

## Licensee Information

Kayla Nicole Keith - PA-C

License #: 0010-14513 License Status: Active Public Action: No  
 Issue Date: 08/26/2024 Renewal Date: 04/17/2027

### Active Supervisor

| Name                      | Type | Status | Approved   |
|---------------------------|------|--------|------------|
| Miller, Brian Douglas, MD | MD   | Active | 08/26/2024 |

### North Carolina Hospital Admitting Privileges

| Location      |
|---------------|
| None Reported |

### Out of State Active/Inactive Licenses

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

### Out of Country Active/Inactive Licenses

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

### Address

Wake Forest Baptist Health Department of Emergency Medicine/Greensboro Region  
 1121 N. Church Street  
 P.O. Box 10467  
 Greensboro, NC 27404  
 336-207-7005

### 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 |
|---|------------|
| University of South Carolina School of Medicine | 2024       |

### Area of Practice

| Area Of Practice   | Primary |
|--------------------|---------|
| Emergency Medicine | Yes     |

### 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   |            |              |          |