

Licensee Information

Shirley Huang - MD

License #: 200201106 **License Status:** Active **Public Action:** No
Issue Date: 08/15/2017 **Renewal Date:** 08/13/2026

Active Supervisees

| Name | Type | Status | Approved |
|------------------------|---------------------|--------|------------|
| Surovec, Michelle Lynn | Physician Assistant | Active | 10/12/2023 |

North Carolina Hospital Admitting Privileges

| Location |
|----------|
| WakeMed |

Out of State Active/Inactive Licenses

| State |
|--------------|
| New Jersey |
| New York |
| Pennsylvania |

Out of Country Active/Inactive Licenses

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

Address

WakeMed at Raleigh Medical Park
 23 Sunnybrook Rd.
 Suite 200
 Raleigh, NC 27610
 919-235-6439
<https://www.wakemed.org/wakemed-physician-practices/specialties/pediatric-weight-management/>

Information

Days patients are seen at this practice:

Participates in Medicare:

Practice philosophy:

Accepting new Medicare patients:

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

Participates in Medicaid:

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

Accepting new Medicaid patients:

Uses electronic medical records:

Medical School

| School | Graduation |
|-----------------|------------|
| SUNY at Buffalo | 2000 |

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 |
|-------------------------------------|------------|----------------|------------------|-----------|
| Children's Hospital of Philadelphia | Nutrition | PA, US | Fellowship | 2006 |
| UNC Hospitals | Pediatrics | 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 |
|----------------------|------|
| Pediatrics | 2020 |

Area of Practice

| Area Of Practice | Primary |
|------------------|---------|
| Nutrition | |
| Other | Yes |
| Pediatrics | |

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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