

## Licensee Information

### Sarah Mulkey Verink - PA-C

**License #:** 0010-06232      **License Status:** Active      **Public Action:** No  
**Issue Date:** 01/26/2016      **Renewal Date:** 01/10/2027

#### Active Supervisor

| Name                       | Type | Status | Approved   |
|----------------------------|------|--------|------------|
| Reed, John Joseph, Jr., MD | MD   | Active | 07/20/2022 |

#### North Carolina Hospital Admitting Privileges

| Location                       |
|--------------------------------|
| Cape Fear Valley Hoke Hospital |

#### Out of State Active/Inactive Licenses

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

#### Out of Country Active/Inactive Licenses

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

#### Address

Hoke Hospital ED  
 210 Medical Pavillion Drive  
 Raeford, NC 28376

#### 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 |
|--------|------------|
|--------|------------|

**Area of Practice**

| Area Of Practice                 | Primary |
|----------------------------------|---------|
| Emergency Medicine               | Yes     |
| Surgery - Surgical Critical Care |         |

**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   |            |              |          |