

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

Amount Paid - \$249.20
Date Paid - 12/19/2018

License #: 4301117079
License #: 5315204265
Issue Date: 2-21-19

FIRST NAME: Halley MIDDLE NAME: Patricia Haver LAST NAME: Crissman SUFFIX:

SSN: MCL 15.243(1)(w) DATE OF BIRTH: MC /1986 DAYTIME TELEPHONE NUMBER: 989 MCL

License Address - 1540 E. Medical Center Dr.
Ann Arbor MI 48109
United States
Email Address - hcrissma@umich.edu

APPLICATION QUESTIONS

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

<!--BPL_edP q2-->Name of School McGill University

<!--BPL_edP q3-->Name of Educational Program Bachelor of Science

<!--BPL_edP q4-->Name of School University of Michigan School of Public Health

<!--BPL_edP q5-->Name of Educational Program Master's of Public Health

<!--BPL_edP q6-->Name of School University of Michigan Medical School

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

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

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

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

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

<!--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: 4301107159

<!--BPL_edP q16-->Date of Issuance: 4/27/2015

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

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

<!--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 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. Halley Patricia Haver Crissman
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

Redaction Log

Total Number of Redactions in Document: 3

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.	1
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(1)