



430111191

Rubino, Jessica Louise

15

Medical Doctor

July 13, 2016

Fee OK
App OK
Med Ed OK
PGT _____
Exam Scores OK
~~ECFMG~~ _____
~~HOSP APPT~~ _____
CBC _____

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

Amount Paid - \$150.00
Date Paid - 07/13/2016

License #
License #
Issue Date

111 191
10-14-16

FIRST NAME: Jessica
MIDDLE NAME: Louise
LAST NAME: Rubino
SUFFIX: MD

SSN: MCL 15.243(1)(w)
DATE OF BIRTH: MCL 15.243(1) 1985
DAYTIME TELEPHONE NUMBER: 217 MCL 15.243(1)(a)

License Address - MCL 15.243(1)(a)
Austin TX 78705
United States
Email Address - jlubinomd@gmail.com

APPLICATION QUESTIONS

<!--BPL_edP q2-->Name of School Southern Illinois University School of Medicine

<!--BPL_edP q3-->Name of Educational Program MD

<!--BPL_edP q4-->Name of School Illinois College

<!--BPL_edP q5-->Name of Educational Program BS

<!--BPL_edP q6-->Name of School

<!--BPL_edP q7-->Name of Educational Program

<!--BPL_edP q8-->Name of School

<!--BPL_edP q9-->Name of Educational Program

<!--BPL_edP q1-->List any other name or alias by which you have ever been known, including maiden name, if applicable.

<!--BPL_edP q18-->If you indicate there have been sanctions imposed against a license or registration, you must disclose the applicable state(s) and/or country and submit documentation that the sanction in the other state(s) and/or country is not permanent, that it was not the result of a patient safety violation, and you were required by the state(s) and/or country that imposed the sanction to participate in and complete a probationary period or treatment plan as a condition of the continuation of your licensure, and you did not complete the probationary period or treatment plan because you ceased engaging in the practice of medicine in that state(s) and/or country. If you indicate there are pending disciplinary proceedings, you must submit documentation that they are not pending at the time of this application.

<!--BPL_edP q20-->If you answer "yes" to either of the next two questions, you must submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable. N

<!--BPL_edP q10-->Do you have hospital affiliation(s)? N

<!--BPL_edP q11-->Name of Hospital Employed or Under Contract:

<!--BPL_edP q12-->Name of Hospital where Allowed to Practice:

<!--BPL_edP q13-->Have you ever held a medical profession license in another state or country?

N

<!--BPL_edP q14-->State/Country:

<!--BPL_edP q15-->Permanent License/Registration Number:

<!--BPL_edP q16-->Date of Issuance:

<!--BPL_edP q17-->How Obtained (Examination, Endorsement):

<!--BPL_edP q19-->Have You Ever Had Sanctions Imposed Against this License/Registration OR are there Pending Disciplinary Proceedings?

N

<!--BPL_edP q21-->Have you ever been convicted of a felony?

N

<!--BPL_edP q22-->Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?

N



<!--BPL_edP q23-->I understand that entering my name in the box to the right constitutes my electronic signature attesting to the following:
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, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

Jessica L. Rubino

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

EDUCATION

School Name

DATE
FROM

DATE
TO

RECEIVED

JUL 25 2016 KS



Bureau of Professional Licensing
LABRA
PO Box 30670 Lansing MI 48909
Telephone (517) 241-0560
www.michigan.gov/bpl
BPLHelp

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 1978 PA 368

This form must be submitted directly to this office by the dean or registrar of medical school. If this form is submitted by the applicant, it will not be accepted.

Section of Form to be Completed by Applicant:

Applicant's Name (First Middle Last) Jessica Louise Rubino		Date of Birth MC 1985
Address MCL 15.243(1)(a)		
City Austin	State TX	Zip Code 78723
Telephone Number 217- MCL	Email Address jlubinomd@gmail.com	
Name of Medical School Southern Illinois University School of Medicine		
Applicant's Signature <i>Jessica Rubino</i>	Date 07/13/2016	

Remainder of Form to be Completed by the Dean or Registrar of the Medical School

Name of Medical School Southern Illinois University School of Medicine		
Address of Medical School PO Box 19624		
City Springfield	State IL	Zip Code 62794-9624

CERTIFICATION AND SIGNATURE

I certify the applicant named above was/will be granted the degree of Doctor of Medicine ✓
on July 27, 2012 ✓
(Month/Day/Year)

Karla Henebry
Signature of Dean or Registrar

Karla Henebry
Print or Type Name of Dean or Registrar

Date 7/20/16

(Seal)





Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 241-0560
www.michigan.gov/bpl
 BPLHelp

CERTIFICATION OF POSTGRADUATE TRAINING
 Authority 1978 PA 368

This form must be submitted directly to this office by the director of medical education office. If this form is submitted by the applicant, it will not be accepted.

Section of Form to be Completed by Applicant:

Applicant's Name (First, Middle, Last) Jessica Louise Rubino		Date of Birth MCL/1985
Address 709 E 32nd St		
City Austin	State TX	Zip Code 78705
Telephone Number 217 MCL	Email Address jlrubinomd@gmail.com	
Name of Medical School Southern Illinois University School of Medicine		
Applicant's Signature <i>Jessica Louise Rubino</i>	Date August 23, 2016	

Remainder of Form to be Completed by Director of Medical Education:

Name of Hospital or Institution UT Southwestern Medical Center		
Address of Hospital or Institution 5323 Harry Hines Blvd		
City Dallas	State TX	Zip Code 75390

CERTIFICATION AND SIGNATURE

I certify the applicant named above has successfully completed postgraduate clinical training offered by the hospital or institution named above from 7/1/2014 to 8/24/16, in the clinical area of Family Medicine.
(Month/Day/Year) (Month/Day/Year)

This is an active program accredited by the ACGME, the Liaison Committee on Medical Education, the Joint Commission on Accreditation of Hospitals or the National Joint Committee on Accreditation of Preregistration Physician Training Programs of the Canadian Medical Association

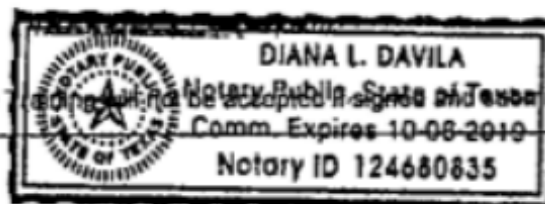
Zubair Syed, MD
 Signature of Director of Medical Education

8/23/16
 Date

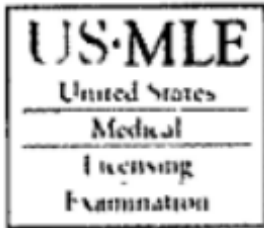
Zubair Syed, MD
 Print or Type Name of Director of Medical Education

(Seal) **Hospital seal is not available**
 If hospital has no seal, please indicate.
Sworn to before me this 23rd day of August 2016.

NOTE: Certification of Postgraduate Training will not be accepted if signed more than 15 days prior to actual completion.



Diana L. Davila
 Diana L. Davila
 County of Dallas
 State of Texas



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 Wisser Road, Suite 300, Euless, TX 76039-3856 --Telephone (817)868-4000

Recipient

MICHIGAN BOARD OF MEDICINE

Date: 07/26/2016

Examinee: Rubino, Jessica Louise

Examinee ID: 52218237

Alt Name(s):

Date of Birth: M 1985

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
1/23/2012	Pass			
10/27/2011	Fail	MCL 15.243(1)(a)		
8/23/2010	Fail			

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
6/30/2012	Pass	MCL 15.243(1)(a)		

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
2/4/2012	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
9/22/2014	Pass	MCL 15.243(1)(a)		

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

43011-11-91

Rubino, Jessica Louise

15

CS - 3

November 09, 2016

5315079490
 11-23-2016

CONTROLLED SUBSTANCE LICENSE APPLICATION

A controlled substance license is required for every person who manufactures, 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. All practitioners, and veterinarians who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338 3162d. YOUR ADDITIONAL CONTROLLED SUBSTANCE LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.

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

INSTRUCTIONS

- ADDRESS CHANGES FOR PRACTITIONERS:** If your license address has changed since you have applied for professional licensure, download the Data Change/Duplicate License Request Form from our website and fax it to (517) 373-7179 or mail it to the address above.
- CONTROLLED SUBSTANCE FEE** Initial (first time) professional license or relicensure of your professional license- \$85.85
 If you already hold a professional license and your professional license expires in:
 0-12 months the fee is \$85.85 13-24 months the fee is \$161.60 25-36 months the fee is \$237.35
- M.D./D.O. Applicants:** This application may not be used for physicians who are prescribing for drug treatment programs. Please request an application for the Prescribing Physician in a Drug Treatment Program.
- Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

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

Business Name		TranInfo: 430137 21650288-1 11/09/16	
		Chk#: 101 Amt: \$121.60	
		ID: 4301111191	
First Name: Jessica	Middle Name: Louise	Last Name: Rubino	
Street Address: 9936 ^N Canton Center Road		Apt/Bldg #: —	
City: Plymouth	State: MI	Zip Code: 48170	
Michigan Health Professional ID/License Number: 4301111191	Expiration Date: 01/31/18		
U.S. Social Security #: [REDACTED]	MCL 15.243(1)(w)	Phone Number: 217-331-8043	

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

1. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?

Yes
 No

If yes, please explain

TranInfo: 430157 21650288-2 11/09/16
 Chk#: 101 Amt: \$40.00
 ID: 4301111191

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

Signature of Applicant Jessica Rubino Date 11/1/16

5315095738
 9-27-2018

CONTROLLED SUBSTANCE LICENSE APPLICATION

A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1976, 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. All practitioners, and veterinarians who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338 3162d. YOUR ADDITIONAL CONTROLLED SUBSTANCE LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.

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INSTRUCTIONS

- ADDRESS CHANGES FOR PRACTITIONERS** If your license address has changed since you have applied for professional licensure, download the Data Change/Duplicate License Request Form from our website and fax it to (517) 373-7179 or mail it to the address above.
- CONTROLLED SUBSTANCE FEE:** Initial (first time) professional license or relicensure of your professional license- \$88.40
 If you already hold a professional license and your professional license expires in:
 0-12 months the fee is \$88.40 13-24 months the fee is \$166.40 25-36 months the fee is \$244.40
- M.D./D.O. Applicants:** This application may not be used for physicians who are prescribing for drug treatment programs. Please request an application for the Prescribing Physician in a Drug Treatment Program.
- Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

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

Pharmacist Expiring 0-12 Months Fee: \$88.40 71 5315-13757 TranInfo:531537 23152624-1 09/31/18

Business Name: **Propel Physicians, PC** Chk#: 1202 Amt: \$67.60
 ID: 430111191

First Name: **Jessica** Middle Name: **Louise** Last Name: **Rubino**

Street Address: **709 E 32nd St** Apt/Bldg #:

City: **Austin** State: **TX** Zip Code: **78705**

Michigan Health Professional ID/License Number: **430111191** Expiration Date: **01/31/21**

U.S. Social Security #: **MCL 15.243(1)(w)** Phone Number: **217.331.8043**

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

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

If yes, please explain

TranInfo:531537 23152624-2 09/31/18
 Chk#: 1202 Amt: \$20.00
 ID: 430111191

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

Signature of Applicant *Jessica Rubino* Date **06/20/2018**



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 7, 2018

Jessica Louise Rubino
Propel Physicians PC
709 E 32nd St
Austin TX 78705

Dear Applicant:

We have reviewed your file for licensure. Approval for your application is being delayed pending the receipt or clarification of the following:

You submitted an incorrect fee. Please submit the additional fee of \$156.00 with a copy of this letter.

Fee Code: 71531533757

If you have any questions, please feel free to contact our office at the number below.

Sincerely,

Board of Pharmacy
Bureau of Professional Licensing
Phone: (517) 335-0918

TranInfo:531537 23184994-1 09/20/18
Chk#: 1212 Amt: \$41.60
ID: JESSICA RUBINO

TranInfo:531537 23184994-2 09/20/18
Chk#: 1212 Amt: \$114.40
ID: JESSICA RUBINO