

Michigan Department of Community Health
Board of Osteopathic Medicine and Surgery

P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

APPLICATION FOR LICENSURE

Authority: Public Act 368 of 1976, as amended
If this form is not completed, a license will not be issued.

Tran Info: 510109 13378561-1 11/15/07
Chk#: 3417 Amt: \$150.00
ID: 375685735

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- License by Examination Fee: 150.00 71-5101-01
 License by Endorsement Fee: \$150.00 71-5101-09
(Currently Licensured in Another State)
 Controlled Substance Fee: \$85.00 51 - 01 71-5315

License Number

017551

Date of Licensure

12-12-07

Your check or money order drawn on a US financial institution and made payable to the STATE OF MICHIGAN must accompany this application
DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name STACEY	Middle Name ANNE	Last Name MORGAN
U.S. Social Security Number [REDACTED]	Date of Birth [REDACTED]	Daytime Phone Number [REDACTED]
Street Address 31290 STONE GATE CT		
City FARMINGTON HILLS	State MI	ZIP Code 48331
All Previous Names and/or Birth Name Used (if applicable) STACEY ANNE GOLDFINE - (1999)		E-mail Address [REDACTED]
Have you ever held a health professional license in Michigan? <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, Please provide Michigan Permanent I.D.A. License Number and Expiration Date _____		

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7. Have you ever had a federal or state health professional or controlled substance license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name **STACEY ANNE MORGAN**

9. Have you ever been denied the privilege of taking an examination by any state medical board? Yes No
10. Do you hold or have you held an osteopathic license or registration in any state(s)? If so, list each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.) Yes No

State	License Number	Date of Issue	How Obtained (Endorsement or examination)
KANSAS	05-27916	10.17.98	EXAMINATION
MISSOURI	111072	8/28/97	examination

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and address of Institution	Dates of Attendance		Degree
	From	To	
MICHIGAN STATE UNIV E. LANSING, MI 48824	Sept 1987	June 1991	BS
MICHIGAN STATE UNIV. SCHOOL OF OSTEOPATHIC MED. EAST LEE HALL E. LANSING, MI 48824	Sept 1992	May 1996	DOCTOR OF OSTEOPATHY

Provide a description of your intern/residency training experience. Attach additional sheets if necessary.

Name and address of Hospital	Dates of Practice		Program Title
	From	To	
Internship: PARK LANE MEDICAL CENTER 5151 Raytown Rd. Kansas City, Missouri 64133	7.1 1996	6.30 1997	TRADITIONAL ROTATING OSTEOPATHIC INTERNSHIP
Residency: UNIVERSITY OF HEALTH SCIENCE COLLEGE OF OSTEOPATHIC MEDICINE / Park Lane Medical Center	7.1 1997	6/30 1999	FAMILY PRACTICE Residency

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant **Stacey Morgan MD** Date **11.10.2007.**

Stacey Anne Morgan

Addendum

- 1) Page 2....Park Lane Medical Center. 5151 Raytown Road, Kansas City Missouri 64133. This hospital closed approximately 2000 or 2001. I completed my traditional osteopathic rotating internship 6/30/1997. This hospital was associated with University of Health Sciences-College of Osteopathic Medicine.. *UHS-COM* (now called Kansas City University of Medicine and Bioscience.. *KCUMB*). This was an AOA-certified internship.

Michigan Department of Community Health
Board of Pharmacy
 P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

DCH/PH-090 (12/05)

CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended.

A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you just prescribe controlled substances at more than one location, you only need one controlled substance license.

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Detroit, Michigan 48226 (telephone: 800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.

Tran Info: 510157 13378561-2 11/16/07
 Chk#: 3417 Amt: \$20.00
 ID: 375685735

Tran Info: 510137 13378561-3 11/16/07
 Chk#: 3417 Amt: \$65.00
 ID: 375685735

Date of Licensure
5315034251
 License Number
12-12-07

Type or Print Only

INSTRUCTIONS

- CONTROLLED SUBSTANCE FEE:** Initial (first time) professional license or relicensure of your professional license - \$85.00.
If you already hold a professional license and your professional license expires in:
 0-12 months the fee is \$85.00 (13757) 13-24 months the fee is \$160.00 (23757) 25-36 months the fee is \$235.00 (33757)
- M.D./D.O. Applicants:** This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.
- Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name STACEY		Middle Name ANNE	Last Name MORGAN
Street Address 31290 STONE GATE CT			Telephone Number [REDACTED]
City FARMINGTON HILLS		State MICHIGAN	ZIP Code 48331
TYPE OF PROFESSIONAL LICENSE (Please Check One):		STATUS:	
<input type="checkbox"/> 29 - 01 D.D.S. 71-5315	Regular <input type="checkbox"/>	Educational <input type="checkbox"/>	Limited <input type="checkbox"/>
<input type="checkbox"/> 59 - 01 D.P.M. 71-5315	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 69 - 01 D.V.M. 71-5315	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 43 - 01 M.D. 71-5315	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 51 - 01 D.O. 71-5315	<input checked="" type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 49 - 01 O.D. 71-5330	<input type="checkbox"/>		
<input type="checkbox"/> 53 - 01 Pharmacy Store 71-5301	<input type="checkbox"/>		
<input type="checkbox"/> 53 - 02 R.Ph. 71-5302	<input type="checkbox"/>		
<input type="checkbox"/> 53 - 06 Manuf./Wholesaler 71-5306	<input type="checkbox"/>		
		1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain on separate sheet.	
		2. Is your current professional license limited as a result of Board disciplinary action? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Michigan Permanent I.D. Number (as shown on your pocket card)			
Expiration Date of License		Social Security Number	

I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.

Signature **Stacey Morgan D.O.** Date **11.10.2007**

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, mental status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

MICHIGAN STATE UNIVERSITY
OFFICIAL ACADEMIC TRANSCRIPT

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PRINTED: 11/16/00

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PAGE: 01 OF 01

DEPT. OF LEG

STUDENT ID: [REDACTED]

GOLDFINE, STACEY ANNE

COURSE	TITLE	CRS	GRADE	S	H	COURSE	TITLE	CRS	GRADE	S	H
PREVIOUS/TRANSFER INSTITUTIONS						FALL QUARTER 1989 09/21/89 - 12/08/89					
NORTH FARMINGTON HIGH SCHOOL FARMINGTON HILLS MI						HNF 375 COMMUNITY NUTRITION 3					
-----						HUM 281H HONORS-ANCIENT WORLD 4					
UNDERGRADUATE CREDIT						PHY 239B INTRODUCTORY PHYSICS III, CBI 3					
COURSE INFORMATION						PHY 259 INTRO. PHYSICS LABORATORY 1					
FALL QUARTER 1987 09/24/87 - 12/11/87						S S 211 BECOMING HUMAN: SOC SCI PERSP 4					
ATL 191H HONORS WRITING AMERICAN EXPER 3						CUM CREDITS : 107.0 CUM GPA : [REDACTED]					
CEM 140 INTRODUCTORY CHEMISTRY 2						DEAN'S LIST					
CEM 161 INTRODUCTORY CHEMISTRY LAB 1						WINTER QUARTER 1990 01/04/90 - 03/16/90					
HCP 104N INDIVIDUAL SPORTS I 1						HEC 201 PERSPECTIVES IN HUMAN ECOLOGY 3					
MTH 111 COLL ALGEBRA TRIGONOMETRY 5						PHY 238B INTRODUCTORY PHYSICS II, CBI 3					
CUM CREDITS : 12.0 CUM GPA : [REDACTED]						PHY 258 INTRO PHYSICS LABORATORY 1					
DEAN'S LIST						PSL 431 HUMAN PHYSIOLOGY 4					
WINTER QUARTER 1988 01/06/88 - 03/18/88						CUM CREDITS : 118.0 CUM GPA : [REDACTED]					
ATL 172 WRITING AMERICA ON FILM 3						DEAN'S LIST					
CEM 141B CHEMICAL PRINCIPLES 4						SPRING QUARTER 1990 03/28/90 - 06/08/90					
HNF 102 NUTRITION FOR HUMANS 3						ANT 316 GENERAL ANATOMY 5					
MTH 112 CALCULUS & ANALYTIC GEOMETRY I 5						PSL 432 HUMAN PHYSIOLOGY 4					
CUM CREDITS : 27.0 CUM GPA : [REDACTED]						PSY 485 PSYCHOLOGY OF LOVE & MATURITY 3					
DEAN'S LIST						TC 280 HISTORY OF MOTION PICTURE 4					
SPRING QUARTER 1988 03/30/88 - 06/10/88						CUM CREDITS : 134.0 CUM GPA : [REDACTED]					
ATL 123 WRITING AMERICAN EXPRESSION 3						DEAN'S LIST					
CEM 142 DESCRIPTIVE INORGANIC CHEM 3						SUMMER QUARTER 1990 06/20/90 - 08/31/90					
HCP 270 THE HEALTHY LIFESTYLE 3						PHL 340 MORAL PROB IN MED & LIFE SCI 4					
MTH 113 CALCULUS ANALYTIC GEOMETRY II 5						PHY 257 INTRO PHYSICS LABORATORY 1					
CUM CREDITS : 41.0 CUM GPA : [REDACTED]						ZOL 441 FUNDAMENTAL GENETICS 5					
DEAN'S LIST						CUM CREDITS : 144.0 CUM GPA : [REDACTED]					
FALL QUARTER 1988 09/22/88 - 12/09/88						FALL QUARTER 1990 09/20/90 - 12/07/90					
B S 210 GENERAL BIOLOGY 4						ENG 242 POPULAR LITERARY FORMS 3					
CEM 241 ORGANIC CHEMISTRY 4						FSC 455 FOOD ANALYSIS I 4					
CEM 243 ORGANIC CHEMISTRY LABORATORY 1						HNF 461 ENERGY NUTR PROT FOR HUM NUTR 4					
FCE 238 PERSONAL FINANCE 3						MPH 301 INTRODUCTORY MICROBIOLOGY 3					
PSY 160 INTRO PSYCH: SOCIAL PERSONALITY 3						CUM CREDITS : 158.0 CUM GPA : [REDACTED]					
CUM CREDITS : 56.0 CUM GPA : [REDACTED]						WINTER QUARTER 1991 01/04/91 - 03/15/91					
DEAN'S LIST						ANT 480 SPECIAL PROBLEMS 2					
WINTER QUARTER 1989 01/05/89 - 03/17/89						CEM 162 QUANTITATIVE ANALYSIS 3					
B S 211 GENERAL BIOLOGY 4						HNF 462 VIT MIN FOR HUMAN NUTRITION 4					
CEM 242 ORGANIC CHEMISTRY 4						HNF 463 NUTRITION & HUMAN DEVELOPMENT 4					
CEM 244 ORGANIC CHEMISTRY LABORATORY 1						CUM CREDITS : 171.0 CUM GPA : [REDACTED]					
FCE 444 INTERPERSONAL RELATION IN FMLY 3						SPRING QUARTER 1991 03/27/91 - 06/07/91					
S S 212 COPING CHANGE INST MODERN SOC 4						ANT 480 SPECIAL PROBLEMS 2					
CUM CREDITS : 72.0 CUM GPA : [REDACTED]						HNF 470 CLINICAL NUTRITION 3					
DEAN'S LIST						HNF 490E PROF LIT II FOODS NUTR INFO 2					
SPRING QUARTER 1989 03/29/89 - 06/09/89						MPH 302 INTRODUCTORY MICROBIOLOGY LAB 2					
B S 212 GENERAL BIOLOGY 4						CUM CREDITS : 180.0 CUM GPA : [REDACTED]					
CEM 245 ORGANIC CHEMISTRY 4						-----CONTINUED ON PAGE 02-----					
PHY 237B INTRODUCTORY PHYSICS I, CBI 3						PROVIDED SOLELY FOR: (1)					
S S 213 CASUALTIES OF CONTEMP SOCIETY 4						MOCH/BOARD OF OSTEO.MED&SURGERY					
CUM CREDITS : 87.0 CUM GPA : [REDACTED]						BOX 30670					
END OF COLUMN						LANSING, MI 48909					
SUMMER QUARTER 1989 06/21/89 - 09/01/89						MICHIGAN STATE UNIVERSITY					
BCH 401 BASIC BIOCHEMISTRY 5						MICHIGAN STATE UNIVERSITY					
CUM CREDITS : 92.0 CUM GPA : [REDACTED]						MICHIGAN STATE UNIVERSITY					



Dugald McMillan
Actina University Registrar



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PAGE: 02 OF 02

GOLDFINE, STACEY ANNE

DEPT. OF LEG

STUDENT ID: [REDACTED]

COURSE	TITLE	CRS	GRADE	S R	H	COURSE	TITLE	CRS	GRADE	S R	H
UNDERGRADUATE CREDIT						SUMMER SEMESTER 1994 05/16/94 - 08/19/94					
BACHELOR OF SCIENCE GRANTED: 06/07/91						OST 523 SYS BIO GENITOURINARY 5 OST 526 SYS BIO INTEGUMENTARY 2 OST 527 SYS BIOLOGY: FEMALE REPR 5 OST 528 SYS BIO: GROWTH & DEV 2 OST 546 INTEGRATIVE CLIN CORREL VI 1 OST 590 SPECIAL PROBLEMS 3 CUM CREDITS : 116.0 CUM GPA [REDACTED]					
MAJOR: NUTRITIONAL SCIENCES COLLEGE: HUMAN ECOLOGY WITH HONOR						FALL SEMESTER 1994 08/29/94 - 12/16/94					
OSTEOPATHIC MEDICINE CREDIT						IM 650 MEDICINE CLERKSHIP 6 OM 620 DIRECTED STUDIES 3 OM 653 SURGERY CLERKSHIP 6 OM 654 ANESTHESIOLOGY CLERKSHIP 3 RAD 609 RADIOLOGY CLERKSHIP 6 CUM CREDITS : 140.0 CUM GPA [REDACTED]					
COURSE INFORMATION						SPRING SEMESTER 1995 01/11/95 - 05/05/95					
FALL SEMESTER 1992 09/01/92 - 12/31/92 ANT 551 MEDICAL GROSS ANATOMY 7 BCH 521 MEDICAL BIOCHEMISTRY 5 OST 501 CLINICAL SKILLS I 3 OST 504 DOCTOR/PATIENT RELATIONSHIP I 1 OST 541 INTEGRATIVE CLIN CORREL I 1 PSL 501 INTRO MEDICAL PHYSIOLOGY 3 CUM CREDITS : 20.0 CUM GPA [REDACTED]						IM 650 MEDICINE CLERKSHIP 6 OM 620 DIRECTED STUDIES 6 OM 656 ORTHOPEDIC CLERKSHIP 6 PSC 608 PSYCHIATRY & BEHAV SCIEN: CKSH 10 CUM CREDITS : 168.0 CUM GPA [REDACTED]					
SPRING SEMESTER 1993 01/12/93 - 05/07/93 ANT 552 MEDICAL NEUROSCIENCE 4 ANT 562 MEDICAL HISTOLOGY 3 BIM 590 SPEC PROBLEMS IN BIOMECHANICS 1 MPH 522 MEDICAL MICROBIO & IMMUNOLOGY 5 OST 502 CLINICAL SKILLS II 3 OST 505 DOCTOR/PATIENT RELATIONSHIP II 1 OST 542 INTEGRATIVE CLIN CORREL II 1 PTH 542 BASIC PRINCIPLES OF PATHOLOGY 2 CUM CREDITS : 40.0 CUM GPA [REDACTED]						SUMMER SEMESTER 1995 05/15/95 - 08/18/95					
SUMMER SEMESTER 1993 05/17/93 - 07/23/93 OST 543 INTEGRATIVE CLIN CORREL III 1 PHM 563 MEDICAL PHARMACOLOGY 3						IM 657 EMERGENCY MEDICINE CLERKSHIP 6 OM 651 OBSTETRICS & GYNECOLOGY CLKSH 9 PED 600 PEDIATRICS CLERKSHIP 6 CUM CREDITS : 189.0 CUM GPA [REDACTED]					
SUMMER SEMESTER 1993 05/17/93 - 07/30/93 OST 511 SYS BIO NEUROMUSCULOSKLT I 7						FALL SEMESTER 1995 08/28/95 - 12/15/95					
SUMMER SEMESTER 1993 05/17/93 - 08/19/93 CMS 512 BIostatISTICS AND EPIDEMIOLOGY 2 PHD 523 GENETICS FOR MEDICAL PRACTICE 1 RAD 553 INTRODUCTION TO RADIOLOGY 1 CUM CREDITS : 55.0 CUM GPA [REDACTED]						IM 650 MEDICINE CLERKSHIP 6 IM 653 ONCOLOGY & HEMATOLOGY CLKSH 6 IM 656 NEUROLOGY CLERKSHIP 6 OM 620 DIRECTED STUDIES 6 CUM CREDITS : 213.0 CUM GPA [REDACTED]					
FALL SEMESTER 1993 08/30/93 - 12/17/93						SPRING SEMESTER 1996 01/10/96 - 05/03/96					
FM 640 PRIN OF FAMILY MEDICINE I 1 OST 512 SYS BIO NEUROMUSCULOSKLT II 6 OST 516 SYSTEMS BIOLOGY: BEHAVIOR I 3 OST 521 SYS BIO HEMATOPOIETIC 2 OST 522 SYS BIO GASTROINTESTINAL 6 OST 529 SYS BIO ENDOCRINOLOGY 2 OST 544 INTEGRATIVE CLIN CORREL IV 1 CUM CREDITS : 76.0 CUM GPA [REDACTED]						BIM 601 OSTEO MANIPUL MEDICINE CLKSH 5 FM 601 CLIN PRACTICUM FAMILY MEDICINE 9 FM 620 DIRECTED STUDIES 9 IM 652 GASTROENTEROLOGY CLERKSHIP 6 OM 620 DIRECTED STUDIES 6 CUM CREDITS : 241.0 CUM GPA [REDACTED]					
SPRING SEMESTER 1994 01/12/94 - 05/06/94 FM 650 PRIN OF FAMILY MEDICINE II 1 OST 513 SYS BIO NEUROMUSCULOSKLT III 5 OST 517 SYSTEMS BIOLOGY: BEHAVIOR II 3 OST 524 SYS BIO CARDIOVASCULAR 7 OST 525 SYSTEMS BIOLOGY: RESPIRATORY 5 OST 545 INTEGRATIVE CLIN CORREL V 1 CUM CREDITS : 98.0 CUM GPA [REDACTED]						DOCTOR OF OSTEOPATHY GRANTED: 05/03/96 MAJOR: OSTEOPATHIC MEDICINE COLLEGE: OSTEOPATHIC MEDICINE -----NO ENTRIES BELOW THIS LINE-----					
END OF COLUMN						PROVIDED SOLELY FOR: (1) MDCH/BOARD OF OSTED. MED&SURGERY BOX 30670 LANSING MI 48909					



Dugald McMillan
Dugald McMillan
Acting University Registrar

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CERTIFICATION OF INTERNSHIP

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

INSTRUCTIONS TO APPLICANT:

Complete Section I. Type or print your name exactly as it appears on your application. For completion of Section II, send this form to the Medical Director or Superintendent of the training hospital where you served your internship. This certification must be submitted directly to the Michigan Board of Osteopathic Medicine and Surgery by the Director of the training program.

SECTION I - APPLICANT INFORMATION

First Name STACEY	Middle Name ANNE	Last Name MORGAN
Social Security Number [REDACTED]		Date of Birth [REDACTED]
Hospital Street Address 5151 Raytown Road		
City Kansas City	State Missouri	ZIP Code 64133
Daytime Telephone Number N/A.	All Previous Names and/or Birth Name Used (if applicable) STACEY ANNE GOLDFINE (1999)	

Name of Hospital Park Lane Medical Center

Signature of Applicant Stacey Morgan DO	Date 11.10.2007
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Applicant: Upon completion of Section I, send this form to the Medical Director or Superintendent of the training hospital where you served your internship for completion of Section II.

STACEY ANNE MORGAN

THIS SIDE TO BE COMPLETED BY THE MEDICAL DIRECTOR OR SUPERINTENDENT

SECTION II - CERTIFICATION OF INTERNSHIP

Please complete the following information. Return this completed certification directly to the Michigan Board of Osteopathic Medicine and Surgery at the address shown on the reverse side of this form.

Name of Hospital Park Lane Hospital		
Street Address of Hospital Park Lane Hospital is now closed.		
City Kansas City	State MO	Zip Code 64106
Is this internship AOA approved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
I certify that <u>Stacey Anne Goldfine Morgan</u> <small>(Applicant's Name)</small>		
has completed one year of internship at the above named hospital beginning <u>July 1, 1996</u> <small>(Month/Day/Year)</small>		
and ending <u>June 30, 1997</u> <small>(Month/Day/Year)</small>		
I certify that this internship is one year in duration; of a rotating type, with at least 6 months of exposure in basic core disciplines, 2 months of general internal medicine, 1 month of emergency medicine, and 1 month of family practice, and that this Hospital is currently approved for the training of interns by the American Osteopathic Association. I further certify that the above named physician has served an apportioned time in each of the named rotations and has satisfactorily performed his/her duties.		
<u>Shari L. Hunter</u> Signature of Medical Director or Superintendent		
Shari L. Hunter	November 16, 2007	
<small>Print or Type Name</small>	<small>Date of Signature</small>	
KCUMB-COMEC Coordinator	(SEAL)	
<small>Title</small>		
<small>If hospital has no seal, please indicate</small>		

IMPORTANT: This certification may not be dated and submitted more than fifteen (15) days prior to the completion of a full year's internship.

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.



Am

Matt Blunt
Governor
State of Missouri

David T. Broeker, Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
Douglas M. Ommen, Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

3605 Missouri Boulevard
P.O. Box 4
Jefferson City, MO 65102-0004
573-751-0098
866-289-5753 TOLL FREE
573-751-3166 FAX
800-735-2966 TTY
website: www.pr.mo.gov/healingarts.asp

Tina Steinman
Executive Director

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To:

Michigan Board of Medicine
Bureau of Health Services P.O. Box 30670
Lansing, MI 489098170

This is to certify that the records of the Missouri Board of Healing Arts indicate the following information regarding Stacey A Morgan, D.O..

LICENSE TYPE:	Osteopathy Phys & Surgeon
DATE OF BIRTH:	
LICENSE NUMBER:	111072
DATE ISSUED:	8/28/1997
STATUS:	Active
EXPIRATION DATE:	1/31/2008 ✓
LICENSE METHOD:	Endorsement
MEDICAL SCHOOL:	Michigan St Univ Ctg Of Osteopathic
DISCIPLINARY ACTION:	None ✓



Rose Evers

Rose Evers
Verifications Clerk

11/20/2007

Date



Am

KATHLEEN SEBELIUS
GOVERNOR

STATE BOARD OF HEALING ARTS

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR

November 9, 2007

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Michigan Board of Osteopathic Medicine & Surgery
PO Box 30670
Lansing, MI 48909-7518

NOV 16 2007

DEPT. OF LEG

This is to certify that: Stacey Anne Morgan, DO has been licensed to practice in Kansas in the following profession: Doctor of Osteopathy (DO)

License Number: 05-27916
Date of Birth: [REDACTED]
Profession: Doctor of Osteopathy (DO)
License Designation: Active
License Status: Current
Original License Date: 10/17/1998
Expiration Date: 09/30/2008 ✓

Disciplinary Action: None

Pending Complaints: None ✓

Unless otherwise indicated, this licensee has not been subject to disciplinary proceeding by the Kansas Board of Healing Arts.

Verified by:

Deb Jackson
Deb Jackson
Verification Clerk

BOARD MEMBERS: BETTY McBRIDE, Public Member, PRESIDENT, Columbus - VINTON K. ARNETT, D.C., VICE PRESIDENT, Hays - MICHAEL J. BEEZLEY, M.D., Leavenworth
RAY N. CONLEY, D.C., Overland Park - GARY L. COUNSELMAN, D.C., Topeka - FRANK K. GALBRAITH, D.P.M., Wichita - MERLE J. "BOO" HODGES, M.D., Salina
SUE ICE, Public Member, Newton - M. MYRON LEINWETTER, D.O., Rossville - MARK A. McCUNE, M.D., Overland Park - CAROL SADER, Public Member, Prairie Village
CAROLINA M. SORIA, D.O., Wichita - ROGER D. WARREN, M.D., Elzover - NANCY I. WELSH, M.D., Topeka - RONALD N. WHITMER, D.O., Ellsworth

235 SW TOPEKA BLVD., TOPEKA, KS 66603.

Voice: 785-296-7413 Toll Free: 888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org

FILED
MAY 22 2008

IN THE CIRCUIT COURT OF CASS COUNTY, MISSOURI

Kelly Sue Elliott
CASS COUNTY CIRCUIT CLERK

In Re The Marriage Of:)
Stacey Anne Morgan,)
Petitioner,)
and)
Mitchell Todd Morgan,)
Respondent.)

Case No. 08CA-CV00582

JUDGMENT OF DISSOLUTION OF MARRIAGE

NOW ON THIS 22 day of July 2008, this cause comes on for trial; Petitioner, STACEY ANNE MORGAN, appearing in person and by and through her attorney, SHARON LOWENSTEIN, and Respondent, MITCHELL TODD MORGAN, appearing in person and by and through his attorney, ELIZABETH HILL, whereupon said cause is taken up for hearing and submitted to the Court upon the pleadings and proof adduced; and, thereupon, the Court having heard evidence submitted and being well and truly advised in the premises, finds:

1. The Court has jurisdiction of the parties and the subject matter.
2. Petitioner is a resident of Farmington Hills, County of Oakland, Michigan.
3. Respondent is and has been a resident of the State of Missouri for more than 90 days immediately preceding the filing of the parties' Petition, residing at 16931 Heather Lane, Loch Lloyd Village, Belton, County of Cass, Missouri, 64012.
4. Thirty (30) days have elapsed since the filing of the Petition.
5. Respondent entered his appearance herein with the filing of Respondent's Entry of Appearance in this action on the 27th day of February, 2008.

IT IS FURTHER ORDERED AND ADJUDGED that Petitioner shall have as her sole and separate property the 2006 Mini Cooper, VIN [REDACTED], and that Petitioner assume and pay any indebtedness and hold Respondent harmless thereon.

IT IS FURTHER ORDERED AND ADJUDGED that Respondent shall have as his sole and separate property the 2000 Mercedes Benz S500, VIN # [REDACTED] and that Respondent assume and pay any indebtedness and hold Petitioner harmless thereon.

IT IS FURTHER ORDERED that the parties perform all remaining terms of their written Property Settlement Agreement.

IT IS FURTHER ORDERED that the Petitioner's name be changed to **STACEY MORGAN GOLDFINE**.

IT IS FURTHER ORDERED that the costs (filing fee) are assessed against the Petitioner; each party shall pay his or her litigation expenses.

IN DEFAULT LET EXECUTION ISSUE.

DATE: 5-22-08

[Signature]
JUDGE OF THE CIRCUIT COURT