

## Licensee Information

Michael Alan Cevasco - PA-C - Retired Limited Volunteer

**License #:** 101535      **License Status:** Active      **Public Action:** No  
**Issue Date:** 08/04/2022      **Renewal Date:** 12/02/2026

### Active Supervisor

| Name                    | Type | Status | Approved   |
|-------------------------|------|--------|------------|
| Cline, David Martin, MD | MD   | Active | 10/21/2019 |

### North Carolina Hospital Admitting Privileges

| Location      |
|---------------|
| None Reported |

### Out of State Active/Inactive Licenses

| State   |
|---------|
| Alabama |

### Out of Country Active/Inactive Licenses

| Country       |
|---------------|
| None Reported |

### Address

Troutman, NC

### Information

**Days patients are seen at this practice:**

MON - FRI 7: 30 AM - 6:00 PM

**Practice philosophy:**

WE TREAT ALL PATIENTS FOR BOTH ROUTINE AND ACUTE FAMILY PRACTICE RELATED ILLNESSES IN A RURAL SETTING.

**Non-English languages in which office is able to provide clinical services (e.g. Hindi, Spanish):**

**Non-English languages in which practitioner is able to provide clinical services (e.g. Hindi, Spanish):**

SPANISH

**Participates in Medicare:**

Yes

**Accepting new Medicare patients:**

Yes

**Participates in Medicaid:**

Yes

**Accepting new Medicaid patients:**

Yes

**Uses electronic medical records:**

Yes

## PA School

| School    | Graduation |
|-----------|------------|
| Lake Erie | 1982       |

## Area of Practice

| Area Of Practice | Primary |
|------------------|---------|
| Family Practice  | Yes     |

## Current Membership in Medical Professional Organizations

| Membership     |
|----------------|
| AAPA           |
| NC MED SOCIETY |
| NCAPA          |

## Honors & Awards

| Honor/Award   | Given By | Date |
|---------------|----------|------|
| None Reported |          |      |

## Public Service

| Name of Clinic                  | Service Description          | Date             |
|---------------------------------|------------------------------|------------------|
| STOREHOUSE FOR JESUS MOCKSVILLE | VOLUNTEER IN INDIGENT CLINIC | ONE DAY PER MON. |

## Current Academic Appointments

| Title         | Institution | City, State, Country |
|---------------|-------------|----------------------|
| None Reported |             |                      |

## Publications

| Title         |
|---------------|
| None Reported |

## Section 1: Adverse Actions

### North Carolina Medical Board Public Actions

| Date          | Description | Link |
|---------------|-------------|------|
| None Reported |             |      |

### Other Regulatory Board or Agency Public Actions

| Date          | Name of Board/Agency | Action Taken | Link |
|---------------|----------------------|--------------|------|
| None Reported |                      |              |      |

### Health Care Institution Suspensions and Revocations

| Date          | Health Care Institution | Action Taken |
|---------------|-------------------------|--------------|
| None Reported |                         |              |

## Section 2: Administrative Actions

Actions listed in this section are considered non-disciplinary by the Board. In situations where administrative actions are taken, the licensee may not have met certain statutory requirements or may have failed to follow correct administrative procedures.

### North Carolina Medical Board Reentry Agreement

| Date          | Description | Link |
|---------------|-------------|------|
| None Reported |             |      |

### North Carolina Special Purpose Licensing Agreement

| Date          | Description | Link |
|---------------|-------------|------|
| None Reported |             |      |

### Malpractice Information

| Incident Date | Payment Date | Area of Practice | City, State, Country | Response |
|---------------|--------------|------------------|----------------------|----------|
| None Reported |              |                  |                      |          |

### Misdemeanor/DUI/DWI Conviction Information

| Conviction Date | Conviction | Jurisdiction | Sentence |
|-----------------|------------|--------------|----------|
| None Reported   |            |              |          |

### Felony Conviction Information

| Conviction Date | Conviction | Jurisdiction | Sentence |
|-----------------|------------|--------------|----------|
| None Reported   |            |              |          |