

5315088755 Bureau of Professional Licensing PO Box 30670 • Lansing, MI 48909

8-22-2017

Telephone: (517) 335-0918 www.michigan.gov/bpl BPLHelp@michigan.gov

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 3.68 of 1978, as amended.

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Information on obtaining a Federal controlled substance Incense 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

- 1. 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.
- 2 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

- 3. 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.
- 4. 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. Feet are denosited upon receipt and can only be refunded under refund rules promutgated by the Denartment

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Business Name: Northland Fam	ily F	Pla	ını	nir	ıg	C	er	ite	ers	;		- ID: - 4301111613
First Name: Kimberly	Middl	e N	ame	. :T	hei	res	е				Į	Last Name:Remski
Street Address: 24450 Evergree	en R	₹d										Apt/Bldg #:220
city:Southfield		Sta	ite:	M								Zip Code: 48075
Michigan Health Professional ID/License Nu	mber:	4	3	0	1	1	1	1	6	1	3	Expiration Date: 01/31/2018
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Note: If you answer "yes" to the question belo documents related to your explanation along deemed incomplete and processing will be de-	with yo	mL	ıst ç	YOK	de	a de	taik	ed e	ılqx	ınat	ion	with copies of all official and/or court
Have you ever been fined, denied, revoked, su or the subject of a final adverse action by a lice of or applicant for, a license or registration regi the United States military, the federal government.	ensure, i	regi: y th	strat is st	ion, ate,	disc ano	iplin th e r	агу (OF C	ertifi	cati	on b	board as a holder
If yes, please explain												TranInfo:531537 22297738-2 08/64/17 Chk#: 2276 Amt: 165.65 ID: 4301111613
I am applying for a controlled substance lice	nșe in	Mic	hig	an a	nd	certi	fy t	nat	the	stat	eme	nents and information above are true.
Signature of Applicant	interl	y	Τ.	Ke	mt	kı —						07/27/17 Date
The Department of Licensing and Regulatory Affairs will not dis	scriminate	aga	nsl s	ny ind	iividu	al or g	roup	bec	3US0	of rac	co, se	ex, religion, age, national ongin, color, mantal status,

LARA/LPH-090 (09/16)



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53/5088 776 Bureau of Professional Licensing PO Box 30670 • Lansing, MI 48909 Telephone: (517) 335-0918 www.michigan.gov/bpl BPLHelp@michigan.gov

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Please select the license you are app	plying	for	fro	m	the	dr	ор	dov	vn I	list	bel						## n /	. ,		, .
Medical Doctor Expiring 0-12 Months	s Fee:	\$8	5.8	5 7	'1 8	531	5-1	37	57			frant Chk#:	210	5	Ant		20.20	_	V3/	
Business Name: Northland Fam	ily F	Pla	nr	nir	ıg	C	er	ite	ers	;		193	/13011	(FJU:	IJ					
First Name: Kimberly	Middl	e N	ame	;Ti	nei	res	е				L	ast N	ame:	Re	ms	ki				
Street Address: 3810 17 Mile Ro	d											Apt/	Bldg	#:1						
city:Sterling Heights		Sta	te:	ΛI									Zip	Cod	e:4	18	31	0		
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U.S. Social Security #:					Ph	юnе	Nu	mb	er:5	86	3-2	58-1	700)						
Note: If you answer "yes" to the question bek documents related to your explanation along deemed incomplete and processing will be de	with yo																			
Have you ever been fined, denied, revoked, su or the subject of a final adverse action by a lice of or applicant for, a license or registration regulated United States military, the federal government of the United States and the federal government of the subject of the federal government of the fe	ensure, ulated b	regia y thi	strati is sta	on, ite,	disc ano	iplin ther	агу	OF C	ertifi	cati	on b of t	oard a le Uni Irani Chkii:	s a ho ted S	older lates 1315 15	57 Aut	227	L. L.	es o	03/	04/17
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I am applying for a controlled substance lice	ınse in	Mic	higa	n a	nd (certi	ify t	hat	the	sta	teme	ents a	nd in	form	atio	m a	bove	are	true	
Signature of Applicant Linkely	T. F) un	, le									Da	ate	C	7/27	7/17				

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, mantal 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. LARA/LPH-090 (09/16)



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Signature of Applicant

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TranInfo:531557 22299251-2 08/07/17

07/29/2017

Chk#: i4606 Amt: \$20.20 ID: 4301111613

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Please select the license you are app	olying	for	from	the	drop	dow	n list l	belo	w:				
Medical Doctor Expiring 0-12 Months	Fee	: \$8	5.85	71 5	315-	1375	57		TranI	nfo:531537	2229	99251-3	08/07/17
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First Name: Kimbery	Middl	e Na	me: T	he	rese)	_	La	ast Na	_{me:} Ren	nski		
Street Address: 19305 West 7 Mile	e Ro	1							Apt/E	3ldg #:			
City: Detroit		State	e: M	l						Zip Code:	482	219	
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Note: If you answer "yes" to the question belo documents related to your explanation along to deemed incomplete and processing will be de	with yo	our ap											
 Have you ever been fined, denied, revoked, sus or the subject of a final adverse action by a lice of or applicant for, a license or registration regulated the United States military, the federal government 	nsure, ılated b	regist by this	tration, state,	disci anot	iplinary her sta	or ce	rtificatio	n bo	ard as	a holder		Yes No	
If yes, please explain													
I am applying for a controlled substance lice	nse in	Mich	igan a	and c	ertify	that th	ne state	eme	nts ar	nd informat	ion ab	ove are	true.
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First Name: Kimberly	iddle	Na	me:	Th	er	res	е				l	Last Na	ıme;R	ems	ki			
Street Address: 35000 Ford Rd.										-		Apt/I	31dg #:	3				
city:Westland	s	State	e: \	ΛI									Zip C	ode:4	81	85		
Michigan Health Professional ID/License Numb	er: 4	4	3	0	1	1	1	1	6	1	3	Ехрі	ration I	Date: (01/	31/2	20	18
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Have you ever been fined, denied, revoked, suspe or the subject of a final adverse action by a licensu of or applicant for, a license or registration regulate the United States military, the federal government.	ire, re ed by	gist this	tratic s stat	on, c te, a	disc Inol	iplin ther	агу (or ce	ertifi	cati	on b	oard as the Unit	a hold	ег es,	22/4	Yes No 728-2		104/17
If yes, please explain												Chk#:	2168 430111	Ant	165		***	*,
I am applying for a controlled substance license	in M	lich	igar	n ar	nd (certi	fy t	nat l	he	sta	tem	ents a	nd info	rmatio	n abo	ove are	e true	e
Signature of Applicant Limbury	.T.	R	en —	, b	Ĺ					_		. Da	te	07/27/1	7			
The Department of Licensing and Regulatory Affairs will not discrim																		



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DRUG CONTROL LICENSE APPLICATION

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 Your Drug control license will expire with 0-12 months the fee is \$45.45 	your current professional license. If y 13-24 months the fee is \$65.65	our professional license expires in: 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	-

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First Name: Kimberly	Middle Name: Therese	La	ast Name: Remski	
U.S. Social Security#	Email Addre	ess:	@gmail.com	
Michigan Health Professional ID/License Nur	mber: 4 3 0 1 1 1 1	6 1 3	Expiration Date: 1/31/2	018
Street Address: 3810 17 Mile Ro	d		Bidg/Ste #: 1	
City: Sterling Heights	State: MI		zip Code: 48310	
Phone Number: 586-268-1700				
Note: If you answer "yes" to the question belo documents related to your explanation along was deemed incomplete and processing will be del	vith your application. If you do	l explanation v not provide th	with copies of all official and/one explanation, your application	or court on will be
 Have you ever been fined, denied, revoked otherwise disciplined, or the subject of a fir disciplinary or certification board as a holder regulated by this state, another state or ter military, the federal government, or another 	nal adverse action by a licensuer of or applicant for, a license ritory of the United States, the	re, registration or registration or registration United State	n, Ye n s v No	•
If yes, please explain		0	ranInfo:430138 22297726-1 hk#: 2106 Amt: 445.45 D: 4301111613	08/04/17
I hereby make application for a drug control, li	cense in Michigan and submit	that the state	ments and information above	e are true.
Signature of Applicant	Kely T. Renotes		07/27/17 Date	1

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Yes

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TranInfo:430138 2225

ID: 4301111613

Chk#: 2167 Aut: \$45,45

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Signature of Applicant Date

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Department.	reposited upon receil	pt and can only be retur	idea under re	erung rules promulgated by	y the
First Name: Kimberly	Middle Name:	Therese	Last Na	ame:Remski	
U.S. Social Security #:		Email Address:	0	gmail.com	
Michigan Health Professional ID/License I	Number: 4 3 0	1 1 1 1 6 1	. 3 Expi	ration Date: 1/31/20	018
Street Address: 24450 Evergre	en Rd		Bldg	/Ste #:220	
city: Southfield	State: M	1		Zip Code: 48075	
Phone Number: 248-559-0590	-		_		
Note: If you answer "yes" to the question be documents related to your explanation alon deemed incomplete and processing will be	g with your applica	vide a detailed explan tion. If you do not pro	ation with o	opies of all official and/o planation, your application	r court in will be
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 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: Kimberly	Middle N	lame: T	herese		Last Na	_{me:} Remski
U.S. Social Security #:			Email Addr	ess:	@g	mail.com
Michigan Health Professional ID/License Nu	mber: 4	3 0	1 1 1	1 6 1 3	Expir	ation Date: 01/31/2018
Street Address: 19305 West 7 Mile	e Rd				Bldg/	Ste #:
_{City:} Detroit	Sta	ate: MI				Zip Code: 48219
Phone Number: (313) 538-2020						
Note: If you answer "yes" to the question belo documents related to your explanation along to deemed incomplete and processing will be de	with your	ust prov applicati	ide a detaile on. If you de	ed explanation o not provide	with co	ppies of all official and/or court lanation, your application will be
 Have you ever been fined, denied, revoke otherwise disciplined, or the subject of a fi disciplinary or certification board as a hold regulated by this state, another state or te military, the federal government, or another 	nal advers ler of or a rritory of t	se actior pplicant the Unite	i by a licens for, a licens	ure, registrat e or registrat	ion, ion	☐ Yes ✓ No
If yes, please explain						
I hereby make application for a drug control I	icense in	Michiga	n and subm	it that the sta	tement	s and information above are true.
Signature of Applicant	_	$\sum_{n=1}^{\infty}$	~~~		Date	07/29/2017

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, mantal 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.



Bureau of Professional Licensing PO Box 30670 • Lansing, MI 48909 Telephone: (517) 335-0918 www.michigan.gov/bpl BPLHelp@michigan.gov

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 compilmentary 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

F	OO 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.
2. Y	our 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
Ple	ease select the license type you are applying for from the drop down list below:
	43-01 m.D. 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.

U.S. Social Security #: Email Address:
1111 11 11 11 11 11 11 11 11 11 11 11 1
Michigan Health Professional ID/License Number: 430111113 Expiration Date: (-3/-/8
Street Address: G-3422 Flushing Rd Bldg/Ste #:
city: Flint State: Mi Zip Code: 48504
Phone Number: 810-230-1300
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?
If yes, please explain TranInfo:430138 22327091-1 08/2 Chk#: 16210 Amt: \$45.45
I hereby make application for a drug control license in Michigan and submit that the statements and information above are tru
Signature of Applicant Date 5/0/17 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.



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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 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-\$85.85
 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./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.
- 4. 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:								
43-01 M.D. 71	-5315	TranInfo(53)537 22327080-1 08/22/1						
Business Name: Women's Cen	ter of Plint	Chk#: 16209 Amt: \$65.65						
First Name: Kimberly Mid	die Name: Li	ast Name: Remski						
Street Address: G-3422 Flu	ishing Rd	Apt/Bldg #:						
city: Tlint	State: Michigan	Zip Code: 48504						
Michigan Health Professional ID/License Number	143011111613	Expiration Date: -31-18						
U.S. Social Security #:	Phone Number: 8(C	1-230-1300						
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 Yes								
If yes, please explain		TranInfo:531557 22327080-2 08/22/1 Chk#: 16209 Amt: \$20.20						
l am applying for a controlled substance license i	n Michigan and certify that the stateme	nts and information above are true.						
Signature of Applicant	Voise	Date 9 10 17						
The Department of Licensing and Regulatory Affairs will not discrimina disability or political beliefs. If you need assistance with reading, writin	ate against any individual or group because of race, sex g, hearing, etc., under the Americans with Disabilities Ac	t, religion, age, national origin, color, marital status, ct, you may make your needs known to this agency.						
LARA/LPH-090 (09/16)								



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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

- 1. 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 \$45.45
 13-24 months the fee is \$65.65
 25-36 months the fee is \$85.65

ricase select the licerise type you al	ie appiving ini mom me drob	GOWIT IISTUCIOW.					
43-01 M.D.	71-430	1-38					
Your check or money order drawn on a U S, finar application. DO NOT SEND CASH. Fees are dep Department.	ncial institution and made payable to toosited upon receipt and can only be r	the STATE OF MICHIGAN must accompany the efunded under refund rules promulgated by the	is :				
First Name: Kimberly	Middle Name:	Last Name: Remsk	,				
U.S. Social Security #:	Email Address:	whoofmio yahoo	o.Cor				
Michigan Health Professional ID/License Nu	ımber: 430 t t t t t	Expiration Date: $(-3)-1$	8				
Additional Location Street Address:	11 S. Cabaret 7	Vai Bldg/Ste #: 100					
city: Saginaw	State: Mi	Zip Code: 4860	3				
Phone Number: 989 - 790							
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, revoke otherwise disciplined, or the subject of a find disciplinary or certification board as a hold regulated by this state, another state or te military, the federal government, or another 	inal adverse action by a licensure, ler of or applicant for, a license or pritory of the United States, the Un	registration, registration nited States					
If yes, please explain		TranInfo:439138 22327093-1 Chk#: 16212 Amt: \$45.45 ID:	08/22/11				
I hereby make application for a drug control I	license in Michigan and submit tha	at the statements and information above a	re true.				
Signature of Applicant	my Ven	Date 8 (0/17					
The Department of Licensing and Regulatory Affairs will not dis	criminate against any individual or group becau	r se of race, sex, religion, age, national ongin, color, marital s	tatus,				

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

LARA/LPH-075 (09/16)



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CONTROLLED SUBSTANCE ADDITIONAL LOCATION LICENSE APPLICATION

PLEASE NOTE: If you only prescribe controlled substances at more than one location, you only need one controlled substance license. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. 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.

INSTRUCTIONS

1.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						
3. M.D./D.O Applicants: This application may not be used for physicians who are prescribing for a drug treatment program. Please request an application for the Prescribing Physician in a Drug Treatment Program.						
4. 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:						
43-01 M.D. 71-5315 Transfor 531537 22327084-1 08/22/11 Chk#: 16211 Aut: \$65.65						
First Name: Kimberly Middle Name: Last Name: Kemski						
Additional Location Street Address: 3141 S. Cabaret Trail Ste #: 100						
city: Saginaw State: Mi Zip Code: 48603						
Michigan Health Professional ID/License Number: 4301111613 Expiration Date: 1-31-18						
U.S. Social Security #: Phone Number: 989-790-1040						
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?						
If yes, please explain						
TranInfo:531557 22327084-2 08/22/17 Chk#: 16211 Amt: \$20.20 ID:						
I am applying for an additional controlled substance license for the location listed above and declare that the statements and information contained on this application are true.						
Signature of Applicant						

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national ongin, 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.

LARA/LPH-095 (09/16)



5315084965 5-8-2017

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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 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

- 1 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
- 2 CONTROLLED SUBSTANCE FEE Initial (first time) professional license or relicensure of your lf you already hold a professional license and your professional license expires in

TranInfo:531557 22122121-1 04/26/17

Chk#: 5440 Amt: \$20.20

ID: 4301111613

0-12 months the fee is \$85.85

13-24 months the fee is \$161 60

- 3 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.
- 4 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 ap	plying	fo	r fro	m	the	dr	op	do	wn	lis	tb	eld	ow.						
Medical Doctor Expiring 0-12 Month	s Fee	: \$8	35.8	35 7	71 :	531	5-1	137	57					"					
Business Name. Integrated Healt	h As	so	cia	ate	ed,	W	es	st .	Arl)(or		•						
First Name: Kimberly	Mıddi	le N	ame	, T	•	-	_					L	ast Na	ıme Re	ems	ski			
Street Address. 4350 Jackson Ro	d				•							-	Apt/I	3ldg # 2	200				7.7
_{City} Ann Arbor		Sta	_{ite} [ΜI										Zıp Cod	_{de:} 4	810	03		
Michigan Health Professional ID/License N	umber.	4	3	0	1	1	1	1	6		1	3	Expi	ation D	ate [.] (01/3	1/2	01	8
U S Social Security #					Ph	one	Nu	mb	er: 7	73	34	-6	45-0)421			-		
Note: If you answer "yes" to the question be documents related to your explanation along deemed incomplete and processing will be d	, with yo	oura	ıst p appl	rov icat	ide ion.	a de If y	taile ou d	ed e lo n	xpla ot p	ro	atic vid	n v e tl	vith co ne exp	pies of lanation	all of i, you	ficial a ir appi	and/o licatio	r co in w	urt ill be
Have you ever been fined, denied, revoked, s or the subject of a final adverse action by a lic of or applicant for, a license or registration reg the United States military, the federal governry	ensure, julated b	regi	strati is sta	ion, ate,	disc ano	iplin ther	ary -	or c	ertific	ca	tior	bo	ard as	a holder	7	✓	Yes No		
If yes, please explain			_						_				Chk#:	nfo:531 5440 4301111	Ant	22122 :• \$65		04	4/26/17
I am applying for a controlled substance lice	ense in	Mic	higa	n a	nd (certi	fy tl	hat	the	sta	ate	me	nts a	nd inforn	natio	n abo	ve are	e tru	ie.
Signature of Applicant Vindul	\			Si	<u>\</u>	м_			K	ر ر	2	_		te	•	4	7		
The Department of Licensing and Regulatory Affairs will not d	ischminaté	: aga:	nst ar	יחו עו	UDIVIC	al or o	31OUL	Dec	ause (Of I	ace	. sex	. rekojo), age, natu	onal or	iain, coli	or ment	al sta	itus.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, mental 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 LARA/LPH-090 (09/16)

ONLINE APPLICATION	MENT OF LICENSING AND REGU ON FOR A MEDICAL DOCTOR ENDORSEMENT < 10 YEARS	License # License # Issue Date	Amount Paid - \$151.50 Date Paid - 01/05/2017 /// 6/13
FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:
Kimberly	Therese	Remski	
SSN:	DATE OF BIRTH:	DAYTIME TELEPHO	NE NUMBER:
	1987	734	

License Address -

15680 Bradner Plymouth MI 48170 United States Email Address - @gmail.com

APPLICATION QUESTIONS

<ibpl_edp q1="">List any other name or alias by which you have ever been known, including maiden name, if applicable.</ibpl_edp>	NA
BPL_edP q2 Name of School	University of Illinois at Chicago
BPL_edP q3 Name of Educational Program	Family Medicine Residency
BPL_edP q4 Name of School	Michigan State University College of Human Medicine
BPL_edP q5 Name of Educational Program	Medical Doctor
BPL_edP q6 Name of School	University of Michigan
BPL_edP q7 Name of Educational Program	Bachelor of Science
BPL_edP q8 Name of School	Salem High School
BPL_edP q9 Name of Educational Program	High school graduate
BPL_edP q10 Do you have hospital affiliation(s)?	Υ
BPL_edP q11 Name of Hospital Employed or Under Contract:	University of Illinois at Chicago
BPL_edP q12 Name of Hospital where Allowed to Practice:	University of Illinois at Chicago
BPL_edP q13 Have you ever held a medical profession license in another state or country?	N
<i_bpl_edp q14="">State/Country:</i_bpl_edp>	Illinois

-BRL_edP q15- Permanent License/Registration Number:			036141615
BPL_edP q16 Date of Issuance:			08/30/16
BPL_edP q17 How Obtained (Examination, Endorsement):			Examination
BPL_edP q18 If you indicate there have been sanctions importunist disclose the applicable state(s) and/or country and submit does other state(s) and/or country is not permanent, that it was not the region were required by the state(s) and/or country that imposed the sprobationary period or treatment plan as a condition of the continuation complete the probationary period or treatment plan because you can medicine in that state(s) and/or country. If you indicate there are permust submit documentation that they are not pending at the time of	cumentation that esult of a patient canction to parti- ction of your lice cased engaging conding disciplina	It the sanction in the tsafety violation, and cipate in and complete a nsure, and you did not in the practice of ry proceedings, you	NA
BPL_edP q19 Have You Ever Had Sanctions Imposed Agains Pending Disciplinary Proceedings?	t this License/F	legistration OR are there	N
BPL_edP q20 If you answer "yes" to either of the next two que which shows at the current time you have the ability to, and are like and open manner, that you are rehabilitated, or that the substance related to the occupation or profession for which you are seeking a certificate of employability, if applicable.	ly to, serve the of the former of	public in a fair, honest, fense is not reasonably	N
BPL_edP q21 Have you ever been convicted of a felony?			N
BPL_edP q22 Have you ever been convicted of a misdemean maximum term of two years or a misdemeanor involving the illegal or a controlled substance?	nor punishable I delivery, posse	by imprisonment for a ssion, or use of alcohol	N
-BPL_edP q23 I understand that entering my name in the box signature attesting to the following: conviction history as part of the pre-licensure screening process. I information provided in this application to obtain a criminal conviction Records Division of the Michigan Department of State Police, law enterprise or specialty in the release of information regarding a dissimilar licensure, registration, or specialty licensure or specialty cert of the United States military, of the federal government, or of anoth I certify that the statements in this application are true and complet statement, misrepresentation, or fraud may be cause for denial of may be punishable by law. I further attest that I have a written policiproviding access to my medical records in accordance with Section PA 368, MCL 333.16213, and for complying with Section 16213 in the retire from practice, or otherwise cease to practice under Article 15 368, MCL 333.16101 to 333.18838.	olicy of this age authorize this age on history file senforcement, or sciplinary invest trication board er country. e. I understand my application, y for protecting of the Fhe event that I is	ncy to secure a criminal gency to use the earch from the Central judicial record-keeping gation conducted by a of this or any other state, that any omitted disciplinary action, or maintaining, and Public Health Code, 1978 sell or close my practice,	Kımberly Remski
EDUCATION Selection	DATE FROM	DATE TO	
School Name	110111		