

5315089082

9/18/2017

**CONTROLLED SUBSTANCE LICENSE APPLICATION**

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 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- \$85.85  
 If you already hold a professional license and your professional license expires in:
  - 0-12 months the fee is \$85.85
  - 13-24 months the fee is \$161.60
  - 25-36 months the fee is \$237.35
- M/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. TranInfo: 531537 22353107-1 09/07/17

Medical Doctor Expiring 0-12 Months Fee: \$85.85 71 5315-13757  
 Chk#: 22075 Amt: \$65.65  
 ID: 4301113642

Business Name: Summit of Detroit, PC  
 TranInfo: 531537 22353107-2 09/07/17  
 Chk#: 22075 Amt: \$20.20  
 ID: 4301113642

First Name: Jonathan Middle Name: Todd Last Name: Foster

Street Address: 15801 West McNichols Rd Apt/Bldg #:

City: Detroit State: MI Zip Code: 48235

Michigan Health Professional ID/License Number: 4301113642 Expiration Date: 01/31/18

U.S. Social Security #: [REDACTED] Phone Number: 313-272-8450

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: 9/26/17

5315089083  
 9-18-2017

**DRUG CONTROL LICENSE APPLICATION**

A drug control license must be obtained by all licensed medical doctors, doctors of osteopathic medicine, podiatrists, optometrists, dentists, and physician's assistants 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)

TransInfo: 430138 2353105-1 09/07/17  
 Chk#: 22074 Amt: \$45.45  
 ID: 4301113642

**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 \$45.45      13-24 months the fee is \$65.65      25-36 months the fee is \$85.85

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

Medical Doctor Expiring 0-12 Months Fee: \$45.45 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: Jonathan	Middle Name: Todd	Last Name: Foster
U.S. Social Security #: [REDACTED]	Email Address: Tanya@SummitCenters.com	
Michigan Health Professional ID/License Number: 430113642	Expiration Date: 01/31/18	
Street Address: 15801 West McNichols Rd		Bldg/Ste #:
City: Detroit	State: MI	Zip Code: 48235
Phone Number: 313-272-8450		

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 [Signature] Date 8/26/17

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
ONLINE APPLICATION FOR A MEDICAL DOCTOR  
OBTAINED BY WEB ENDORSEMENT >= 10 YEARS

Amount Paid - \$151.50  
Date Paid - 05/08/2017

License #

4301-113642

License #

Issue Date

8/18/2017

FIRST NAME:

Jonathan

MIDDLE NAME:

Todd

LAST NAME:

Foster

SUFFIX:

SSN:

[REDACTED]

DATE OF BIRTH:

[REDACTED] 1954

DAYTIME TELEPHONE NUMBER:

860 [REDACTED]

License Address - 15801 West McNichols Rd  
Detroit MI 48235  
United States

Email Address - tanya@summitcenters.com

APPLICATION QUESTIONS

<!--BPL_edP q1-->List any other name or alias by which you have ever been known, including maiden name, if applicable.	n/a
<!--BPL_edP q2-->Name of School	Yale University
<!--BPL_edP q3-->Name of Educational Program	School of Medicine
<!--BPL_edP q4-->Name of School	Harvard University
<!--BPL_edP q5-->Name of Educational Program	Residency
<!--BPL_edP q6-->Name of School	Pace University
<!--BPL_edP q7-->Name of Educational Program	Bachelor of Science
<!--BPL_edP q8-->Name of School	n/a
<!--BPL_edP q9-->Name of Educational Program	n/a
<!--BPL_edP q10-->Do you have hospital affiliation(s)?	Y
<!--BPL_edP q11-->Name of Hospital Employed or Under Contract:	Waterbury Hospital, Waterbury CT
<!--BPL_edP q12-->Name of Hospital where Allowed to Practice:	Waterbury Hospital/St Mary's Hospital - Waterbury, CT
<!--BPL_edP q13-->Have you ever held a medical profession license in another state or country?	Y
<!--BPL_edP q14-->State/Country:	CT
<!--BPL_edP q15-->Permanent License/Registration Number:	0337533
<!--BPL_edP q16-->Date of Issuance:	05/27/1994

<!--BPL\_edP q18-->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. If you indicate there are pending disciplinary proceedings, you must submit documentation that they are not pending at the time of this application

n/a

<!--BPL\_edP q19-->Have You Ever Had Sanctions Imposed Against this License/Registration OR are there Pending Disciplinary Proceedings?

N

<!--BPL\_edP q20-->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.

N

<!--BPL\_edP q21-->Have you ever been convicted of a felony?

N

<!--BPL\_edP q22-->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?

N

<!--BPL\_edP q23-->I understand that entering my name in the box to the right constitutes my electronic signature attesting to the following: <br>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.

Jonathan T Foster,  
MD

**EDUCATION**

School Name

DATE DATE  
FROM TO

Revised  
JR  
JH



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

August 10, 2017

Lara  
Bureau of Professional Licensing  
PO Box 30670  
Lansing, MI 48909-8170  
BPLdata@michigan.gov

RECEIVED

AUG 10 2017

DEPARTMENT OF LICENSING & REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
LICENSING DIVISION

TO WHOM IT MAY CONCERN:

VERIFICATION OF LICENSURE

This is to certify that the records of the Connecticut Department of Public Health indicate that:

JONATHAN T FOSTER, MD

Was issued Connecticut: Physician/Surgeon License  
Date of Issuance: 05/27/1994  
License Number: 33753  
Expiration Date: 03/31/2018  
Status of License: ACTIVE, PRIOR DISCIPLINE  
Past or Pending Disciplinary History: Yes

Disciplinary History

Past or pending public disciplinary action:

There has been no public disciplinary action  
Public action taken, see attached

\_\_\_\_\_X\_\_\_\_\_

Past or pending confidential action taken:

There has been no confidential disciplinary action  
Complaint under investigation, see attached  
Confidential action taken, see attached  
Other, see attached

\_\_\_\_\_X\_\_\_\_\_

Sincerely,

*Stephen B. Carragher*

Stephen B. Carragher  
Public Health Services Manager  
Practitioner Licensing and Investigations Section

Printed by: Celeste Dowdell



Phone: (860) 509-7603  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12 APP  
P.O. Box 340308 Hartford, CT 06134  
An Equal Opportunity Employer