

4301 110961

Remen, Razel

Medical Doctor
June 27, 2016

CBC



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 241-0560
www.michigan.gov/bpl
BPLHelp@michigan.gov

**APPLICATION FOR A MEDICAL DOCTOR, LIMITED MEDICAL,
 CLINICAL ACADEMIC LIMITED OR EDUCATIONAL LIMITED LICENSE**

Authority: 1978 PA 368

Print or Type Clearly

Applicant's Name (First, Middle, Last) Razel Remen		10-Digit MI Permanent ID/License Number (If Applicable)	
U S Social Security # (New Applicants Only) [REDACTED]		Date of Birth (New Applicants Only) [REDACTED] 1977	
Address 35000 Ford Rd, Suite 3			
City Westland	State MI	Zip Code 48185	Country USA
Telephone Number (734) [REDACTED]		Email Address [REDACTED]@gmail.com	
List any other name or alias by which you have ever been known, including maiden name, if applicable: _____			
EDUCATIONAL LIMITED LICENSE INFORMATION ONLY:			
Name of Appointing Hospital			
Hospital Street Address			
City	State	Zip Code	
Program Name			
CHECK THE LICENSE/OBTAINED BY METHOD		FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> M.D. – By Endorsement	\$150.00 4301-09	License Number	Issue Date
<input type="checkbox"/> M.D. – By Exam	\$150.00 4301-01	110961	7-25-16
<input type="checkbox"/> M.D. – Relicensure	\$170.00 4301-06	TranInfo:430109 21423540-1 06/27/16	
<input type="checkbox"/> Controlled Substance	\$ 85.00 5315-3757	Chk#: 19681462157 Amt: \$150.00	
<input type="checkbox"/> Limited with Controlled Substance (check one below)		ID: [REDACTED]	
<input type="checkbox"/> Medical	\$170.00 4301-375703		
<input type="checkbox"/> Clinical Academic	\$170.00 4301-375705		
<input type="checkbox"/> Educational	\$170.00 4301-375705		
Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN, must accompany this request. DO NOT SEND CASH. Fees are non-refundable.			

LARA/BPL-MDNEWRELIC (Rev 2/16)

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.

Professional Education
(Attach additional sheets if necessary)

Name of School	Name of Educational Program
The University of Alabama, Tuscaloosa College of Community Health Sciences	Family Medicine Residency
La Universidad de la Habana	Escuela Latinoamericana de Medicina

Hospital Affiliations
List the name of each hospital with which you are employed or under contract, and each hospital in which you are allowed to practice.
(Attach additional sheets if necessary)

Name of Hospital Employed or Under Contract	Name of Hospital where Allowed to Practice

License(s) in Other State(s) and/or Country

List each state or country where you have ever held a medical profession license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed against that license or registration. (Attach additional sheets if necessary)

If you indicate there have been sanctions imposed against a license or registration, you must disclose the applicable state(s) and/or country and submit documentation that the sanction in the other state(s) and/or country is not permanent, that it was not the result of a patient safety violation, and you were required by the state(s) and/or country that imposed the sanction to participate in and complete a probationary period or treatment plan as a condition of the continuation of your licensure, and you did not complete the probationary period or treatment plan because you ceased engaging in the practice of medicine in that state(s) and/or country.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination, Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration?
See Attached				

Good Moral Character Questions

If you answer "yes" to either of the next two questions, you must submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable.

Have you ever been convicted of a felony?

Yes No

Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?

Yes No

Required Additional Documents:

All Applicants

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (*except those applicants seeking relicensure, if the license expired within the last three years*).

M.D. by Endorsement

Applicants for licensure by endorsement who have been licensed in another state and have practiced medicine for less than 10 years at the time of your application must submit the following:

- Certification of your examination scores submitted directly to this office from the examination agency. Score reports must be sent from either the Federation of State Medical Boards by visiting their website www.fsmb.org or the National Board of Medical Examiners (if tested May 1994 or earlier) www.nbme.org.
- Certification of successful completion of 2 years postgraduate clinical training in an active program approved by the Board. The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office.
- Verification of your Educational Commission for the Foreign Medical Graduates (ECFMG) certificate must be electronically submitted directly to this office from ECFMG, if you are a graduate of a foreign medical school. Go to www.ecfmg.org for information and instructions on how to arrange for your ECFMG status report to be sent to this office.

M.D. by Exam

Applicants for licensure by examination who are graduates of foreign medical schools must submit the following:

- A completed Certification of Medical Education for Graduates of Foreign Medical Schools form. This form must be completed and returned to this office directly from the medical school you attended.
- Certification of your examination scores submitted directly to this office from the examination agency. Score reports must be sent from either the Federation of State Medical Boards by visiting their website www.fsmb.org or the National Board of Medical Examiners (if tested May 1994 or earlier) www.nbme.org.
- Certification of successful completion of 2 years postgraduate clinical training in an active program approved by the Board. The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office.
- Verification of your Educational Commission for the Foreign Medical Graduates (ECFMG) certificate must be electronically submitted directly to this office from ECFMG. Go to www.ecfmg.org for information and instructions on how to arrange for your ECFMG status report to be sent to this office.

Applicants for licensure by examination who are graduates of medical schools located in the United States, its territories, the District of Columbia, or the Dominion of Canada, must submit the following:

- A completed Certification of Medical Education form. This form must be completed and returned to this office directly from the medical school you attended.
- Certification of your examination scores submitted directly to this office from the examination agency. Score reports must be sent from either the Federation of State Medical Boards by visiting their website www.fsmb.org or the National Board of Medical Examiners (if tested May 1994 or earlier) www.nbme.org.
- Certification of successful completion of 2 years postgraduate clinical training in an active program approved by the Board. The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office.

Section 17031 of PA 368 of 1978 states that the board may grant a full license to individuals who have held a Clinical Academic Limited License if the applicant has been engaged in the practice of medicine for not less than 10 years after completing the requirements for a degree in medicine located outside the United States or Canada.

- The applicant must have completed not less than 3 years of postgraduate clinical training in an institution that has an affiliation with a medical school that is listed in a directory of medical schools published by the World Health Organization (WHO). The Certification of Postgraduate Training form must be submitted directly to this office by the Director of Medical Education where you completed your postgraduate training.
- Certification of your examination scores submitted directly to this office from the examination agency. Score reports must be sent from either the Federation of State Medical Boards by visiting their website www.fsmb.org or the National Board of Medical Examiners (if tested May 1994 or earlier) www.nbme.org.
- A completed Certification of Medical Education form. This form must be completed and returned to this office directly from the medical school you attended.
- The Certification of Practice in an Academic Institution form must be submitted directly to this office by the Director of Medical Education where you practiced under the Clinical Academic license. You must have practiced under a clinical academic license for at least 2 years immediately preceding the date of application for a full license and during that time have functioned at least 800 hours per year in the observation and treatment of patients.

Limited Medical License from a Clinical Academic License

An applicant for this limited license must demonstrate the following:

- a. That the applicant has been engaged in the practice of medicine for at least ten years after completing the requirements for a degree in medicine obtained in an institution outside of the United States or Canada.
 - b. That the applicant has completed not less than three years of postgraduate clinical training in an institution that is affiliated with the World Health Organization (WHO).
 - c. That the applicant has safely and competently practiced medicine under a clinical academic limited license for one or more academic institutions located in this state and that the clinical academic license has been renewed the maximum of five times preceding the date of application for this limited license and that during that time the applicant functioned at least 800 hours per year in the observation and treatment of patients.
- A completed Certification of Medical Education form. This form must be completed and returned to this office directly from the medical school you attended.
 - Certification of successful completion of three years postgraduate clinical training in an active program approved by the Board. The Director of Medical Education where you completed your postgraduate training must submit the Certification of Postgraduate Training form directly to this office.
 - The Certification of Practice in an Academic Institution form must be submitted directly to this office by the Director(s) of Medical Education where you practiced under the Clinical Academic license. You must have renewed your clinical academic license the maximum of five times to qualify for the limited license.
 - The Certification of Appointment to a Michigan Academic Institution form certifying a teaching or research appointment to a Michigan academic institution must be completed and submitted directly to this office by the Director of Medical Education of the appointing institution.

Medical Clinical Academic Limited License

- A completed Certification of Medical Education form This form must be completed and returned to this office directly from the medical school you attended.
- The Certification of Appointment to a Michigan Academic Institution form certifying a teaching or research appointment to a Michigan academic institution must be completed and submitted directly to this office by the Director of Medical Education of the appointing institution.

Educational Limited License

Applicants who are graduates of a medical school located in the United States, its territories, the District of Columbia, or the Dominion of Canada, must submit the following:

- A completed Certification of Medical Education form. This form must be completed and returned to this office directly from the medical school you attended.
- The Certification of Appointment to a Michigan Training Hospital form submitted directly to this office by the hospital in which the training is to occur.

Applicants who are graduates of foreign medical schools must submit the following:

- A completed Certification of Medical Education for Graduates of Foreign Medical Schools form. This form must be completed and returned to this office directly from the medical school you attended.
- The Certification of Appointment to a Michigan Training Hospital form submitted directly to this office by the hospital in which the training is to occur
- Verification of your Educational Commission for the Foreign Medical Graduates (ECFMG) certificate must be electronically submitted directly to this office from ECFMG. Go to www.ecfm.org for information and instructions on how to arrange for your ECFMG status report to be sent to this office.

All active postgraduate clinical training programs accredited by the Accreditation Council of Graduate Medical Education (ACGME), the Liaison Committee on Medical Education (LCME), the Joint Commission on Accreditation of Hospitals (JCAH) or the National Joint Committee on Accreditation of Preregistration Physician Training Programs of the Canadian Medical Association are approved by the board. All hospitals accredited by the Joint Commission on Accreditation of Hospitals (JCAH) are board approved.

All medical schools accredited by the Liaison Committee on Medical Education (LCME) are approved by the Board.

FEDERATION CREDENTIALS VERIFICATION SERVICE:

- The Michigan Board of Medicine now accepts the Federation Credentials Verification Service (FCVS). The Federation of State Medical Boards (FSMB) makes this service available to applicants. The FCVS verifies a physician's basic credentials with primary sources. Those credentials include postgraduate training, examination history, ECFMG certification and board action history. FCVS does NOT provide licensure verification from other states.
- Please note that the use of the FCVS is strictly voluntary on the part of the applicant. The Michigan Board of Medicine reserves the right to request additional information from the applicant during the application review process.
- If you are interested in receiving more information or have any questions regarding this service, please contact the FSMB by visiting their website at www.fsmb.org.

CERTIFICATION AND SIGNATURE

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, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838. Further, if I am applying for relicensure and sign below, I certify that I have completed the required number of continuing education credits.


Signature

06/22/2016

Date

Razel Remen, MD
DOB: [REDACTED] 977
Application for Michigan Medical License
List of All Medical Licenses Ever Held

STATE	LICENSE NUMBER	DATE ISSUED	HOW OBTAINED	SANCTIONS IMPOSED
New York	280303-1	06/09/2015	Examination	None
Georgia	73634	04/12/2014	Examination	None
Alabama <i>Ltd.</i>	L.3632R	05/29/2012	Examination	None
New Mexico <i>Resident</i>	RS2010-0547	08/23/2010	Examination	None



RECEIVED

JUN 27 2016

LARA

Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 241-0560
www.michigan.gov/bpl
 BPLHelp

CERTIFICATION OF POSTGRADUATE TRAINING
 Authority: 1978 PA 368

This form must be submitted directly to this office by the director of medical education office. If this form is submitted by the applicant, it will not be accepted.

Section of Form to be Completed by Applicant:

Applicant's Name (First, Middle, Last) Razel Remen		Date of Birth [REDACTED] 1977
Address [REDACTED]		
City Brooklyn	State New York	Zip Code 11238
Telephone Number (205) [REDACTED]	Email Address [REDACTED]@gmail.com	
Name of Medical School Escuela Latinoamericana de Medicina		
Applicant's Signature 		Date 6/20/2016

Remainder of Form to be Completed by Director of Medical Education:

Name of Hospital or Institution University of Alabama Family Medicine Residency - Tuscaloosa		
Address of Hospital or Institution 850 5th Avenue East		
City Tuscaloosa	State AL	Zip Code 35401

CERTIFICATION AND SIGNATURE

I certify the applicant named above has successfully completed postgraduate clinical training offered by the hospital or institution named above from 07/01/2012 to 06/30/2015, in the clinical area of Family Medicine
(Month/Day/Year) (Month/Day/Year)

This is an active program accredited by the ACGME, the Liaison Committee on Medical Education, the Joint Commission on Accreditation of Hospitals or the National Joint Committee on Accreditation of Preregistration Physician Training Programs of the Canadian Medical Association.

Signature of Director of Medical Education

Date

Richard D. Friend, MD, Program Director

06/20/2016

Print or Type Name of Director of Medical Education

(Seal) If hospital has no seal, please indicate.

NOTE: Certification of Postgraduate Training will not be accepted if signed and submitted more than 15 days prior to actual completion.



United States Medical Licensing Examination (USMLE) Certified Transcript of Scores

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 –Telephone (817)868-4000

Recipient:

Date: 06/23/2016

MICHIGAN BOARD OF MEDICINE

Examinee: Remen, Razel

Examinee ID: 06780530

Alt Name(s):

Date of Birth: [REDACTED] 1977

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
10/19/2006	Pass	[REDACTED]	(182)	
9/7/2005	Fail	[REDACTED]	(182)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
8/18/2008	Pass	[REDACTED]	(184)	

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
2/16/2010	Pass			
6/9/2009	Fail			

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
9/16/2013	Pass	[REDACTED]	(190)	

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee



MICHIGAN BOARD OF MEDICINE
LICENSING EXECUTIVE
BUREAU OF HEALTH PROFESSIONS
611 W OTTAWA ST., 1ST FL.
LANSING, MI, 48933

State Board Code:

023

Please include this number on all requests

ECFMG® CERTIFICATION STATUS REPORT

USMLE™/ECFMG Identification Number: 0-678-053-0

Applicant's Name: Razel Remen

Applicant's Date of Birth: [REDACTED] 1977

ECFMG Certified: Yes

Certificate Issue Date: 04/01/2010

English Test Valid Through: Valid Indefinitely

Clinical Skills Assessment Valid Through: Valid Indefinitely

Passing Performance on Medical Science Examinations. Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	19 Oct 2006	*	*
USMLE Step 2 CK	18 Aug 2008	*	*

Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date
USMLE Step 2 CS	16 Feb 2010

Name of Medical School and Country: Escuela Latinoamericana de Medicina, Habana, CUBA

Degree Year: 2009

† Medical Education Credentials Status: Complete

This information is reported directly from ECFMG computer records and is current as of 06/26/16.

How to Verify the Authenticity of this Report:

This report was issued to the named recipient on the date shown below. To verify the authenticity of this report, visit <https://cvsonline2.ecfmg.org/verify/verify.aspx> and enter the unique verification code at the bottom of the report. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

* To obtain a complete history of and scores for USMLE Step examination(s) that may have been taken by this individual, contact the appropriate registration entity to request a USMLE transcript.

† Since July 1986, ECFMG has verified medical school credentials directly with the medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG certification for the purpose for which the physician provided authorization.

Report Verification Code: IFNQGLVPIQ

430110961

Remen, Razel

CS - 3

August 08, 2016

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Health Care Services
 Health Licensing Division
 PO Box 30670
 Lansing, MI 48909
 (517) 335-0918
www.michigan.gov/healthlicense

LARA/LPH-075 (06/14)

FOR BOARD USE ONLY	
License #	5315078874
Issue Date	8-29-2016

TranInfo:430138 21509715-1 08/18/16
 Chk#: 106 Amt: \$45.00
 ID: 4301110961

DRUG CONTROL ADDITIONAL LOCATION LICENSE APPLICATION

A drug control license must be obtained by all licensed medical doctors, doctors of osteopathic medicine, podiatrist, optometrists, and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of practice. A drug control license is not necessary if the dispensing involves only the issuance of complimentary starter dose drugs. YOUR DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE. All practitioners who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162b(d).

INSTRUCTIONS

- DO NOT SUBMIT THIS APPLICATION AND FEE UNTIL YOU HAVE OBTAINED YOUR LICENSE NUMBER FROM YOUR PROFESSIONAL BOARD. If your license address has changed since you have applied for professional licensure, download the Data Change/Duplicate License Request Form from our website and fax it to (517) 373-2179 or mail it to the address above
- Your Drug control license will expire with your current professional license. If 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

Please select the license type you are applying for from the drop down list below:

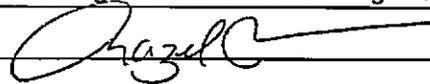
Medical Doctor Expiring 0-12 Months Fee: \$45.00 71-4301-38

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: Razel	Middle Name:	Last Name: Remen
U.S. Social Security #: [REDACTED]	Email Address: [REDACTED]@mail.com	
Michigan Health Professional ID/License Number: 4 3 0 1 1 1 0 9 6 1	Expiration Date: 01/30/2017	
Additional Location Street Address: 19305 West 7 Mile Road	Bldg/Ste #:	
City: Detroit	State: Michigan	Zip Code: 48219
Phone Number: (313) 538-2020		
<p>Note: If you answer "yes" to the question below, you must provide a detailed explanation with copies of all official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.</p>		
<p>1. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please explain		

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.

Signature of Applicant



Date

8/16/2014

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Health Care Services
 Health Licensing Division
 PO Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

LARA/LPH-090 (09/14)

FOR BOARD USE ONLY	
License #	5315078875
Issue Date	8-29-2016

TranInfo: 531557 21491065-1 08/08/16
 Chk#: 2093 Amt: \$20.00
 ID: [REDACTED]

CONTROLLED SUBSTANCE LICENSE APPLICATION

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 3.68 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 only prescribe controlled substances at more than one location, you only need one controlled substance license. All practitioners, and veterinarians who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162d. **YOUR ADDITIONAL CONTROLLED SUBSTANCE LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.**

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

INSTRUCTIONS

- ADDRESS CHANGES FOR PRACTITIONERS:** If your license address has changed since you have applied for professional licensure, download the Data Change/Duplicate License Request Form from our website and fax it to (517) 373-7179 or mail it to the address above.
- 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 13-24 months the fee is \$160.00 25-36 months the fee is \$235.00
- M.D./D.O. Applicants.** This application may not be used for physicians who are prescribing for drug treatment programs. Please request an application for the Prescribing Physician in a Drug Treatment Program.
- 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.

Please select the license you are applying for from the drop down list below:

Medical Doctor Expiring in 0-12 Months Fee: \$85.00 71-5315-13757

TranInfo: 531537 21491065-2 08/08/16

Business Name: Northland Family Planning

Chk#: 2093 Amt: \$65.00
 ID: [REDACTED]

First Name: Razel

Middle Name:

Last Name: Remen

Street Address: 24450 Evergreen RD

Apt/Bldg #: Ste.220

City: Southfield

State: Michigan



Zip Code: 48075

Michigan Health Professional ID/License Number: 4 3 0 1 1 1 0 9 6 1

Expiration Date: 01/31/2017

U.S. Social Security #: [REDACTED]

Phone Number: 2485590590

Note: If you answer "yes" to the question below, you must provide a detailed explanation with copies of all official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

1. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?
- Yes
 No

If yes, please explain

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

Signature of Applicant

Date

8/1/2016

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services

LARA/LPH-090 (09/14)

FOR BOARD USE ONLY	
License #	5315078876
Issue Date	8-29-2016

Health Licensing Division
PO Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

TranInfo: 531557 21491072-1 08/08/16
Chk#: 1913 Amt: \$20.00
ID: [REDACTED]

CONTROLLED SUBSTANCE LICENSE APPLICATION

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 3.68 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 only prescribe controlled substances at more than one location, you only need one controlled substance license. All practitioners, and veterinarians who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162d. **YOUR ADDITIONAL CONTROLLED SUBSTANCE LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.**

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- 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 13-24 months the fee is \$160.00 25-36 months the fee is \$235.00
- M.D./D.O. Applicants:** This application may not be used for physicians who are prescribing for drug treatment programs. Please request an application for the Prescribing Physician in a Drug Treatment Program.
- 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.

Please select the license you are applying for from the drop down list below:

Medical Doctor Expiring In 0-12 Months Fee: \$85.00 71-5315-13757

Business Name: Northland Family Planning		TranInfo: 531337 21491072-2 08/06/16
		Chk#: 1913 Amt: \$65.00
First Name: Razel	Middle Name:	Last Name: Remen
Street Address: 3810 17 Mile Rd.		Apt/Bldg #: Ste.1
City: Sterling Heights	State: Michigan <input type="button" value="v"/>	Zip Code: 48310
Michigan Health Professional ID/License Number: 4 3 0 1 1 1 0 9 6 1	Expiration Date: 01/31/2017	
U.S. Social Security #: [REDACTED]	Phone Number: 5862681700	

Note: If you answer "yes" to the question below, you must provide a detailed explanation with copies of all official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

1. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country? Yes No

If yes, please explain

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

Signature of Applicant Date 8/1/2016

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Health Care Services
 Health Licensing Division
 PO Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

LARA/LPH-090 (09/14)

FOR BOARD USE ONLY	
License #	53150788 77
Issue Date	8-29-2016

TranInfo:430137 21491433-1 08/08/16
 Chk#: 1955 Amt: 165.00
 ID: 4301110961

CONTROLLED SUBSTANCE LICENSE APPLICATION

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 3.68 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 only prescribe controlled substances at more than one location, you only need one controlled substance license. All practitioners, and veterinarians who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162d. **YOUR ADDITIONAL CONTROLLED SUBSTANCE LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.**

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

INSTRUCTIONS

- ADDRESS CHANGES FOR PRACTITIONERS:** If your license address has changed since you have applied for professional licensure, download the Data Change/Duplicate License Request Form from our website and fax it to (517) 373-7179 or mail it to the address above.
- 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 13-24 months the fee is \$160.00 25-36 months the fee is \$235.00
- M.D./D.O. Applicants:** This application may not be used for physicians who are prescribing for drug treatment programs. Please request an application for the Prescribing Physician in a Drug Treatment Program.
- 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.

Please select the license you are applying for from the drop down list below:

Medical Doctor Expiring In 0-12 Months Fee: \$85.00 71-5315-13757 ▼

Business Name: Northland Family Planning

First Name: Razel Middle Name: Last Name: Remen

Street Address: 35000 Ford Rd. Apt/Bldg #: Ste.3

City: Westland State: Michigan ▼ Zip Code: 48185

Michigan Health Professional ID/License Number: 4 3 0 1 1 1 0 9 6 1 Expiration Date: 01/31/2017

U.S. Social Security #: XXXXXXXXXX Phone Number: 7347214700

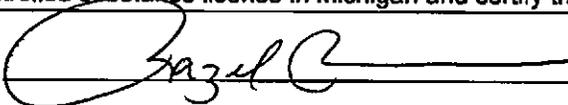
Note: If you answer "yes" to the question below, you must provide a detailed explanation with copies of all official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

1. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country? Yes No

If yes, please explain

TranInfo:430157 21491433-2 08/08/16
 Chk#: 1955 Amt: 120.00
 ID: 4301110961

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

Signature of Applicant  Date 8/1/2016

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.

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Health Care Services
 Health Licensing Division

LARA/LPH-070 (06/14)

PO Box 30670
 Lansing, MI 48909
 (517) 335-0918

www.michigan.gov/healthlicense

TranInfo:430138 21493058-1 08/08/16
 Chk#: 2094 Amt: \$45.00
 ID: 4301110961

FOR BOARD USE ONLY	
License #	5315078878
Issue Date	8-29-2016

DRUG CONTROL LICENSE APPLICATION

A drug control license must be obtained by all licensed medical doctors, doctors of osteopathic medicine, podiatrists, optometrists, and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of practice. A drug control license is not necessary if the dispensing involves only the issuance of complimentary starter dose drugs. YOUR DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE. All practitioners who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162b(d).

INSTRUCTIONS

- DO NOT SUBMIT THIS APPLICATION AND FEE UNTIL YOU HAVE OBTAINED YOUR LICENSE NUMBER FROM YOUR PROFESSIONAL BOARD. If your license address has changed since you have applied for professional licensure, contact your board immediately for an address change form. This drug control license will be issued to the address on file with the Board.
- Your Drug control license will expire with your current professional license. If 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

Please select the license type you are applying for from the drop down list below:

Medical Doctor Expiring 0-12 Months Fee: \$45.00 71-4301-38

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: Razel	Middle Name:	Last Name: Remen
U.S. Social Security #: [REDACTED]	Email Address: tania@northlandfamilyplanning.com	
Michigan Health Professional ID/License Number: 4 3 0 1 1 1 0 9 6 1	Expiration Date: 01/31/2017	
Street Address: 24450 Evergreen Rd	Bldg/Ste #: Ste. 220	
City: Southfield	State: Michigan	Zip Code: 48075
Phone Number: 2485590590		

Note: If you answer "yes" to the question below, you must provide a detailed explanation with copies of all official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

1. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?
- Yes
 No

If yes, please explain

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.

Signature of Applicant *Razel* Date 8/1/2016

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Health Care Services
 Health Licensing Division
 PO Box 30670
 Lansing, MI 48909
 (517) 335-0918
www.michigan.gov/healthlicense

LARA/PH-070 (06/14)

TransInfo: 430138 21493056-1 08/08/16
 Chk#: 1956 Amt: \$45.00
 ID: 4301110961

FOR BOARD USE ONLY	
License #	5315078879
Issue Date	8-29-2016

DRUG CONTROL LICENSE APPLICATION

A drug control license must be obtained by all licensed medical doctors, doctors of osteopathic medicine, podiatrists, optometrists, and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of practice. A drug control license is not necessary if the dispensing involves only the issuance of complimentary starter dose drugs. YOUR DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE. All practitioners who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162b(d).

INSTRUCTIONS

- DO NOT SUBMIT THIS APPLICATION AND FEE UNTIL YOU HAVE OBTAINED YOUR LICENSE NUMBER FROM YOUR PROFESSIONAL BOARD. If your license address has changed since you have applied for professional licensure, contact your board immediately for an address change form. This drug control license will be issued to the address on file with the Board.
- Your Drug control license will expire with your current professional license. If 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

Please select the license type you are applying for from the drop down list below:

Medical Doctor Expiring 0-12 Months Fee: \$45.00 71-4301-38

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: Razel	Middle Name:	Last Name: Remen
U.S. Social Security #: [REDACTED]	Email Address: tania@northlandfamilyplanning.com	
Michigan Health Professional ID/License Number: 4 3 0 1 1 1 0 9 6 1	Expiration Date: 01/31/2017	
Street Address: 35000 Ford Rd	Bldg/Ste #: Ste. 3	
City: Westland	State: Michigan	Zip Code: 48185
Phone Number: 7347214700		
<p>Note: If you answer "yes" to the question below, you must provide a detailed explanation with copies of all official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.</p>		
<p>1. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please explain		
I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.		

Signature of Applicant Date 8/6/2016

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Health Care Services
 Health Licensing Division

LARA/LPH-070 (06/14)

PO Box 30670
 Lansing, MI 48909
 (517) 335-0918

www.michigan.gov/healthlicense

TranInfo:430138 21491068-1 08/08/16
 Chk#: 1914 Amt: \$45.00
 ID: [REDACTED]

FOR BOARD USE ONLY	
License #	5315078880
Issue Date	8-29-2016

DRUG CONTROL LICENSE APPLICATION

A drug control license must be obtained by all licensed medical doctors, doctors of osteopathic medicine, podiatrists, optometrists, and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of practice. A drug control license is not necessary if the dispensing involves only the issuance of complimentary starter dose drugs. YOUR DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE. All practitioners who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162b(d).

INSTRUCTIONS

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 0-12 months the fee is \$45.00 13-24 months the fee is \$65.00 25-36 months the fee is \$85.00

Please select the license type you are applying for from the drop down list below:

Medical Doctor Expiring 0-12 Months Fee: \$45.00 71-4301-38

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: Razel	Middle Name:	Last Name: Remen
U.S. Social Security #: [REDACTED]	Email Address: tania@northlandfamilyplanning.com	
Michigan Health Professional ID/License Number: 4301110961	Expiration Date: 01/31/2017	
Street Address: 3810 17 Mile Rd	Bldg/Ste #: Ste. 1	
City: Sterling Heights	State: Michigan	Zip Code: 48310
Phone Number: 5862681700		

Note: If you answer "yes" to the question below, you must provide a detailed explanation with copies of all official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

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- Yes
 No

If yes, please explain

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.

Signature of Applicant Razel Date 8/1/2016

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services

LARA/LPH-090 (09/14)

FOR BOARD USE ONLY	
License #	5315078881
Issue Date	8-29-2016

Health Licensing Division
PO Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

TranInfo:531537 21509714-1 08/18/16
Chk#: 105 Amt: \$20.00
ID: 430110961

CONTROLLED SUBSTANCE LICENSE APPLICATION

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 3.68 of 1978, as amended.

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

INSTRUCTIONS

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- 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	13-24 months the fee is \$160.00	25-36 months the fee is \$235.00
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- M.D./D.O. Applicants** This application may not be used for physicians who are prescribing for drug treatment programs. Please request an application for the Prescribing Physician in a Drug Treatment Program
- 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.

Please select the license you are applying for from the drop down list below:

Medical Doctor Expiring in 0-12 Months Fee: \$85.00 71-5315-13757

TranInfo:531537 21509714-2 08/18/16
Chk#: 105 Amt: \$85.00
ID: 430110961

Business Name: Scotsdale Women's Center

First Name: Razel

Middle Name:

Last Name: Remen

Street Address: 19305 West 7 Mile Road

Apt/Bldg #:

City: Detroit

State: Michigan

Zip Code: 48219

Michigan Health Professional ID/License Number

4 3 0 1 1 1 0 9 6 1

Expiration Date: 01/31/2017

U.S. Social Security #:

Phone Number:

(313) 538-2020

Note: If you answer "yes" to the question below, you must provide a detailed explanation with copies of all official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

- Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?
 Yes
 No

If yes, please explain

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

Signature of Applicant

Date

8/16/16