

## Licensee Information

### Kelly Erin Osborne - PA-C

**License #:** 0010-01537      **License Status:** Active      **Public Action:** No  
**Issue Date:** 09/19/2008      **Renewal Date:** 05/12/2027

#### Active Supervisor

| Name                           | Type | Status | Approved   |
|--------------------------------|------|--------|------------|
| Wakefield, Matthew Charles, MD | MD   | Active | 01/29/2019 |

#### North Carolina Hospital Admitting Privileges

| Location                             |
|--------------------------------------|
| Moses Cone Health System             |
| Wesley Long Community Hospital, Inc. |

#### Out of State Active/Inactive Licenses

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

#### Out of Country Active/Inactive Licenses

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

#### Address

CENTRAL CAROLINA SURGERY/ DUKE HEALTH INTEGRATED PRACTICE  
 1002 N Church St  
 Suite 302  
 Greensboro, NC 27401  
[336-387-8143](tel:336-387-8143)  
[www.centralcarolinasurgery.com](http://www.centralcarolinasurgery.com)

#### Information

**Days patients are seen at this practice:**

Monday-Friday

**Practice philosophy:**

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

Spanish

**Non-English languages in which practitioner is able to**

**Participates in Medicare:**

Yes

**Accepting new Medicare patients:**

Yes

**Participates in Medicaid:**

Yes

**Accepting new Medicaid patients:**

provide clinical services (e.g. Hindi, Spanish):

Yes

Uses electronic medical records:

Yes

### PA School

| School                               | Graduation |
|--------------------------------------|------------|
| Jefferson College of Health Sciences | 2008       |

### Area of Practice

| Area Of Practice | Primary |
|------------------|---------|
| General Surgery  | Yes     |

### Current Membership in Medical Professional Organizations

| Membership                               |
|--|
| American Academy of Physician Assistants |

### Honors & Awards

| Honor/Award  | Given By                             | Date |
|--|--------------------------------------|------|
| JCHS Academic Scholarship                          | JCHS                                 | 2007 |
| Jefferson College of Health Sciences Academic Scho | Jefferson College of Health Sciences | 2006 |
| Physics Award                                      | Appalachian State University         | 2004 |

### 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   |            |              |          |