

FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, INC.  
400 Fuller Wisser Road, Suite 300  
Euless, Texas 76039  
Telephone (817) 868-4000      BAReport@fsmb.org

BOARD ACTION REPORTING FORM

The following is a report of a formal board action taken by the undersigned state medical board (or appropriate reporting entity)

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PRACTITIONER INFORMATION:

Full Name: Kim Elliot Nagel Degree: M.D.

Alternate/maiden Name: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ NPI #: \_\_\_\_\_ License #: 20088

Medical School: University Of Michigan Medical School Ann Arbor  
(Indicate name, branch location, and country)

Year of Graduation: 1978 If International Medical Graduate, ECFMG# \_\_\_\_\_


Current Address: 603 New Ireland Road  
Newton, MS 39345

If deceased, date of death, if known: (mm/dd/yyyy) \_\_\_\_\_

Other states of licensure and license #, if known \_\_\_\_\_

Please note: If you are aware of any other actions taken against this physician by your board and you have reason to believe that those actions have not been reported, our staff would appreciate receiving those older documents as well as the newer ones.

Mississippi State Board of Medical Licensure      Jackson, Mississippi  
Name and location (state) of board/agency:

 Kenneth Cleveland, Executive Director  
Submitted by: (name and title)

03/26/2026  
Date submitted (mm/dd/yyyy)

ACTION SPECIFICS

Please check type of action(s) taken:  
(If action was stayed, please indicate)

- |                                     |                                    |                                     |   |
|-------------------------------------|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Revocation | <input type="checkbox"/> Probation | <input type="checkbox"/> Suspension | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Stayed     | <input type="checkbox"/> Stayed    | <input type="checkbox"/> Stayed     | <input type="checkbox"/> Stayed           |

Date Action Taken (mm/dd/yyyy): 03/18/2026 Effective Date (mm/dd/yyyy): 03/18/2026

Please give a brief **summary of action** (example: five years probation, licensed revoked, revocation stayed, etc)

Licensee's request for release from monitoring by the Mississippi Physician Health Program was granted.

Please indicate brief **reason for action** (example: alcoholism, felony convictions for insurance fraud, etc)

Licensee has exhibited perfect compliance with his monitoring contract with the Mississippi Physician Health Program since 2012.

Additional Comments:

**Please attach all related board orders and any pertinent information relating to the action in a PDF file format.**

**Transmit This Form and Accompanying Board Order to:  
BAReport@fsmb.org**

**Please include information concerning appeals, court-ordered stays, notification of death, reinstatements or any other information that, in your opinion, should be included in a compilation of this individual's board action history.**