

Reference and a contract of

Michigan Department of Consumer & Industry Services Board of Osteopathic Medicine and Surgery

P.C. Box 30670 Lansing, Michigan 48909 (517) 335-0918 TTY (517) 373-7489



APPLICATION FOR EDUCATIONAL LIMITED AND CONTROLLED SUBSTANCE LICENSES

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

A controlled substance license is requised for every person who prescribes immufactures, 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 unforcement Administration, 431 Howard Street, Detroit, M: 48226 (Telephone (313) 234-4300)

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Bu	siness Address 401 W. Greenlawn	a Ave.	. B.S. 1900 The Annual Royal Stranger	L.	wareness and a second s	THE STATE OF THE S	e old himmen half manninn rand (2 targey)	
Cit	v Lansing			State M I		ZIP Code 48919		
Ch	ock the appropriate answer to	each of the following qu	estions. NO	TE: Attach a detailed	explanation		ıswer you	check.
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2.	2. Have you ever bean convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?					num term	C) YES	D NO
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4.	4. Have you been treated for substance abuse in the past 2 years?						☐ YES	SP/NO
5.	Have you ever been censulhealth care facility staff pro	ired, or requested to w vileges involuntarily me	vithdraw fro odified?	m a health care taci	lity's staff o	or had your	T YES	SINO
6.	Have you had 3 or more n period?	nalpractice settlements	s, awards, o	or judgments in any	consecutiv	re 5 year	C YES	140
7.	7. Have you had one or more settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?					in any	T YES	M NO
8.	8. Have you ever been denied the privilegs of taking an examination by any state medical board?					ard?	☐ YES	MNO
9.	9. Have you ever had a federal or state medical or controlled substance license revoked, suspended, or otherwise disciplined, been denied a license, or currently have disciplinary action pending against you?					CT YES	B-140	
10.	Do you hold or have you e each state, the license nur state board verify license	nber, the date issued,	and the ba	sis for licensure Yo	su must ha	ave each	☐ YFS	ผ างใo
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	Dates o	of Attendance		
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NICHICAN STATE WVIVERSITY COLLEGE OF OSTOPATHIC MEDIA EAST LANSING, MI 48023	F CE196	05/00	DECTOR OF OSTERPHINE MEDICIAE	
rovide a description of your intern trair	ing experience. A	ittach additional s	heets if necessary.	
Name and address of Hospital	Dates of From	Practice To	Duties	
Ingham Regional	7/1/2000	6/30/2001	and and and and analysis designment and designed principles and analysis and analys	
Medical Captur	andre de l'annuel de la company de la compan	and multi-placehory of Henry subspective (1994) and 1994		
Lansing, MI 18810	Control (M. Print) - de de printe de Carlos de Printe de Carlos (M. Carlos (M	of forms to the second of purposes to be a second of the s		
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inderstand that it is the policy of this ager reening process, and I authorize this ager minal history file search from the Central urther consent to the release of information nilar licensure, registration, or specialty confederal government, or of another count	ncy to use the infor Records Division on to this agency re ertification board o	mation provided in of the Michigan De	this application to obtain a conviction partment of State Police.	
ne statements in this application are true a be made on this application. In signing the grounds for denial of my application or re v.	and correct. I have	n awara in sé a tala.	a da da mada mada mada mada mada mada m	

Date C 2/06/00

Signature of Symptomic 4 Siller

THIS SIDE TO BE COMPLETED BY THE MEDICAL DIRECTOR OR SUPERINTENDENT

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.

SECTION II - CERTIFICATION OF TRAINING

Name of Hospital Ingham Regional Medical center	- Marie Balan Markey (1996), Syspecty of 3 has 3 decreases and non-minimal particular (1996), and State (1996)
Street Address of Hospital 401 W. Greenlawn Ave	
City, State and ZIP Code Lansing, MI 48910	
certify that Jennifer K. Smith	
(Appliceਜt's Name)	
has been appointed to the position of	in Traditional Track at
the hospital named above from <u>July 1, 2000</u> , a	and ending June 30, 2001
Authorized Signature	<u> </u>
พิเทอเรียง อยู่กิลเกิด	Date of Signature
Gordon C. Spink, S.O. Print or Type Name	
Director of Medical Education Table	
	If hospital has no seal, please indicate.

OHS/LOS-040 (10/98)



Michigan Department of Consumer & Industry Services
Board of Osteopathic Medicine and Surgery
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
TDD (517) 373-7489

MAY 1 ZUP BUREAU OF HEALTH SERVICES LICENSING 1 AISTON

CERTIFICATION OF APPOINTMENT TO TRAINING PROGRAM

Authority: Public Act 368 of 1978, as amended if rais form is not completed, a license will not be issued

Instructions: Applicant complete Section I. Type or print your name exactly as it appears on your application. Send this form to the medical director or superintendent of the Michigan Training Hospital where you expect to commence training. The form should be completed and returned directly to this office by that individual.

SECTION I - APPLICANT INFORMATION

Applicant's	Namo (Laul, First, Middle)	
	Smith, Jennifer, K.	
Street Addr	1088	Territoria pieres inicionalista del peteriorio del peteriorio del peteriorio del peteriorio del peteriorio del
	c/o Ingham Regional Medical Center, 101 W.	Greenlawn Ave
City	Lansing	vitalistis istinaus are communicativa annomen sur annon supplemente particular activation and employments perform
State		ZIP Code
	Michigan	48910
U.S. Social	Security Number	Date of Buth
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Program (In	iternship or Residency) Internshiρ	
Name of Ho	Ingham Regional Medical Center	ANIVAN And And Surgery and Surgery S. 1. May of Surgery Surgery Colon Constitution Constitution Constitution Surgery S
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Signature of		Date
	Junete Branied	02/06/00
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Applicant: Upon completion of Section I, send this form to the medical director or superintendent of the Michigan training hospital where you expect to commence training for completion of Section II on the reverse side of this form.







February 15, 2000

TO WHOM IT MAY CONCERN:

This is to verify that Jennifer K. Smith is a student in the College of Osteopathic Medicine at Michigan State University and is in good standing. Pending successful completion of all course requirements, it is anticipated that the will graduate with the Doctor of Osteopathic Medicine (D.O.) degree from this institution in May 5, 2000.

Very truly yours,

William M. Falls, Ph.D.

William M. Falls, Ph.D. Associate Dean/Student Services

bjs

CULLEGE OF OSTEOPATHIC MEDICINE

Office of Student Services

Micrigan State University C103 East Fee Half East Lansing, Mi 48824-1316 517 353-7741 Toll Free 888/895-4680 Fax 517/432-1976

Office of Admissions

Michigan State University C119 East Fee Half East Landing, Mi 48824-1316 5177353-7740 Fax: 5177355-3296

OHS/LOS-010 (10/01) BOARD USE ONLY License Number: Date of Licensure:

Michigan Department of Consumer & Industry Services Board of Osteopathic Medicine and Surgery

P.O. Box 30670 Lansing, Michigan 48909 (517) 335-0918 TTY (517) 373-7489

dup fee

APPLICATION FOR LICENSE

Authority: Public Act 368 of 1978, as amended If this form is not completed, a license will not be issued. Tran Info:510101 9147612-1 03/09/04 Chk## 1268 <u>A</u>mt: \$150.00

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in

		ed. Information on obtaining a Feder stration, 431 Howard Street, Detroit,		
I AM APPLYING FOR THE F License by Examination F License by Endorsement	ee: \$150.00	in Another State) Fee: \$150.	00	
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(Last Name) SMITH	(First Name)	ENNIFER (Middle Name	e) KRISTA	7
All Previous Names and/or Birth Name Us	~ <i>l</i> '' '			
Pale of Rirth	<i></i>	U.S. Social Security Number		
Street Address 634 Mook	CLAND DR		us Annaum	man papagang ng manan arang man papagan sa pang manan manan na manan 'ng haan
EAST LANSING		State M/	ZIP Code 4	8823
heck the appropriate answer to	each of the following questions	s. NOTE: Attach a detailed expl	lanation for any Y	es answer you check.
Have you ever been convicte	ed of a felony?			TYES NO
Have you ever been convict of 2 years?	ed of a misdemeanor punishabl	e by imprisonment for a maximu	m term	TYES TO NO
Have you ever been convict alcohol or a controlled subst	ed of a misdemeanor involving t ance (including motor vehicle vi	the illegal delivery, possession, ciolations)?	or use of	TYES W NO
1. Have you been treated for s	ubstance abuse in the past 2 ye	ears?		TYES D'NO
 Have you ever been censure health care facility staff privil 	ed, or requested to withdraw from leges involuntarily modified?	m a health care facility's staff or	had your	DYES W NO
Have you had 3 or more mal period?	lpractice settlements, awards, o	r judgments in any consecutive t	5 year	TYES O NO
Have you had one or more s consecutive 5 year period?	ettlements, awards, or judgmen	nts totaling \$200,000 or more in a	any	TYES ONO
3. Have you ever been denied	the privilege of taking an exami	nation by any state medical boar	rd?	TYES OF NO
		substance license revoked, susp have disciplinary action pending		OYES NO
each state, the license numb	per, the date issued, and the bas	n Michigan or any other state? If sis for licensure. You must hav (Attach additional sheets if r	e each	BYES I NO
		ny individual or group or race, sex, religion ting, hearing, etc., under the Americans wi		
	Linnan Mountain	Date of Issue	, Basis	for Licensure
State	License Number	Date of issue	1	, and problems

Provide a complete chronological record o	f your educational	preparation. Attach	n additional sheets if necessary.		
Name and address of Institution	Dates o From	f Attendance To	Degree		
ALBION COLLEGE	8/91	5/95	BIOLOGY and SUCIOLOGY		
GILE PORTER ST ALBION MI 49224					
MICHIGAN STATE UNIVERSITY COLLEGE OF OSTEOPATHIC MEDIL	re 8/96	5/00	DOCTOR OF OSTEOPATHIC		
CIIO EAST FEE HALL EAST LANSING, MI 18824-	1314				
Provide a description of your intern training	g experience. Attac	ch additional sheets	s if necessary.		
Name and address of Hospital	Dates o From	f Practice To	Duties		
ING. HAM HOSPITAL	7/00	601	for 12 months. Did		
401 W. GREENLAWN LANSING , MI 48910			rotate on specialty services including Careliology,		
			Retmonology, OBIAYN, Singery Care of patients in primary can		
Residency In (Specify)					
OBSTETRICS and GYNECOLOGY	7/01	current	Care Including hospital		
SPARROW HOSPITAL			end clinics		
LANSING MI 48912	CERTIFI	CATION			
I understand that it is the policy of t pre-licensure screening process, as application to obtain a conviction or Michigan Department of State Police	nd I authorize th iminal history fil	is agency to use e search from the	e the information provided in this ne Central Records Division of the		
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 this application. In signing this application, I application or revocation of my license and that	ım aware that a false	statement or dishone	est answer may be grounds for denial of my		
Signature of Applicant MWHUT MIN	end		3/4/04		
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OHS/LPH-090 (4/01)			\$ 70	ovapmit (L), 9-24-04
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BOARD USE ONLY	Nichiga	Board of	Pharmacy	
License Number 5 017088			ox 30670 Shigan 48909	LONSUMEN I MOUSTRY SERV
Date of Licensure:		(517) 3	35-0918	AMT. REC'D.
1-17-04) 373-7489	May 10 apro
CO			E LICENSE APPL	ICATION MAY 10 MAX
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substance in Michigan as di	ase is required for ascribed in Article	7 of Public Act 368 c	anufactures, distributes, presc of 1978, as amended.	ribes, or dispenses any controlled
A separate controlled substa	ance license is red	uired for each busin	ess location from which you m	nanufacture, distribute, prescribe, or (12)
controlled substance license	ices. If you are ar	M.D., D.O., D.P.M., sch location. Please	D.D.S., or D.V.M. who prescri submit a seperate application	bes at more than one location, a
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Information on obtaining a F Enforcement Administration	ederal controlled:	substance license mi et Detroit Michigan	ay be obtained by contacting t 48226 (telephone: 800-882-9	he Regional Branch, Drug
Pharmacy is unable to answ	er questions abou	it the Federal licensing	ng process.	ossy. The Michigan board of
INSTRUCTIONS		,		
1. CONTROLLED SUBSTA	NCE FEE: Initial	or relicensure -\$85.0	0. If you already hold a profes	ssional license please see below.
2. M.D./D.O. Applicants: Ti	his application mag	y not be used for phy	sician methadone programs.	Please request an Application for
Physician Methadone F 3. Type or print your respon		plication and a check	k or money order drawn on a !	S. Financial institution and made
payable to the "State of I	Michigan" to the ac	ddress above. To sp	eed up our processing, comp	te the payment slip at the bottom of
the form. DO NOT DETA 4. Allow four to six weeks for		arrive.		
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TYPE OF PROFESS	IUNAL LICEI	VSE	STATUS:	
TYPE OF PROFESS (Please Check One):	IONAL LICE	NSE	1. Have you ever had any I	icense Emited, suspended, revoked,
1	IONAL LICEI	NSE Educational	Have you ever had any I denied, or surrendered?	
1	Regular		1. Have you ever had any I	
(Please Check One):	Regular	Educational Limited	Have you ever had any I denied, or surrendered?	
(Please Check One): ☐ 43-01 M.D. ☐ 51-01 D.O.		Educational	1. Have you ever had any I denied, or surrendered? (1) Yes (3) Your on the surrendered?	a separate sheet.
(Please Check One): ☐ 43-01 M.D. ☐ 51-01 D.O. ☐ 29-01 D.D.S.	Regular or or or or	Educational Limited	1. Have you ever had any I denied, or surrendered? (1) Yes (3) Your on the surrendered?	
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(Please Check One): 43-01 M.D. 51-01 D.O. 29-01 D.D.S. 59-01 D.P.M. 69-01 D.V.M. 53-01 Pharmacy Store	Regular or or or or or or	Educational Limited	1. Have you ever had any indenied, or surrendered? If Yes In No If Yes, please explain on action? If Yes In No Permanent Profession License	a separate sheet. nited as a result of board disciplinary
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State

Telephone Number

ZIP Code

Street

City

OHS/LOS-010 (10/01)

, BOARD USE ONLY License Number 014 655 Date of Licensure;

Michigan Department of Consumer & Industry Services Board of Osteopathic Medicine and Surgery P.O. Box 30670 Lansing, Michigan 48909 (517) 335-0918 TTY (517) 373-7489

\$ 150.00 RCVd 5-13-02 P.M.

APPLICATION FOR LICENSE

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

Michigan as described in Article 7 of I	uired for every person who prescribes, Public Act 368 of 1978, as amended. I Branch, Drug En″orcement Administrati	Information on obtaining a Federal con	itrolled substance license may be
License by Examination Fe		nother State) Fee: \$150.00	
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(Last Name)	(First Name)	(Middle Name)	CONTROL OF MENTAL STREET, STRE
SMITH	JENNII	PER KRISTA	
All Previous Names and/or Birth Name Use	d (if applicable)		
Date of Birth		U.S. Social Security Number	
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EAST LAINSING	THE PARTY AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMI	State M /	ZIP Code 48823
Check the appropriate answer check.	to each of the following question	ns. NOTE: Attach a detailed ex	planation for any Yes answer you
1. Have you ever been convicte	d of a felony?	The second of the second of the second second of the second secon	TYES (1/NO
2. Have you ever been convicte of 2 years?	d of a misdemeanor punishable by	y imprisonment for a maximum ter	m gyes guno
Have you ever been convicted alcohol or a controlled substa	d of a misdemeanor invo/ving the ance (including motor vehicle violating	illegal delivery, possession, or use tions)?	e of TYES DINO
4. Have you been treated for su	bstance abuse in the past 2 years	?	O YES DANO
5. Have you ever been censure health care facility staff privile	d, or requested to withdraw from a eges involuntarily modified?	health care facility's staff or had y	our DYES DANO
6. Have you had 3 or more mal period?	practice settlements, awards, or ju	dgments in any consecutive 5 yea	TO YES ON
7. Have you had one or more sconsecutive 5 year period?	ettlements, awards, or judgments t	totaling \$200,000 or more in any	O YES DINO
8. Have you ever been denied t	he privilege of taking an examinati	ion by any state medical board?	YES NO
9. Have you ever had a federal or otherwise disciplined; bee you?	or state medical or controlled subs n denied a license; or currently hav	stance license revoked, suspende ve disciplinary action pending aga	d, inst TYES INO
10. Do you hold or have you eve	r held an osteopathic license in Mi er, the date issued, and the basis e directly to this board office. (A	for licensure. You must have ear	ch Marea Dino I
national origin, color, marital status.	istry Services will not discriminate aga disability or political beliefs. If you nee nake your needs known to this agency.	d assistance with reading, writiing, nea	x, religion, age, aring, etc., under the
State	License Number	Date of Issue	Basis for Licensure
MICHIGAN	5101014655	7/00-6/30/02	INTERNSHIP, RESIDENCE

Provide a complete chronological record	l of your educati	onal preparation.	Attach additional sheets if necessary.
Name and address of Institution	Dates of Attendance From To		Degree
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Provide a description of your intern train	ing experience.	 Attach additional	sheets if necessary.
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	CERTIFIC	CATION	
l understand that it is the policy of this agen process, and I authorize this agency to use history file search from the Central Records	the information br	wided in this annli	cation to obtain a conviction criminal
further consent to the release of informatio similar licensure, registration, or specialty be deeral government, or of another country.	n to this agency re ertification board o	egarding any discip f this or any other :	olinary investigations conducted by a state, of the United States military, of the
The statements in this application are true a se made on this application. In signing this rounds for denial of my application or revoc	application. I am a	ware that a false s	tatement or dishonest answer may be

National Board of Osteopathic Medical Examiners 8765 W. Higgins Road, Suite 200, Chicago, IL 60631 (773)714-0622 Fax (773)714-0631

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MAR 1 5 2004

Michigan Board of Osteopathic P.O. Box 30670 611 W. Ottawa Lansing, MI 48909-8170

DEPT OF CIE

NBOME OFFICIAL TRANSCRIPT

	The state of the s	oletion ate		Standard Score	
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I, Joseph F. Smoley, Ph.D., Executive Director of the National Board of Osteopathic Medical Examiners, Inc., do hereby certify the above to be a true report of the record of

Jennifer K. Smith, D.O.

awarded Certificate of Completion No. 37185 on April 3, 2001

March 10, 2004 **Date Prepared**

Joseph F. Smoley, PhD. **Executive Director**

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OHS/LC3-044 (10/01)

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Michigan Department of Consumer & Industry Services Board of Osteopathic Medicine and Surgery P.O. Box 30670

P.O. Box 30670 Lansing, Michigan 48909 (517) 335-0918 TTY (517) 373-7489 MAR J 1 2004

DEPT OF CIE

CERTIFICATION OF INTERNSHIP

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

Instructions Applicant complete Section I. Type or print your name exactly as it appears on your application. Send this form to be completed and mailed directly to this office by the medical director or superintendent of the Training Hospital where you served your internship.

Applicant: Upon completion of Section I, send this form to the medical director or superintendent of the training hospital where you served your internship.

THIS SIDE TO BE COMPLETED BY THE MEDICAL DIRECTOR OR SUPERINTENDENT

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.

SECTION II - CERTIFICATION OF INTERNSHIP

The particular was a supplicated from the particular department of the par	
Name of Hospital	
Ingham Regional Medical Confer Street Address of Hospital	
City, State and ZIP Code	
Lansing, mr 48910 I certify that Jennifer Krista Smith, DU (Applicant's Na	
I certify that Jennifer Krista Smith, Do	
(Applicant's Na	ime)
-er has completed one year of internship at the above named hospit	at havinning
71100 and ending 6/30/01	
Month/Day/Year And ending Month	/Day/Year
I certify that this internship is one year in duration; of a rotating type w	144
I certify that this internship is one year in duration; of a rotating type, wi	
Medicine, Surgery, Obstetrics or Obstetrics and Gynecology; and that	this Hospital is currently approved for the training
of interns by the American Osteopathic Association. I further certify the	at the above named physician has served an
apportioned time in each of the narned services and has satisfactorily p	Defformed his/her duties.
8-201-10	
Lordon C. Spirk Do	3.9.04
Authorized Signature	Date of Signature
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Gordon C. Spink, DU Print or Type Name	
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Director To land a Property	
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IMPORTANT: This certification <u>may not</u> be dated and submitted more the completion of a full year's internship.	han fifteen (15) days prior to the
completion of a rail your o intermetty.	

DRUG CONTROL LICENSE APPLICATION

Michigan Department of Community Health Board of Pharmacy P.O. Box 30670 Lansing, Mi 48909 (517) 335-0918 www.michigan.gov/healthlicense	DCH/LPH-070 (04/05)
DRUG CONTROL LICENSE APPLICATION Authority: Public Act 369 of 1978, as amended If this form is not completed, a license will not be issued.	Tran Info:510138 11921708~1 06/12/06
drug control license must be obtained by all licensed medical doctors, doctors for osteopathic medicine, podiatric medicine and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of practice. A drug control licenses not necessary if the dispensing involves only the issuance of complimentary terter dose drugs. A separate drug control license is required for each business ocation from which you routinely dispense drugs. YOUR DRUG CONTROL ICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL ICENSE.	Chk#: 15062 Amt: \$65.00 ID: 5101014655 Date of Licensure 7-20-00
vpe or Print Only	License Number 5315038476
NSTRUCTIONS	10,000 170
 ADDRESS CHANGES: If your name and/or address changes please notify the address, you can download the Data Change/Dupiicate License Request Form www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes. 	o Bureau of Health Professions, PO Boy
2. Your Drug Control license will expire with your current professional license. If y	your professional license expires in:
0-12 months the fee is \$45.00 13-24 months the fee is \$65.00	25-36 months the fee is \$85.00
3. 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 STA DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under re-	ATE OF MICHIGAN must accompany this application. efund rules promulgated by the Department.
YPE OF PROFESSIONAL LICENSE STATUS:	

Type or Print Only INSTRUCTIONS

	(Please Check One):	Have you ever had any health professional license
	□ 43 - 01 M.D. 71-4301-38	limited, suspended, revoked, denied, or surrendered?
	51 - 01 D.O. 71-5101-38	Yes B No
	□ 29 - 01 D.D.S. 71-2901-38	If Yes, please explain on separate sheet.
	59 - 01 D.P.M. 71-5901-38	Is your current professional license limited as a result of Board disciplinary action?
		☐ Yes 10 No
	Michigan Permanent I.D. Number Expiration D	Pate of License Social Security Number
	2101014055 121	31/07
	First Name Middle Name VIST	Last Name SMITA
ļ	hereby make application for a drug control license in Michigan and submit that	the statements and information above are true.
١		(0/7/1/10
١	Signature	Date
	Fleeseandicate below an address and response funds explicit	4—Turis Delestibed Conce him this application
L	37300 Dequindre Ste.10	1 Telephone Number 586 2481 700
Ľ	Sterling Heights State MI	ZIP Code 4831D
Т	he Denartment of Community Health will not discriminate against any individua	A or group he agree of any

te 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 American's with Disabilities Act, you may make your needs known to this agency.

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

DRUG CONTROL LICENSE APPLICATION

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

A drug control license must be obtained by all licensed medical doctors, docto of osteopathic medicine, podiatric medicine and dentists WHO ROUTINEL DISPENSE DRUGS from their principal place of practice. A drug control licens is not necessary if the dispensing involves only the issuance of complimenta starter dose drugs. A separate drug control license is required for each busines location from which you routinely dispense drugs. YOUR DRUG CONTRO LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONA LICENSE.

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lf y	your professional license expires in:	
	25-36 months the fee is \$85.00	
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	ATE OF MICHIGAN must accompany this application. efund rules promulgated by the Department.	

Type or Print Only

INSTRUCTIONS

- 1. ADDRESS CHANGES: If your name and/or address changes please notify address, you can download the Data Change/Duplicate License Request F www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the for 30670, Lansing, Mi 48909. Telephone calls are NOT accepted for these cha
- 2. Your Drug Control license will expire with your current professional license.

0-12 months the fee is \$45.00

13-24 months the fee is \$65.00

3. Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S fin ancial institution and made payable to the DO NOT SEND CASH. Fees are deposited coon receipt and can only be refunded und

TYPE	OF PROFESSIONAL LICENSE	STATUS:
(Pleas	se Check One):	Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
	43 - 01 M.D. 71-4301-38	☐ Yes ☑ No
X	51 - 01 D.O. 71-5101-38	If Yes, please explain on separate sheet.
	29 - 01 D.D.S. 71-2901-38	
0	59 - 01 D.P.M. 71-5901-38	Is your current professional license limited as a result of Board disciplinary action?
		☐ Yes ♥ No
Michiga	n Permanent I.D. Number Expiration I	L Date of License Social Security Number
5	70/0/4/055 12	131/07
First Na	Anifer Lrista	Last Name SMi+h
I hereby	make application for a drug control license in Michigan and submit that	t the statements and information above are true.
_	Sumply Known	6/29/06
	Signatule	Date
	Plass indicate between orders are the editing number of	erés ra sar benéarhed concert incrtas vipolication (1)
Street	35000 FORD Rd. 54.3	Telephone Number 7347214700
City	estland state MI	ZIP Code 48/85

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 American's with Disabilities Act, you may make your needs known to this agency.

DRUG CONTROL LICENSE APPLICATION

Type or Print Only INSTRUCTIONS

Michigan Department of Community Health Board of Pharmacy P.O. Box 30670 Lansing, MI 48909 (517) 335-0918 www.michigan.gov/healthlicense	DCH/LPH-070 (04/05)
DRUG CONTROL LICENSE APPLICATION Authority: Public Act 368 of 1978, as amended if this form is not completed, a license will not be issued. drug control license must be obtained by all licensed medical doctors, doc f osteopathic medicine, podiatric medicine and dentists WHO ROUTINE ISPENSE DRUGS from their principal place of practice. A drug control lices not necessary if the dispensing involves only the issuance of compliment tenter dose drugs. A separate drug control license is required for each busine cation from which you routinely dispense drugs. YOUR DEUG CONTRICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSION ICENSE.	ELY sinse stary sess sold section and sect
NSTRUCTIONS 1. ADDRESS CHANGES: If your name and/or address changes please not address, you can download the Data Change/Duplicate License Request www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the f 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these controls.	ify the Board in writing. To change a name or Form from our website form to Bureau of Health Professions, PO Box changes.
2. Your Drug Control license will expire with your current professional license	e. If your professional license expires in:
0-12 months the fee is \$45.00 13-24 months the fee is \$65.0	25-36 months the fee is \$85.00
3. 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 DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded upon the control of the	ne STATE OF MICHIGAN must accompany this application. Inder refund rules promulgated by the Department.

Your check or money order drawn on a U.S financial institution and made payable to the DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded und TYPE OF PROFESSIONAL LICENSE (Please Check One): 1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered? 43 - 01 M.D. 71-4301-38 No X 51 - 01 D.O. 71-5101-38 If Yes, please explain on separate sheet. 29 - 01 D.D.S. 71-2901-38 2. Is your current professional license limited as a result 59 - 01 D.P.M. 71-5901-38 of Board disciplinary action? Yes No Michigan Permanent I.D Number Expiration Date of License First Name Middle Narne Last Name I hereby make application for a drug control license in tatements and information above Signature Street Telephone Numbe State

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 American's with Disabilities Act, you may make your needs known to this agency.

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

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 manufacturers, 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.

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v	Date of Licensure	İ

License Number

Type or Print Only

Type of Finit Only				
INSTRUCTIONS				
1. 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)	13-2	24 mo	nths the fee	is \$160.00 (23757) 25-36 months the fee is \$235.00 (33757)
M.D./D.O. Applicants: This application the Physician Methadone Program.	n may	not be	used for ph	sysician methadone programs. Please request an application for
3. Allow up to six weeks for your paper li	cense	to arrh	/e.	
Your check or money order drawn on a U.S.f. DO NOT SEND CASH. Fees are deposited	inancial upon re	l institu eceipt a	tion and made and can only b	e payable to the STATE OF MICHIGAN must accompany this applic ition. e refunded under refund rules promulgated by the Department.
First Name TUNIFER	M	iddle N	ame 15	Last Name SMITH
Street Address 20755 BY PE	nj	hel	d #11	WF 248 5590590
city South field			Sta	119. 48075
TYPE OF PROFESSIONAL LICE	ENSE			STATUS:
(Please Check One): F	Regular	or E	Educational Lis	mited 1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
☐ 59 - 01 D.P.M. 71-5316		or	<u></u>	T Yes 🗗 No
□ 69 - 01 D.V.M. 71-5315		or		If Yes, please explain on separate sheet.
□ 43 - 01 M.D. 71-5315		or		2. Is your current professional license limited as a result
51 - 01 D.O. 71-5315	X	or		of Board disciplinary action?
49 - 01 O.D. 71-5330				
☐ 53 - 01 Pharmacy Store 71-5301				Michigan Permanent I.D. Number (as shown on your pocket card)
☐ 53 - 02 R.Ph. 71-5302				Expiration Date of License Social Security Number
☐ 53 - 06 Manuf./Wholesaler 71-5306				12/31/07
I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.				
Signature	WHI	7/	15/41	lm Date 6/1/84

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

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Tran Info:510137 11921700-2 Chk#: 15061 Amt: \$120.00 ID: 5101014655	06/12/06
c. CEberal Jee Pally	
Date of Licensure 14900	
License Number 53151281310	

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INSTRUCTIONS					
CONTROLLED SUBSTANCE FEE: If you already hold a professiona	initial (firs I license	it time) profe and your p	essional lice rofessiona	ense or relicensure of your professional license - \$85.00. al license expíres in:	
0-12 months the fee is \$65.00 (13757)	13-2	4 months th	e feo is \$16	60.00 (23757) 25-36 months the fee is \$235.00 (3375	57)
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3. Allow up to six weeks for your paper	license t	o arrive.			
Your check or money order drawn on a U.S DO NOT SEND CASH. Fees are deposite	S financial ed upon re	institution and ceipt and can	d made payal only be refui	able to the STATE OF MICHIGAN must accompany this application inded under refund rules promulgated by the Department.	on.
First Name Jenni Fer	Mid	ddle Name	Krist	ta Last Name Smith	
Street Address 37300 DEGV	line	dre	Sk.	102 Tel. phone Number 586 268 1700	
citySterling Heral	145		State	Mt 21P Code 48310	
TYPE OF PROFESSIONAL LAC	ENSE			STATUS:	
(Please Check One):	Regular	Education	onal Limited	Have you ever had any health professional license	~40
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53 - 01 Pharmacy Store 71-5301				Michigan Permanent I.D. Number (as shown on your pocket of	ard)
□ 53 - 02 R.Ph. 71-5302				Expiration Date of License Social Security Number	
53 - 06 Manuf./Wholesaler 71-530	6 🗆			Expiration Date of Ucense Social Security Number	
am applying for a controlled substance license in Michigan and certify that the statements and information above are true.					
Signature Dete 6 7 04 Signature of race sext religion, age, national origin, color					

The Department of Community Health will not discriminate against and individual or group because of race, sext religion, age, national origin, color, marital 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.

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

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 manufacturers, 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

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.

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Tran Info:510137 11921695-2 06	Y12/00
Chk#: 19184 Amt: \$120.00	
ID: 5101014655	
Tran Info:510157 11921695-1 06	12/06
Chk#: 19184 Amt: \$47.00	
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Date of Licensure	1
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License Number 53/5028437	
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ype or Print Only				
INSTRUCTIONS				
I. CONTROLLED SUBSTANCE FEE: If you already hold a professional	Initial (firs Nicense	st tin and	ne) professio I your profe	onal license or relicensure of your professional license - \$85.00. essional license expires in:
U-12 months the fee is \$85.00 (13757)	13-2	4 m	onths the fee	e is \$160.00 (23757) 25-36 months the fee is \$235.00 (33757)
. M.D./D.O. Applicants: This applicat the Physician Methadone Program.	ion may i	not b	oe used for p	physician methadone programs. Please request an application for
3. Allow up to six weeks for your paper	license t	o arı	rive.	
Your check or money order drawn on a U.S DO NOT SEND CASH. Fees are deposite	S financial ed upon re	instit ceipt	tution and mad and can only	nde payable to the STATE OF MICHIGAN must accompany this application. If you refunded under refund rules promulgated by the Department.
irst Name Tenni Fer	Mic	ddle	Name / St	Last Name SMI+h
3500 Ford	RO	<u>1</u> .	S	4.3 Telephone Number 7347214700
Westland			S	State MI ZIP Code 48185
TYPE OF PROFESSIONAL LIC	ENSE			STATUS:
(Please Check One):	Regular		Educational l	Limited 1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
🗇 29 - 01 D.D.S. 71-5315		or		Thes No
□ 59 - 01 D.P.M. 71-5315		or		[] 163
□ 69 - 01 D.V.M. 71-5 ²¹ 5		or		If Yes, please explain on separate sheet.
□ 43 - 01 M.D. 71-5315	0	or		Is your current professional license limited as a result of Board disciplinary action?
51 - 01 D.O. 71-5315	×	or		Ci Yes D No
□ 49 - 01 O.D. 71-5330				
☐ 53 - 01 Pharmacy Store 71-5301				Michigan Permanent I.D. Number (as shown on your pocket card)
53 - 02 R.Ph. 71-5302				Fxpiration Date of License Social Security Number
☐ 53 - 06 Manuf./Wholesaler 71-530	6 🗇			Expiration Date of License Social Security Number 12/3/1/27
am applying for a controlled substance	license	in M	lichigan and	I certify that the statements and information above are true.
Signature	7	Λ.	. 1/1	(SAIA) Date 1116

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