

Licensee Information

Ruth Caynap Flynn - MD

License #: 200300975 **License Status:** Active **Public Action:** No
Issue Date: 08/21/2003 **Renewal Date:** 02/27/2027

Active Supervisees

Name	Type	Status	Approved
Christian, Matthew Clay	Physician Assistant	Active	04/30/2021
Farris, Susan Patricia	Physician Assistant	Active	02/29/2024
Mooney, Matthew Ivan	Physician Assistant	Active	08/09/2019

North Carolina Hospital Admitting Privileges

Location

None Reported

Out of State Active/Inactive Licenses

State

None Reported

Out of Country Active/Inactive Licenses

Country

None Reported

Address

Greenville VA HCC
 401 Moyer Blvd
 Specialty Mental Health
 Greenville, NC 27834
 252-830-2149

Information

Days patients are seen at this practice:

Mon-Fri

Participates in Medicare:

Yes

Practice philosophy:

I treat adult patients with medication management mostly, psychotherapy as needed. I strive for remission of symptoms and return to baseline of functioning.

Accepting new Medicare patients:

Yes

Participates in Medicaid:

No

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):

Tagalog (Filipino)

Accepting new Medicaid patients:

No

Uses electronic medical records:

No

Medical School

School	Graduation
University Of The East, Ramon Magsaysay Memorial Medical Center	1996

Post Graduate Training

"Last Year" does not necessarily mean that the licensee completed his/her training program. (In NC, a physician can be licensed without completing such a program.)

Institution	Specialty	State, Country	Training Program	Last Year
DUMC	Other - ECT	NC, US	Fellowship	2003
Pitt County Memorial Hospital	Psychiatry	NC, US	Residency	2003

Current Board Certification and Year of Certification/Recertification

Physicians should not list non-ABMS or non-BOA specialty boards unless the board meets the criteria set forth in the NC Medical Board's Advertising and Publicity Position Statement.

Primary/Subspecialty	Year
Psychiatry	2018

Area of Practice

Area Of Practice	Primary
Addiction Psychiatry	
Alcohol and Drug Abuse	
Psychiatry	Yes

Current Membership in Medical Professional Organizations

Membership
None Reported

Honors & Awards

Honor/Award	Given By	Date
None Reported		

Public Service

Name of Clinic	Service Description	Date
None Reported		

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			

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