

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2009

Lic. # 41890

Renewal Date/Time: 2/16/2009 12:30:15 PM

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?

No

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?

No

7) Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?

No

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?

No

9) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?

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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Lic. # 41890

Renewal Date/Time:

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See above exemption

The answers to the following 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.

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug. 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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Are you currently retired from the practice of
medicine?

No

Gender:

[REDACTED]

Race/Ethnicity:

[REDACTED]

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Are you currently practicing in Kentucky? Yes

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

a) County: Jefferson

b) Number of hours worked weekly in this county: 40

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

a) Additional Practice County in KY:

Number of hours worked weekly in this county:

b) Additional Practice County in KY:

Number of hours worked weekly in this county:

Do you currently have hospital staff privileges in Kentucky? Yes

Do you currently have a collaborative agreement with an
Advanced Registered Nurse Practitioner (ARNP)? Yes

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

Specialty: Obstetrics/Gynecology

Type of Practice: Faculty

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CME Certification

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.

Have you completed your CME requirements for the CME cycle 1/1/2006-12/31/2008?

Yes

(Note: Continuing Medication Education (CME) regulation 201 KAR 9:310 requires all medical and osteopathic physicians wishing to maintain their Kentucky medical license to obtain 60 hours of CME every three years. The CME cycle for which you are reporting is January 1, 2006 through December 31, 2008. Thirty of these required 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 60 hours must be acquired in a HIV/AIDS course approved by the Kentucky Cabinet for Health and Family Services every ten year period. Please do not send documentation of your CME credits to the Board unless requested.)

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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. Typing my name serves as my electronic signature. By submitting this application online and typing my name, 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 typing my name, I understand that I must file a paper application which includes my written signature.

Tanya Franklin, M.D.

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

2010 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: \$150.00

Application Renewed On: 01/28/10

Tanya 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.

1. Mailing Address:

[REDACTED]
[REDACTED]

2. Practice Address: UL, Dept OB/GYN
550 S. Jackson St.
Louisville, KY 40202

3. Phone:

4. Email:

[REDACTED]

5. Are you retired? No

6. Are you currently practicing in Kentucky? Yes

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

a) county Jefferson

b) Hours 40

2010 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/28/10

Tanya Franklin M.D.

KY License #: 41890

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

a) county	Hours	0
b) county	Hours	0

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

9. Do you currently have a collaborative agreement with an Advanced Registered Nurse Practitioner (ARNP)? No

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

11. Type of Practice? Faculty

12. Specialty? Obstetrics/Gynecology

13. Gender [REDACTED]

14. Race [REDACTED]

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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?

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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?

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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

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, M.D.

Date: 01/28/10

2010 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/28/10

Tanya 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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(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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See above exemption

Electronic Signature: Tanya Franklin, M.D.
Date: 01/28/10

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

2011 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: \$150.00

Application Renewed On: 01/18/11

Tanya 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.

1. Mailing Address: [REDACTED]
[REDACTED]

2. Practice Address: UL, Ob/Gyn PSC
401 East Chestnut Street
Louisville, KY 40202

3. Phone:

4. Email: [REDACTED]

5. Are you retired? No

6. Are you currently practicing in Kentucky? Yes

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

- a) county Jefferson
- b) Hours 40

2011 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/18/11

Tanya Franklin M.D.

KY License #: 41890

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

a) county Fayette	Hours	2
b) county	Hours	0

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

9. Do you currently have a collaborative agreement with an Advanced Registered Nurse Practitioner (ARNP)? No

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

11. Type of Practice? Faculty

12. Specialty? Obstetrics/Gynecology

13. Gender [REDACTED]

14. Race [REDACTED]

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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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Application Renewed On: 01/18/11

Tanya Franklin M.D.

KY License #: 41890

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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?

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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?

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Electronic Signature: Tanya Franklin, M.D.

Date: 01/18/11

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Tanya Franklin M.D.

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(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?

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Electronic Signature: Tanya Franklin, M.D.

Date: 01/18/11

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

2012 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: \$150.00

Application Renewed On: 01/26/12

Tanya Franklin M.D.

KY License #: 41890

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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: University of Louisville
Dept. of Ob/Gyn, ACB, 2nd FL
Louisville, KY 40202

2. Practice Address: 550 South Jackson Street

Louisville, KY 40202

3. Phone: (502) 561-2784

4. Email: [REDACTED]

5. Are you retired? No

6. Are you currently practicing in Kentucky? Yes

2012 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/26/12

Tanya 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 Fayette Hours 3
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)? No

If so, please list their names.

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 prescribe controlled substances to patients for a period of more than 90 days? No

15. Gender [REDACTED]

16. Race [REDACTED]

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(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?

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, M.D.
Date: 01/26/12

See above exemption

2012 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/26/12

Tanya 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. 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. 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 (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.

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, 2009 to December 31, 2011?

Yes

2012 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/26/12

Tanya Franklin M.D.

KY License #: 41890

Continuing Medical Education Requirements

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, 2012 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, 2009 - December 31, 2011. I did not complete the required hours because:

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, M.D.

Date: 01/26/12

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

2013 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: \$150.00

Application Renewed On: 01/23/13
Tanya 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: 550 South Jackson Street
Louisville, KY 40202
3. Phone: (502) 561-2784
4. Email: [REDACTED]
5. Are you retired? No
6. Are you currently practicing in Kentucky? Yes

2013 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/23/13
Tanya 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 Fayette Hours 3
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)? No

If so, please list their names.

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 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]