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Renewal Questions for License Number 15015



License Type	Sort Name	Question	Answer	Date
Physician	Knolla, Michelle Sue, MD	(1a) Inactive or Lapsed Have you selected Inactive or Lapsed Status? If yes you may enter "No" in all of the questions relating to continuing education.	N	7/22/2008
Physician	Knolla, Michelle Sue, MD	(2) Name Change: Are you requesting a name change or correction to your name?	N	7/22/2008
Physician	Knolla, Michelle Sue, MD	(3a) Conviction: Have you been convicted of a misdemeanor or felony since 10/01/2006?	N	7/22/2008
Physician	Knolla, Michelle Sue, MD	(4a) Discipline: Do you hold a license in any health care profession in another state. Or do you hold a license in Nebraska in a profession other than the license you are currently renewing? (If you answer "No" to 4a, answer "No" to 4b and 4c)	Y	7/22/2008
Physician	Knolla, Michelle Sue, MD	(5)Continuing Competency Requirements: Have you completed one of the following: <ul style="list-style-type: none"> • 50 hours of Category 1 continuing education approved by the Accreditation Council for Continuing Medical Education (ACCME) or the American Osteopathic Association (AOA). A licensee who has earned more than the 50 hours required for license renewal for the previous 24 month renewal period is allowed to carry over up to 25 hours to the next 24 month renewal period; OR • One year of participation in an approved graduate medical education program; OR • The AMA Physician's Recognition Award or the AOA CME certification (awarded within the 24 months immediately preceding the expiration date of your license). <p>NOTE: If you answer "Yes" to question 5, you should answer "No" to the CE Waiver questions 6-9. If you answer "No" to question 5, you MUST answer "Yes" to at least one of the CE Waiver questions 6-9.</p>	Y	7/22/2008
Physician	Knolla, Michelle Sue, MD	(6) Military: I have served in the regular armed forces of the United States during part of the twenty four (24) months immediately preceding the biennial licensure renewal date. (Attach official documentation	N	7/22/2008

		stating dates of service) If you meet this exemption, you are not required to pay the renewal fee.		
Physician	Knolla, Michelle Sue, MD	(7) Illness/Disability: I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the twenty four (24) months immediately preceding the licensure renewal date. (Attach a statement from treating physician(s) stating that the licensee was injured or ill, the duration of the illness or injury and of the recovery period, and that the licensee was unable to attend continuing education programs during that period).	N	7/22/2008
Physician	Knolla, Michelle Sue, MD	(8) Non-Practice: I hold a Nebraska license as a Physician but am not practicing Medicine and Surgery in Nebraska.	N	7/22/2008
Physician	Knolla, Michelle Sue, MD	(9) Initial License: I was first licensed within the twenty four months immediately preceding the licensure renewal date. You must have obtained your NE license on or after October 1, 2006.	N	7/22/2008
Physician	Knolla, Michelle Sue, MD	(10) Practice in Nebraska AFTER Expiration Date: Have you practiced in Nebraska following the expiration of your license (on or after October 2, 2008)? Answer "NO" if you are renewing prior to the expiration date.	N	7/22/2008
Physician	Knolla, Michelle Sue, MD	(3b) Conviction: Has this conviction been previously reported to our office? (If you answer "No" to 3a, please answer "No" to 3b)	N	7/22/2008
Physician	Knolla, Michelle Sue, MD	(4b) Discipline: Has this license been revoked, suspended, limited, placed on probation, or disciplined in any manner since 10/01/2006? (If NOT licensed in another state answer "No")	N	7/22/2008
Physician	Knolla, Michelle Sue, MD	(4c) Discipline: Has this discipline been previously reported to our office? (If you answer "No" to 4b, please answer "No" to 4c)	N	7/22/2008