

Ashley Brant

Criminal proceedings:

2 charges of minor in possession of alcohol in 2001

Offense dates: 5/26/2001 and 3/4/2001

Offense: Illegal possession of alcohol under 21 years of age

Circumstances: Possession and consumption of alcohol at age 18 in a private residence. Plead guilty to both charges. Completed probation and community service.

Status: Both closed

Ashley Brant

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Case Number:	HT033096-SM	Judge:	BRIAN V. BROWN
Case Closed:	02/19/02		
File Date:	05/26/01	Offense Date:	05/26/01
Speed Charged:		Speed Allowed:	
Sex:	F		
Officer:		Department:	HAMBURG TOWNSHIP
Findings:	DISPOSED ON GUILTY PLEA	Disposition Date:	08/22/01
Sentencing Date:	08/22/01	Total Fines:	\$435.00

53rd District Court

Case Number:	S130532-SM	Judge:	BRIAN V. BROWN
Case Closed:	05/30/01		
File Date:	03/04/01	Offense Date:	03/04/01
Speed Charged:		Speed Allowed:	
Sex:	F		
Officer:	ANDREW ELLIS	Department:	LIVINGSTON COUNTY SHERIFF DEPT.
Findings:	DISPOSED ON GUILTY PLEA	Disposition Date:	04/05/01
Sentencing Date:	04/05/01	Total Fines:	\$155.00

53rd District Court



Government of the District of Columbia
 Department of Health
 Health Regulation and Licensing Administration



BOARD OF MEDICINE

NEW LICENSE APPLICATION FOR MEDICINE & OSTEOPATHY (MD/DO)

SECTION 5. REQUIRED SCREENING QUESTIONS

Please answer questions 1 through 15 by placing an X in the appropriate boxes. If you answer "YES" to any question, you must provide full information and complete details on a separate sheet of paper attaching copies of all relevant documents such as final court orders or panel review decisions.

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|-----|--|-------------------------------------|-------------------------------------|
| 1. | Have you ever been arrested, charged, convicted, pled guilty to, or pled no contest to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor (including driving under the influence or while impaired, but excluding minor traffic violations)? | Yes | No |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Have you ever been licensed in any healthcare field in any state or jurisdiction? If yes, please list profession(s) & jurisdiction(s). | Yes | No |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | HEALTH PROFESSION(S) | | JURISDICTION(S) |
| | <u>Physician (D.O.)</u> | | <u>Massachusetts</u> |
| 3. | Have you been a defendant or respondent to a claim for damages or a malpractice action? | Yes | No |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Have you ever voluntarily surrendered a license or registration certificate (or allowed it to lapse) after formal charges had been brought against you or while you were under investigation? | Yes | No |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. | Have you ever surrendered your clinical privileges (voluntary or involuntary) or had your clinical privileges denied, revoked, or suspended at any hospital or health care facility? | Yes | No |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | Have you ever been terminated or resigned (voluntary or involuntary) from a clinical or professional training program for any reason? | Yes | No |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. | Has any licensing authority taken adverse action against your license or privileges or informed you of any pending charges? | Yes | No |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. | Has any licensing authority, health facility, or peer review board informed you of any pending charge(s) or investigation(s) against you? | Yes | No |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. | Are you presently or have you ever been under a corrective action plan imposed by an employer, medical facility or educational program? | Yes | No |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. | Do you have a medical condition or have you become aware of any medical condition that currently impairs or limits your ability to practice medicine safely or that could affect your performance or impact your ability to practice your profession? | Yes | No |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. | Are you currently being treated, or within the past five (5) years have you been treated, for a physical or mental condition that, but for the treatment, could impair your ability to practice your profession? | Yes | No |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. | Have you ever engaged in the excessive use of alcohol, controlled substances or prescription drugs or have you received treatment or therapy for abuse of alcohol or drugs? | Yes | No |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. | Within the last ten (10) years, have you voluntarily resigned, been asked to resign, terminated, or disciplined by any employer due to practice or moral turpitude issues? | Yes | No |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. | Have you ever withdrawn a license application or have you been denied a license or denied the privilege of taking a license examination by any professional licensing board or agency? | Yes | No |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. | Have you ever had a professional liability policy cancelled or not renewed? | Yes | No |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |