialty)

Training Status \*

Completed

▼



Accreditation Type

Not Accredited

▼



Date To


Jun-30-1987



Application

Application - - Brooks, Michael Lee

▼



Historical Major Program

Historical Degree Attained

## Location Details

City

Boston

Zip / Postal Code

State / Province

Massachusetts

Country


United States

▼



County

▼



Street Address 1

Specialties

| Licensee / Applicant | Specialty Type        | Primary Specialty? | Effective Date | End Date |
|----------------------|-----------------------|--------------------|----------------|----------|
| Brooks, Michael Lee  | Radiology, Diagnostic | Yes                | May-23-2024    | N/A      |
| Brooks, Michael Lee  | Neuroradiology        | Yes                | May-23-2024    | N/A      |

Specialty Details

Licensee / Applicant \*

Brooks, Michael Lee

▼

Effective Date

May-23-2024

Application

Application -

- Brooks, Michael Lee

▼

Primary Specialty?

☒ Yes ☐ No

Specialty Type \*

Radiology, Diagnostic

▼

Other (Specialty)

End Date

Specialty Details

Licensee / Applicant \*

Brooks, Michael Lee

▼

Effective Date

May-23-2024

Application

Application -

- Brooks, Michael Lee

▼

Primary Specialty?

☒ Yes ☐ No

Specialty Type \*

Neuroradiology

▼

Other (Specialty)

End Date

