

Michigan Department of Licensing and Regulatory Affairs
Board of Medicine
 P.O. Box 30192
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

Tran Info: 430109 17829653-1 07/17/12
 Chk#: 3485 Amt: \$150.00
 LARA/LMD-01 (04/11) ID: [REDACTED] Page 1 of 2

Tran Info: 430157 17829653-2 07/17/12
 Chk#: 3485 Amt: \$20.00
 ID: [REDACTED]

Tran Info: 430137 17829653-3 07/17/12
 Chk#: 3485 Amt: \$65.00
 ID: [REDACTED]

**APPLICATION FOR MEDICAL DOCTOR LICENSURE
 BY ENDORSEMENT**

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:

- License by Endorsement Fee: \$150.00 71-4301-09
 (Must currently be licensed in another state)
- Controlled Substance Fee: \$85.00 43-01 71-5315-3757

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.

Legal First Name Kissal	Legal Middle Name Lee	Legal Last Name Ronald
U.S. Social Security Number [REDACTED]	Date of Birth [REDACTED]	Daytime Phone Number ([REDACTED]) [REDACTED]
Street Address [REDACTED]		
City [REDACTED]	State [REDACTED]	ZIP Code [REDACTED]
All Previous Names and/or Birth Name Used (if applicable) [REDACTED]		
Have you ever held a health professional license in Michigan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Michigan Health Professional Permanent I.D. Number and Expiration Date [REDACTED]

Board Use Only

License Number
057418 10/860

Date of Licensure
8/2/12

Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.

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 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 denied the privilege of taking an examination by any state medical board?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

The Department of Licensing and Regulatory Affairs 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
 Ronald L. Kissel

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 any state, U.S. Territory or Canadian province? If yes, list the State(s), U.S. Territory or Province 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 licensing agency verify licensure directly to this board office. (Attach additional sheets, if necessary) Yes No

State, U.S. Territory, Province	License Number	Date of Issue	How obtained (Endorsement or examination)
IL	036064944	07/1982	Endorsement
OK	13314	09/1981	Examination
AZ	13057	10/1981	Endorsement

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

Name and Address of Institution	Dates of Attendance From To		Degree
Northwestern University 2145 Sheridan Rd. Evanston, IL 60208	8/1967	06/1971	BA
Autonomous University of Guadalajara Guadalajara, Mexico	8/1971	06/1975	MD
Rush-Presbyterian - St. Luke's Medical Center Chicago, IL	07/1975	06/1976	Pathology Externship

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

Name and Address of Employer	Dates of Practice From To		Duties
Private Practice Obstetrics & Gynecology Scottsdale, AZ	9/1981	8/1982	Obstetrics & Gynecology
Private Practice Obstetrics & Gynecology Evanston, IL	9/1982	5/2000	Obstetrics & Gynecology
Affiliated Health Group, Ltd. Arlington Heights, IL	11/2000	8/2006	President/Medical Staff/Medical Director

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:  Date: _____

Ronald Kissel, MD
Michigan Application
Education Addendum

Rush Medical College
Swedish Covenant Hospital
Chicago, IL

07/1976 – 06/1977 Fifth Pathway Program

St. Francis Hospital
355 N. Ridge Ave
Evanston, IL 60202

07/1977 – 06/1981 Ob/Gyn Internship/Residency

Ronald Kissel, MD
Michigan Application
Activities Addendum

Scottsdale Memorial Hospital Scottsdale, AZ	9/1981 - 8/1982	Staff
Doctor's Hospital Scottsdale, AZ	9/1981 - 8/1982	Staff
St. Joseph's Hospital & Medical Center Phoenix, AZ	9/1981 - 8/1982	Staff
Bethesda Hospital Private Practice Chicago, IL	9/1982 - 7/1989	Ob/Gyn
Rush North Shore Medical Center - Private Practice Skokie, IL	9/1982 - 7/1990	Ob/Gyn
North Shore Outpatient Surgicenter - Private Practice Evanston, IL	9/1989 - 7/2000	Ob/Gyn
St. Francis Hospital Private Practice Evanston, IL	9/1982 - 5/2000	Ob/Gyn
Rush North Shore Medical Center - Private Practice Skokie, IL	9/1997 - 5/2000	Ob/Gyn
Swedish Covenant Hospital Private Practice Chicago, IL	11/2000 - 8/2002	Ob/Gyn
St. Anthony Hospital Chicago, IL	10/2002 - 5/2012	In-House Attending
Norwegian American Hospital Chicago, IL	9/2004 - 6/2008	In-House Attending

Norris, Brittany (LARA)

From: aliasresponse@michigan.gov
Sent: Tuesday, July 10, 2012 4:15 PM
To: DCH-BHP-CBC
Subject: Administrative Hit/No Hit Notification

STATE OF MICHIGAN
DEPARTMENT OF STATE POLICE
CRIMINAL JUSTICE INFORMATION CENTER
PO BOX 30634, LANSING MI 48909

DATE: 07/10/2012

TCN: LX12235556A01

Requester: MI DEPT OF LARA
Reason Printed: LHP - Licensed Health Care Professional (MCL 333.16174) Subject Printed:
KISSEL, RONALD LEE
DOB: [REDACTED]

The following e-mail response(s) is computer generated and is based on the criminal history information on file as of the date noted above.

Since entry of new arrests, court dispositions for prior arrests or other database changes occur daily, a future record search for this person could be different.

STATE RESPONSE:

A Michigan record has not been found that meets the dissemination criteria.

FBI RESPONSE:

An FBI record has not been found that meets the dissemination criteria.

MD

Board of Medical Licensure & Supervision — State of Oklahoma

101 N.E. 51st Street
Oklahoma City, OK 73105



P.O. Box 18258
Oklahoma City, OK 73154-0258

Letter of Verification

July 16, 2012

This is to certify that the records of this Board indicate on the date of this letter the following information regarding:

Name: RONALD LEE KISSEL
Address Date:
Address 1: [REDACTED]
Address 2: [REDACTED]
Address 3:
City, State, ZIP: [REDACTED]

Profession: MEDICAL DOCTOR
Profession Type: MD
License Number: 13314
License Date: 09/15/1981
Status: inactive
Status Class: Expired License
Expiration Date: 06/30/1992
Endorsed By: FLEX
Restricted To:

Previous Licenses:

Type	Issued	Expired
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Disciplinary Actions:

Date	Description
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No Disciplinary Actions Taken

Details of Disciplinary Action, if applicable, will be made available by photocopy from the public file upon written request only.

To expedite the verification of licensure/certification process, the above is the standard format for all professions regulated by this board

The Oklahoma State Board of Medical Licensure and Supervision certifies that the verification data displayed here is accurate according to the information stored in our database as of 07/16/2012.

Robyn Hall
Director of Licensing
(405) 848-6841 ext 113

CP

MD PROFILE PAGE



Arizona Medical Board

azmd.gov
Printed on 07/26/12 @ 09:16

General Information

Ronald L. Kissel MD
[REDACTED]
[REDACTED]

License Number: 13057
License Status: Expired
Licensed Date: 10/02/1981
License Renewed: 10/02/1981
Due to Renew By:
If not Renewed, License Expires: 05/01/1986

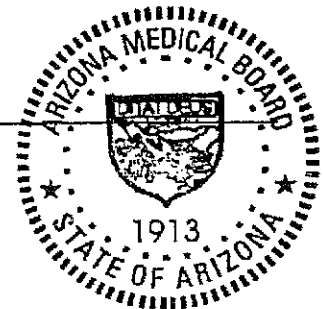
Education and Training

Medical School: UNIV AUTO DE GUADALAJARA, FAC DE MED
Guadalajara,
Jalisco
Graduation Date: 06/12/1975
Area of Interest: Obstetrics & Gynecology

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.

Board Actions

None



Sharon Mauk AMB 7-26-12

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and other administrative processes.

Board actions taken against physicians in the past 24 months are also available in a chronological list.

Credentials Verification professionals, please click [here](#) for information on use of this website.



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Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Pat Quinn
Governor

Brent E. Adams
Secretary

Jay Stewart
Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

MICHIGAN BOARD OF MEDICINE
PO BOX 30670
LANSING, MI 48909-8170

RECEIVED
AUG 20 2012
DEPT. OF CIS

Licensee: RONALD L KISSEL MD
 License Number: 036.064944
 Profession: LICENSED PHYSICIAN AND SURGEON
 Date of Issuance: 07/30/1982
 Expiration Date: 07/31/2014
 License Status: ACTIVE
 License Method: ENDORSEMENT - FLEX
 Disciplinary History: Has not been disciplined

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



Jay Stewart
Jay Stewart #7
Director

August 17, 2012
Date

Division of Professional Regulation

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