

## Licensee Information

### Mark Allen Engel - MD

**License #:** 200000411      **License Status:** Active      **Public Action:** No  
**Issue Date:** 05/27/2000      **Renewal Date:** 01/29/2027

#### Active Supervisees

Name	Type	Status	Approved
Brengs, Michele Elisabeth	Nurse Practitioner	Active	04/27/2026
Cody, William Kyle	Physician Assistant	Active	02/05/2026
Fischer , Kevin Robert	Physician Assistant	Active	05/16/2019
Fogel, Michael Paul	Physician Assistant	Active	05/07/2025
Kaczmarczyk, Marzena	Physician Assistant	Active	05/05/2026
Miley, Kathryn Lynn	Nurse Practitioner	Active	04/15/2026
Saltin, David Craig	Physician Assistant	Active	03/22/2019
Sproat, Adam Michael	Physician Assistant	Active	10/03/2025
Sterling, Anthony Keith	Physician Assistant	Active	09/16/2019
Youngblood, Julie Ann	Nurse Practitioner	Active	02/14/2023

#### North Carolina Hospital Admitting Privileges

Location
Alleghany Memorial Hospital
Swain County Hospital

#### Out of State Active/Inactive Licenses

State
Illinois
Missouri

#### Out of Country Active/Inactive Licenses

Country
None Reported

#### Address

Swain Community Hospital  
 45 Plateau Street  
 Bryson City, NC 28713  
 828-488-4295

## Information

### Days patients are seen at this practice:

Mon-Fri at outpatient clinic

### Practice philosophy:

I work in a rural setting seeking to provide for primary care, emergency and limited inpatient needs that can appropriately be treated in the small hospital setting. My practice provides nearly all physician resources for our county and rural setting.

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

Some providers speak Spanish

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

None

### Participates in Medicare:

Yes

### Accepting new Medicare patients:

Yes

### Participates in Medicaid:

Yes

### Accepting new Medicaid patients:

Yes

### Uses electronic medical records:

Yes

## Medical School

School	Graduation
OR HLTH SCI UNIV SCH OF MED	1997

## 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
Southern Illinois University at Carbondale	Family Medicine	IL, US	Residency	2000

## 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
Family Medicine	2007

## Area of Practice

Area Of Practice	Primary
Administrative Medicine	
Emergency Medicine	Yes
Hospitalist	

## Current Membership in Medical Professional Organizations

Membership
American Academy of Family Physicians

## 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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