MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
ONLINE APPLICATION FOR A MEDICAL DOCTOR
OBTAINED BY WEB BY EXAMINATION

Amount Paid - $150.00
Date Paid - 01/26/2014

License #	105545
License #	CX051052
Issue Date	5-11-14

FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:
Lauren	Kelly	MacAfee	

SSN:	DATE OF BIRTH:	DAYTIME TELEPHONE NUMBER:
[redacted]	[redacted]	6512539479

License Address - 22 Proctor Ave
South Burlington VT 05403
United States

Email Address - lauren.macafee@gmail.com

APPLICATION QUESTIONS

Question	Answer
Have you been convicted of a felony?	N
Have you been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	N
Have you been convicted of a misdemeanor involving the illegal delivery, possession or use of alcohol or a controlled substance (including motor vehicle violations)?	N
Have you been censured or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	N
Have you been treated for substance abuse in the past 2 years?	N
Have you had 3 or more malpractice settlements, awards or judgments in any consecutive 5 year period?	N
Have you had one or more malpractice settlements, awards or judgments totaling $200,000 or more in any consecutive 5 year period?	N
Have you had a federal or state health professional or registration revoked, suspended or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	N
Have you been denied the privilege of taking an examination by any state medical board?	N
If you have held a permanent license in another state, list the state's in which you hold or have held a medicine license.	
If you ever held a health professional license in Michigan, please provide the Permanent ID Number (License Number) and Expiration date	
List all previous names used.	

EDUCATION

School Name	DATE FROM	DATE TO
Minneapolis, MN USA	08/07/2006	05/08/2010

Michigan Department of Licensing and Regulatory Affairs
Board of Pharmacy
P O Box 30670
Lansing, MI 48909
(517) 335-0918
www michigan gov/healthlicense

LARALPH-090 (07/11)

Tran Info:430137 19371195-1 02/25/14
Chk#: 1352 Amt: $65.00
ID: [redacted]

Tran Info:430157 19371195-2 02/25/14
Chk#: 1352 Amt: $20.00
ID: [redacted]

CONTROLLED SUBSTANCE LICENSE APPLICATION

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 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 license 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

Board Use Only

License Number: 0605687

Date of Licensure: 5-14-14

Type or Print Only

INSTRUCTIONS

1. **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 (13757)   13-24 months the fee is $160.00 (23757)   25-36 months the fee is $235 00 (33757)

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 arrive.**

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	Middle Name	Last Name
Lauren	Kelly	MacAfee

Street	Telephone Number
22 Proctor Ave	651-253-9479

City	State	ZIP Code
South Burlington	VT	05403

TYPE OF PROFESSIONAL LICENSE

(Please Check One)

	Regular		Educ Lmt		Volunteer
☐ 29 - 01 D D.S. 71-5315	☐	or	☐		
☐ 59 - 01 D.P.M. 71-5315	☐	or	☐	or	☐
☐ 69 - 01 D V M. 71-5315	☐	or	☐		
☑ 43 - 01 M D. 71-5315	☑	or	☐	or	☐
☐ 51 - 01 D.O. 71-5315	☐	or	☐	or	☐
☐ 49 - 01 O.D. 71-5330	☐				
☐ 53 - 01 Pharmacy Store 71-5301	☐				
☐ 53 - 02 R Ph 71-5302	☐				
☐ 53 - 06 Manuf./Wholesaler 71-5306	☐				

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

Michigan Permanent I D Number (as shown on your pocket card):

Expiration Date of License:

Social Security Number: [redacted]

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

Signature	Date
[signature]	2/2/2014

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 American's with Disabilities Act you may make your needs known to this agency

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

Name : Lauren Kelly MacAfee
License Number : Pending
Tracking Number : 2522332
Profession : Medicine
License Type : Medical Doctor
Process : Apply for Initial License process

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

Sign on the signature line and mail this page along with any required attachments to:

Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909

Print Page

Close Window

RECEIVED
FEB 25 2014
LARA

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

RECEIVED FEB 18 2014 LARA

CERTIFICATION OF POSTGRADUATE TRAINING

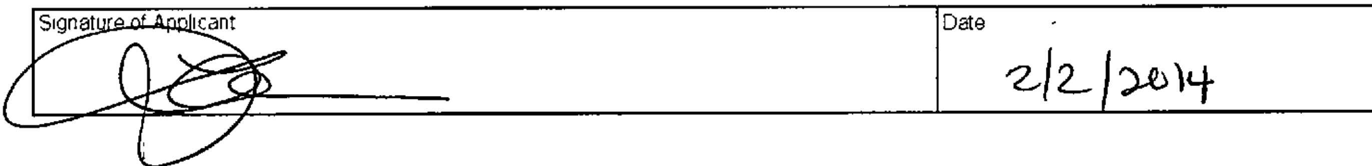
Authority Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued

INSTRUCTIONS TO APPLICANT:

Complete Section I. Type or print your legal 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	Middle Name	Last Name
Lauren	Kelly	MacAfee
Social Security Number	Date of Birth	
[redacted]	[redacted]	
Street Address		
22 Proctor Ave		
City	State	ZIP Code
South Burlington	VT	05403
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	
651-253-9479		



Signature of Applicant	Date
[signature]	2/2/2014

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 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

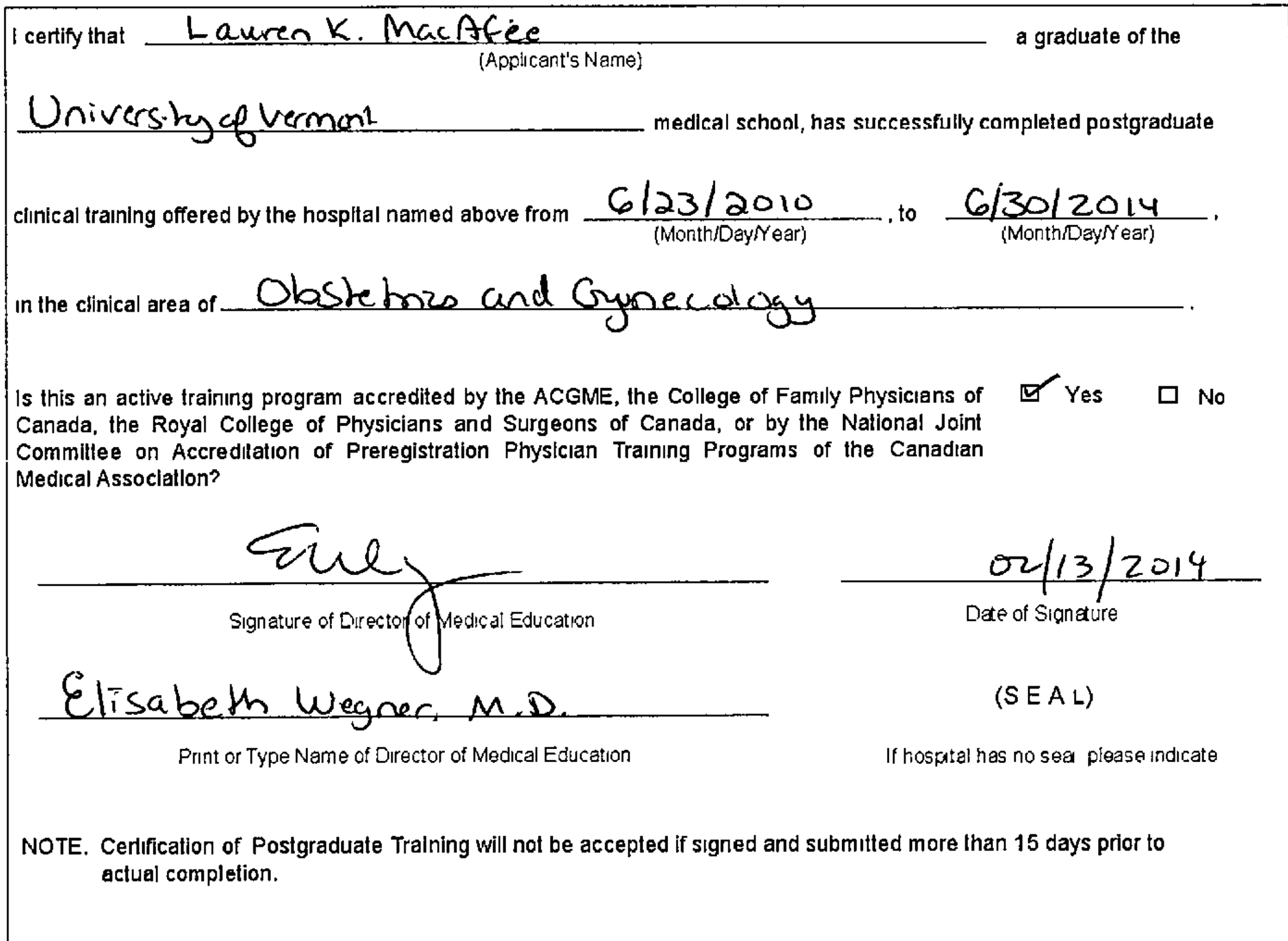
Name
Lauren K. MacAfee

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
Fletcher Allen Health Care

Street Address of Hospital
111 Colchester Avenue

City, State and ZIP Code
Burlington, Vermont 05401

I certify that Lauren K. MacAfee (Applicant's Name) a graduate of the University of Vermont medical school, has successfully completed postgraduate clinical training offered by the hospital named above from 6/23/2010 (Month/Day/Year), to 6/30/2014 (Month/Day/Year), in the clinical area of Obstetrics and Gynecology.

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 Preregistration Physician Training Programs of the Canadian Medical Association? ☑ Yes ☐ No

[signature]
Signature of Director of Medical Education

02/13/2014
Date of Signature

Elisabeth Wegner, M.D.
Print or Type Name of Director of Medical Education

(S E A L)
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 Licensing and Regulatory Affairs
Board of Medicine
P.O. Box 30192
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

RECEIVED
MAR 21 2014
LARA

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

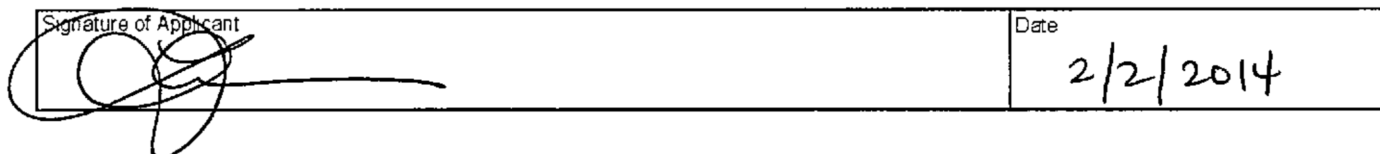
Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued

INSTRUCTIONS TO APPLICANT:

Complete Section I. Type or print your legal 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	Middle Name	Last Name
Lauren	Kelly	MacAfee
Social Security Number	**Date of Birth**	**Daytime Telephone Number**
		651-253-9479
Street Address		
22 Proctor Ave		
City	**State**	**ZIP Code**
South Burlington	VT	05403
All Previous Names and/or Birth Name Used (if applicable)		
Date of Admission		**Date of Graduation**
8/7/2006		5/8/2010



Signature of Applicant	Date
	2/2/2014

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

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.

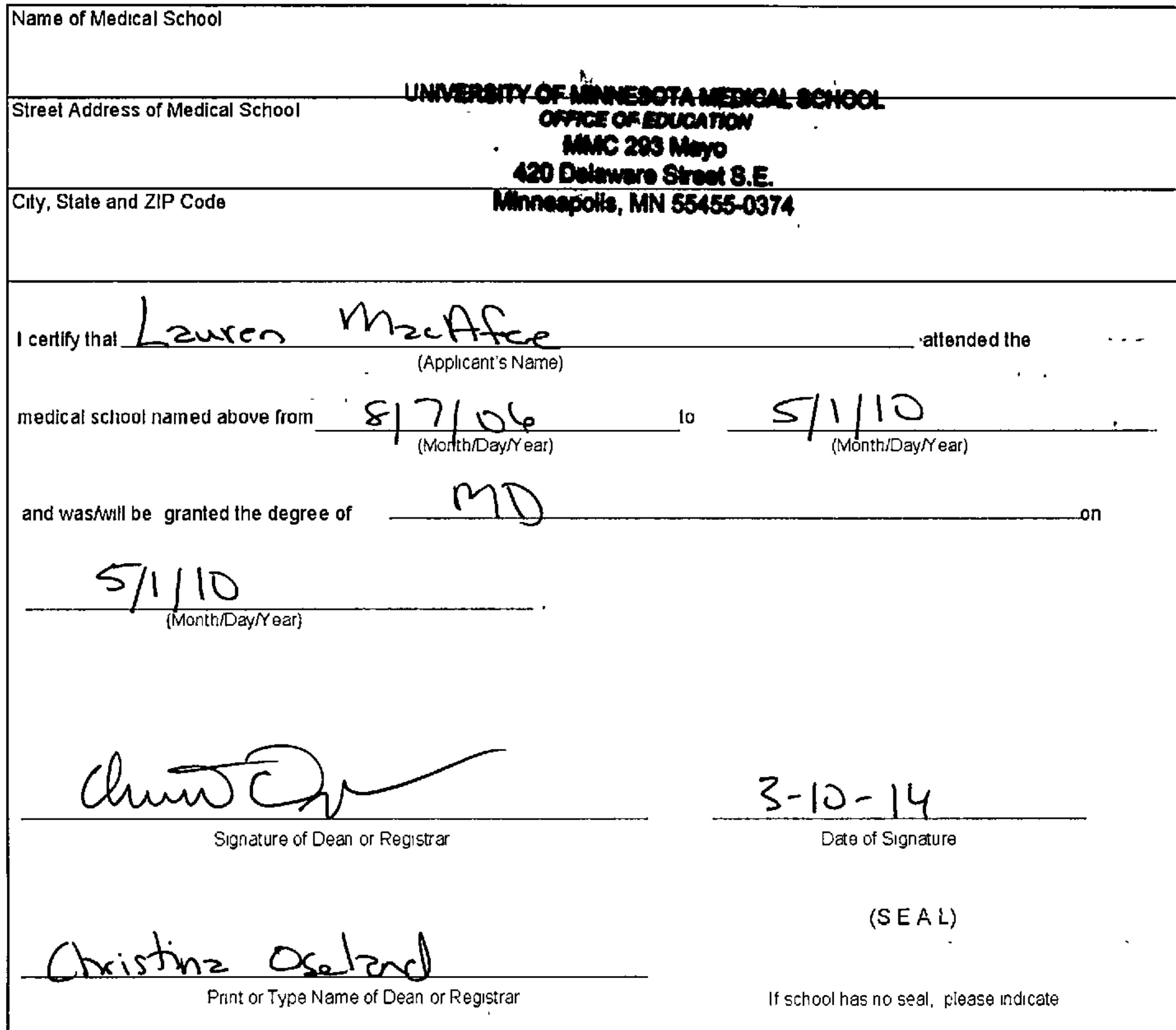
Name
Lauren K. MacAfee

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
UNIVERSITY OF MINNESOTA MEDICAL SCHOOL

Street Address of Medical School
OFFICE OF EDUCATION
MMC 293 Mayo
420 Delaware Street S.E.

City, State and ZIP Code
Minneapolis, MN 55455-0374

I certify that Lauren MacAfee (Applicant's Name) attended the medical school named above from 8/7/06 (Month/Day/Year) to 5/1/10 (Month/Day/Year)

and was/will be granted the degree of MD on

5/1/10 (Month/Day/Year)

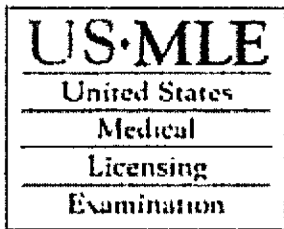
[signature] Signature of Dean or Registrar

3-10-14 Date of Signature

(SEAL)

Christina Oseland
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, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 -- Telephone (817) 868-4000

Date: 02/18/2014

Recipient:

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

Examinee ID#: 5-200-252-4
Date of Birth: [redacted]

Examinee: MacAfee, Lauren Kelly
Alt Name(s): Macafee, Lauren

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, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

	Test Date	Pass/Fail	Total	MP	Comments
	05/22/2008	Pass	[redacted]	[redacted]	

USMLE STEP 2

Clinical Knowledge (CK)

	Test Date	Pass/Fail	Total	MP	Comments
	09/24/2009	Pass	[redacted]	[redacted]	

Clinical Skills (CS)*

	Test Date	Pass/Fail	Total	MP	Comments
	10/08/2009	Pass			

USMLE STEP 3

	Test Date	Pass/Fail	Total	MP	Comments
VERMONT	02/06/2012	Pass	[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