

Licensee Information

Raymond Oche Audu - MD

License #: 2007-00019 **License Status:** Active **Public Action:** No
Issue Date: 01/18/2007 **Renewal Date:** 03/23/2027

Active Supervisees

Name	Type	Status	Approved
Britven, Michelle	Nurse Practitioner	Active	11/04/2025
Dauda, Aminat Temitayo	Nurse Practitioner	Active	04/04/2025
Elkins, Terri	Nurse Practitioner	Active	01/12/2023
Garrido, Vilma Elorde	Nurse Practitioner	Active	08/02/2024
Ginn, Mckenna Clay	Physician Assistant	Active	04/18/2023
Gordon, Lamora	Nurse Practitioner	Active	09/20/2024
Lim, Maria Victoria Rosario Pacana	Physician Assistant	Active	05/31/2023
Poudel, Asmita	Nurse Practitioner	Active	09/05/2024
Sexton, Justine Elizabeth	Physician Assistant	Active	01/23/2024
Walker, Sharee Nacole	Nurse Practitioner	Active	03/06/2026
Wilkerson, Keionna Lachon	Physician Assistant	Active	04/26/2023
Williams, Jasmine Sherrell	Nurse Practitioner	Active	01/02/2023
Wint, Brianna Nicolette	Physician Assistant	Active	10/01/2025
Zurfluh, Carley Marie	Physician Assistant	Active	06/24/2019

North Carolina Hospital Admitting Privileges

Location
Cape Fear Valley Medical Center

Out of State Active/Inactive Licenses

State
Illinois
Maine
New Hampshire

Out of Country Active/Inactive Licenses

Country

Nigeria

Address

Fayetteville, NC

Information

Days patients are seen at this practice:

24 hours a day, 7 days a week.

Practice philosophy:

I am a hospitalist This means I treat patients only when they are admitted to hospitals. I am however, also concerned about their health outside the hospital, including preventive medicine(smoking cessation, counselling on alcohol and or drug abuse, etc).

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

YES

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

YES

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
University of Jos	1989

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
ST. JOSEPH HOSPITAL, CHICAGO	Internal Medicine	IL, US	Residency	2006
ST. JOSEPH HOSPITAL CHICAGO	Internal Medicine	IL, US	Internship	2004

Current Board Certification and Year of Certification/Recertification

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

Primary/Subspecialty	Year
Internal Medicine	2006

Area of Practice

Area Of Practice	Primary
Hospitalist	Yes
Internal Medicine	

Current Membership in Medical Professional Organizations

Membership
ABC
ACP
AMA
NLA

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			