LARA/LPH-070 (04/11)

Michigan Department of Licensing and Regulatory	
<b>Board of Pharmacy</b>	
P.O. Box 30670	
	<b>'</b>
Lansing, MI 48909	
(517) 335-0918 www.nichigen.gov/healthircense	
DRUG CONTROL LICENSE APPLICATION	
Authority Public Act 368 of 1978, as amended	T T 4 1/76470 450.45/4 65/45/45
Authority Public Act 368 of 1976, as amended If this form is not completed, a license will not be issued.	Tran Info:430138 17968840-1 09/11/12
	Chk#: 2692 Aut; \$45.00
I drug control license must be obtained by all licensed medical	doctors, ID: 4301087565
loctors of asteopathic medicine, podlatric medicine and denti-	sts WHO
ROUTINELY DISPENSE DRUGS from their principal place of practics	o, A ang
control license is not necessary if the dispensing involves only the is	Dete of Licensons
complimentary starter dose drugs. YOUR DRUG CONTROL LICEN	ise will
EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE	Cicerse Number
Type or Print Only	LCOTS GOVERNMENT OF THE PARTY O
INSTRUCTIONS	
1. DO NOT SUBMIT THIS APPLICATION AND FEE UNTIL YOU H	IAVE OBTAINED YOUR LICENSE NUMBER FROM YOUR
DONEESSIONAL ROARD If your lineage address has changed	since you applied for professional licensure, contact your
board immediately for an address change form. This drug contro	of Acense will be issued to the address on the with the Board.
2. Your Drug Control license will expire with your current profession	al Konne If your professional france syntax in
2. Your Drug Control acense was expire wan your current profession	latification. It have by orespection accurate exhaust up.
0-12 months the fee it \$45.00 13-24 months the fee	ls \$65.00 25-36 months the fee is \$85.00
3. Allow up to stx weeks for your paper license to arrive.	
2. Wilda th to six assets for lost heber irresise to mitter.	
•	1
Your check or money order drawn on a U.S financial institution and made pa DO NOT SEND CASH. Fees are deposited upon receipt and can only be re	hyable to the STATE OF MICHIGAN must accompany this application.  Instrumed under refund rules promulgated by the Department.
DO NOT SEND CASH Fees are deposited upon receipt and can only be re	hyable to the STATE OF MICHGAN must accompany this application.  afunded under refund rules promulgated by the Department.  STATUS:
DO NOT SEND CASH Fees are deposited upon receipt and can only be re	STATUS:  1. Have you ever had any health professional license
TYPE OF PROFESSIONAL LICENSE  (Please Check One).	arunded under retund tutes promulgated by the Department.
TYPE OF PROFESSIONAL LICENSE	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  71-4301-38	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?  I Yes No
TYPE OF PROFESSIONAL LICENSE  (Please Check One).	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  71-4301-38	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?    Yes   No
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  X 43 - 01 M.D. 71-4301-38  D 51 - 01 D.O. 71-5101-38  D 29 - 01 D.D.S. 71-2901-38	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?    Yes   No   if Yes, please explain on separate sheet.  2. Is your current professional license limited as a result
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  71-4301-38  51 - 01 D.O. 71-5101-38	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?    Yes   No
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  A3 - 01 M.D. 71-4301-38  51 - 01 D.O. 71-5101-38  29 - 01 D.D.S. 71-2901-38	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?  Yes No If Yes, please explain on separate sheet.  2. Is your current professional license limited as a result of Board disciplinary action?
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  A3 - 01 M.D. 71-4301-38  51 - 01 D.O. 71-5101-38  29 - 01 D.D.S. 71-2901-38	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?    Yes   No   If Yes, please explain on separate sheet.  2. Is your current professional license limited as a result of Board disciplinary action?
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  A3 - 01 M.D. 71-4301-38  51 - 01 D.O. 71-5101-38  29 - 01 D.D.S. 71-2901-38	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?    Yes   No     If Yes, please explain on separate sheet.  2. Is your current professional license limited as a result of Board disciplinary action?    Yes   No     No
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  A3 - 01 M.D. 71-4301-38  51 - 01 D.O. 71-5101-38  29 - 01 D.D.S. 71-2901-38	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?  Yes No If Yes, please explain on separate sheet.  2. Is your current professional license limited as a result of Board disciplinary action?
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  A3 - 01 M.D. 71-4301-38  51 - 01 D.O. 71-5101-38  29 - 01 D.D.S. 71-2901-38	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?    Yes   No     If Yes, please explain on separate sheet.  2. Is your current professional license limited as a result of Board disciplinary action?    Yes   No     No
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  A3 - 01 M.D. 71-4301-38  51 - 01 D.O. 71-5101-38  29 - 01 D.D.S. 71-2901-38  69 - 01 D.P.M. 71-5901-38	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?    Yes   No     if Yes, please explain on separate sheet.  2. Is your current professional license limited as a result of Board disciplinary action?    Yes   No     Pete of License     Last Name
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  1 43 - 01 M.D. 71-4301-38  1 51 - 01 D.O. 71-5101-38  29 - 01 D.D.S. 71-2901-38  59 - 01 D.P.M. 71-5901-38  Michigan Permanent I.D. Number  43() 1087 565  D1	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?    Yes   No
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  10 43 - 01 M.D. 71-4301-38  11 51 - 01 D.O. 71-5101-38  12 9 - 01 D.D.S. 71-2901-38  13 69 - 01 D.P.M. 71-5901-38  14 3 () 10 8 7 5 6 5  First Name    Middle Name   Middle Nam	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?  Yes No If Yes, please explain on separate sheet.  2. Is your current professional license limited as a result of Board disciplinary action?  Yes No  Date of License  3   20   3  Last Name  A M M
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  A3 - 01 M.D. 71-4301-38  51 - 01 D.O. 71-5101-38  29 - 01 D.D.S. 71-2901-38  69 - 01 D.P.M. 71-5901-38  Michigan Permanent I.D. Number  43()   D8 7 5   5	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?  Yes No If Yes, please explain on separate sheet.  2. Is your current professional license limited as a result of Board disciplinary action?  Yes No  Date of License  3   20   3  Last Name  A M M
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  10 43 - 01 M.D. 71-4301-38  11 51 - 01 D.O. 71-5101-38  12 9 - 01 D.D.S. 71-2901-38  13 69 - 01 D.P.M. 71-5901-38  14 3 () 10 8 7 5 6 5  First Name    Middle Name   Middle Nam	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?  Yes No If Yes, please explain on separate sheet.  2. Is your current professional license limited as a result of Board disciplinary action?  Yes No  Date of License  3   20   3  Last Name  A M M
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  10 43 - 01 M.D. 71-4301-38  11 51 - 01 D.O. 71-5101-38  12 9 - 01 D.D.S. 71-2901-38  13 69 - 01 D.P.M. 71-5901-38  Michigan Permanent I.D. Number  4301087565  First Name  Michigan Polyment I.D. Number  4301087565  Middle Name  Michigan Permanent I.D. Number  4301087565  I hereby make application for a drug control license in Michigan and submit the	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?  Yes No If Yes, please explain on separate sheet.  2. Is your current professional license limited as a result of Board disciplinary action?  Yes No  Date of License  3   20   3  Last Name  A M M
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  A3 - 01 M.D. 71-4301-38  51 - 01 D.O. 71-5101-38  29 - 01 D.D.S. 71-2901-38  69 - 01 D.P.M. 71-5901-38  Michigan Permanent I.D. Number  43()   D8 7 5   5	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?  Yes No No if Yes, please explain on separate sheet.  2. Is your current professional license limited as a result of Board disciplinary action?  Yes No No Date of License  Last Name  A M M  at the statements and information above are true.  91272
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  A3 - 01 M.D. 71-4301-38  51 - 01 D.O. 71-5101-38  29 - 01 D.D.S. 71-2901-38  69 - 01 D.P.M. 71-5901-38  Michigan Permanent I.D. Number  43 () 108 7 5 5	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?    Yes
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  X 43 - 01 M.D. 71-4301-38  D 51 - 01 D.O. 71-5101-38  D 29 - 01 D.D.S. 71-2901-38  D 69 - 01 D.P.M. 71-5901-38  Michigan Permanent I.D. Number  H30 108 7 5 6 5	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?    Yes
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  X 43 - 01 M.D. 71-4301-38  D 51 - 01 D.O. 71-5101-38  D 29 - 01 D.D.S. 71-2901-38  D 69 - 01 D.P.M. 71-5901-38  Michigan Permanent I.D. Number  H30 108 7 5 6 5	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?    Yes   No
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  A 3-01 M.D. 71-4301-38  51-01 D.O. 71-5101-38  29-01 D.D.S. 71-2901-38  69-01 D.P.M. 71-5901-38  Michigan Permanent I.D. Number  430 1087 565  First Name  KATHOLINE  I hereby meke application for a drug control license in Michigan and submit the Signature  Street	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?  1. Yes No No If Yes, please explain on separate sheet.  2. Is your current professional license limited as a result of Board disciplinary action?  1. Yes No
TYPE OF PROFESSIONAL LICENSE  (Please Check One).  X 43 - 01 M.D. 71-4301-38  D 51 - 01 D.O. 71-5101-38  D 29 - 01 D.D.S. 71-2901-38  D 59 - 01 D.P.M. 71-5901-38  Michigan Permanent I.D. Number  H30 108 7 5 6 5  First Plame  Middle Name  A 1 S  I hereby make application for a drug control license in Michigan and submit the Market Dayson A Signature  Street  Street  Street  Street  Street  Street  Street  Street  Middle Name  A 1 S  Signature	STATUS:  1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?  Yes No If Yes, please explain on separate sheet.  2. Is your current professional license limited as a result of Board disciplinary action?  Yes No  Date of License  31 2013  Lest Name  DA M M  at the statements and information above are true.  912 72  Date  Telephone Number  734721 4700

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

# Michigan Department of Licensing and Regulatory Affairs Board of Pharmacy P.O. Box 30670 Lansing, MI 48909

(517) 335-0918 www.michigan.gov/healthlicense

### CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority Public Act 358 of 1978, as amended if this form is not completed, a ficense will not be issued.

A controlled substance license is required for every person who manufacturers, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended,

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

Information on obtaining a Federal controlled substance in easier may be obtained by contacting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Detroit, Michigan 48226 (telephone: 800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process

	LARALPH-090 (07/11)
	Tran Info:430137 17968844-1 09/17/12
	CP4## 7691 Amt: \$65.00
_	ID: 4301087565
	/
	Tran Info:430157 17968844-2 09/17/1: Chk#: 2691 Amt: \$20.00 ID: 4301087565
	Cicerse Namber
	Deta of Literature

### Type or Print Only

Type of Print Only									
INSTRUCTIONS									
CONTROLLED SUBSTANCE FEE: If you already hold a professional	nitiai (ili Neansa	rst ik e ærki	ne) pro I your j	fessior profes	nei Acense sional Ace	or relicensure Inse expires	of your p in:	rofessione) lic	міз <b>я - \$</b> 85.00,
0-12 months the fee is \$85.00 (13757)					is \$160.00	(			\$235.00 (33767)
2. M.D./D.O. Applicants: This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.									
3. Allow up to six weeks for your paper	license	to a	Tive.						
Your check or money order drawn on a U.S DO NOT SEND CASH. Fees are deposited	financia d'upon n	inst eceip	tution e t and ca	nd mede n only b	e payable to se refunded	the STATE Of under refund ru	MICHIGAL iles promul	N must accompa gated by the De	eny this application. partment
FIRST NAME LATHERINE	1		Middle I	Ame	lise	ON	Lest Name	)am	M
35000 Ford	RI	χ.	<	He	. 3		Telephone	4721	4700
WesHand	State	M	T.				ZIP Code	4818	5
TYPE OF PROFESSIONAL LICI	ENSE					STATUS:		-	
(Please Check One)	Regular		Educ. I	.mt '	Volunteer	1. Have yo	u ever ha	d any health pi	ofessional icense
🗆 29 - 01 D.D.S. 71-5315		or				i	-	1.4	nied, or surrendered?
□ 59 - 01 D.P.M. 71-5315		or	◻	OL			Yes	Mo No	
□ 69 - 01 D.V.M. 71-5315		10				1	•	olein on separa	
¥43 - 01 M.D. 71-5315	a	OF		10				ofessional itce: ary action?	iluzer a sa belimit ezr
51 - 01 D.O. 71-5315		10		10	O		Yes	M No	
□ 49-01 O.D. 71-5330	0					_		/	
(1) 53 - 01 Pharmacy Store 71-5301	0					Michigan Per	menent I.D.	Number (es sh	on your pocket card)
D 53 - G2 R.Ph. 71-5302						42	ל טונ	5756	フ
D 53 - 06 Manuf.AV/holesaler 71-530	_					Expiration Da	3112		
I am applying for a controlled substance	licens	ın l	Achiga	n and o	erify that				are true.
Signature LATIMMAN, V	Hum	ΛM					Date	9	12/12

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

#### Michigan Department of Community Health DCH/LMD-851 (03/04) Page 1 of 2 Board of Medicine P.O. Box 30192 Lansing, MI 48909 Tran Info:430137 11613884-1 dV31/06 (517) 335-0318 Okt 1174 \_Aat: 165.40 APPLICATION FOR EDUCATIONAL LIMITED AND Di CONTROLLED SUBSTANCE LICENSES Authority Public Act 365 of 1978, as amended If this form is not completed, a license will not be trisued A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigon as described in Aracle 7 of Public Act 358 of 1978, as amended Information on obtaining a Federal controlled substance because may be obtained by contacting the Regional Branch, Orig Enforcement Administration, 431 Howard Street, Datroit, MI 48226 (Telephone 1-800-882-9539) License Number Type or Print Only C S. License Numbe AM APPLYING FOR THE FOLLOWING: Educational Limited and Controlled Substance FAs: 170.00 71-43-01-375705 Your check or money order drawn on a U.S. financial institution and made (seyable to the STATE OF MICHGAN must accompany this application. DO NOT SEND CASH. Fees are deposted upon receipt and can only be refunded under refund rules promutgated by the Department. Middle Name Allison Damm Katherine Previous M. Licenze Number, and Expreson Date, If staticable Out a ci-N/A es andler Birth Name Used (if applicable) N/A (989)670-2994 Iran 1/501430157 | 11613914-2-01/31/06 riars you ever held a health professional license in Michigan's 1134 Ast1 120.00 Okt ¥ No io: ☐ Yes William Beaumont Hospital Narria of Training Hospital Tran Info1430105 11613884-3 41/31/06 -Aut 125.10 **\*\*\*** Steet Address of Training Hospital 3601 W. 13 Mile Road 101 ZIP Code 48073 ハエ Royal Oak Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check. ☐ Yes X No 1. Have you ever been convicted of a felony? 2. Have you ever been convicted of a misdemeanor purishable by imprisonment for a ☐ Yes X No maximum form of 2 years? 3. Have you ever been convicted of a mixdemeanor involving the Hegal dolivery. ☐ Yes X No possession, or use of alcohol or a controlled substance (including motor vehicle violations)? ☐ Yes ★ No 4. Have you been treated for substance abuse in the past 2 years? 5. Have you find 3 or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 6 year period? 5. Have you had one or more majoractice settlements, awards, or judgments to leting \$200,000 or more in

The Department of Community Health will not discriminate against any individual or group because of race, sax, religion, age, national origin, color inential status, disability or political beta's. If you need assistance with reading, writing, bearing, etc., under the Americans with Disabilities Act, you may reade your needs known boths agency.

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

any consecutive 5 year period?

☐ Yes ¥ No

T Yes

Katherine Allison Damm

8. Have you ever been consured health care facility staff privile	i, or reques ges involun	ied to withdraw from larity modified?	e health care facility's si	alf or had y	DUF C Yes X Ho	
9. Do you hold or have you hek registration number, the date LICENSES. You must have (Attach additional sheets if a	issued, end sach state	how the scense wus beard verify scensu	oblained DO NOT LIST	TEMPORA	□ Yes X No	
State	Lk	cense Number	Date of issu	•	How obtained (Endorsement or examination)	
Provide a			ecord of your educ heels if necessary.	cational <sub>i</sub>	preparation.	
Name and Address of Institu		Dates From	of Alteridance To		Degree	
Mgu College of Human M Alio East Fee Hall East Lansing, MG 487	edicine 24	08/26/02	05/13/06	M.D	and the second s	
Michigan State Univer East Lansing, ML 488	ri M	08/31/98	05/03/02	B.S Lyman Briggs Sa Physiology		
Provid			rofessional medica heets if necessary.	d experie	nce.	
Name and Address of Empire	yyer .	Dales o From	of Practica To		Dukles	
					<del></del>	
		CERTIFIC	245701	<u> </u>		
I understand that it is the poict process. I suthorize this agen search from the Caniral Raco record-kesping organization.	ry to use th	ency to secure a crim e information provide	linal conviction history a d in this application to o	blain ø crim	inal conviction history file	
I further consent to the release licensure, registration, or spec government, or of another cou	etty certific					
The statements in this applicate made on this application. In sign for dental of my application or a	ning this a	ppilestion, i am awa e	that a false statement	or distroctes	i answer may be grounds	
Constitute of Applicati	Dan	~/ ~/	03/29/	2000	•	

Page 1 of 2

COHEMO-093 (G310G

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

CERTIFICATION OF APPOINTMENT TO A MICHIGAN TRAINING HOSPITAL

Authority, Public Act 186 of 1976, 363 amended
of this from 4 in a completed, as become will not be 1840-46.

### INSTRUCTIONS TO APPLICANT:

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

Katherine Katherine	Middle Name Allison	1 Less Nome Damn	Damm		
Social Security Number		Date of Sinth			
		•			
Sreet Address William Beaumont Hospital	. 3601 West 13 Hile Road				
,	3601 West 13 Hile Road	ZiP Code			
William Beaumont Hospital		48073			

Signature of Applicant	Date .	
Katherine W. Damm	! 031	27/2006
1 Cathernew Paristy		0-110-0-

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 decrimente ageinst any Individual or group because of race, sex, religion, age, national origin, color, mental status, disability or postoral ballets. If you need adsistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

1				*				
1	Name							
		- V A	theri	40	1 N	1412	0 ha	
1			प्राथा	NO Y	٦. ١	<i>) W</i> 1	V//	

### THIS SIDE TO HE COMPLETED BY THE PROGRAM DIRECTOR

INSTRUCTIONS FOR COMPLETING SECTION II:
Please complete his following information. Return this completed certification directly to the Michigan Sound Modicine at the address shown on page 1 of this form.

BECTION II - CERTIFICATION OF RES	DENC	Y APF	OINTME	NT
Name of Transing Hospital			<u> </u>	
WITH I am Reaumont Hospital	ital			
3601 West 13 Mile Ros	d			
Royal Osk, Michigan	8073			
codify that Katherine A. Darm				han been duly
appointed to a training program in the clinical are	ed	Ob s	tetvics	and Gynecology
2/1/2006				and ending6/30/2007
haginning // 1/ 2006 Month/Day/Year	:		-	Month/Day/Year
William Beaumont Hosp			1 Oak	
s this program accredited by ACGMEY		YES	п ю	
is this hospital or institution accredited by JCAH?	Ø	YES	<b>□</b> 140	
Signature of Drawfor of Medical Education	d	-		HUOB Date of Stangarte
				(S E A L)
Print or Type Name of Director of Medical Education				li hospa al fras no seal, please inócelo

Michigan Department of Community Health (독주교생원 Board of Medicine

P.O. Box 30192 Lansing MI 48909 (517) 335-0918 APR - 5 2006

DEPT, CF CIS-OMS

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 369 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 II appears on your application. For completion of Section II, send this form to the Dean of the medical school you stiended. This certification must be submitted directly to the Michigan Board of Medicine by the modest school.

### SECTION 1 - APPLICANT INFORMATION

Katherine	Middle Name	Allison	Less Name Damm
Social Section & Married	Date of Both		
William Beaumont	Hospital –	3601 W. 13	Mile Road
Royal Dak.	State		48073
(989) 670-2994	Al Previous Names an	dior Birth Name Used (il i	splicable)
Date of Admission 08   24   2.002-		***************************************	Date of Gressiston 05   13   200φ

Signature of Applicant	Dete	•	<del></del>
Ketherine W. Dann	03	129/	2006
100,100,000	J		

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

The Department of Community Health will not discretize against any individual or group because of race, sex, religion, age instonal origin, color, manifall status, disability or polecul betain 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/healfrikeense

### Name KaH

### Katherine Allison Dammi

### 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	
Nichigan State University, College of Human Me Street Address of Medical School	dicine
A254 Life Sciences Building City, State and ZIP Code	
Cty, buse and Lip Code	
East Lansing, MI 48824-1317	
Control that Katherine Allison Damm (Applicants Name)	attended the
medical school named above from 08/26/2002	.te 04/28/2006
North/DayNear	Month/Day/Year
and washfill be granted the degree of	ne en
05/05/2006 Month/Day/Year	
March B. Ropely Els	April 3, 2006-
Signature of Dean or Registrer	Date of Signature
Nameha D. Dannlov, N.D. Action Doar	(SEAL)
Harsha D. Rappley, N.D., Acting Dean Print or Type Name of Dear or Registrar	Harbardhaan and akama indere
sund on 13be usune or meet of vielbang.	If school has no seel, please indicate

Michigan Department of Community Health Board of Medicine P.O. Box 30192

APPLICATION FOR USINLE STEP 3 EXAMINATION

Lansing, MI 48909 (517) 335-0918

DCHILLIQ-OSC	(09/04)		
	9 4 2 354		
	Iran Info:430125 Chkir 223 IDi	127837%- : 450.00	24/06/
	iDi		

Type or Print Orly I AM APPLYING FOR THE FOLLOWING: W USALE Step 3 Exemination Fee: \$50 00 71-4301-23 Your check or money order drawn on a U.S. financial immercian and made payable to the STATE OF NICHEGAN must accompany this application. DO NOT SEAD CASH, Fees are deposted upon receipt and can only be refunded under refund rules promulgated by the Dr patment. KATHERINE ALLISON DAMM Michigan Pormanent I.O. Number and Expiration Date #208 1585 E. 13 MILLE RD MI 48071 Madifon Heights Duydria Talapjana Number 248/404-8255 All Previous Names and/or Earth Name Used (4 applicable) N/A

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

- 1. Have you previously taken USMLE Step 3 in Michigan?
- O Yes O No
- 2. Have you proviously taken USNILE Step 3 in another State? If yes, Please list state(s) and date of exem.
- 3. Do you now or have you ever held an educational limited license in the State of Michigan? If yes, please give license number below. [bi・430] 087565
- Yes D No

To be eligible to take USMLE step 3, you must establish BOTH of the following:

- a) That you have passed USBALE Step 1 and USBALE Step 2 and
- b) That you have completed not less than six months of postgraduals clinical training in a program approved by board.

### INSTRUCTIONS TO APPLICANT

It is your responsibility to assure that the following two documents are provided to this office directly from their sources:

- 1) USMLE Step 1 and USMLE Step 2 examination scores from the Federation of State Medical Boards and
- 2) Cartification of completion of at least six months postgraduals clinical training on the enclosed form from your Program Director

The Department of Community Health will not distribute against any individual or group because of race, sax, religion, age, national origin, color, marks sozials, dispolity or policial behalf. If you need assistance with reading, writing, havining, etc., under the Americans with Dispolities Act, you may make your needs known to this agency.

www.michigan.gov/health-license

DOHLMD-201 (09/04)

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

### CERTIFICATION OF POSTGRADUATE TRAINING

FOR USMLE EXAMINATION
Authority: Public Act 366 of 1978, 35 amended
If this form its not completed you will be visigate to set for the exam

### INSTRUCTIONS TO APPLICANT:

Complete Section I. Type or print your name exectly as it appears on your application. For Section II, send this form to be completed by the Decolor of Medice! Education where you completed your postgraduate training. This certification must be submitted directly to the Michigan Beard of Medicine by the Exector of Medical Education.

### SECTION I - APPLICATION INFORMATION

FIX Name  KATHERINE	ALLISON	Lest Name DAMM
Social Successible Management	<u> </u>	Date of British
1585 E.13 MI	LE ROAD #208	
an MADISON HEJIGHTS	MI	48071-5015
248   404 — 8255	All Pravious Names anrivor Bith Nam	e Used (if applicable)

Signature of Applicant	Det
latheine W Damm	03/27/2007
A MALLACT MONTONIA	

APPLICANT: UPON COMPLETION OF SECTION!, SEND THIS FORM TO THE DIRECTOR OF MEDICAL EDUCATION FOR COMPLETION OF SECTION II.

Name

LATHERINE A. DAMM

### 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
William Beausont
Street Address of Hospital
3601 West 13 Hile Road.
City, State and ZIP Code
Royal Co., Hichigan 48073
I certify that Katharina A. Damm, N.D
(Applicant's fiame)
Michigan State University medical school, has successfully completed postgraduate
clinical training effered by the hospital named above from 7/1/2006 to Present Month/Day/Year Month/Day/Year
in the clinical area ofOhstetrice_and_Gynecology
Is this 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 John Committee on Accreditation of Preregistration Physician Training programs of the Canadian Medical Association?
<b>₹D</b> Yes □ No
Spinure of Director of Medical Education  April 15, 2007  Dire of Spinure
O
John R. Musich, M.D.
Print or Type Name of Director of Medical Education (8 E.A.L)
If hospital has no seal, please incicate
NOTE: This form may not be completed and submitted to the Board office prior to the completion of the required 6 months of post graduate training. In order to be made eligible for the USMLE examination, the required training must be completed and verified by the established deadline date.

The Department of Community Health will not decriminate against any individual or group because of race, sex, religion, age, national origin, color, montal states, deablety or potatical ballets. 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/healthlicenso



# United States Medical Licensing Examination<sup>TM</sup> (USMLE<sup>TM</sup>) Certifled Transcript of Scores

Σ'n

T his document was prepared by the Federation of State Medical Boards of the United States, Inc. Federation Pince, PO Box 61926, Dallas, TX. 75261-9350 -- Tetrphone (317) 868-4341

Date 1 03/29/2007

#### Recipient:

Michigan Board of Medicine ATTN: Carole Hakata Engle, Licensing Director P.O. Box 30670 Lansing, MI 48909

Ezuminect

Damm, Katherine

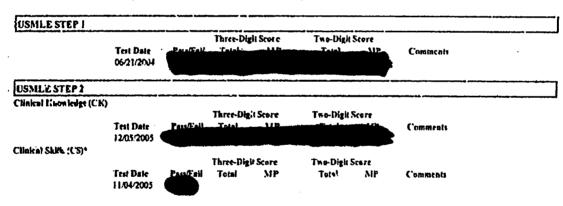
Alt Name(s):

Lemm, Katherine Allison

Examiner (D#:

rmma

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.



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

\* Performance in the CS component of Step 2 is reported as poss or five.

The document was printed from a secure website and accurately reflects score into meltion ments mad by the FSMB

CDS

v051221

17686331

Page 1 of 2

### UNITED STATES MEDICAL LICENSING EXAMINATION

### STEP 3 SCORE REPORT 8/29/2007

### **FILE COPY**

NAME: Damm, Katherine Allison

USMLE ID: 51444438

SSN:

TEST DATE: 3/2/2007

REPEAT (Y/N) N

The USMLE Step 3 is designed to assess whether an examinee possesses the medical knowledge and understanding of clinical science considered essential for the unsupervised practice of medicine, with an emphasis on patient management in ambulatory-care settings. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numeric scores shown below are equivalent; each state or territory may use either score in making licensing decisions.

Examined scores on the three-digit scale score are based upon the number of questions answered correctly on the entire examination. For recent administrations, the mean and standard deviation for first-time takers from U.S. and Canadian medical schools were respectively, with most of the scores falling between

This result is based on the minimum passing score recommended by USMLE for Step3.

This score is determined by your overall performance on Step 3. A score of the standard error of measurement (SEM) for this scale is approximately

This score is also determined by overall performance on the examination. A score of on this scale is equivalent to a score of on the scale described above; this is the score set by USMLE to pass Step 3. Based upon recent administrations, the SEM for the two-digit score scale is approximately

Michigan Department of Licensin	• •	LARA/LMD-040	(04/17)			Page 1 cl 2
Board of Med P.O. Box 30 Lansing, Mi 4 (517) 335-01 www.inchpar.gov/hac APPLICATION FOR MEDIC/ Amony Hask at 368 of	192 18909 918 91N:cense AL DOCTOR LICENSE	4	s Filter	33131 ***	1/17 1/15]	
If this form is flot completed, a lice	rse will not be spilled			3.137		
A controlled substance books is requised for evaluation of displants, or dispenses any controlled substance Federal controlled substance idense may be obtain DEA, 431 Howard Senet, Detroit, 44 +3226 (1-800-	in Michigan Information on obtaining a ned by contacting the Regional Branch,	Licerse Numbe			: ; ;	<u> </u>
Type or Print Only	053519	Controlled Subs	. 1	<u> </u>	<u>7</u> 0	<del></del>
I AM APPLYING FOR THE FOLLOW  IN License by Committed Fee: \$150.00  It Controlled Substance Fee: \$85.00 43-4  Your check or maney order dream on a U.S. Imanu	71-4301-01 D/16/12	le al Date of Liceolist [Di:	र देवहिंद इ.स.	\$20157 ****	1785a 1329.	Va
DO NOT SEND CASH. Fees are deposted upon	recapt and can only be refunded inder refu	and rules promul	octed by	Nie Cope		acorcasor:
Legal Frist Name Katherine	Legal Midden Name Allison	Loçai Li	ist Name		mm	)
US Social Security Hand	Date of Birth		Phone N	iuniter 19 –	155	ь
STOR Address	D #201	E-Mail A				44-4
5050 S. Lake Shore	1/7. 17005	7/P CM		nm@	me	. com
Chicago	エレ		600	015		
All Prezious Names and/or Birth Name Used (flapp	N/A					
Have you ever hold a health professional license in  Yes No (Linkited &A	Michigan? Ville A Michigan Health Profuss	sonal Permanen	I D Nvi	mber and	Expret	ion Date
Check the appropriate answer to ea for any YES answer you check on a sep			omit a	detaile	d expl	anation
1. Have you ever been convicted of a felony?	)			*fos	<b>3</b>	No
2. Have you ever been conditied of a misden a maximum of 2 years?	neanor punistrable by imprisonment for	r	0	Yes	8	No
3. Have you ever bean convicted of a misdon use of alcohol or a controlled substance (in		ssession, or	0	Yes	8	No
4. Have you been treated for substance abus	e in the past 2 years?		ō	Yes	•	No
<ol><li>Have you had 3 or more malpractice sellle consecutive 8 year period?</li></ol>	ments ewards, or judgments in any			Yes	<b>a</b>	No
6. Here you had one or mure malpractice set or more in any consecutive 5 year period?	tiemerks, awards, or judgments totaling	\$200.000	O	Yes	9/	No
<ol> <li>Here you ever had a federal or state health revoked, suspended, or otherwise Sirciplin- disciplinary action pending against you?</li> </ol>			a	Ycs	<b>6</b>	No
8. Have you ever boun denied the privilege of	f laiding an exemination by any state h	redical board?	D	Yes	O.	No

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of lace, sex, religion, age, nahonal onigh, color, mantal status, disability or policical beliefs. If you need assistance with retaining, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

2.0						· ·
Name Damm, K	atheri	ne A.				
Have you ever be an cerisur your health care facility star				health care facilit	y's slaff or had	D Yes D No
10. De you hold er have you er Canadian Province? If yes have held a medicine licen license was obtained. DOI agency warify Koansare di	i, list the state se, the licent NOT LIST TE	(s) U.S. Territo le or registratio MPORARY LIC	ory or Pro on number ENSES	ovince in which your, the date issued . You must have	ou hold or d, and how the each licensing	TØ Yes D No
State, U.S. Territory or Province	Lkense	Number		Date of Issue	(Endon	How oblained sament or examination)
Illinois	036.	124813		01/07/2010	, E	camination
Provide a				ord of your ed	fucational prep	paration.
Name and Address of Inc	Mution			itendance To		Degree
Michigan State Univ East Lansing, MI	- '	08/199	8	05/2002		B.S.
Mich State Univ Colle Human Mediune, Eas	Flansing 10			05/2006		M.D.
University of Chica Chicago, IL	0	07/201		current		.condidate
O · Provi	ide a desc A	ription of yo Itach additio	our pro	ofessional me els if nocesse	dical experien ry.	ce.
Name and Address of Em	ployer	From C	Mes of i	Practice To		Duties
Beaumont Health S Royal Bak, MI	•	07/06		06/10	House	e Officer (GYN)
Univ. of Chicago rediction Chicago IL		07/10		current	Fel	llow
liniv. of Chicago Dept Chicago, IL	relayo	05/11		current	Uint	ical Associate
I understand that it is the screening process. I auth conviction history file searcenforcement or judicial record further consent to the relesimise licensure, registration federal government, or of an I'me statements in this application.	orize this ag in from the C id-keeping or ease of info i, or specially nother country estion are true	ency to use to entral Records gand atton.  matten to this conflication be to and correct.	Recure in the information of the	e criminal convict mailon provided n of the Michigan regarding any di n's or any other si bi Withheld Inform	in this application Department of States esciplinary investiga- tate, of the United	n to cotein a criminal site Police or other law attentions conducted by a States military, of the faction to be
grounds for denial of my app ignature of Appacant	deation or rev	ocation of my	kense a		epresentation is pu	
11mm arrival		W11111				

### Pattison, Christine (LARA)

From: Sent:

aliasresponse@michigan.gov Saturday, January 21, 2012 10 36 AM DCH-BHP-CBC

To: Subject:

Administrative Hit/No Hit Notification

STATE OF MICHIGAN DEPARTMENT OF STATE POLICE CRIMINAL JUSTICE INFORMATION CENTER PO BOX 30534, LANSING MI 48909

DATE: 01/21/2012

TCN: AD12968868H01

Requester: MI DEPT OF COMMUNITY HEALTH

Reason Printed: LHP - Licensed Health Care Professional (MCL 333.16174) Subject Printed:

DAMM\_KATHERINE A DOB:

The following e-mail response(s) is computer generated and is based on the criminal history information on file as of the date noted above.

Since entry of new arrests, court dispositions for prior arrests or other database changes occur daily, a future record search for this person could be different.

### STATE RESPONSE:

A Michigan record has not been found that meets the dissemination criteria.

### FBI RESPONSE:

An FBI record has not been found that meets the dissemination criteria.



### Illinois Department of Financial and Professional Regulation Division of Professional Regulation

Pat Quinu Governor

Brent C. Adams Secretary

Jay Stewart Director of Probulosal Rep

ORD, OR CHILLER

### CERTIFICATION OF LICENSURE

BUREAU OF HEALTH PROFESSIONS PO BOX 30670 LANSING, MI 48909

Licensee:

KATHERINE ALLISON DAMM MD

License Number:

036.124813

Profession:

LICENSED PHYSICIAN AND SURGEON

Date of Issuanco:

01/07/2010

Expiration Date:

07/31/2014

License Status:

ACTIVE

License Method:

ACCEPT EXAM - USMLE

Disciplinary History:

Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's



Director

January 30, 2012

Date

Division of Professional Regulation

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

FEERING

http://twitter.com/#/IDEPR



## 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, 400 Futler Wiser Road, Suite 300, Euless, TN 76839-3856 — Telephone (817) 868-4847

Date: 01/09/2012

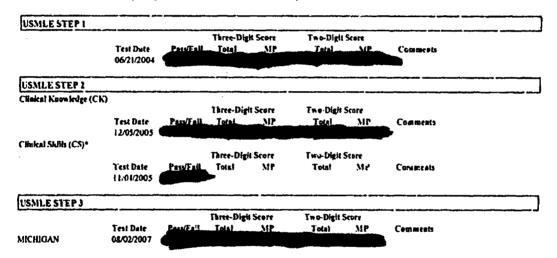
### Recipient:

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

Examinee: Alt Nameisk Damm, Katherine Damm, Katherine Allison Examiner ID4: Date of Birth:

र-।सत्नात-

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more that 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 parentheres.



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

This occurrent was printed from a secure invitation and occurately reflects score information maintained by the FSMB

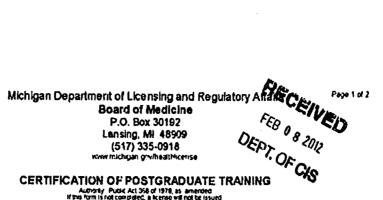
CDS

v051221

24718494

Page 1 of 2

LARAUMD-200 (04/11)



Authority Public Act 358 of 1978, as amended If this form is not compided, a license will not be issued

### INSTRUCTIONS TO APPLICANT:

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

First Name	Mode Nama	Last Name
Katherine	Allison	Damm
Social Security Number	Date of Beth	
Street Address	·	
	ke Shore Drive #30	
5050 S. La Chicago	ke Share Brive #30  Sixt	21P COM 60615

Segnature of Applicant	Dae	
(Callym O. Danm	01	09/2012
		, , , , , , , , , , , , , , , , , , , ,

APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE DIRECTOR OF MEDICAL EDUCATION FOR COMPLETION OF SECTION II.

The Department of Licensing and Regulatory Alfairs will not discriminate against any individual or group because of race, sax, religion, age, national origin, cotor, mantal status, disability or political behalfs. If you need assistance with reading, whing, hearing, etc., under the Americans with Disabilities. Act, you may make your needs known to this agency.

----

Damm Katherine A.
-------------------

### TO BE COMPLETED BY THE DIRECTOR OF MEDICAL EDUCATION

### INSTRUCTIONS FOR COMPLETING SECTION 8:

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.

Name of Hospital William Beaumont Ho	anten
Street Address of Hospital	ger pre
3601 W 13 Hile ROLA	
ਰੋy, Stale and ZiP Code	
Royal Oak, MI 4807.	3
corify that Katherine Jumm	a graduate of the
Michigan State kniverity martical scho	ool, has successfully completed postgraduate
2/./	
linical training offered by the trospital named above from	(MONTH ) (MONTH ) (MONTH )
All L	var) (Month/Day/Year)
the carical area of Obstetrics and Gyn	ecology-
enada, the Royal College of Physicians and Surgeons of Canada, or b omnillee on Accreditation of Preregistration Physician Treining Program	y the National Joint /
is this an active training program accredited by the ACGME, the College of it anada, the Royal College of Physicians and Surgeons of Canada, or by conceilities on Accreditation of Preregistration Physician Training Program ledical Association?	y the National Joint /
enada, the Royal College of Physicians and Surgeons of Canada, or b omnillee on Accreditation of Preregistration Physician Treining Program	y the National Joint /
canada, the Royal Codege of Physicians and Surgeons of Canada, or by committee on Accreditation of Preregistration Physician Training Program ledical Association?	y the National Joint /