

Michigan Department of Consumer & Industry Services
Board of Medicine
 P.O. Box 30192
 Lansing, MI 48909
 (517) 335-0918

OHS/LMD-040 (3/03)

Tran Info: 430109 8970888-1 01/25/04
 Chk#: 10296 Amt: \$150.00
 ID: [REDACTED]

APPLICATION FOR MEDICAL DOCTOR LICENSURE

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 prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539)

Type or Print Only

I AM APPLYING FOR THE FOLLOWING (Check One Only):

- License by Examination Fee: \$150.00 71-4301-01
 License by Endorsement Fee: \$150.00 71-4301-09
 (Must currently be licensed in another state)

License Number

083203

Date of Licensure

3-11-04

Board Use Only

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 Vinod	Middle Name K.	Last Name Goyal
U.S. Social Security Number [REDACTED]	Date of Birth [REDACTED]	Michigan Permanent I.D. Number and Expiration Date
Street Address [REDACTED]		
City [REDACTED]	State [REDACTED]	ZIP Code [REDACTED]
Daytime Phone Number [REDACTED]	All Previous Names and/or Birth Name Used (if applicable)	

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 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 in any consecutive 5 year period?	<input checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever been denied the privilege of taking an examination by any state medical board?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

The Department of Consumer & Industry Services 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
Vinod K. Goyal, M.D.

9. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privilege involuntarily modified? Yes No
10. Do you hold or have you ever held a permanent medical license in Michigan or any other state? Yes No
 If yes, list the state(s) in which you hold or have held a medicine license, the license or registration number, the date issued, and how the license was obtained. DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office. (Attach additional sheets, if necessary)

State	License Number	Date of Issue	How obtained (Endorsement or examination)
Illinois	036-049046	03/26/1974	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	
Government Medical College Punjabi University - Patiala, India	1966	1972	M.B.B.S.
St. Elizabeth's Hospital Chicago, IL	1972	1973	Rotating Internship
Mt. Sinai Hospital Chicago, IL	1973	1976	Ob/Gyn Residency

Provide a description of your professional medical experience. Attach additional sheets if necessary.


Name and Address of Employer	Dates of Practice		Duties
	From	To	
Private Practice - Chicago & Suburbs	1976	Present	Treat patients in Ob/Gyn practice.

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of their 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  Date **1/19/2004**



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY SERVICES
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

CLEARANCE MEMORANDUM

TO: Lucinda Clark, Supervisor
Application Section

FROM: Rae Ramsdell, Licensing Manager
Licensing Division

SUBJECT: Vinod K. Goyal, MD
Applicant for Licensure – Medicine

DATE: March 11, 2004

Conviction information provided for the captioned applicant indicates that the applicant is not in violation of Section 16221 (b)(ii) or (v) of the Public Health Code. Please proceed with the processing of the application.



Illinois Department of Professional Regulation

RECEIVED

MAR - 5 2004

DEPT. OF CIS

Fernando E. Grillo
Director

Rod R. Blagojevich
Governor

CERTIFICATION OF LICENSURE

MICHIGAN BUREAU OF HEALTH SERVICES
P.O. BOX 30670
LANSING, MI 48909

Licensee: VINOD KUMAR GOYAL

License Number: 036-049046

Profession: PHYSICIAN AND SURGEON

Date of Issuance: 03/26/1974

Expiration Date: 07/31/2005

License Status: ACTIVE

License Method: ENDORSEMENT - FLEX

Disciplinary History: HAS BEEN DISCIPLINED - SEE ATTACHED

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Daniel E. Bluthardt
Deputy Director, Licensing & Testing

3/2/2004
Date

Refer to the Department's Web Site at www.dpr.state.il.us to verify professional licenses via License Look-Up.

Respond to:

320 West Washington
3rd Floor
Springfield, Illinois 62786
217/785-0800
TDD 217/524-6735

www.dpr.state.il.us

James R. Thompson Center
100 West Randolph
Suite 9-300
Chicago, Illinois 60601
312/814-4500