

Michigan Department of Licensing and Regulatory Affairs

Board of Medicine

PO Box 30192

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

Tran Info:430137 20345357-1 04/02/15

Chk#: 312 Amt: \$65.00

ID: MCL

For Board Use Only	
License #:	4301107159
CS License #:	53150169824
Issue Date:	4/27/15

Tran Info:430157 20345357-2 04/02/15

Chk#: 312 Amt: \$20.00

ID: MCL 15.243(1)(w)

APPLICATION FOR MEDICAL EDUCATIONAL LIMITED AND CONTROLLED SUBSTANCE LICENSES

I am applying for the following:

Medical Educational Limited and Controlled Substance Licenses Fee: \$170.00 71-4301-375705

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.

1. Demographic Information

First Name: Halley	Middle Name: Patricia Haver	Last Name: Crissman
U.S. Social Security #: MCL 15.243(1)(w)	Birth Date: MC 15.243(1)(w) 1986	Tran Info:430105 20345357-1 04/02/15 Chk#: 312 Amt: \$65.00 ID: MCL
Street Address: 323 N. Ashley St.	Apt/Bldg. #:	
City: Ann Arbor	State: Michigan	Zip Code: 48103
Country: United States		
Phone Number: 989 MCL 15.243(1)(a)	E-mail Address: halley.crissman@gmail.com	
Name of Appointing Hospital: University of Michigan		
Hospital Street Address: 1500 E Medical Center Dr		
City: Ann Arbor	State: Michigan	Zip Code: 48103
Have you ever held a health professional license in any profession in Michigan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Health Professional Permanent I.D./License Number:	<input type="text"/>	Expiration Date:

Full Name: Halley Patricia Haver Crissman

2. Personal Data Questions

1. Have you ever been convicted of a felony?

 Yes No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?

 Yes No

If yes, please explain

3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?

 Yes No

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgements in any consecutive 5 year period?

 Yes No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgements totaling \$200,000 in any consecutive 5 year period?

 Yes No

If yes, please explain

6. 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

7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?

 Yes No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years?

 Yes No

If yes, please explain

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available 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.

Full Name: Halley Patricia Haver Crissman

Have you ever been known under any other name? Yes
 If yes, list name(s): No

Will documents be received in any other name? Yes
 If yes, list name(s): No

3. Professional Education

Provide a complete chronological record of your educational preparation.
 Attach additional sheets if necessary.

Name and Address of Institution	Dates of Attendance		Degree
	From	To	
University of Michigan Medical School	08/01/2011	05/15/2015	MD

4. Post-graduate Experience

Provide a description of your intern/residency training experience.
 Attach additional sheets if necessary.

Hospital Name and Location	Dates of Practice		Program Title
	From	To	
n/a			

Full Name: Halley Patricia Haver Crissman

5. License(s) in Other State(s) or Province(s)

Do you hold or have you held a permanent osteopathic license or registration in any state or province? If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either endorsement or examination).

Yes
 No

DO NOT LIST TEMPORARY/LIMITED LICENSES. (Attach additional sheets if necessary.)

State/Country	Permanent License/Registration Number	Date of Issue	How Obtained (Exam or Endorsement)

6. 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, 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 of Applicant

Halley Crissman

Date 03/30/2015

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.

Redaction Log

Total Number of Redactions in Document: 6

Redaction Reasons by Page

Page	Reason	Description	Occurrences
1	MCL 15.243(1)(w)	(25) Information or records that would disclose the social security number of an individual.	4
1	MCL 15.243(1)(a)	(4)(a) Information of a personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy	2

Redaction Log

Redaction Reasons by Exemption

Reason	Description	Pages (Count)
MCL 15.243(1)(a)	(4)(a) Information of a personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy	1(2)
MCL 15.243(1)(w)	(25) Information or records that would disclose the social security number of an individual.	1(4)