

## Licensee Information

### Stacie Anne Foresi - PA-C

**License #:** 0010-01013      **License Status:** Active      **Public Action:** No  
**Issue Date:** 08/29/2007      **Renewal Date:** 06/17/2026

#### Active Supervisor

| Name                      | Type | Status | Approved   |
|---------------------------|------|--------|------------|
| Adams, George Liell, MD   | MD   | Active | 07/23/2013 |
| Adams, John Robert, MD    | MD   | Active | 06/05/2025 |
| Tehrani, Shahram Taei, MD | MD   | Active | 07/30/2018 |

#### North Carolina Hospital Admitting Privileges

| Location       |
|----------------|
| Rex Healthcare |

#### Out of State Active/Inactive Licenses

| State         |
|---------------|
| None Reported |

#### Out of Country Active/Inactive Licenses

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

#### Address

Rex hospital  
 4420 Lake Boone Trail  
 Raleigh, NC 27607

#### Information

Days patients are seen at this practice:

Practice philosophy:

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):

Participates in Medicare:

Accepting new Medicare patients:

Participates in Medicaid:

Accepting new Medicaid patients:

Uses electronic medical records:

## PA School

| School  | Graduation |
|---|------------|
| Eastern Virginia Medical School Physician Assistant Program | 2007       |

## Area of Practice

| Area Of Practice                              | Primary |
|---|---------|
| Advanced Heart Failure an                     |         |
| Cardiac Electro physiology, Internal Medicine |         |
| Cardiology                                    | Yes     |
| Cardiovascular Disease                        |         |
| Cardiovascular Disease, Internal Medicine     |         |
| Critical Care Medicine                        |         |
| Critical Care-Internal Medicine               |         |
| Internal Medicine                             |         |
| Preventive Medicine/Publi                     |         |
| Pulmonary Disease                             |         |

## 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   |            |              |          |