

Date Approved: 7/9/89 REG.  
License No.: 54361 AMT. 150.00  
Approved by: RMD MAY 30 1991  
STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATION  
BOARD OF MEDICINE  
P.O. BOX 30192  
LANSING, MICHIGAN 48909  
(517) 373-0680

LMD-040 (5/90)  
This form is required by P.A.  
366 of 1976 in order for you  
to be licensed in Michigan

### APPLICATION FOR MEDICAL AND CONTROLLED SUBSTANCE LICENSES

I am applying for the following:

- ☒ License by examination (National Boards or FLEX) \$90.00  
☐ License by endorsement (Must be currently licensed in another state) \$90.00  
☒ Controlled Substance License \$60.00

I am applying on the basis of the following examination:

☐ FLEX ☒ NATIONAL BOARDS ☐ OTHER

NAME OF APPLICANT (last, first, middle)

Boyd Katherine Lee

LIST PREVIOUS NAME(S) USED:

None

ADDRESS (no. street city state ZIP)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

CHECK THE APPROPRIATE ANSWER TO EACH OF THE FOLLOWING QUESTIONS. ATTACH DETAILED EXPLANATION FOR ANY YES ANSWER YOU CHECK.

Have you ever been convicted of a crime?

☐ YES ☒ NO

Have you ever been under treatment for addiction or insobriety?

☐ YES ☒ NO

Have you ever been warned, censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges modified?

☐ YES ☒ NO

Are you now or have you ever been a defendant in a medical malpractice civil suit?

☐ YES ☒ NO

Have you ever been refused a license to practice professionally for any reason by any state or federal agency?

☐ YES ☒ NO

Have you ever been denied the privilege of taking an examination by any state medical board?

☐ YES ☒ NO

Have you ever had your medical or controlled substance license, certificate, registration or approval revoked or suspended, or have you ever been otherwise disciplined by a medical board or a board responsible for regulating controlled substances?

☐ YES ☒ NO

Do you currently have any charges or complaints pending against you before a medical board or a board responsible for regulating controlled substance?

☐ YES ☒ NO

Have you ever held a restricted state or federal license, certificate, registration, or approval? educational licence - Michigan

☒ YES ☐ NO

Do you hold or have you ever held a medical license in this or any other state? If yes, list each state below and the date such license was issued and cause certification of license in good standing to be submitted directly from all other states:

☒ YES ☐ NO

Michigan ID# 4301054361 7-1-89

Provide a complete chronological record of all your educational preparation and work experience to the present date. Attach additional sheets if necessary.

NAME AND ADDRESS OF INSTITUTION	DATES OF ATTENDANCE		DEGREE OBTAINED
	From	To	
Kansas State Univ. Manhattan, Ks.	1970	1974	B.S.
Univ. of Alabama Tuscaloosa, Al	1974	1976	M.S.
Auburn Univ. Montgomery, Al.	1983	1985	none
Meharry Medical College Nashville, TN	1985	1989	M.D.

I understand that it is the policy of the Department of Licensing and Regulation to secure conviction criminal history information as part of their pre-licensure screening process, and I authorize the department to use the information provided in this application to obtain a conviction criminal history file search from the Central Records Division of the Michigan Department of State Police. I hereby certify that the information in this application is true and correct and I hereby make application for medical licensure in Michigan.

Signature

*Katherine L. Boyd*

Date

5-28-91

Subscribed and sworn to before me this 28th day of May

1991

Signature of Notary Public

*Laura Ann Poppler-Maloney*

County of

Wayne

My commission expires

LAURA ANN POPPLER-MALONEY  
NOTARY PUBLIC STATE OF MICHIGAN  
WAYNE COUNTY  
MY COMMISSION EXPI. OCT. 25, 1994

### CONTROLLED SUBSTANCE LICENSE APPLICATION

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. A separate controlled substance license is required for each business location from which you manufacture, distribute, prescribe, or dispense controlled substances. If you will practice at an additional location or in a methadone program, please request in writing an Application for Additional Location from the Michigan Board of Pharmacy, P.O. Box 30018, Lansing, Michigan 48909.

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 357 Federal Building, 231 Lafayette, Detroit, Michigan 48226 (Telephone 313-226-7290).

I hereby make application for a Michigan controlled substance license.

Signature

*Katherine L. Boyd*

Date

5-27-91

State of Michigan  
Department of Licensing and Regulation  
**BOARD OF MEDICINE**  
P.O. Box 30192  
Lansing, Michigan 48909

This form is required by P.A. 368 of 1976 in order for you to be licensed in Michigan.

## CERTIFICATION OF POSTGRADUATE TRAINING

### APPLICANT INSTRUCTIONS

Type or print your name in Section I exactly as it appears on your application. Send this form to be completed and mailed directly to the board by the director of medical education where you completed your postgraduate training.

### SECTION I: APPLICANT INFORMATION

NAME OF APPLICANT (last, first, middle) <i>Boyd, Katherine Lee</i>	
ADDRESS (no. street, city, state, ZIP) [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]
DATE OF BIRTH [REDACTED]	

### SECTION II: APPLICANT INFORMATION

HOSPITAL NAME <i>St Johns St. John Hospital and Medical Center</i>
HOSPITAL'S COMPLETE ADDRESS <i>22101 Moross Road, Detroit, Michigan, 48236</i>

I certify that *Katherine Lee Boyd, M.D.* a graduate of the  
*Meharry Medical College* medical school, has successfully completed postgraduate  
clinical training offered by the hospital named above from *July 1,* 19*89* through *June 17,*

19*91\** in the clinical area of *Obstetrics and Gynecology*.  
*\*Dr. Boyd is expected to complete our 4-year program 6/30/93.*

*June 17, 1991*

Date

Signature of Director of Medical Education

*Steven E. Minnick, M.D., Director of Medical Education*

Type or Print Name of Director of Medical Education

(SEAL)

Is this training program accredited by ACGME or by the national  
joint committee on accreditation of preregistration physician  
training programs of the Canadian medical association?

☒ YES ☐ NO

If hospital has no seal, please so indicate.

NOTE: Certification of postgraduate training will not be accepted if certified more than 15 days prior to actual completion.



NATIONAL BOARD OF MEDICAL EXAMINERS® • 3930 CHESTNUT STREET, PHILADELPHIA, PA 19104  
ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS OF THE UNITED STATES OF AMERICA	
Katherine L. Boyd, M.D.	
having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.	
Attest L. THOMPSON BOWLES, M.D., PH.D. Chairman of the Board	SEAL ROBERT L. VOLLE, PH.D. President of the Board
Philadelphia, Pa. 07/01/90	Certificate # 376261

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be\* awarded to the physician named above, who graduated from MEHARRY MEDICAL COLLEGE in MAY 1989 and whose birth date is [REDACTED]. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
<b>PART I passed 09/87</b>		
Anatomy		
Physiology		
Biochemistry		
Pathology		
Microbiology		
Pharmacology		
Behavioral Sciences		
TOTAL TEST (Minimum Passing Score 380/75)		
<b>PART II passed 09/88</b>		
Medicine		
Surgery		
Obstetrics and Gynecology		
Public Health and Preventive Medicine		
Pediatrics		
Psychiatry		
TOTAL TEST (Minimum Passing Score 290/75)		
<b>PART III passed 03/90</b>		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 290/75)		
<b>GENERAL AVERAGE (Parts I, II, and III Scale Score)</b>		

\*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

Melanie Valente  
Secretary for Certification

SEAL

06/12/91  
Date

Provide a complete chronological record of all your educational preparation and work experience from secondary or high school to the present date. Attach additional sheets if necessary.

NAME AND ADDRESS OF INSTITUTION	DATES OF ATTENDANCE		DEGREE OBTAINED
	From	To	
- Marysville High School Marysville, Ks.	1967	1970	diploma
- Kansas State University Manhattan, Ks.	1970	1974	B.S.
- The University of Alabama Tuscaloosa, AL	1974	1976	M.S.
- Auburn University in Montgomery Montgomery, AL	1983	1985	-
- Meharry Medical College Nashville, Tn.	1983	1989	M.D.

I hereby certify that the information in this application is true and correct and I hereby make application for limited medical licensure in Michigan.

Signature

*Katherine L. Boyd*

Date

4-4-89

Subscribed and sworn to before me this

4<sup>th</sup>

day of

April

1989

Signature of Notary Public

*Edward F. Kuhl*

County of

DAVIDSON

My commission expires

JAN. 23, 1993

#### CONTROLLED SUBSTANCE LICENSE APPLICATION

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, 357 Federal Building, 231 Lafayette, Detroit, Michigan 48226 (Telephone 313-226-7290).

I hereby make application for a Michigan controlled substance license.

Signature

*Katherine L. Boyd*

Date

4-4-89

LIC. & REG.  
AMT.  
REC'D. \$ 80.00

APR 24 1989

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATION  
BOARD OF MEDICINE  
P.O. BOX 30018  
LANSING, MICHIGAN 48909  
(517) 373-0880

LMD-851 (2/88)

This form is required by P.A.  
368 of 1978 in order for you to  
be licensed in Michigan.

### APPLICATION FOR LIMITED MEDICAL AND CONTROLLED SUBSTANCE LICENSES

I am applying for the following license(s):

☒ Limited Educational  
Fee: \$30.00

☐ Limited Clinical Academic  
Fee: \$30.00

☒ Controlled Substance  
Fee: \$50.00

#### APPLICANT INFORMATION

**RECEIVED**

This application will not be accepted unless properly signed and sworn to by the applicant before a notary public. Your fee should accompany this application and should be in the form of a check or money order. No responsibility will be assumed for fees sent in any other manner.

NAME OF APPLICANT (last, first, middle)

Boyd, Katherine Lee

DEPT. OF LIC. & REG.  
BOARD OF MEDICINE

ADDRESS (no. street city state zip)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

CHECK THE APPROPRIATE ANSWER TO EACH OF THE FOLLOWING QUESTIONS. ATTACH DETAILED EXPLANATION FOR ANY YES ANSWER YOU CHECK.

Have you ever been convicted of a crime? ☐ YES ☒ NO

Have you ever been under treatment for addiction or insobriety? ☐ YES ☒ NO

Are you now or have you ever been a defendant in a medical malpractice civil suit? ☐ YES ☒ NO

Have you ever been refused a license to practice professionally for any reason by any state or federal agency? ☐ YES ☒ NO

Have you ever been denied the privilege of taking an examination by any state medical board? ☐ YES ☒ NO

Have you ever had a medical or controlled substance license, certificate, registration or approval revoked or suspended, or have you ever been otherwise disciplined by a medical board or a board responsible for regulating controlled substances? ☐ YES ☒ NO

Do you currently have any charges or complaints pending against you before a medical board or a board responsible for regulating controlled substance? ☐ YES ☒ NO

Have you ever held a restricted state or federal license, certificate, registration, or approval? ☐ YES ☒ NO

Do you hold or have you ever held a medical license in another state? If yes, list each state and the date such license was issued: ☐ YES ☒ NO



State of Michigan  
 Department of Licensing and Regulation  
**BOARD OF MEDICINE**  
 P.O. Box 30018  
 Lansing, Michigan 48909

# **CERTIFICATION OF APPOINTMENT TO MICHIGAN TRAINING HOSPITAL**

This certifies that Katherine Lee Boyd  
(name of applicant)  
 has been duly appointed to a training program in the clinical area of Obstetrics and Gynecology

beginning July 1, 1989 and ending June 30, 1990

in the St. John Hospital  
(name of training hospital)

22101 Moross Road, Detroit, Michigan 48236

(Address of hospital - this address will be printed on license)

**RECEIVED**

APR 28 1989

DEPT. OF LIC. & REG.  
 BOARD OF MEDICINE



Steven E. Minnick, M.D.

Type or print name of Director of Medical Education

Steven E. Minnick, M.D.

Signature of Director of Medical Education

4-10-89

Date

(SEAL)

Is program accredited by ACGME?

Is hospital or institution  
 accredited by JCAH?

YES

NO



If hospital has no seal, please indicate.

NOTE: This certification must be mailed directly to the Michigan Board of Medicine from the training hospital or institution.

State of Michigan  
Department of Licensing and Regulation  
BOARD OF MEDICINE  
P.O. Box 30018  
Lansing, Michigan 48909

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

RECEIVED

APPLICANT INSTRUCTIONS

APR 12 1989

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

SECTION I: APPLICANT INFORMATION

NAME OF APPLICANT (last, first, middle)	
Boyd, Katherine L.	
ADDRESS (no. street, city, state, zip)	
[REDACTED]	
DATE OF BIRTH	SEX
[REDACTED]	[REDACTED]
DATE OF ADMISSION	DATE OF GRADUATION
8-12-85	5-28-89

SECTION II: CERTIFICATION OF MEDICAL EDUCATION

NAME OF MEDICAL SCHOOL
Meharry Medical School
FULL ADDRESS OF MEDICAL SCHOOL
[REDACTED]

RECEIVED

APR 13 1989

I certify that Katherine L. Boyd attended the medical school named above from August 1985 through May 1989 and was/will be granted the degree of DOCTOR OF MEDICINE on MAY 28, 1989.

April 6, 1989  
(Date)

( S E A L )

[Signature]  
Signature of Dean or Registrar

Ottie L. West

Type or Print Name of Dean or Registrar  
DIRECTOR, ADMISSIONS & RECORDS

NOTE: This certification must be returned by the medical school directly to the Michigan Board of Medicine at the address shown above.

(01/88)



State of Michigan  
Department of Licensing and Regulation  
**BOARD OF MEDICINE**  
P.O. Box 30192  
Lansing, Michigan 48909

Meharry Medical College  
1005 D.B. Todd  
Jr. Blvd  
Nashville, TN  
37208

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

**APPLICANT INSTRUCTIONS**

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

SECTION I: APPLICANT INFORMATION	
NAME OF APPLICANT (last, first, middle) <u>Boyd Katherine Lee</u>	
ADDRESS [REDACTED]	
DATE OF [REDACTED]	SO [REDACTED]
DATE OF ADMISSION <u>8-12-85</u>	DATE OF GRADUATION <u>May 1989</u>

SECTION II: CERTIFICATION OF MEDICAL EDUCATION	
NAME OF MEDICAL SCHOOL	<b>ADMISSIONS AND RECORDS MEHARRY MEDICAL COLLEGE</b>
FULL ADDRESS OF MEDICAL SCHOOL	<b>1005 DAVID B. TODD, JR. BLVD. NASHVILLE, TENNESSEE 37208</b>

I certify that Katherine L. Boyd attended the medical school named  
above from 8/12/ 19 85 through 5/17/ 19 89 and was will  
be granted the degree of Doctor of Medicine  
on 5/28/ 19 89

5/31/91

(Date)

Doris E. Petway  
Signature of Dean or Registrar

Interim Director, Admissions & Records

( S E A L )

Doris E. Petway

Type or Print Name of Dean or Registrar

NOTE: This certification must be returned by the medical school directly to the Michigan Board of Medicine at the address shown above.

State of Michigan  
Department of Licensing and Regulation  
Board of Medicine  
P.O. Box 30192  
Lansing, Michigan 48909  
(517) 373-0680

LMD-091 (4/88)

4381054361

Boyd Katherine Lee

CS - 3

March 14, 2016

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

LARA/LPH-095 (06/14)

FOR BOARD USE ONLY	
License #	5315074759
Issue Date	3-23-2016

PO Box 30670  
Lansing, MI 48909  
(517) 335-0918  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

TranInfo: 531557 21198282-1 03/14/16  
Chk#: 23597 Amt: \$20.00  
ID: 4301054361

**CONTROLLED SUBSTANCE ADDITIONAL LOCATION LICENSE APPLICATION**

PLEASE NOTE: If you only prescribe controlled substances at more than one location, you only need one controlled substance license. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. All practitioners, and veterinarians who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162d. YOUR ADDITIONAL CONTROLLED SUBSTANCE LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.

TranInfo: 531557 21198282-2 03/14/16  
Chk#: 23597 Amt: \$65.00  
ID: 4301054361

**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 is \$85.00. If you already hold a professional license and your professional license expires in:  
0-12 months the fee is \$85.00      13-24 months the fee is \$160.00      25-36 months the fee is \$245.00  
TranInfo: 531557 21198282-3 03/14/16  
Chk#: 23597 Amt: \$150.00  
ID: 4301054361
- 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.
- 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:

**Dentist Expiring in 0-12 Months Fee: \$85.00 71-5315-13757**

First Name: Katherine	Middle Name: Lee	Last Name: Boyd
Additional Location Street Address: 15801 W. Mc Nichols		Ste #:
City: Detroit	State: Michigan	Zip Code: 48235
Michigan Health Professional ID/License Number: 4 3 0 1 0 5 4 3 6 1		Expiration Date: 01/31/2019
U.S. Social Security #: [REDACTED]	Phone Number: 313 2728450313 272-8450	

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

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

If yes, please explain

I am applying for 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 Katherine Boyd Date 3/9/16

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



4301054361

Boyd, Katherine Lee

CS - 3

November 09, 2015

☒ renewal  
☐ \$150<sup>00</sup> owes

## Search Criteria

SSN/Lic ID/ID 4301054361

NDP Trans

Profession

Date Recvd

Check Name

Check Nbr 23597

Date

Invoice Nbr

Invoice Date

Trans #	Entry #	Batch #	Deposit Date	Account	Validation	Tender Type	Fee Due	Amount Received	Available Amount	Exc Cd	Exc Amt	NSF
21198282	1	596171	03/15/2016	531557		H		20.00	20.00			
21198282	2	596171	03/15/2016	531537		H		65.00	65.00		USED	
21198282	3	596171	03/15/2016	430101		H		150.00	150.00			
21198280	1	596171	03/15/2016	430138		H		85.00	85.00			
15518514	1	474786	01/14/2010	430157	0200159	H	60.00	60.00	60.00	0-No	00000000	
15518514	2	474786	01/14/2010	430139	0200159	H	165.00	165.00	165.00	0-No	00000000	
15518513	1	474786	01/14/2010	430118	0200157	H	285.00	285.00	285.00	0-No	00000000	
12461397	1	385164	01/10/2007	430118	0201427	H	285.00	285.00	285.00	0-No	00000000	
12455844	1	385146	01/09/2007	430157	0204649	H	60.00	60.00	60.00	0-No	00000000	
12455844	2	385146	01/09/2007	430139	0204649	H	165.00	165.00	165.00	0-No	00000000	

Details

Return

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

LARA/LPH-095 (06/14)

Health Licensing Division  
PO Box 30670

Lansing, MI 48909

(517) 335-0918

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

TransInfo: 531557 20837560-1 11/09/15

Chk#: 11078 Amt: \$20.00

ID: [REDACTED]

FOR BOARD USE ONLY	
License #	5315074807
Issue Date	3-29-16

**CONTROLLED SUBSTANCE ADDITIONAL LOCATION LICENSE APPLICATION**

PLEASE NOTE: If you only prescribe controlled substances at more than one location, you only need one controlled substance license. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. All practitioners, and veterinarians who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162d. YOUR ADDITIONAL CONTROLLED SUBSTANCE LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.

TransInfo: 531557 20837560-1 11/09/15

Chk#: 11078 Amt: \$65.00

ID: [REDACTED]

**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- \$85.00  
If you already hold a professional license and your professional license expires in:  
0-12 months the fee is \$85.00      13-24 months the fee is \$160.00      25-36 months the fee is \$235.00
- 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:

**Dentist Expiring in 0-12 Months Fee: \$85.00 71-5315-13757**

First Name: KATHERINE	Middle Name: LEE	Last Name: BOYD
Additional Location Street Address: 15921 E 8 mile road		Ste #: 1
City: EASTPOINTE	State: MI	Zip Code: 48021
Michigan Health Professional ID/License Number: [REDACTED]		Expiration Date: 1-31-2016
U.S. Social Security #: [REDACTED]	Phone Number: 586-774-4190	

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 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

Date 10-30-15



<b>FOR BOARD USE ONLY</b>
License #
Issue Date

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

## CONTROLLED SUBSTANCE ADDITIONAL LOCATION LICENSE APPLICATION

**PLEASE NOTE:** If you only prescribe controlled substances at more than one location, you only need one controlled substance license. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. All practitioners, and veterinarians who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162d. YOUR ADDITIONAL CONTROLLED SUBSTANCE LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.

### INSTRUCTIONS

- 1. ADDRESS CHANGES FOR PRACTITIONERS:** If your license address has changed since you have applied for professional licensure, download the Data Change/Duplicate License Request Form from our website and fax it to (517) 373-7179 or mail it to the address above.
- 2. CONTROLLED SUBSTANCE FEE:** Initial (first time) professional license or relicensure of your professional license- \$85.00  
 If you already hold a professional license and your professional license expires in:  
 0-12 months the fee is \$85.00      13-24 months the fee is \$160.00      25-36 months the fee is \$235.00
- 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:

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

TranInfo: 531537 20975146-1 01/04/16  
 Chk#: 5416 Amt: \$65.00

First Name: KATHERINE Middle Name: LEE Last Name: BOYD

Additional Location Street Address: 15921 E 8 mile road Ste #: 1

City: EASTPOINTE State: MI Zip Code: 48021

Michigan Health Professional ID/License Number: [REDACTED] Expiration Date: 1-31-2016

U.S. Social Security # [REDACTED] Phone Number: 586-774-4190

**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: 531557 20975146-2 01/04/16  
 Chk#: 5416 Amt: \$20.00  
 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 [Signature] Date 10-30-15

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

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

LARA/LPH-075 (06/14)

FOR BOARD USE ONLY
License # <u>5315074808</u>
Issue Date <u>3-29-16</u>

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

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

TransInfo: 430138 21198280-1 03/14/16  
Chk#: 23596 Amt: \$85.00  
ID: 4301054361

**DRUG CONTROL ADDITIONAL LOCATION LICENSE APPLICATION**

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

**INSTRUCTIONS**

1. DO NOT SUBMIT THIS APPLICATION AND FEE UNTIL YOU HAVE OBTAINED YOUR LICENSE NUMBER FROM YOUR PROFESSIONAL BOARD. If your license address has changed since you have applied for professional licensure, download the Data Change/Duplicate License Request Form from our website and fax it to (517) 373-2179 or mail it to the address above.
2. Your Drug control license will expire with your current professional license. If your professional license expires in:  
0-12 months the fee is \$45.00      13-24 months the fee is \$65.00      25-36 months the fee is \$85.00

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

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

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name: <u>Katherine</u>	Middle Name: <u>Lee</u>	Last Name: <u>Boyd</u>
U.S. Social Security #: <u>[REDACTED]</u>	Email Address: <u>Summer2@aol.com</u>	
Michigan Health Professional ID/License Number: <u>4301054361</u>	Expiration Date: <u>1-31-19</u>	
Additional Location Street Address: <u>15801 W. McNichols</u>	Bldg/Ste #: <u></u>	
City: <u>Detroit</u>	State: <u>Michigan</u>	Zip Code: <u>48235</u>
Phone Number: <u>313 272-8450</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

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

Signature of Applicant Katherine Boyd Date 3/9/16