
 An official website of the United States government [Here's how you know](#)   
United States Department of Transportation



[Home](#)

[Register](#)

[Find A Medical Examiner](#)

[NRI Learning Center](#)

[Resource Center](#)

[Contact Us](#)

 [Login](#)

Search Medical Examiners



City, State or Zipcode

10

Miles

National Registry Number

3076082436

Business Name

First Name

Last Name


[Basic Search](#)


Search

Previous Page


1 of 1


Next Page

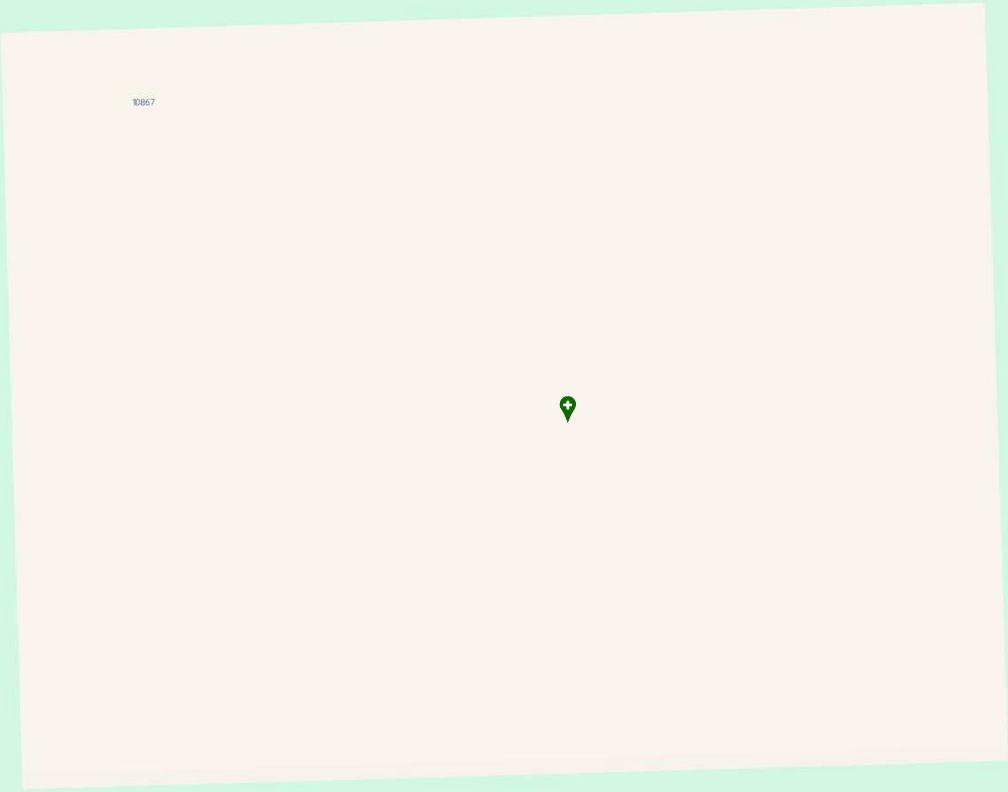
 **Ms. Lela Bell (Nurse Practitioner)**

 **Concentra**

10871 Engle Rd. Vandalia, OH 45377

 (937) 228-8132

 [N/A](#) [Directions](#)





Map data ©2025 Google Report a map error

U.S. DEPARTMENT OF TRANSPORTATION  
**Federal Motor Carrier Safety Administration**  
1200 NEW JERSEY AVENUE, SE  
WASHINGTON, DC 20590  
1-800-832-5660

[Subscribe To Email Updates](#)



**About**

- [About FMCSA](#)
- [Regulations](#)
- [Safety](#)
- [Analysis](#)
- [FMCSA Portal](#)

**News and Events**

- [FMCSA Newsroom](#)
- [Press Releases](#)
- [Emergency Declarations](#)

**Resources**

- [Career Center](#)
- [Resources for Carriers](#)
- [Resources for Consumers](#)
- [Resources for Drivers](#)
- [Forms](#)
- [Contact Us](#)
- [Trending Topics](#)

**Policies, Rights, Legal**

- [About DOT](#)
- [Budget and Performance](#)
- [Civil Rights](#)
- [FOIA](#)
- [Information Quality](#)
- [No FEAR Act](#)
- [Office of Inspector General](#)
- [Privacy Policy](#)
- [Vulnerability Disclosure Policy](#)
- [USA.gov](#)
- [Web Policies and Notices](#)
- [Web Standards](#)

Form MCSA-5876 OMB No.: 2126-0006 Expiration Date: 03/31/2025

**Public Burden Statement**  
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

**Medical Examiner's Certificate**  
(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Flowers First Name: Ricardus in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☐ Wearing corrective lenses ☐ Accompanied by a \_\_\_\_\_ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 03/18/2026

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: (937)264-0400 Date Certificate Signed: 03/18/2024

Medical Examiner's Name (please print or type): Bell, Lela

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

Medical Examiner's State License, Certificate, or Registration Number: APRN.CNP.10041 Issuing State: OH National Registry Number: 3076082436

Driver's Signature: [Signature] Driver's License Number: AR-939382296 Issuing State/Province: AR

Driver's Address: 9009 Mabelvale Cut Off City: Mabelvale State/Province: AR Zip Code: 72103 CLP/CDL Applicant/Holder: ☐ Yes ☐ No

"This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements."