

5315088775
 8-22-2017

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- \$85.85
 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 \$161.80 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.
- 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 0-12 Months Fee: \$85.85 71 5315-13757

TranInfo: 531537 22297738-1 09/24/17
 Chk#: 2276 Amt: \$20.20
 ID: 430111613

Business Name: **Northland Family Planning Centers**

First Name: **Kimberly**

Middle Name: **Therese**

Last Name: **Remski**

Street Address: **24450 Evergreen Rd**

Apt/Bldg #: **220**

City: **Southfield**

State: **MI**

Zip Code: **48075**

Michigan Health Professional ID/License Number: **430111613**

Expiration Date: **01/31/2018**

U.S. Social Security #: **[REDACTED]**

Phone Number: **248-559-0590**

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

TranInfo: 531537 22297738-2 09/04/17
 Chk#: 2276 Amt: \$65.65
 ID: 430111613

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

Signature of Applicant

Kimberly T. Remski

Date

07/27/17

5315088 776
 8-22-2017

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- \$85.85
 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.
- 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 0-12 Months Fee: \$85.85 71 5315-13757

TransInfo: 531537 22297730-1 09/04/17
 Chk#: 2105 Amt: \$20.20
 ID: 430111613

Business Name: **Northland Family Planning Centers**

First Name: **Kimberly** Middle Name: **Therese** Last Name: **Remski**

Street Address: **3810 17 Mile Rd** Apt/Bldg #: **1**

City: **Sterling Heights** State: **MI** Zip Code: **48310**

Michigan Health Professional ID/License Number: **430111613** Expiration Date: **01/31/2018**

U.S. Social Security #: [REDACTED] Phone Number: **586-268-1700**

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

TransInfo: 531537 22297730-2 09/04/17
 Chk#: 2105 Amt: \$03.65
 ID: 430111613

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 Kimberly T. Remski Date 07/27/17

5 315088777

8.22.2017

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 prof
 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
 TranInfo: 531557 22299251-2 08/07/17
 Chk#: 14606 Amt: \$20.20
 ID: 4301111613
- 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 0-12 Months Fee: \$85.85 71 5315-13757 TranInfo: 531537 22299251-3 08/07/17

Business Name: **Scotsdale Women's Center** Chk#: 14606 Amt: \$65.65
 ID: 4301111613

First Name: **Kimbery** Middle Name: **Therese** Last Name: **Remski**

Street Address: **19305 West 7 Mile Rd** Apt/Bldg #:

City: **Detroit** State: **MI** Zip Code: **48219**

Michigan Health Professional ID/License Number: 4 3 0 1 1 1 1 6 1 3 Expiration Date: **01/31/2018**

U.S. Social Security # [REDACTED] 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.

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 Kimbery Remski Date 07/29/2017

5315088778
 8-22-2017

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- \$85.85
 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.
- 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 0-12 Months Fee: \$85.85 71 5315-13757
 TranInfo: 531557 22297728-1 08/06/17
 Chk#: 2168 Amt: \$20.20
 ID: 430111613

Business Name: Northland Family Planning Centers

First Name: Kimberly Middle Name: Therese Last Name: Remski

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

City: Westland State: MI Zip Code: 48185

Michigan Health Professional ID/License Number: 430111613 Expiration Date: 01/31/2018

U.S. Social Security #: [REDACTED] Phone Number: 734-721-4700

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
 TranInfo: 531537 22277128-2 09/04/17
 Chk#: 2168 Amt: \$65.65
 ID: 430111613

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

Signature of Applicant: Kimberly T. Remski Date: 07/27/17

53150 88779
 8-22-2017

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).

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: Kimberly	Middle Name: Therese	Last Name: Remski
U.S. Social Security # [REDACTED]	Email Address: [REDACTED]	@gmail.com
Michigan Health Professional ID/License Number: 4 3 0 1 1 1 1 6 1 3	Expiration Date: 1/31/2018	
Street Address: 3810 17 Mile Rd.	Bldg/Ste #: 1	
City: Sterling Heights	State: MI	Zip Code: 48310
Phone Number: 586-268-1700		

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

TranInfo: 430138 22297726-1 08/04/17
 Chk#: 2106 Amt: \$45.45
 ID: 4301111613

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

Signature of Applicant Kimberly T. Remski Date 07/27/17

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.

5315088780

8-22-2017

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).

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: Kimberly	Middle Name: Therese	Last Name: Remski
U.S. Social Security # [REDACTED]	Email Address: [REDACTED]	@gmail.com
Michigan Health Professional ID/License Number: 4 3 0 1 1 1 1 6 1 3	Expiration Date: 1/31/2018	
Street Address: 35000 Ford Rd.	Bldg/Ste #: 3	
City: Westland	State: MI	Zip Code: 48185
Phone Number: 734-721-4700		

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

TranInfo: 430138 22277737-1 03/04/17
 Chk#: 2167 Amt: \$45.45
 ID: 430111613

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

Signature of Applicant Kimberly T. Remski Date 07/27/17

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.

53150 88781



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

8-22-2017

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).

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: **Kimberly** Middle Name: **Therese** Last Name: **Remski**

U.S. Social Security #: [REDACTED] Email Address: [REDACTED]@gmail.com

Michigan Health Professional ID/License Number: 4 3 0 1 1 1 1 6 1 3 Expiration Date: 1/31/2018

Street Address: **24450 Evergreen Rd** Bldg/Ste #: **220**

City: **Southfield** State: **MI** Zip Code: **48075**

Phone Number: **248-559-0590**

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

TranInfo: 430138 22297735-1 09/04/17
Chk#: 2277 Amt: \$45.45
ID: 430111613

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

Signature of Applicant Kimberly T. Remski Date 07/27/17

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.



5315088782
8-22-2017

TranInfo:430138 22299251-1 08/07/17
Chk#: 14606 Amt: \$45.45
ID: 430111613
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 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 \$45.45 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: Kimberly		Middle Name: Therese		Last Name: Remski	
U.S. Social Security #: [REDACTED]			Email Address: [REDACTED]@gmail.com		
Michigan Health Professional ID/License Number: 4 3 0 1 1 1 1 6 1 3				Expiration Date: 01/31/2018	
Street Address: 19305 West 7 Mile Rd				Bldg/Ste #:	
City: Detroit		State: MI		Zip Code: 48219	
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.					
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?					<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 Kimberly Remski 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, 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.

5315088869
 8-29-2017

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).

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:

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.

First Name: Kimberly	Middle Name: T	Last Name: Remski
U.S. Social Security #: [REDACTED]	Email Address:	
Michigan Health Professional ID/License Number: 4301111613	Expiration Date: 1-31-18	
Street Address: 6-3422 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please explain		TranInfo: 430138 22327091-1 08/22/17 Chk#: 16210 Amt: \$45.45 ID: [REDACTED]
I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.		

Signature of Applicant Kimberly Remski MD Date 8/10/17

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.

5315088868
 8-29-2017

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 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./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:

43-01 M.D. 71-5315

TranInfo:531537 22327080-1 08/22/17

Business Name: Women's Center of Flint

Chk#: 16209 Amt: \$65.65
 ID: [REDACTED]

First Name: Kimberly

Middle Name: T

Last Name: Remski

Street Address: 67-3422 Flushing Rd

Apt/Bldg #:

City: Flint

State: Michigan

Zip Code: 48504

Michigan Health Professional ID/License Number: 41301111116113

Expiration Date: 1-31-18

U.S. Social Security #: [REDACTED]

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?

Yes
 No

If yes, please explain

TranInfo:531537 22327080-2 08/22/17
 Chk#: 16209 Amt: \$20.20
 ID: [REDACTED]

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

Signature of Applicant Kimberly Remski

Date 8/10/17

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.

53/5088867
 8-29-2017

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

Please 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.

First Name: <u>Kimberly</u>	Middle Name: <u>T</u>	Last Name: <u>Remski</u>
U.S. Social Security #: XXXXXXXXXX	Email Address: <u>wheofm@yahoo.com</u>	
Michigan Health Professional ID/License Number: <u>4301111613</u>	Expiration Date: <u>1-31-18</u>	
Additional Location Street Address: <u>8141 S. Cabaret Trail</u>	Bldg/Ste #: <u>100</u>	
City: <u>Saginaw</u>	State: <u>Mi</u>	Zip Code: <u>48603</u>
Phone Number: <u>989-790-1040</u>		

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

TranInfo: 430138 22327093-1 08/22/17
 Chk#: 16212 Amt: \$45.45
 ID: XXXXXXXXXX

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

Signature of Applicant Kimberly Remski Date 8/10/17

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

5315088866

8-29-2017

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 338.3182d. 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.
- 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 \$161.80 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

TranInfo:531537 22327084-1 08/22/17
 Chk#: 16211 Amt: \$65.65
 ID: [REDACTED]

First Name: Kimberly Middle Name: T Last Name: Remski

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 #: [REDACTED] Phone Number: 989-70-1040

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?
 Yes
 No

If yes, please explain

TranInfo:531537 22327084-2 08/22/17
 Chk#: 16211 Amt: \$20.20
 ID: [REDACTED]

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 Kimberly Remski Date 8/10/17

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.

5315084965
 5-8-2017

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

- 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 license. 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
 TranInfo: 531557 22122121-1 04/26/17
 Chk#: 5440 Amt: \$20.20
 ID: 430111613
- 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 applying for from the drop down list below.

Medical Doctor Expiring 0-12 Months Fee: \$85.85 71 5315-13757

Business Name: Integrated Health Associated, West Arbor

First Name: Kimberly	Middle Name: T.	Last Name: Remski
Street Address: 4350 Jackson Rd		Apt/Bldg #: 200
City: Ann Arbor	State: MI	Zip Code: 48103
Michigan Health Professional ID/License Number: 430111613	Expiration Date: 01/31/2018	
U.S. Social Security #: [REDACTED]	Phone Number: 734-645-0421	

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

TranInfo: 531537 22122121-2 04/26/17
 Chk#: 5440 Amt: \$65.65
 ID: 430111613

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

Signature of Applicant: Kimberly Remski MD Date: 4/24/17

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 - 01/05/2017

License #	111613
License #	
Issue Date	3-6-17

FIRST NAME: MIDDLE NAME: LAST NAME: SUFFIX:
Kimberly Therese Remski

SSN: DATE OF BIRTH: DAYTIME TELEPHONE NUMBER:
[REDACTED] [REDACTED]1987 734 [REDACTED]

License Address - 15680 Bradner
Plymouth MI 48170
United States
Email Address - [REDACTED]@gmail.com

APPLICATION QUESTIONS

<!--BPL_edP q1-->List any other name or alias by which you have ever been known, including maiden name, if applicable.	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)?	Y
<!--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
<!--BPL_edP q14-->State/Country:	Illinois

<!--BPL_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 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.	NA
<!--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: 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.	Kimberly Remski

EDUCATION

School Name

DATE FROM DATE TO