

To: Licensee/Registrant

- ◆ Please review the Registration Certificate below to be sure the information on it is correct.
- ◆ If any of the information is not correct, please contact us at [OPREGFEE@mail.nysed.gov](mailto:OPREGFEE@mail.nysed.gov) or (518) 474-3817, Ext. 410.
- ◆ If the information is correct, sign above the Licensee/Registrant block and please destroy any previous Registration Certificates you may have, as certificates with incorrect information are not valid and should not be kept.
- ◆ Should your address or name change, please notify us as described on the reverse and a new certificate will be issued.

**UPON RECEIPT OF THIS REGISTRATION CERTIFICATE YOUR PREVIOUSLY ISSUED REGISTRATION CERTIFICATE IS NULL AND VOID. PLEASE DESTROY THE PREVIOUSLY ISSUED REGISTRATION CERTIFICATE.**

SEE BACK FOR IMPORTANT INFORMATION

*The University of the State of New York  
Education Department  
Office of the Professions*

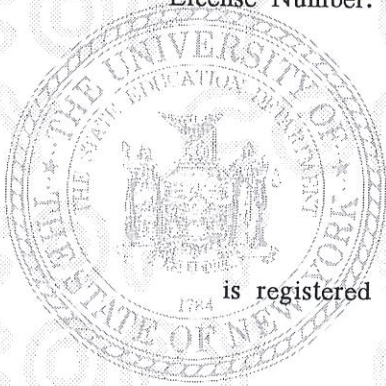
**REGISTRATION CERTIFICATE**

*Do not accept a copy of this certificate*

License Number: 185562-01

Certificate Number: 0937762

FISCELLA JULIETTA  
10 OLD FARM CIRCLE  
PITTSFORD NY 14534-3006



is registered to practice in New York State through 06/30/2022 as a(n)  
**PHYSICIAN**

LICENSEE/REGISTRANT

EXECUTIVE SECRETARY

*Sharon G. Fatae*  
INTERIM COMMISSIONER OF EDUCATION

DEPUTY COMMISSIONER  
FOR THE PROFESSIONS

*This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit [www.op.nysed.gov](http://www.op.nysed.gov).*