



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

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

Authority: 1978 PA 368

Print or Type Clearly

Applicant's Name (First Name) Audrey		(Middle Name) Ann	(Last Name) Lance
U.S. Social Security Number [REDACTED]		Date of Birth (MM/DD/YYYY) 1/1982	10-Digit MI Permanent ID/License Number (If Applicable) 4301089906
Address 35000 Ford Road, Suite 3			
City Westland		State MI	Zip Code 48185
Telephone Number (734) [REDACTED]		Email Address [REDACTED]@gmail.com	
List any other name or alias by which you have ever been known, including maiden name, if applicable:			

EDUCATIONAL LIMITED LICENSE INFORMATION ONLY:

Name of Appointing Hospital		
Hospital Street Address		
City	State	Zip Code
Program Name		

CHECK THE LICENSE/OBTAINED BY METHOD		FOR OFFICE USE ONLY	
<input type="checkbox"/> M.D. -- By Endorsement	\$156.00 4301-09	License Number	Issue Date
<input type="checkbox"/> Controlled Substance	\$ 88.40 5315-37 = \$67.60 5315-57 = \$20.80	4301-089906	7/27/18
<input type="checkbox"/> M.D. -- By Exam	\$156.00 4301-01	CS License Number	Issue Date
<input type="checkbox"/> Controlled Substance	\$ 88.40 5315-37 = \$67.60 5315-57 = \$20.80	53150950703	7/27/18
<input checked="" type="checkbox"/> M.D. -- Relicensure	\$176.00 4301-06	TranInfo: 531557 23036700-1 05/07 13	
<input checked="" type="checkbox"/> Controlled Substance	\$ 88.40 5315-37 = \$67.60 5315-57 = \$20.80	Chk#: 1299 Amt: \$20.00	
Limited with Controlled Substance (check one below)		TranInfo: 531537 23036700-2 06/07 13	
<input type="checkbox"/> Clinical Academic	\$176.80 4301-05 = \$88.40	Chk#: 1299 Amt: \$67.60	
OR	5315-37 = \$67.60	TranInfo: 430106 23036700-3 05/07 13	
<input type="checkbox"/> Educational Limited	5315-57 = \$20.80	Chk#: 1299 Amt: \$176.00	

Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN, must accompany this request. DO NOT SEND CASH. Fees are non-refundable.

LARA/BPL-MDNEWRELIC (Rev. 4/18)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Professional Education
(Attach additional sheets if necessary)

Name of School	Name of Educational Program
George Washington University School of Medicine	Medicine - M.D.

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

Name of Hospital Employed or Under Contract	Name of Hospital where Allowed to Practice
Magee-Womens Hospital of UPMC 300 Halket St., Pittsburgh PA 15213	UPMC Presbyterian 200 Lothrop, Pittsburgh PA 15213

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

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

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

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination/Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration?
Michigan	4301089906		endorsement	NO
Pennsylvania	MD448775	05/21/2013	endorsement	NO

Good Moral Character Questions

If you answer "yes" to either of the next two questions, you must submit a written explanation as to what took place including date(s) of occurrence(s), court documents, 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.

Have you ever been convicted of a felony?

Yes No

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

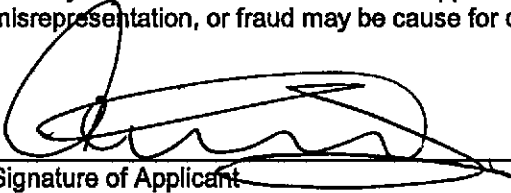
Yes No

CERTIFICATION AND SIGNATURE

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Federal Bureau of Investigations, 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 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.

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.



Signature of Applicant

5/8/18
Date

Audrey Lance, MD
Printed Name of Applicant



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
POST OFFICE BOX 2649
HARRISBURG, PA 17105-2649
www.dos.pa.gov

05/22/2018

Verification/Certification of License

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

NAME: AUDREY ANN LANCE
LICENSE TYPE: Medical Physician and Surgeon
LICENSE #: MD448775
LICENSE STATUS: Active
LICENSE ISSUE DATE: 05/21/2013
LICENSE EXPIRATION DATE: 12/31/2018
DISCIPLINARY HISTORY: No Disciplinary Action Exists

Ian J. Harlow, Commissioner
Bureau of Professional and Occupational Affairs

5/23
JK
D



THE AMERICAN CONGRESS OF OBSTETRICIANS AND
GYNECOLOGISTS

Government Affairs Committee

2017 Congressional Leadership Conference

March 12 - 14, 2017

VALIDATION OF ATTENDANCE

Name: Audrey A. Lance, MD

ACOG ID#: 000458193I

Total Credits Earned: 17.50 AMA PRA Category 1 Credits™/17.50 Cognate Credits

Attendee Signature: _____


ACCME Accreditation

The American College of Obstetricians and Gynecologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA PRA Category 1 Credit (s)™

The American College of Obstetricians and Gynecologists designates this live activity for a maximum of 17.50 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

College Cognate Credit(s)

The American College of Obstetricians and Gynecologists designates this live activity for a maximum of 17.50 Category 1 College Cognate Credit(s). The College has a reciprocity agreement with the AMA that allows AMA PRA Category 1 Credit(s)™ to be equivalent to College Cognate Credits.

Non College members should send certificates directly to their specialty society.

THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS
COGNATE RECORDS ARE AUTOMATICALLY UPDATED FOLLOWING THE WORKSHOP
A COPY OF THIS DOES NOT NEED TO BE SUBMITTED TO THE COGNATE PROGRAM

--- - NORTH AMERICAN ---
FORUM
--- ON ---
FAMILY PLANNING

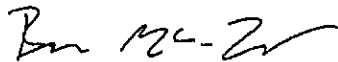
Audrey Lance, MD

has participated in the
2017 North American Forum on Family Planning/
PPFA National Medical Committee Meeting
October 12-16 in Atlanta, Georgia

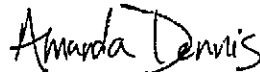
and is awarded 12.5 hours of AMA PRA Category 1 Credit(s)TM

October 30, 2017

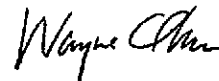
The Association of Reproductive Health Professionals (ARHP) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. ARHP designates this live activity for a maximum of 26.25 AMA PRA Category 1 CreditsTM. Attendees should only claim credit commensurate with the extent of their participation in this activity.



Raegan McDonald-Mosley, MD, MPH
Chief Medical Officer
Planned Parenthood Federation
of America, Inc



Amanda Dennis, DrPH, MBE
Interim Executive Director
Society of Family Planning



Wayne C. Shields
President
Association of Reproductive
Health Professionals





ALLEGHENY GENERAL HOSPITAL
 in joint providership with
 Center for Women's Health Research and Innovation

Certificate of Attendance

This is to certify that

Audrey Lance, MD
 Has participated in:

**Day of Learning: Current Best Practices for Contraceptive
 Provision**
 March 24, 2018
 Held at

Physician CME

This activity has been planned in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Allegheny General Hospital and Center for Women's Health Research and Innovation. Allegheny General Hospital is accredited by the ACCME to provide continuing medical education for physicians.

Allegheny General Hospital designates this live activity for a maximum of 2.00 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Nurses Credentialing Center (ANCC) accepts *AMA PRA Category 1 Credits™* from organizations accredited by the ACCME.

American Academy of Nurse Practitioners (AANP) accepts *AMA PRA Category 1 Credits™* from organizations accredited by the ACCME.

American Academy of Physician Assistants (AAPA) accepts *AMA PRA Category 1 Credits™* from organizations accredited by the ACCME. Physician assistants may receive a maximum of 2.00 hours of Category 1 credit for completing this program.

Non-physicians: Allegheny General Hospital has approved this activity for a maximum of contact hours for non-physicians.

Joseph E Cillo Jr, DMD, PhD, FACS
 Chairman, Continuing Medical Education Committee

I certify that I participated in the above CME activity for 2.00 hour(s).

PHYSICIANS FOR REPRODUCTIVE HEALTH

June 30, 2016

Dear Alumni Summit Participants:

We are pleased to present you with the enclosed Certificate of Completion for Physicians for Reproductive Health's Leadership Training Academy Alumni Professional Development Summit

We recognize the time and energy you devoted to absorb the skills and knowledge that will support your work as leaders in reproductive health advocacy, and are grateful to have been able to share this time with you.

As alumni, you are essential members of the Initiative and Academy community. Please accept the enclosed copy of "My Life on the Road," by Gloria Steinem as a thanks for all the advocacy work you have done and continue to pursue.

This letter certifies that:

Audrey Lance

(Name of Participant)

has participated in the educational activity entitled:

Leadership Training Academy Alumni Professional Development

Summit

(Title of CME Activity)

provided by: Physicians for Reproductive Health

on May 13, 2016 in

(Date of Activity)

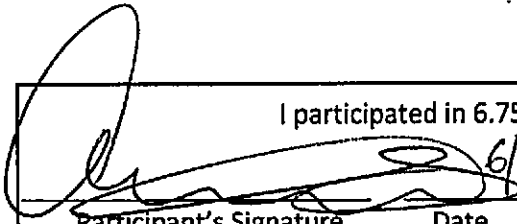
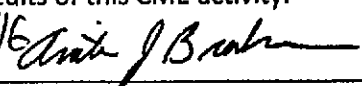
Washington, DC;

(City/State of Activity)

and is awarded up to 6.75 credits.

This series activity has been reviewed and is acceptable for up to 6.75 AMA PRA Category 1 prescribed credits by the American Academy of Family Physicians.

I participated in 6.75 credits of this CME activity.

	<u>6/30/16</u>		<u>6/30/16</u>
Participant's Signature	Date	Signature of CME Activity Director	Date

Congratulations and many thanks,

Libby Benedict
Director,
Leadership Training Academy

Vanessa Furtado
Director,
Leadership Development

Anita Brakman
Senior Director,
Education, Research and Training

Headquarters:
55 West 39th Street
Suite 1001
New York, NY 10018-
3889
Tel: 646-366-1890
Fax: 646-366-1897

Additional Locations:
San Francisco, CA
Washington, DC
www.prh.org

Jodi Magee
President/CEO
Board of Directors

Nancy L. Stanwood, MD, MPH
Chair

Fredrik F. Broekhuizen, MD
Secretary

Michelle Staples-Home, MD, MS,
MPH
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(1917 - 2010)

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Anna Altshuler, MD, MPH

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Megan Evans, MD, MPH

Michelle Forcier, MD, MPH

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Adam Jacobs, MD

Angela Janis, MD

Jill Meadows, MD

Shayne Sebold, MD

Steven J. Sondheimer, MD

Alyssa Yee, MD

Office of Continuing Medical Education
School Of Medicine
University of California San Francisco
ACCME Provider Number: 0000302
San Francisco, California
(415) 476-5808
www.cme.ucsf.edu

Audrey A. Lance, MD

[REDACTED]
Pittsburgh, PA 15213

Certificate of Attendance

This is to certify that

Audrey A. Lance, MD

has participated in:

MMC17030: Fellowship in Family Planning Annual Meeting

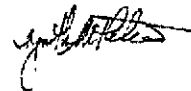
May 5 - 7, 2017

US Grant Hotel, San Diego, CA

This CME activity is approved for a maximum of
20 AMA PRA Category 1 Credit(s)™.

I have earned 20 credits.

For the purpose of recertification, the American Nurses Credentialing Center accepts AMA PRA category 1 credit issued by organizations accredited by the ACCME.



The University of California, San Francisco School of Medicine (UCSF) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of 20 AMA PRA Category 1 Credit(s) Physicians should claim only the credit commensurate with the extent of their participation in the activity.



University of California
San Francisco
advancing health worldwide

Transcripts

Audrey A. Lance, MD

SSN: 0106

Credit Date	Title	Credit Type	Credit Units
Official Continuing Education			
05/07/2017	Fellowship in Family Planning Annual Meeting	AMA1	20.00
05/16/2016	Fellowship in Family Planning Annual Meeting	AMA1	17.00
05/03/2015	Fellowship in Family Planning Annual Meeting	AMA1	17.50
05/05/2013	Fellowship in Family Planning Annual Meeting	AMA1	15.00
03/16/2013	Fellowship in Family Planning Psychosocial Issues in Abortion Care Workshop	AMA1	11.50
05/06/2012	Fellowship in Family Planning Annual Meeting	AMA1	17.00
03/17/2012	Fellowship in Family Planning Psychosocial Issues in Abortion Care Workshop	AMA1	11.75
		Official Totals	
		AMA1	109.75

The registrar of this organization certifies the above continuing education attendance record.

Self-Reported Continuing Education

Self-Reported Totals

nodata

American College of Physicians



Confirmation of Participation

Participant's Name: Audrey Lance
ACP Customer Number: 03669067
Claim Date: May 23, 2018
Number of credits claimed: 1

The American College of Physicians is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

For Physicians:

The American College of Physicians certifies that the learner named above has participated in the Enduring Material, Opioid Prescribing REMS 2017. The number of *AMA PRA Category 1 Credits™* claimed are listed above.

For Non-Physicians:

The American College of Physicians certifies that the learner named above has participated in the Enduring Material, Opioid Prescribing REMS 2017. This activity was designated for the number of *AMA PRA Category 1 Credits™* listed above.



Credit Transcripts

Accreditation Statement - The University of Pittsburgh School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The information listed below reflects the American Medical Association Physician's Recognition Award Category 1 credits claimed by each physician for his/her attendance at programs accredited by the University of Pittsburgh School of Medicine. All other attendees participated in these programs for the hours listed.

If you have any questions or concerns related to this credit search, please contact: Michael Chinn, Telephone: 412-864-1587, Fax: 412-647-8222, E-mail: chinnma@upmc.edu

Credits Earned for: Lance, Audrey 84258
From: 08/01/2013 To: 05/21/2018

Course Title (CourseID)	Credits	Earned Date	Location	Specialty Requirement
Health Care Professional Burnout: The Impact & How to Tackle (7141)	2.50	03/08/2018	Magee-Womens Hospital of UPMC, 300 Halket Street, Pittsburgh, PA	
Magee-Women's Hospital Quality Improvement, Patient Safety, and Risk Management Series (194)	1.00	12/31/2017	Magee-Women's Hospital	Patient Safety / Risk Management
Ob/Gyn and Reproductive Services Patient Safety Series (210)	1.00	12/31/2017	Magee-Women's Hospital	Patient Safety / Risk Management
Medical Education Grand Rounds (1287)	1.00	12/31/2017		
42nd Annual Magee Womens Hospital Alumni Day (8750)	1.25	10/20/2017	The Alumni Program will take place at the Drs. Hutchinson & Hayashi Auditorium, Magee-Womens Hospital of UPMC, Zero Level, at 300 Halket Street, Pittsburgh, PA 15213.	
Gynecologic Specialties Conference (2649)	1.00	09/30/2017	MWH - CR 2131	
Annual Mandatory Training for Physicians and Advanced Practice Providers 2017 - ULearn (6884)	2.75	08/24/2017		Patient Safety / Risk Management
Gynecologic Specialties Conference (2649)	1.00	08/30/2017	MWH - CR 2131	
Ob/Gyn and Reproductive Services Patient Safety Series (210)	1.00	06/30/2017	Magee-Women's Hospital	Patient Safety / Risk Management
Obstetrics/Gynecology Grand Rounds (147)	1.00	03/31/2017	Magee-Women's Hospital, Zero Level, Auditorium	
Gynecologic Specialties Conference (2649)	2.00	03/31/2017	MWH - CR 2131	
Academy of Masters Educators (1802)	1.00	03/31/2017	University of Pittsburgh Scatle Hall	
Ob/Gyn and Reproductive Services Patient Safety Series (210)	1.00	03/31/2017	Magee-Women's Hospital	Patient Safety / Risk Management
Improving Outcomes with the use of Intrauterine Pressure Catheter - ULearn (6416)	0.50	01/29/2017		
Obstetrics/Gynecology Grand Rounds (147)	4.00	12/31/2016	Magee-Women's Hospital, Zero Level, Auditorium	
Gynecologic Specialties Conference (2649)	5.00	12/31/2016	MWH - CR 2131	
Medical Education Research Certificate (MERC) program Part V & VI (6188)	8.00	11/07/2016		
Medical Education Research Certificate (MERC) program Part III & IV (6187)	8.00	10/17/2016		
41st annual Magee Alumni Day (6175)	4.00	10/14/2016	Drs Hutchinson & Hayashi Auditorium, Magee-Womens Hospital of UPMC Zero Level, at 300 Halket Street, Pittsburgh, PA 15213.	
Gynecologic Specialties Conference (2649)	2.00	09/30/2016	MWH - CR 2131	
Ob/Gyn and Reproductive Services Patient Safety Series (210)	1.00	09/30/2016	Magee-Women's Hospital	Patient Safety / Risk Management
Obstetrics/Gynecology Grand Rounds (147)	5.00	09/30/2016	Magee-Women's Hospital, Zero Level, Auditorium	
Medical Education Research Certificate (MERC) program Part I & II (6186)	8.00	09/26/2016	University Club, Conference Room (TBD)	
PSD Annual Mandatory Training for Physicians and Advanced Practice Providers 2016 - ULearn (6194)	5.00	09/14/2016		Patient Safety / Risk Management
	Total credits:	248.50		

Credits Earned for: Lance, Audrey 84258
From: 08/01/2013 To: 05/21/2018

Course Title (CourseID)	Credits	Earned Date	Location	Specialty Requirement
Academy of Masters Educators (1802)	1.00	08/30/2016	University of Pittsburgh Scaife Hall	
Gynecologic Specialties Conference (2849)	2.00	08/30/2016	MWH - CR 2131	
Ob/Gyn and Reproductive Services Patient Safety Series (210)	1.00	08/30/2016	Magee-Women's Hospital	Patient Safety / Risk Management
Obstetrics/Gynecology Grand Rounds (147)	5.00	08/30/2016	Magee-Women's Hospital, Zero Level, Auditorium	
25th Annual Medical Ethics Update 2016 (5887)	6.00	04/01/2016	Biomedical Science Tower - Conference Center Thomas E. Starzl Biomedical Science Tower 1 200 Lothrop Street - Pittsburgh, PA 15213	
Gynecologic Specialties Conference (2849)	6.00	03/31/2016	MWH - CR 2131	
Ob/Gyn and Reproductive Services Patient Safety Series (210)	1.00	03/31/2016	Magee-Women's Hospital	Patient Safety / Risk Management
Obstetrics/Gynecology Grand Rounds (147)	7.00	03/31/2016	Magee-Women's Hospital, Zero Level, Auditorium	
11th Annual Patient Safety Symposium "Advancing Collaborative Multidisciplinary Practice" (5922)	3.50	03/01/2016	Magee-Womens Hospital of UPMC, Pittsburgh, PA	CEU
Gynecologic Specialties Conference (2849)	6.00	12/31/2015	MWH - CR 2131	
Ob/Gyn and Reproductive Services Patient Safety Series (210)	3.00	12/31/2015	Magee-Women's Hospital	Patient Safety / Risk Management
Obstetrics/Gynecology Grand Rounds (147)	6.00	12/31/2015	Magee-Women's Hospital, Zero Level, Auditorium	
Obstetrics/Gynecology Grand Rounds (147)	4.00	09/30/2015	Magee-Women's Hospital, Zero Level, Auditorium	
Magee-Women's Hospital Quality Improvement, Patient Safety, and Risk Management Series (184)	8.00	09/30/2015	Magee-Women's Hospital	Patient Safety / Risk Management
Gynecologic Specialties Conference (2849)	6.00	09/30/2015	MWH - CR 2131	
PSD Annual Mandatory Safety Training 2015 - ULearn (5672)	4.00	08/27/2015	ULearn	Patient Safety / Risk Management
Ob/Gyn and Reproductive Services Patient Safety Series (210)	2.00	08/30/2015	Magee-Women's Hospital	Patient Safety / Risk Management
Magee Women's Research Institute Work-In Progress (WIP) Conference and Research Seminar Series (2251)	2.00	08/30/2015	Magee Womens' Research Institute 204 Craft Avenue	
Medical Grand Rounds (109)	1.00	08/30/2015	LHAS Auditorium	
Obstetrics/Gynecology Grand Rounds (147)	6.00	08/30/2015	Magee-Women's Hospital, Zero Level, Auditorium	
Gynecologic Specialties Conference (2849)	4.00	08/30/2015	MWH - CR 2131	
WOMEN'S HEALTH - Provider Documentation Enhancement Training - ULearn (5488)	1.00	08/15/2015		Patient Safety / Risk Management
Ob/Gyn and Reproductive Services Patient Safety Series (210)	2.00	03/31/2015	Magee-Women's Hospital	Patient Safety / Risk Management
Obstetrics/Gynecology Grand Rounds (147)	2.00	03/31/2015	Magee-Women's Hospital, Zero Level, Auditorium	
Gynecologic Specialties Conference (2849)	8.00	03/31/2015	MWH - CR 2131	
10th Annual Patient Safety Symposium (5362)	4.00	03/03/2015	Magee-Womens Hospital of UPMC, Pittsburgh, PA	
Magee-Women's Hospital Quality Improvement, Patient Safety, and Risk Management Series (184)	1.00	12/31/2014	Magee-Women's Hospital	Patient Safety / Risk Management
Obstetrics/Gynecology Grand Rounds (147)	4.00	12/31/2014	Magee-Women's Hospital, Zero Level, Auditorium	
Gynecologic Specialties Conference (2849)	3.00	12/31/2014	MWH - CR 2131	
39th Magee Alumni Day Program (4955)	4.00	10/24/2014	Magee-Womens Hospital of UPMC, Conference Room, Pittsburgh, PA	
Gynecologic Specialties Conference (2849)	3.00	09/30/2014	MWH - CR 2131	
Obstetrics/Gynecology Grand Rounds (147)	2.00	09/30/2014	Magee-Women's Hospital, Zero Level, Auditorium	
PSD Annual Mandatory Safety Training 2014 - ULearn (5019)	4.25	09/15/2014	ULearn	Patient Safety / Risk Management
Ob/Gyn and Reproductive Services Patient Safety Series (210)	1.00	08/30/2014	Magee-Women's Hospital	Patient Safety / Risk Management
Obstetrics/Gynecology Grand Rounds (147)	3.00	08/30/2014	Magee-Women's Hospital, Zero Level, Auditorium	
Magee-Women's Hospital Quality Improvement, Patient Safety, and Risk Management Series (184)	1.00	08/30/2014	Magee-Women's Hospital	Patient Safety / Risk Management
Gynecologic Specialties Conference (2849)	4.00	08/30/2014	MWH - CR 2131	
Rapid Deployment Module: Corporate Compliance - Compliance Basics - ULearn (4894)	1.50	05/08/2014	ULearn	Patient Safety / Risk Management
Provider Documentation Improvement Training - Surgery Services - ULEARN (4912)	0.50	05/05/2014	ULearn	Patient Safety / Risk Management
Obstetrics/Gynecology Grand Rounds (147)	3.00	03/31/2014	Magee-Women's Hospital, Zero Level, Auditorium	

Total credits: 246.50

Credits Earned for: Lance, Audrey 84258
From: 08/01/2013 To: 05/21/2018

Course Title (CourseID)	Credits	Earned Date	Location	Specialty Requirement
Gynecologic Specialties Conference (2649)	7.00	03/31/2014	MWH - CR 2131	
Ob/Gyn and Reproductive Services Patient Safety Series (210)	2.00	03/31/2014	Magee-Women's Hospital	Patient Safety / Risk Management
Corporate Compliance: Teaching Physician Guidelines - ULEARN (4882)	0.50	03/21/2014	ULearn	Patient Safety / Risk Management
Improving Outcomes with the Use of Intrauterine Pressure Catheter (IUPC) Indications, Insertion, & Complications - ULearn (4781)	0.50	03/11/2014	ULearn	Patient Safety / Risk Management
Jewish Genetic Disease Symposium (4733)	2 00	01/31/2014	Magee Womens Hospital	
Obstetrics/Gynecology Grand Rounds (147)	5 00	12/31/2013	Magee-Women's Hospital, Zero Level, Auditorium	
Gynecologic Specialties Conference (2649)	6 00	12/31/2013	MWH - CR 2131	
Ob/Gyn and Reproductive Services Patient Safety Series (210)	1 00	12/31/2013	Magee-Women's Hospital	Patient Safety / Risk Management
PSD Annual Mandatory Safety Training 2013 - ULearn (4482)	2.25	10/10/2013	ULearn	Patient Safety / Risk Management
Corporate Compliance Evaluation and Management II (Inpatient) - ULearn (4312)	0.50	10/10/2013	ULearn	Patient Safety / Risk Management
Corporate Compliance: Teaching Physicians Guidelines - ULearn (4317)	0 50	10/10/2013	ULearn	Patient Safety / Risk Management
Obstetrics/Gynecology Grand Rounds (147)	4 00	09/30/2013	Magee-Women's Hospital, Zero Level, Auditorium	
Gynecologic Specialties Conference (2649)	5 00	09/30/2013	MWH - CR 2131	
Ob/Gyn and Reproductive Services Patient Safety Series (210)	2 00	09/30/2013	Magee-Women's Hospital	Patient Safety / Risk Management
RPF Module 6 HIPAA for Research (489)	1 50	09/11/2013		
Research with Children (Formerly RPF Module 13) (854)	1 00	09/11/2013		
		Total credits:		
		246 50		

Self Maintained Credits via other Institutions: Lance, Audrey 84258
From: 08/01/2013 To: 05/21/2018

Course Title	Credits	Earned Date	Location	Content Area	Credit Type	Institution	
2015 Forum on Family Planning	15.25	12/09/2015	Chicago, IL	Family Planning	Category 1		
Fellowship in Family Planning Annual Meeting	17 50	05/03/2015			Category 1	University of San Francisco, CA	
Manuscript Reviews - ACOG Green Journal	12.00	01/07/2015	Online		Category 1	ACOG	
Maintenance of Certification	25 00	12/12/2015			Category 1	ABOG	
Fellowship in Family Planning Annual Meeting	17 00	05/16/2016	UCSF	Family Planning	Category 1	UCSF	
Manuscript Reviews - ACOG Green Journal	12.00	09/15/2016			Category 1	ACOG	
Maintenance of Certification	3 00	03/03/2016			Category 1	ABOG	
PRH Leadership Training Academy Professional Development Summit	6 75	06/30/2016	Washington, D.C.	Advocacy	Category 1	American Academy of Family Physicians	
Maintenance of Certification	25 00	12/12/2016			Category 1	ABOG	
2017 ACOG Congressional Leadership Conference	17.50	03/14/2017	Washington, D C	Advocacy	Category 1	ACOG	
Fellowship in Family Planning Annual Meeting	20 00	05/07/2017	San Diego	Family Planning	Category 1	UCSF	
2017 Forum on Family Planning	12.50	10/30/2017	Atlanta, GA	Family Planning	Category 1	ARHP	
Day of Learning Best Practices for Contraceptive Provision	185 50	2.00	03/24/2018	Pittsburgh, PA	Family Planning	Category 1	Allegheny General Hospital
		Total credits:					
		185 50					

Self Maintained Credits via other Institutions: Lance, Audrey 84258
From: 08/01/2013 To: 05/21/2018

Course Title	Credits	Earned Date	Location	Content Area	Credit Type	Institution
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* Please print and retain a copy of this official transcript for your records.

UPMC
University of Pittsburgh School of Medicine
Center for Continuing Education in the Health Sciences

Certificate of Attendance

***Access to online credit transcript:
<http://ccehs.upmc.com>
Please allow up to 8 weeks for processing.***

Medical Education Research Certificate (MERC) program #6186
Part I Introduction to Qualitative Data Collection Methods
Part II Questionnaire Design and Survey Research
September 26, 2016
Pittsburgh, PA

The University of Pittsburgh School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Pittsburgh School of Medicine designates this live activity for a maximum of **8.0 AMA PRA Category 1 CreditsTM**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Other healthcare professionals are awarded **.8** continuing education units (CEU's) which are equal to **8** contact hours.

How does someone obtain an official CME transcript?

The University of Pittsburgh School of Medicine, Center for Continuing Education in the Health Sciences credit transcript can be obtained via the Internet at ccehs.upmc.com. Click on the link "Credit Transcripts". Enter the required information (last name, last five digits of social security number), to receive a complete transcript do not enter dates and choose "Submit".

The transcript reflects the American Medical Association Category 1 credits or the Continuing Education Units (CEUs) entered into the Center for Continuing Education's database at the present time. This verification reflects the credits earned at the activity. To print Credit Transcripts please click on the drop down menu next to the Select Option and select Print Credit Transcripts.

UPMC
University of Pittsburgh School of Medicine
Center for Continuing Education in the Health Sciences

Certificate of Attendance

Access to online credit transcript:
<http://ccehs.upmc.com>
Please allow up to 8 weeks for processing.

Medical Education Research Certificate (MERC) program #6188
Part V - Data Management and Preparing for Statistical
Consultation
Part VI- Formulating Research Questions and Designing Studies
November 7, 2016
Pittsburgh, PA

The University of Pittsburgh School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Pittsburgh School of Medicine designates this live activity for a maximum of **8.0 AMA PRA Category 1 CreditsTM**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Other healthcare professionals are awarded **.8** continuing education units (CEU's) which are equal to **8** contact hours.



How does someone obtain an official CME transcript?

The University of Pittsburgh School of Medicine, Center for Continuing Education in the Health Sciences credit transcript can be obtained via the Internet at ccehs.upmc.com. Click on the link "Credit Transcripts". Enter the required information (last name, last five digits of social security number), to receive a complete transcript do not enter dates and choose "Submit".

The transcript reflects the American Medical Association Category 1 credits or the Continuing Education Units (CEUs) entered into the Center for Continuing Education's database at the present time. This verification reflects the credits earned at the activity. To print Credit Transcripts please click on the drop down menu next to the Select Option and select Print Credit Transcripts.

UPMC
University of Pittsburgh School of Medicine
Center for Continuing Education in the Health Sciences

Certificate of Attendance

210

Access to online credit transcript:
<http://ccehs.upmc.com>
Please allow up to 6 weeks for processing.

42nd Annual Magee Alumni Day
October 20, 2017
Magee- Womens Hospital of UPMC, Drs. Hutchinson & Hayashi
Auditorium
Pittsburgh, PA

The University of Pittsburgh School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Pittsburgh School of Medicine designates this live activity for a maximum of 4.0 *AMA PRA Category 1 Credits™*. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Other health care professionals are awarded 0.4 continuing education units (CEUs) which are equal to 4.0 contact hours.

How does someone obtain an official CME transcript?

The University of Pittsburgh School of Medicine, Center for Continuing Education in the Health Sciences credit transcript can be obtained via the Internet at ccehs.upmc.com. Click on the link "Credit Transcripts". Enter the required information (last name, last five digits of social security number), to receive a complete transcript do not enter dates and choose "Submit".

The transcript reflects the American Medical Association Category 1 credits or the Continuing Education Units (CEUs) entered into the Center for Continuing Education's database at the present time. This verification reflects the credits earned at the activity. To print Credit Transcripts please click on the drop down menu next to the Select Option and select Print Credit Transcripts.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 19, 2018

Audrey Ann Lance
35000 Ford Road Ste 3
Westland MI 48185

Dear Applicant:

We have reviewed your file for licensure. Approval for your application is being delayed pending the receipt or clarification of the following:

You must have your fingerprints taken for your license/registration application. Fingerprints must be taken using the Customer ID and MWBC number and instructions provided in the Application Confirmation letter that you received by mail after your license application and fee were processed.

Continuing education is being reviewed.

Documents can be submitted electronically to BPLDATA@Michigan.gov. If you have any questions, please feel free to contact our office at the number below.

Sincerely,

Board of Medicine
Bureau of Professional Licensing
Phone: (517) 335-0918

lr

Lance, Audrey Ann 430 1089906
Medical Doctor - Educational Limited
April 02, 2007

Fee _____
100 _____
Med Exp _____
NET _____
Exam Board _____
ECFMC _____
Hosp Appt _____

EAC
~~11~~ 6/15

Michigan Department of Community Health
 Board of Medicine
 P.O. Box 30192
 Lansing, MI 48909
 (517) 335-0918

DCH/LMD-851 (03/04)

Page 1 of 2

APPLICATION FOR EDUCATIONAL LIMITED AND CONTROLLED SUBSTANCE LICENSES

Authority: Public Act 368 of 1970, as amended
 If this form is not completed, a license will not be issued

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1970, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-4539)

Tran Infc: 430157	12744867-1	04/02/07
Chk#: 1182	Ant: \$20.00	
ID#: [REDACTED]	12744867-2	04/02/07
Chk#: 1182	Ant: \$65.00	
ID: [REDACTED]		

Board Disp Only	
License Number	059900
C S License Number	430195 12744867-3 04/02/07
Chk#: 1182	Ant: \$85.00
Date of License	[REDACTED] S/4/07

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- Educational Limited and Controlled Substance Fee: 170.00
 71-43-01-375705

031181

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 Audrey	Middle Name Ann	Last Name Lance
U.S. Social Security Number [REDACTED]	Date of Birth [REDACTED] 1982	Previous MI License Number and Expiration Date, if applicable
Daytime Phone Number (734) [REDACTED]	All Previous Names and/or Birth Name Used (if applicable)	
Have you ever held a health professional license in Michigan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Training Hospital The University of Michigan Health System		
Street Address of Training Hospital 1500 E. Medical Center Drive		
City Ann Arbor	State MI	ZIP Code 48109

Check the appropriate answer to each of the following questions. **NOTE: Attach a detailed explanation for any Yes answer you check.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

www.michigan.gov/healthlicense

Name

Audrey Ann Lance

8. Have you ever been censured, or requested to withdraw from: a health care facility's staff or had your health care facility staff privileges involuntarily modified? Yes No

9. Do you hold or have you held a medical license in any state? If yes, list each state, the license or registration number, the date issued, and how the license was obtained DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.) Yes No

State	License Number	Date of Issue	How obtained (Endorsement or examination)

Provide a complete chronological record of your educational preparation.
Attach additional sheets if necessary.

Name and Address of Institution	Dates of Attendance		Degree
	From	To	
Michigan State University E. Lansing, MI	08/99	08/2000	No degree earned
University of Michigan Ann Arbor, MI	08/2000	04/2003	Bachelor of Arts - women's studies
George Washington University School of Medicine, 2300 ISH Washington, D.C. 20037	08/2003	05/2007	MD expected May, 2007.

Provide a description of your professional medical experience.
Attach additional sheets if necessary.

Name and Address of Employer	Dates of Practice		Duties
	From	To	

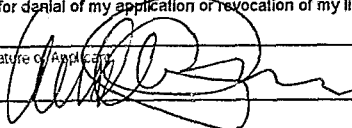
CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of their 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 or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant



Date

3/25/07

DCH1.MD-093 (03/04)

Michigan Department of Community Health
 Board of Medicine
 P.O. Box 30192
 Lansing, MI 48909
 (517) 335-0918

Page 1 of 2

CERTIFICATION OF APPOINTMENT TO A MICHIGAN TRAINING HOSPITAL

Authority: Public Act 366 of 1970, as amended
 If this form is not completed, a license will not be issued.

INSTRUCTIONS TO APPLICANT:

Complete Section I. Type or print your name exactly as it appears on your application. For Section II, send this form to be completed by the Program Director of the Michigan hospital where you have been appointed. This certification must be submitted to the Board of Medicine by the hospital.

SECTION I - APPLICANT INFORMATION

First Name <i>Audrey</i>	Middle Name <i>Ann</i>	Last Name <i>Lance</i>
Social Security Number [REDACTED]	Date of Birth [REDACTED] / 82	
Street Address <i>F4808 Mott 15720 E. Medical Ctr. Dr.</i>		
City <i>Ann Arbor</i>	State <i>MI</i>	ZIP Code <i>48109-0264</i>
Daytime Telephone Number <i>734 - [REDACTED]</i>	All Previous Names and/or Birth Name Used (if applicable)	

Signature of Applicant	Date
------------------------	------

APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE PROGRAM DIRECTOR FOR COMPLETION OF SECTION II ON PAGE 2 OF THIS FORM.

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

www.michigan.gov/healthlicense

DCHA,MD-093 (03/04)

Page 2 of 2

Name

THIS SIDE TO BE COMPLETED BY THE PROGRAM DIRECTOR

INSTRUCTIONS FOR COMPLETING SECTION II:

Please complete the following information. Return this completed certification directly to the Michigan Board of Medicine at the address shown on page 1 of this form.

SECTION II - CERTIFICATION OF RESIDENCY APPOINTMENT

Name of Training Hospital	University of Michigan Health System	
Street Address of Training Hospital	1500 E. Medical Center Drive Ann Arbor, MI 48109	- F4808 MOTT Box 0264
City, State and ZIP Code		
I certify that	<u>Audrey Lance</u>	has been duly
appointed to a training program in the clinical area of	<u>Obstetrics & Gynecology</u>	
beginning	<u>6/15/2007</u>	and ending <u>6/30/2011</u>
	Month/Day/Year	Month/Day/Year
at	<u>University of Michigan</u>	
	Name of Training Hospital	
Is this program accredited by ACGME?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Is this hospital or institution accredited by JCAH?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Signature of Director of Medical Education	<u>Lisa Colletti for</u>	<u>5/22/07</u>
	<u>Lisa Colletti, MD</u>	Date of Signature
Print or Type Name of Director of Medical Education	(SEAL)	
	If hospital has no seal, please indicate.	

Michigan Department of Community Health
 Board of Medicine
 P.O. Box 10192
 Lansing, MI 48909
 (517) 335-0918

RECEIVED

APR 02 2007

GRADUATE MEDICAL EDUCATION

RECEIVED

APR -5 2007

DEPT. OF LEG

CERTIFICATION OF APPOINTMENT TO A MICHIGAN TRAINING HOSPITAL


Authority: Public Act 369 of 1974, as amended
 ICR 207.1601 through 207.1604, as amended

INSTRUCTIONS TO APPLICANT:

Complete Section I. Type or print your name exactly as it appears on your application. For Section II send this form to be completed by the Program Director of the Michigan hospital where you have been appointed. This certification must be submitted to the Board of Medicine by the hospital.

SECTION I - APPLICANT INFORMATION

First Name Audrey	Middle Name Ann	Last Name Lance
Date of Birth [REDACTED]		Year of Birth 1982
Address [REDACTED]		
City Royal Oak	State MI	ZIP Code 48073
Phone Number (734) [REDACTED]	Previous Names and/or Extensions (if applicable)	

Signature 	Date 3/25/07
---	-----------------

APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE PROGRAM DIRECTOR FOR COMPLETION OF SECTION II ON PAGE 2 OF THIS FORM.

Name Audrey A. Lance

THIS SIDE TO BE COMPLETED BY THE PROGRAM DIRECTOR

INSTRUCTIONS FOR COMPLETING SECTION II:

Please complete the following information. Return this completed certification directly to the Michigan Board of Medicine at the address shown on page 1 of this form.

SECTION II - CERTIFICATION OF RESIDENCY APPOINTMENT

Name of Training Hospital	
The University of Michigan Health System	
Street Address of Training Hospital	
1500 E. Medical Center Drive	
City, State and ZIP Code	
Ann Arbor, MI 48109	
I certify that <u>Audrey Ann Lance</u> has been duly	
appointed to a training program in the clinical area of <u>Obstetrics - Gynecology</u>	
beginning <u>7-1-2007</u>	and ending <u>06-30-07</u>
Month/Day/year	Month/Day/year
at <u>The University of Michigan Health System</u>	
Name of Training Hospital	
is this program accredited by ACGME? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
is this hospital or institution accredited by JCAH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<u>Claudia L. Kitch for</u>	<u>4-3-07</u>
Signature of Director of Medical Education	Date of Signing
(SEAL)	
<u>for Lisa Colletti, MD</u>	
Print the Name of the Program Director	

Michigan Department of Community Health
Board of Medicine
P.O. Box 30192
Lansing, MI 48909
(517) 335-0918

**CERTIFICATION OF MEDICAL EDUCATION FOR GRADUATES OF MEDICAL SCHOOLS
LOCATED IN THE UNITED STATES, ITS TERRITORIES, THE DISTRICT OF COLUMBIA, OR
THE DOMINION OF CANADA**

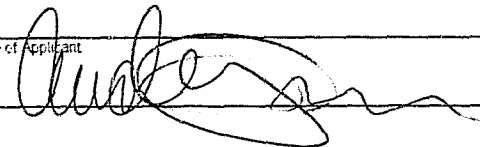
Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

INSTRUCTIONS TO APPLICANT:

Complete Section I. Type or print your name exactly as it appears on your application. For completion of Section II, send this form to the Dean of the medical school you attended. This certification must be submitted directly to the Michigan Board of Medicine by the medical school.

SECTION I - APPLICANT INFORMATION

First Name Audrey	Middle Name Ann	Last Name Lance
Social Security Number [REDACTED]	Date of Birth [REDACTED] 1982	
Street Address [REDACTED]		
City Royal Oak	State MI	ZIP Code 48073
Daytime Telephone Number (734) [REDACTED]	All Previous Names and/or Birth Name Used (if applicable)	
Date of Admission	Date of Graduation 05/20/2007	

Signature of Applicant 	Date 3/25/2007
---	--------------------------

**APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE DEAN OF YOUR
MEDICAL SCHOOL FOR COMPLETION OF SECTION II.**

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

Name

TO BE COMPLETED BY THE DEAN OR REGISTRAR OF THE MEDICAL SCHOOL

INSTRUCTIONS FOR COMPLETING SECTION II:

Please complete the following information. Return this completed certification directly to the Michigan Board of Medicine at the address shown on Page 1 of this form.

SECTION II - CERTIFICATION OF MEDICAL EDUCATION

Name of Medical School	
OFFICE OF THE DEAN THE GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE & HEALTH SCIENCES	
Street Address of Medical School	
ROSS HALL 713 - WEST 2300 I STREET, N.W. WASHINGTON, D.C. 20037	
City, State and ZIP Code	
I certify that <u>Audrey A. Lance</u> attended the	
(Applicant's Name)	
medical school named above from	to
<u>08/25/03</u>	<u>5/06/07</u>
Month/Day/Year	Month/Day/Year
and was/will be granted the degree of <u>M.D.</u> on	
<u>5/20/07</u>	
Month/Day/Year	
<u>Kyle Dirkes</u>	<u>MAR 30 2007</u>
Signature of Dean or Registrar	Date of Signature
Kyle Dirkes Exec. Coordinator for Student Services & Registrar The George Washington University School of Medicine and Health Sciences	(SEAL)
Print or Type Name of Dean or Registrar	If school has no seal, please indicate

Michigan Department of Community Health
 Board of Medicine
 P.O. Box 30192
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

DCH/MLMD-040 (04/10)

Page 1 of 2

APPLICATION FOR MEDICAL DOCTOR LICENSE

Authority: Public Act 368 of 1978, as amended

If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone: 1-800-882-0539)

Tran Info: 430101 16831113-1 04/23/11
 Chk#: 177 Amt: \$150.00
 ID: [REDACTED]
 Tran Info: 430101 16831113-2 04/25/11
 Chk#: 177 Amt: \$20.00
 ID: [REDACTED]
 Tran Info: 430101 16831113-3 04/25/11
 Chk#: 177 Amt: \$65.00
 ID: [REDACTED]

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- License by Examination Fee: \$150.00 71-4301-01
- Controlled Substance Fee: \$85.00 43-01 71-5315

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 Audrey	Middle Name Ann	Last Name Lance
U.S. Social Security Number [REDACTED]	Date of Birth [REDACTED] 1982	Daytime Phone [REDACTED] (734) [REDACTED]
Street Address 2133 N Circle Dr.		E-Mail Address [REDACTED]@med.umich.edu
City Ann Arbor	State MI	ZIP Code 48103
All Previous Names and/or Birth Name Used (if applicable)		
Have you ever held a health professional license in Michigan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Michigan Permanent I.D. Number and Expiration Date 4301089906 6/30/2011

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever had a federal or state health professional or controlled substance license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you ever been denied the privilege of taking an examination by any state medical board?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Name Audrey Ann Lance

9. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privilege involuntarily modified? Yes No
10. Do you hold or have you ever held a permanent medical license in any state, U.S. Territory or Canadian Province? If yes, list the state(s) U.S. Territory or Province in which you hold or have held a medicine license, the license or registration number, the date issued, and how the license was obtained. Yes No
DO NOT LIST TEMPORARY LICENSES. You must have each licensing agency verify licensure directly to this board office. (Attach additional sheets, if necessary)

State, U.S. Territory or Province	License Number	Date of Issue	How obtained (Endorsement or examination)

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and Address of Institution	Dates of Attendance		Degree
	From	To	
University of Michigan - Ann Arbor, MI	08/2000	05/2003	B.A. - Women's Studies
George Washington University, 2200 I St. N.W., Wash. D.C. 20037	08/2003	05/2007	M.D.

Provide a description of your professional medical experience. Attach additional sheets if necessary.


Name and Address of Employer	Dates of Practice		Duties
	From	To	
University of Michigan Hospital	07/2007	Present (graduate of 2011)	House officer - OB/GYN

CERTIFICATION

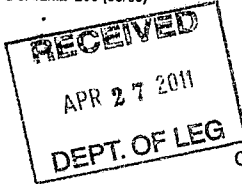
I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant  Date 4/18/2011

Michigan Department of Community Health
 Board of Medicine
 P.O. Box 30192
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense



CERTIFICATION OF POSTGRADUATE TRAINING

Authority: Public Act 368 of 1976, as amended
 If this form is not completed, a license will not be issued.

INSTRUCTIONS TO APPLICANT:

Complete Section I. Type or print your name exactly as it appears on your application. For completion of Section II, send this form to the Director of Medical Education where you completed your postgraduate training. This certification must be submitted directly to the Michigan Board of Medicine by the Director of Medical Education.

SECTION I - APPLICANT INFORMATION

First Name Audrey	Middle Name Ann	Last Name Lance
Social Security Number [REDACTED]	Date of Birth [REDACTED] / 1982	
Street Address 2133 N. Circle Dr.		
City Ann Arbor	State MI	ZIP Code 48103
Daytime Telephone Number (734) [REDACTED]	All Previous Names and/or Birth Name Used (if applicable)	

Signature of Applicant 	Date 4/13/2011
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APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE DIRECTOR OF MEDICAL EDUCATION FOR COMPLETION OF SECTION II.

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

Name Audrey Ann Lance

TO BE COMPLETED BY THE DIRECTOR OF MEDICAL EDUCATION

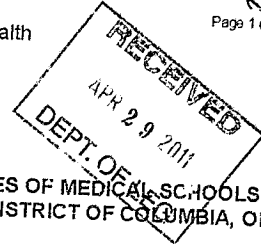
INSTRUCTIONS FOR COMPLETING SECTION II:

Please complete the following information. Return this completed certification directly to the Michigan Board of Medicine at the address shown on Page 1 of this form.

SECTION II - CERTIFICATION OF POSTGRADUATE TRAINING

Name of Hospital	
Street Address of Hospital University of Michigan Health System 1500 E. Medical Center Drive	
City, State and ZIP Code Ann Arbor, MI 48109	
I certify that <u>Audrey Lance</u> a graduate of the <small>(Applicant's Name)</small> <u>Georgetown University</u> medical school, has successfully completed postgraduate	
clinical training offered by the hospital named above from <u>6/15/07</u> to <u>Present</u> <small>(Month/Day/Year)</small> <small>(Month/Day/Year)</small>	
In the clinical area of <u>Obstetrics & Gynecology</u>	
Is this an active training program accredited by the ACGME, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, or by the National Joint Committee on Accreditation of Pre-registration Physician Training Programs of the Canadian Medical Association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Lynn Donnelly</u> Signature of Director of Medical Education	<u>4/22/11</u> Date of Signature
<u>for Lisa Colletti, MD</u> Print or Type Name of Director of Medical Education	(SEAL) If hospital has no seal, please indicate
NOTE: Certification of Postgraduate Training will not be accepted if signed and submitted more than 15 days prior to actual completion.	

Michigan Department of Community Health
 Board of Medicine
 P.O. Box 30192
 Lansing, MI 48909
 (517) 335-091A



**CERTIFICATION OF MEDICAL EDUCATION FOR GRADUATES OF MEDICAL SCHOOLS
 LOCATED IN THE UNITED STATES, ITS TERRITORIES, THE DISTRICT OF COLUMBIA, OR
 THE DOMINION OF CANADA**

Authority: Public Act 398 of 1973, as amended
 If this form is not completed, a license will not be issued.

INSTRUCTIONS TO APPLICANT:

Complete Section I. Type or print your name exactly as it appears on your application. For Section II, send this form to be completed by the Dean of the medical school you attended. This certification must be submitted directly to the Michigan Board of Medicine by the medical school.

SECTION I - APPLICANT INFORMATION

First Name Audrey	Middle Name Ann	Last Name Lance
Social Security Number [REDACTED]	Date of Birth [REDACTED] 1982	Daytime Telephone Number [REDACTED] (734) [REDACTED]
2133 N. Circle Dr.		
City Ann Arbor	State MI	ZIP Code 48103
All Previous Names and/or Birth Name Used (if applicable)		
Date of Admission 08/25/2003	Date of Graduation 05/20/2007	

Signature of Applicant 	Date 4/13/2011
---	-------------------

**APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE DEAN OF
 YOUR MEDICAL SCHOOL FOR COMPLETION OF SECTION II.**

The Department of Community Health 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.

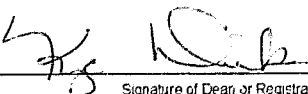
Name Audrey Ann Lance

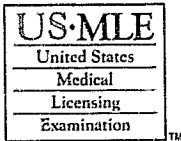
TO BE COMPLETED BY THE DEAN OR REGISTRAR OF THE MEDICAL SCHOOL

INSTRUCTIONS FOR COMPLETING SECTION II:

Please complete the following information. Return this completed certification directly to the Michigan Board of Medicine at the address shown on Page 1 of this form.

SECTION II - CERTIFICATION OF MEDICAL EDUCATION

Name of Medical School	
Office of the Dean	
The George Washington University School of Medicine & Health Sciences	
Ross Hall 713 West 2300 I Street N.W.	
City, State and ZIP Code	
Washington, D.C. 20037	
I certify that <u>Audrey A. Lance</u> attended the	
(Applicant's Name)	
medical school named above from	to
<u>08-25-2003</u>	<u>05-06-2007</u>
(Month/Day/Year)	(Month/Day/Year)
and was/will be granted the degree of	on
<u>MD</u>	<u>05-20-2007</u>
(Month/Day/Year)	
	APR 26 2011
Signature of Dean or Registrar	Date of Signature
Kyle Dirkes	
Exec. Coordinator for Student Services & Registrar	
The George Washington University	(S.E.A.L)
School of Medicine and Health Sciences	
Print or Type Name of Dean or Registrar	If school has no seal, please indicate



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

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, PO Box 619850, Dallas, TX 75261-9850 — Telephone (817) 868-4041

Date: 04/21/20

Recipient:

Michigan Board of Medicine
ATTN: Carole Hakala Engle, Licensing Director
611 W Ottawa
1st Floor
Lansing, MI 48933

Examinee: Lance, Audrey
Alt Name(s): Lance, Audrey Ann

Examinee ID#: S-159-822-6
Date of Birth: [REDACTED] 1982

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

USMLE STEP 1						
Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/21/2005	Pass	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

USMLE STEP 2						
Clinical Knowledge (CK)						
Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
07/20/2006	Pass	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
Clinical Skills (CS)*						
Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
12/20/2006	Pass	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

USMLE STEP 3						
Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
04/21/2009	Pass	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.