

2013 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/23/13

Tanya Franklin M.D. KY License #: 41890

1. Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?

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2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?

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3. Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

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4. Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?

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5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?

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6. Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?

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10. Since you last registered, have you entered a guilty plea, nolo contendere plea or 'Alford' plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?

No

11. Since you last registered, have you had to pay a settlement or judgment of \$250,000 or greater in a malpractice action or other civil action against your medical practice?

No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?

No

13. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

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See above exemption

Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222

2014 Application for Renewal of Kentucky Medical/Osteopathic License -  
Renewal Fee: \$150.00

Application Renewed On: 02/21/14  
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2. Practice Address: 401 E Chestnut Street 410  
Louisville, KY 40202
3. Phone: (502) 561-2784
4. Email: [REDACTED]
5. Are you retired? No
6. Are you currently practicing in Kentucky? Yes



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14. Do you prescribe controlled substances to patients for a period of more than 90 days? No

15. Do you have an active DEA registration in the state of Kentucky? no

DEA Number(s): BF9376395

16. Gender [REDACTED]

17. Race [REDACTED]

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310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222

2015 Application for Renewal of Kentucky Medical/Osteopathic License -  
Renewal Fee: \$150.00

Application Renewed On: 02/06/15 1:53 PM  
Tanya E. Franklin M.D. KY License #: 41890

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15. Do you have an active DEA license? yes

DEA Number(s): BF9376395

16. State law requires Kentucky licensed physicians who are authorized to prescribe or dispense controlled substances in the Commonwealth to register for an account with the KASPER system. Have you registered for an account with the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system? Yes

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### Continuing Medical Education Requirements

Continuing Medical Education (CME) regulation 201 KAR 9:310 requires all medical and osteopathic physicians maintaining an active Kentucky medical license to obtain 60 hours of CME every three years. Thirty hours must be in Category 1 accredited by the Accreditation Council on Continuing Medical Education or the American Osteopathic Association and thirty hours may consist of non-supervised personal activities.

Two of the total sixty hours must be acquired in a HIV/AIDS course approved by the Kentucky Cabinet for Health and Family Services every ten-year period.

According to 201 KAR 9:310, each physician licensed to practice medicine or osteopathy within Kentucky who is authorized to prescribe or dispense controlled substances within the Commonwealth shall complete at least 4.5 hours of approved Category I Credit continuing medical education hours relating to the use of KASPER, pain management, addiction disorders or a combination of two or more of those subjects. A licensee may satisfy this requirement by completing a single approved program of 4.5 hours or longer or by completing multiple approved programs for a total of 4.5 hours or longer for this cycle. Information on approved courses can be found on the Board's website.

A physician who obtained a new license during the CME cycle should refer to the information below for calculating CME hours due.

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:

- (a) A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;
- (b) If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.
- (c) A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of sixty (60) hours of CME before the end of the cycle;
- (d) A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;
- (e) A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted; completion of twenty (20) hours of CME before the end of the cycle.



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Continuing Medical Education Requirements

You are required to report that you have completed the CME requirements for the years that you have maintained an active medical license in Kentucky during the cycle.

1. Have you completed your CME requirements for the CME cycle January 1, 2012 to December 31, 2014?

Yes

If you have not satisfied the CME requirements, you may request an extension of time. If you request an extension, the Board will assess a \$100.00 fee. According to 201 KAR 9:310. section 4, 'The Board may grant an extension of time to a physician who for sufficient cause has not yet received continuing medical education requirements for the cycle.' In order to request an extension, please provide explanation below. You will receive correspondence from the Board after April 1, 2015 accepting your extension request with instructions for submitting required CME hours. Your extension acceptance letter will be mailed separate from your wallet card.

Please grant an extension to complete the Continuing Medical Education hours required for the CME cycle January 1, 2012 - December 31, 2014. I did not complete the required hours because:

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Ashley MillerCarrie Thomen

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8. Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

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No

10. Since you last registered, have you entered a guilty plea, nolo contendere plea or 'Alford' plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?

No

11. Since you last registered, have you had to pay a settlement or judgment of \$250,000 or greater in a malpractice action or other civil action against your medical practice?

No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?

No

13. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

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Electronic Signature: Tanya E. Franklin, MD

Date: 02/01/16

2016 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/01/16 2:52 PM

Tanya E. Franklin M.D. KY License #: 41890

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

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If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

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Electronic Signature: Tanya E. Franklin, MD  
Date: 02/01/16

See above exemption



Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222

2017 Application for Renewal of Kentucky Medical/Osteopathic License -  
Renewal Fee: \$150.00

Application Renewed On: 01/26/17 8:28 AM  
Tanya E. Franklin M.D. KY License #: 41890

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer, 'yes' in such circumstances even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes', providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Failure to truthfully and completely answer any question on this application (electronic or manual), including intentional and inadvertent non-disclosure, will result in a minimum fine of \$1,000.00.

1. Mailing Address: PO BOX 909  
Louisville, KY 40201
2. Practice Address: 401 E Chestnut Street 410  
Louisville, KY 40202
3. Phone: (502) 561-2784
4. Email: [REDACTED]
5. Are you retired? No
6. Are you currently practicing in Kentucky? Yes

2017 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/26/17 8:28 AM

Tanya E. Franklin M.D. KY License #: 41890

7. Please provide KY County and number of hours worked weekly in this county:

a) county Jefferson  
b) Hours 40  
550 South Jackson Street  
Louisville, KY 40202

If you have additional practice counties in Kentucky, please indicate so below:

a) county	Hours	0
161 Burt Road		
Lexington, KY 40503		
b) county	Hours	0
161 Burt Road		

8. Do you currently have hospital staff privileges in Kentucky? Yes

9. Do you currently have a collaborative agreement with an Advanced Practice Registered Nurse (APRN)? Yes

If so, please list their names.

Ashley Miller, Carrie Thomen

10. Do you have plans to practice medicine in Kentucky during the year? Yes

11. Type of Practice? Faculty

12. Specialty? Obstetrics/Gynecology

13. Do you work in or own a pain/bariatric clinic? No

14. Do you dispense/administer controlled substances to patients from your private office setting (i.e. outside of a hospital, long-term care facility)? Yes

15. Do you have an active DEA license? yes

DEA Number(s): BF9376395

16. State law requires Kentucky licensed physicians who are authorized to prescribe or dispense controlled substances in the Commonwealth to register for an account with the KASPER system. Have you registered for an account with the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system? Yes

17. Gender [REDACTED]

18. Race [REDACTED]



2017 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/26/17 8:28 AM

Tanya E. Franklin M.D. KY License #: 41890

1. Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?

No

2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?

No

3. Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

4. Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?

No

5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?

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6. Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?

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2017 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/26/17 8:28 AM

Tanya Franklin M.D.

KY License #: 41890

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Electronic Signature: Tanya E. Franklin, MD

Date: 01/26/17



2017 Application for Renewal of Kentucky Medical/Osteopathic License

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Electronic Signature: Tanya E. Franklin, MD  
Date: 01/26/17

See above exemption

Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222

2018 Application for Renewal of Kentucky Medical/Osteopathic License -  
Renewal Fee: \$150.00

Application Renewed On: 01/22/18 8:42 AM  
Tanya E. Franklin M.D. KY License #: 41890

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2018 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/22/18 8:42 AM

Tanya E. Franklin M.D. KY License #: 41890

7. Please provide KY County and number of hours worked weekly in this county:

a) county Jefferson  
b) Hours 50  
401 E Chestnut Street 410  
Louisville, KY 40202

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DEA Number(s): BF9376395

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18. Race [REDACTED]

2018 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/22/18 8:42 AM

Tanya E. Franklin M.D. KY License #: 41890

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Tanya Franklin M.D.

KY License #: 41890

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Electronic Signature: Tanya Franklin

Date: 01/22/18

2018 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/22/18 8:42 AM

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Electronic Signature: Tanya Franklin  
Date: 01/22/18

See above exemption



## 2018 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/22/18 8:42 AM

Tanya E. Franklin M.D. KY License #: 41890

### Continuing Medical Education Requirements

Continuing Medical Education (CME) regulation 201 KAR 9:310 requires all medical and osteopathic physicians maintaining an active Kentucky medical license to obtain 60 hours of CME every three years. Thirty hours must be in Category 1 accredited by the Accreditation Council on Continuing Medical Education or the American Osteopathic Association and thirty hours may consist of non-supervised personal activities.

According to 201 KAR 9:310, each physician licensed to practice medicine or osteopathy within Kentucky who is authorized to prescribe or dispense controlled substances within the Commonwealth shall complete at least 4.5 hours of approved Category I Credit continuing medical education hours relating to the use of KASPER, pain management, addiction disorders or a combination of two or more of those subjects. A licensee may satisfy this requirement by completing a single approved program of 4.5 hours or longer or by completing multiple approved programs for a total of 4.5 hours or longer for this cycle. Information on approved courses can be found on the Board's website.

A physician who obtained a new license during the CME cycle should refer to the information below for calculating CME hours due.

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:

- (a) A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;
- (b) If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.
- (c) A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of sixty (60) hours of CME before the end of the cycle;
- (d) A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;
- (e) A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted; completion of twenty (20) hours of CME before the end of the cycle.

2018 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/22/18 8:42 AM

Tanya E. Franklin M.D. KY License #: 41890

Continuing Medical Education Requirements

You are required to report that you have completed the CME requirements for the years that you have maintained an active medical license in Kentucky during the cycle.

1. Have you completed your CME requirements for the CME cycle January 1, 2015 to December 31, 2017?

Yes

If you have not satisfied the CME requirements, you may request an extension of time. If you request an extension, the Board will assess a \$100.00 fee. According to 201 KAR 9:310. section 4, 'The Board may grant an extension of time to a physician who for sufficient cause has not yet received continuing medical education requirements for the cycle.' In order to request an extension, please provide explanation below. You will receive correspondence from the Board after April 1, 2018 accepting your extension request with instructions for submitting required CME hours. Your extension acceptance letter will be mailed separate from your wallet card.

Please grant an extension to complete the Continuing Medical Education hours required for the CME cycle January 1, 2015 - December 31, 2017. I did not complete the required hours because:

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Electronic Signature: Tanya Franklin

Date: 01/22/18



Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222

2019 Application for Renewal of Kentucky Medical/Osteopathic License -  
Renewal Fee: \$150.00

Application Renewed On: 01/17/19 1:11 PM  
Tanya E. Franklin M.D. KY License #: 41890

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1. Mailing Address: PO BOX 909

Louisville, KY 40201

2. Practice Address: 401 E Chestnut Street 410

Louisville, KY 40202

3. Phone: (502) 561-2784

4. Email: [REDACTED]

5. Are you retired? No

6. Are you currently practicing in Kentucky? Yes

2019 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/17/19 1:11 PM

Tanya F. Franklin M.D. KY License #: 41890

7. Please provide KY County and number of hours worked weekly in this county:

a) county Jefferson  
b) Hours 50  
401 E Chestnut Street 410  
Louisville, KY 40202

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a) county	Hours	0
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8. Do you currently have hospital staff privileges in Kentucky? Yes

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If so, please list their names.

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13. Do you work in or own a pain/bariatric clinic? No

14. Do you dispense/administer controlled substances to patients from your private office setting (i.e. outside of a hospital, long-term care facility)? Yes

15. Do you have an active DEA license? yes

DEA Number(s): BF9376395

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2019 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/17/19 1:11 PM

Tanya Franklin M.D.

KY License #: 41890

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13. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Tanya Franklin

Date: 01/17/19



2019 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/17/19 1:11 PM

Tanya E. Franklin M.D. KY License #: 41890

The answer to this question is exempt from public disclosure under KRS 61.878(1) (a) and KRS311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answer to the question may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

(1.) Since you last registered, have you suffered from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Tanya Franklin

Date: 01/17/19

See above exemption

Maiden Name: Ellis

R0980 to Full

27774

Franklin, Tanya E. M.D.

SSN #: [REDACTED] DOB: [REDACTED]

4189D

6/26/08

License #

TP845

Date Issued  
5/11/08

TP#

11/1/08

Date Issued

11/17/08

Date CLAF Received

Date Acknowledged

Date Fee Received

Amount Paid

ADDENDUMS

☒ Payment Slip

☒ FCVS

☒ Form 3 - Postgraduate Training Verification

☒ Form 1 - License Verifications

☒ Release and Waiver Form with Photo

☒ Addendum 1 - Category 1

☒ Addendum 2 - Category 2

☒ Addendum 3 - Temporary Permit Form

☒ Addendum 4 - Hospital/ Clinic Affiliation List

☒ Addendum 4A - Hospital/ Clinic Affiliations #

☒ Addendum 5 - References

☒ NPDB/HIPDB

☒ AMA/ AOA Profile

☒ Addendum 6 - HIV/AIDS Affidavit

☒ HIV/AIDS Certificate of Completion last course 4/6/04

☒ Addendum 7 - CME Form

☒ Addendum 8 - Criminal Background Check

Email: [REDACTED]

Authorized Person(s): Vicki Masterson

Board Meeting: Mar/June/Sep/Dec

Board Approved Date 6/26/08

Brd Letter Mailed/ Emailed 5-1-08

Phone:

Email:



**Noyes, J Rachel (KBML)**

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**From:** Brooks, Sandy (KBML)  
**Sent:** Tuesday, March 04, 2008 7:34 AM  
**To:** Noyes, J Rachel (KBML)  
**Subject:** FW: Dr. Tanya Franklin

-----Original Message-----

**From:** Vicki L Masterson [REDACTED]  
**Sent:** Monday, March 03, 2008 4:13 PM  
**To:** Brooks, Sandy (KBML)  
**Subject:** Dr. Tanya Franklin

Sandy,

I helped Dr. Franklin complete her AMA profile report today. Her maiden name was Ellis and the report will be in the name Tanya Ellis when it comes to the Board. Will that be a problem????????? Please advise.  
Thanks.

Addendum 3  
Temporary Permit Form

KRS 311.575 provides that Temporary permits may be issued at the discretion of the Executive Director, provided the applicant for a full license has a **completed application with all supporting documents** on file with the Board, meets all statutory requirements for licensure, and needs to begin working in Kentucky before the next regularly scheduled meeting of the Board. *You must request the Temporary Permit by completing this form; it is not automatically issued.*

Temporary Permits will not be issued to an applicant who has a prior history of disciplinary action taken by a licensing jurisdiction or hospital, a criminal record, a history of substance/chemical abuse or any negative or derogatory information. This also includes any malpractice cases in the last ten years in which you paid a settlement of \$100,000 or more.

The Temporary Permit will not be issued until all administrative screening processes are complete including the FCVS Profile. Do **Not** make any commitments prematurely. The Board recommends that you do not make any commitments to accept a position in Kentucky until you have a Temporary Permit *in hand*.

You may request a Temporary Permit by completing this form and returning it directly to the Board:

Name: Franklin, Tanya Ellis (please print) (M.D./D.O.)

Practice Location in Kentucky: 550 S. JACKSON ST. | 601 S. Floyd St  
LOUISVILLE KY 40202 | LOUISVILLE KY 40202

Date Temporary Permit Requested: 1/11/08

Address Temporary Permit should be mailed: [REDACTED]

**Please Note: You will not be issued a Temporary Permit to practice in Kentucky without a specific Kentucky practice address listed on this form.**