

COLORADO STATE BOARD OF MEDICAL EXAMINERS RECEIVED
APPLICATION FOR A LICENSE TO PRACTICE MEDICINE FEE \$425.00

MAR 14 2005 VA

READ ALL INSTRUCTIONS PRIOR TO COMPLETING THIS APPLICATION. ALL QUESTIONS ON THIS APPLICATION MUST BE ANSWERED, AND ALL SUPPORTING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION PER INSTRUCTIONS. THE ENCLOSED CHECKLIST IS PROVIDED FOR YOUR CONVENIENCE. PLEASE PRINT NEATLY. WHEN SPACE PROVIDED IS INSUFFICIENT, ATTACH ADDITIONAL SHEETS OF PAPER. YOU MAY REPRODUCE THESE BLANK FORMS AS NEEDED, BUT EACH COMPLETED FORM YOU SUBMIT MUST BE IN ORIGINAL INK OR TYPE. MAKE SUFFICIENT COPIES OF ALL FORMS BEFORE YOU BEGIN.

DIVISION OF REGISTRATIONS

1 a. Name: Last First Middle Degree HERTZ MICHAEL ISRAEL MD				1b. Social Security Number REDACTED	
2. Other names (i.e. maiden name)- indicate if none. NONE			What is your speciality(s) OB/GYN		
3. Mailing Address: Number and Street/Rural Route, Apartment Number (NOTE, Address provided is, by law, public information.) <input type="checkbox"/> Home <input checked="" type="checkbox"/> Business/MIXED 298 EAST SALISBURY ST					
City PITTSBORO		State NC		Zip 27312	Country USA
e-mail address: NOT APPLICABLE					
4. Telephone Number: (Area Code) Day Evening 269-649-5301			5. Date of Birth: Mo/Day/Year REDACTED		Place of Birth HIGHLAND PARK, MI
6. Sex <input checked="" type="radio"/> Male <input type="radio"/> Female		7. Have you ever filed an application in Colorado? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give date of previous application \$1 4.25.00 28 78932			
8.a. List name/address of the school where medical degree was received. Request an original L2 Form (Certificate of Medical Education - Certificate must be sent directly from the school to this office.)					
Name of School		Address and Zip		Period of Attendance	
Wayne State University School of Medicine		540 EAST CAUFIELD AVE DETROIT, MI 48201		From (Mo/Yr) 9/72	To (Mo/Yr) 5/78
8 b. If this is an international medical school, please provide the country where the school is physically located:					
9. List name of licensing exam(s): ECFMG, Medical or Osteopathic National Boards, FLEX, USMLE, LMCC, or state written exam. Request certification of scores from examining agency be sent directly to this office.					
Exam		Location	Date	Result	
NBME Part 1		MICHIGAN	6-11-74	REDACTED	
NBME Part 2		MICHIGAN	9-23-75	REDACTED	
NBME Part 3		MICHIGAN	3-9-77	REDACTED	
10. Have you received and/or completed qualifying postgraduate training approved by the ACGME/AOA in U.S. or Canadian programs? <input checked="" type="checkbox"/> Yes If Yes, provide information below. <input type="checkbox"/> No					
Name of facility		Specialty		Period of attendance	
SINAI HOSPITAL OF DETROIT DETROIT, MI		OB/GYN		From (Mo/Yr) 3/76	To (Mo/Yr) 3/80
11. Are you Board Certified by either the American Board of Medical Specialties or the American Osteopathic Association? <input checked="" type="checkbox"/> Yes If Yes, list certification information. <input type="checkbox"/> No American Board of Obstetrics and Gynecology 12-9-83					
Official Use Only		License # 43521		Date 4/28/05	
Revised 10/99		Fee \$		Date:	

L1A

12. Are you now or have you ever been licensed to practice medicine in any state, territory, district or country? Include temporary licenses and educational permits. Request verification from each to be sent to the Colorado Board.

- Yes If Yes, provide information below.
 No

State or country	License #	Dates of Practice in this jurisdiction	
		Issue Date	Expiration Date
MICHIGAN ✓	4301037973	6-21-77	1-31-07
FLORIDA ✓	ME 35436	10-11-79	1-31-07

13. Have you ever been notified by any state, territory, district, or country, U.S. government agency, or state medical/osteopathic board of any complaint, investigation or inquiry, which is **currently pending**? **NO**

Yes If Yes, give details below and request official complaint and/or investigative report be sent directly to the Board from the licensing body, as well as personally submit a narrative regarding the complaint.

No

State	Date	Charge	Disposition

14. Has any **disciplinary action** ever been taken regarding any healing arts license which you now hold or have ever held? Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, or other U.S. federal governmental entity? (Disciplinary actions include, but are not limited to, suspension, revocation, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.) Washington licensees must disclose any Stipulation to Informal Disposition in response to this question.

Yes. If Yes, give details below AND request all official disciplinary documents including initial complaint, stipulations, orders or reprimands be sent directly to the Board, as well as a narrative regarding the action taken.

No

State	Date	Charge	Disposition

15. Have you ever entered into any agreement with any state, territory, district, country, US government agency, and state medical/osteopathic board regarding your medical license?

Yes If Yes, give details below AND request all official disciplinary documents including initial complaint, stipulations, orders or reprimands be sent directly to the Board. Also submit your narrative regarding the action taken.

No

Agency	Date	Reason

16. Have you ever been denied a license, permission to practice medicine or any other healing art, or permission to take an examination in any state, country, or US federal jurisdiction?

Yes If Yes, give details below AND request all official disciplinary documents including initial complaint, stipulations, orders, agreements or reprimands be sent directly to the Board. Also submit your narrative regarding the action taken.

No

Agency	Date	Reason for denial

17. Have you ever voluntarily surrendered a license to practice medicine or any other healing arts in any state country or U.S. federal jurisdiction? This does not include allowing your license to lapse solely due to non-payment of the renewal fee.

Yes If Yes, summarize below AND request all official disciplinary documents including initial complaint, stipulations, orders, agreements or reprimands be sent directly to the Board. Also submit your narrative regarding the action taken.

No

Agency	Date	Reason

18. Have you ever had staff privileges at a hospital limited or reduced, denied, suspended or revoked, or have you resigned from a medical staff in lieu of disciplinary action or potential disciplinary action?

Yes If Yes, summarize below AND request hospital to submit a report directly to the Board regarding the suspensions etc. Also submit your narrative regarding the suspension of privileges.

No

Name of facility	Date	Reason for action

19. Have you ever been charged, indicted, convicted, received a deferred prosecution, received a deferred judgment and sentence, entered a plea of guilty, entered a plea of nolo contendere, or been placed on adult diversion for any violation of any law? Note: You must respond "yes" even if the charge(s) or action was ultimately dismissed, expunged, pardoned or the matter was not prosecuted. It is unnecessary to report traffic offenses that do not involve alcohol or drugs.

Yes If Yes, summarize below AND submit your narrative regarding the incident as well as court and police records and information regarding final disposition of the case.

No

Date	Court	Violation	Penalty or disposition

20. Within the last five years, have you engaged in any behavior or suffered any mental, physical or cognitive health condition that has affected or might affect your ability to practice medicine safely and competently? You may answer NO if the behavior or condition is already known to the Colorado Physician Health Program ("CPHP"). "Known to CPHP" means that you have informed CPHP of your behavior or condition and you are complying with all of CPHP's requirements for evaluation, treatment and/or monitoring.

RED ACT ED Yes If Yes, submit an explanation to the Board regarding the behavior or condition. Be specific as to date of occurrences, the type of behavior or condition involved, and what if anything has been done to correct the behavior or condition. Any discharge summaries, evaluations, or reports must be submitted directly to the Board from the source.

No

21. Within the last five years, have you illegally or excessively used any controlled substance, habit-forming drug, prescription medication, or alcohol? You may answer NO if your use of such substances is already known to the Colorado Physician Health Program ("CPHP"). "Known to CPHP" means that you have informed CPHP of your use of such substances and you are complying with all of CPHP's requirements for evaluation, treatment and/or monitoring.

RED AC TED Yes If Yes, submit to the Board, an explanation regarding the offense/situation. Be specific as to date of occurrences, the type of behavior involved, and what if anything has been done to correct the behavior. Must also submit copies of the DUI or DWAI court records and police reports.

No

22. Within the last five years,

- have you been diagnosed or treated for bipolar disorder, severe major depression, schizophrenia or other psychotic disorder?
- Have you been diagnosed with or treated for a neurological illness or sleep disorder that disturbs your cognition, behavior or motor function?
- Have you undergone a cardiac bypass procedure?

You may answer NO if the behavior or condition is already known to the Colorado Physician Health Program ("CPHP"). "Known to CPHP" means that you have informed CPHP of your behavior or condition and you are complying with all of CPHP's requirements for evaluation, treatment and/or monitoring.

RED ACT ED Yes If Yes, submit explanation to the Board regarding the diagnosis or disorder(s). Be specific as to date of occurrences, the type of disorder involved, and what if anything has been done to treat the disorder. Any discharge summaries, evaluations, or reports must be submitted directly to the Board from the source.

No

23. Within the last five years, has any final judgment, settlement or arbitration award for medical malpractice been paid on your behalf or has any claim been filed which is still pending?

Yes If Yes, summarize below AND submit to the Board a completed malpractice claims form and a clinical narrative regarding your involvement in the case.

No

Date	Name and address of Insurance Company	Reason for Action

24. Have you ever been refused malpractice insurance, or has your malpractice insurance ever been canceled or rated at a higher premium due to past claims experience?

Yes. If Yes, submit to the Board an explanation regarding the cancellation or increase in premiums of the insurance and verification directly from the insurance company to the Board.

No

25. You must provide proof of malpractice insurance or an acceptable alternative as required by Colorado Law, or claim one of the four exemptions set forth in the enclosed insurance memo. See instructions in application packet, and include proof of insurance (obtained from your insurance carrier) or include a statement setting forth the basis for the exemption claimed below.

EXEMPTION CLAIMED: D

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NOTE: ALL ITEMS IN THIS APPLICATION ARE MANDATORY; NONE ARE VOLUNTARY. FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE. The information provided will be used to determine qualification for licensure, per Section 12-36-107 and Section 12-36-111, C.R.S., which authorize the collection of this information. Applicants have the right to review their application subject to the provisions of the Colorado Open Records Act. The Program Administrator of the Colorado State Board of Medical Examiners is the custodian of records.

I, MICHAEL ISRAEL HERTZ, MD hereby make application for a license to practice medicine in the State of Colorado. In so doing, I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies (local, state, federal and foreign) to release to the Colorado State Board of Medical Examiners or its successors any information, files or records requested by the Board relative to my qualifications as a physician and my eligibility for licensure.

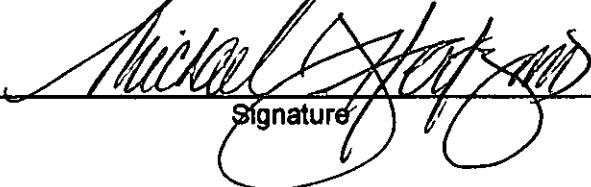
I understand that if my application does not have any issues which require Board review my application will be administratively approved as soon as it becomes complete unless I indicate otherwise below.

- Process my application for review now.
- Process my application for review on or after (list month and year): _____

In accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law.

I state under penalty of perjury, as defined in 18-8-503, C.R.S., that the information contained this application is true and correct to the best of my knowledge. I further state that I have read all disclosures contained in the application packet including the one related to social security numbers.

I understand that under the Colorado Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license and that application fees are not refundable.



 Signature

 2/25/05
 Date

RETURN THIS APPLICATION TO:

**COLORADO BOARD OF MEDICAL EXAMINERS
1560 BROADWAY, SUITE 1350
DENVER CO 80202-5140**

L1D

To: Colorado Board of Medical Examiners
From: Michael I. Hertz, M.D.

Re: Internship Training Dates

I attended medical school during the following time period:

9/72 - 5/76 Medical School:
Wayne State University School of Medicine
Detroit, MI

My internship and residency training dates are as follows:

3/15/76 - 3/14/80 Internship and Residency, OB/GYN:
Sinai Hospital of Detroit
Detroit, MI

There is an overlap of my medical education and training dates. I was permitted to begin my internship training at the Sinai Hospital of Detroit prior to obtaining my MD degree, in May of 1976. I have completed all the course requirements for medical school graduation by February of 1976. Sinai Hospital of Detroit was part of the teaching program at Wayne State University School of Medicine. By beginning this program in March, I did not have to participate in the national matching program. Also, since I began my training early, this arrangement benefited the hospital by ensuring that they would fill this training position.

STATE OF COLORADO

STATE BOARD OF MEDICAL EXAMINERS Department of Regulatory Agencies

1560 Broadway, Suite 1350
 Denver, Colorado 80202-5146
 Phone (303) 894-7800
 Fax (303) 894-7693
 V/TDD (303) 894-7880
 www.dora.stateco.us/medical

Division of Registrations



REPORT OF PRACTICE HISTORY

Facility Name	Address and Zip	Reference (name and title)	Dates of Practice From-To	Nature of Practice
1. SINKI HOSPITAL OF DETROIT	6767 West Outer Drive Detroit, MI 48201	ALFRED I. STERNAN, MD RESIDENCY DIRECTOR	3/76-3/80	INTERNAL RESIDENT OB/GYN
2. PRIVATE PRACTICE, MICHAEL HERTZ, MD.	SOUTHFIELD MI (NOW CLOSED)	N/A - PRIVATE PRACTICE	3/80-11/80	OB/GYN Physician
3. N/A VACATION	N/A - VACATION - MOVE TO FLORIDA	N/A - VACATION - MOVE TO FLORIDA	11/80-12/80	N/A - VACATION
4. PRIVATE PRACTICE, MICHAEL HERTZ, MD	BUCK RATON FL (NOW CLOSED)	N/A - PRIVATE PRACTICE	1/81-11/82	OB/GYN Physician
5. HENRY FORD HOSPITAL	2799 W. Grand Blvd Detroit, MI 48202	FRANK DRINKER, MD CHIEF MEDICAL OFFICER	11/82-7/83	OB/GYN Physician
6. PRIVATE PRACTICE, MICHAEL HERTZ, MD	BUCK RATON FL (NOW CLOSED)	N/A - PRIVATE PRACTICE	7/83-6/97	OB/GYN Physician
7. BRONSON WOMEN'S SERVICE, Bronson Methodist Hospital	601 John St Kalamazoo, MI 49007	SHOTT LARSON, MD CHIEF MEDICAL OFFICER	7/97-10/04	OB/GYN Physician
8. Vicksburg Women's Healthcare, Bronson Methodist Hospital	13322 N Blvd, #A Vicksburg MI 49097	SHOTT LARSON, MD CHIEF MEDICAL OFFICER	11/04 - PRESENT	OB/GYN
9.				
10.				

PLEASE BE AWARE THAT IN COLORADO SUPPLYING FALSE INFORMATION IN AN APPLICATION FOR A LICENSE IS PUNISHABLE BY LAW.

I state under penalty of perjury in the second degree, as defined in 18-6-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license.

SIGNATURE 

HERTZ
PRINT LAST NAME

2/25/05
DATE **L6**

STATE OF COLORADO

STATE BOARD OF MEDICAL EXAMINERS

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Department of Regulatory Agencies

Division of Registrations



CERTIFICATE OF MEDICAL EDUCATION

THIS SECTION TO BE COMPLETED BY APPLICANT AND
FORWARDED TO SCHOOL WHERE MEDICAL DEGREE WAS RECEIVED

This certifies
that

MICHAEL ISRAEL HERTZ

FULL NAME OF APPLICANT

enrolled in

WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE

FULL NAME OF MEDICAL SCHOOL

DETROIT, MI.

on the

11th day of September

19 72

LOCATION OF MEDICAL SCHOOL

THIS SECTION TO BE COMPLETED BY PRESIDENT/SECRETARY/DEAN OF MEDICAL
SCHOOL AND FORWARDED TO COLORADO BOARD OF MEDICAL EXAMINERS.
COMPLETE ALL BLANKS IN THE SECTION OR FORM WILL BE RETURNED.

The undersigned certifies that the records of this institution show that he/she attended this

institution beginning on the 11th day of September, 1972 and was granted the degree

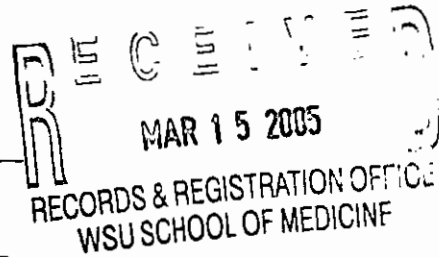
Bachelor/Doctor of Medicine or Doctor of Osteopathy on the 23rd day of May
1976.

Signed and the college seal affixed

This 31st day of MARCH, 2005

By

MRS. JAESTA JONES SUPERVISOR



NOT VALID WITHOUT SCHOOL SEAL

NOTE TO REGISTRAR:

IF NO SCHOOL SEAL, PLEASE INDICATE ABOVE, NEXT TO SIGNATURE OF
PRESIDENT/SECRETARY/DEAN.

L2

STATE OF COLORADO

STATE BOARD OF MEDICAL EXAMINERS

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Department of Regulatory Agencies

Division of Registrations



CERTIFICATE OF COMPLETION OF ACGME/AOA POSTGRADUATE TRAINING

THIS SECTION TO BE COMPLETED BY APPLICANT AND FORWARDED TO THE FACILITY WHERE POSTGRADUATE TRAINING WAS RECEIVED AND/OR COMPLETED

This certifies that MICHAEL ISRAEL HERTZ
FULL NAME OF APPLICANT

a graduate of WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE
FULL NAME OF MEDICAL/OSTEOPATHIC SCHOOL

commenced postgraduate training in SINAI HOSPITAL OF DETROIT
NAME AND ADDRESS OF FACILITY

TO BE COMPLETED BY THE PROGRAM DIRECTOR OF THE FACILITY FOR ACGME/AOA POSTGRADUATE TRAINING IN THE UNITED STATE OR CANADA. PLEASE TYPE OR PRINT.

on 3/15/76 and satisfactorily completes such training on 3/11/80

This training consisted of 48 months of actual clinical instruction and is approved by the Accredited Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), or the Coordinating Council of Medical Education of the Canadian Medical Association (CCME) and consisted of the following rotations:

List type and length of training.
ROTATION LENGTH OF ROTATION

WAS THIS PHYSICIAN'S PERFORMANCE COMPLETELY SATISFACTORY? REDACTED PLEASE CHECK ONE

IF NO, PLEASE ATTACH AN EXPLANATION.

I hereby declare under penalty of perjury under the laws of the State of Colorado that the above statements are true and correct and the facility is approved by the ACGME/AOA or the CCME to offer the type of level of training completed by the applicant and that the applicant was trained in an approved ACGME or CCME program position.

DIRECTOR CME Mary F. Euth

ADDRESS 4201 St. Antoine 2B-UHC Detroit, MI 48201

PHONE NUMBER (313) 745-5147 DATE 4/20/05

SIGNATURE Mary F. Euth

L3

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4-27-05:11:12AM:

FLORIDA CERTIFICATION PART - I

March 28, 2005

Colorado Board of Medical Examiners
1560 Broadway, Suite 1300
Denver, CO 80202-5140

RE: Michael Israel Hertz, M.D. ✓

To Whom It May Concern:

This is to certify the records of the Department of Health indicating the following for the above noted Medical Doctor:

MEDICAL LICENSE NUMBER:	ME 35436
CERTIFICATION:	10/11/1979
EXPIRATION DATE:	01/31/2007
CURRENT STATUS OF LICENSE:	Clear, Active
BOARD ACTION:	Refer to Part II provided by Central Records Unit (850)245-4121

To expedite the verification process, the above format is the standard format prepared for all Medical Doctors. The information above is the only verification document provided by this Department. A copy of this request is being forwarded to the Agency Clerk for research and response regarding the existence of any derogatory information.

Tammy Chester
Staff Assistant
(850) 245-4444 Ext. 3561



Job Bush
Governor

John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary

Florida Certification - Part II

STATE: CO

DATE: March 29, 2005

RE: Michael Israel Hertz

A search of the Department of Health computer files revealed the following complaint history on the above-referenced individual.

CURRENT COMPLAINT INFORMATION

Medical License Number: ME35436

*Case Open/Pending Complaint(s): None

**Case Closed/Probable Cause Found: None

***Closed Medical Malpractice Claims: 3

Case Dismissed/Probable Cause Not Found: 199300410 - Insufficient evidence to prosecute.

State Certification processor might receive a request from a State Board requesting this information. If the licensee should call regarding this information refer the caller to the Consumer Services Unit for Charlene Willboughby. Cases that are Dismissed without a finding of Probable Cause are **CONFIDENTIAL AND MAY NOT BE RELEASED TO ANYONE**. The licensee may or may not have been notified of dismissed cases. If this information is released, it could result in your state not receiving confidential information in the future.

If you have any questions, please contact Central Records Unit at (850) 245-4121.

*To obtain information on pending complaints, please write to Joy Moore, DOH, Bureau of Health Care Practitioner Regulation-Legal, Prosecution Services Unit, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3265, telephone (850) 414-8126 or fax (850) 414-1989.

**Documentation enclosed / will follow by regular mail.

***To obtain information on closed medical malpractice claims, please write to Florida Department of Financial Services, Document Processing Office, Post Office Box 5320, Tallahassee, Florida 32314-5320. If you have any questions, please contact the Department of Financial Services at (850) 413-3149 or fax (850) 488-3429.

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MAR 20 2005 12

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

DIVISION OF REGISTRATION
JANET OLSZEWSKI
DIRECTOR

**VERIFICATION OF LICENSURE
MICHIGAN BOARD OF MEDICINE
VERIFICATION OF LICENSURE AS OF 03/23/2005**

COLORADO BOARD OF MEDICAL EXAMINERS
1560 BROADWAY STE 1300
DENVER CO 80202-5140

NAME: Michael Israel Hertz
ADDRESS: 13322 N Boulevard Suite-A
Vicksburg MI 49097

SSN: REDACTED
BIRTHDATE: [REDACTED]

TYPE: Medical Doctor
LICENSE NUMBER: 4301037973
OBTAINED BY: Examination
STATUS: Active
ORIGINAL DATE: 06/21/1977
EXPIRATION DATE: 01/31/2007

DISCIPLINARY ACTION NONE

OPEN FORMAL COMPLAINTS NONE

CAROLYN F. PARKINSON

STATE OF COLORADO

STATE BOARD OF MEDICAL EXAMINERS

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Department of Regulatory Agencies

Division of Registrations



DISCIPLINARY ACTION REPORT

PLEASE COMPLETE ALL BLANKS ON THIS FORM AND MAIL TO:

**FEDERATION OF STATE MEDICAL BOARDS
PO Box 619850
DALLAS, TX 75261-9850**

Phone: 817-868-4000
Fax: 817-868-4099

****NO FEE REQUIRED****

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

MAR 10 2005

Deborah Austin
DEBORAH L. AUSTIN
SENIOR VICE PRESIDENT
AND CHIEF OPERATING OFFICER

The Federation of State Medical Boards maintains a national databank of all disciplinary action taken by state licensing boards and/or other credentialing agencies. To complete your application we must have a report from the Federation. Please note: an unfavorable report does not automatically disqualify you from licensure in Colorado.

NAME MICHAEL ISRAEL HERTZ
ADDRESS 616 MLS 278 EAST SALISBURY ST
CITY, STATE AND ZIP CODE PITTSBURG NC 27317
DATE OF BIRTH REDACTED
SOCIAL SECURITY NUMBER REDACTED
MEDICAL SCHOOL WAYNE STATE UNIVERSITY
DATE OF GRADUATION 5-23-76

I hereby authorize and request that the Federation of State Medical Boards of the United States Inc. provide a disciplinary history to the State of Colorado Board of Medical Examiners

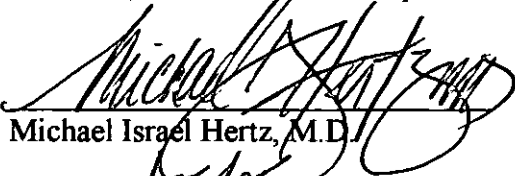
Michael Israel Hertz
Signature

3-9-05
Date

L7

TO: Colorado Board of Medical Examiners
FROM: Michael Israel Hertz, M.D.

I currently reside outside of Colorado, and claim exemption D. I do not engage in any patient care whatsoever in the state of Colorado. I understand that before I engage in any medical practice in Colorado, I must obtain the required insurance or an acceptable equivalent.


Michael Israel Hertz, M.D.

Date: 2/29/05

Renewal - DR.0043527

Name	Michael Israel Hertz
Credential	DR.0043527

Fee Details

Renewal Fee	\$2.00
Renewal Fee	\$334.00
Renewal Fee	\$3.00
Renewal Fee	\$18.00
Renewal Fee	\$144.00
	\$501.00

DR Renewal Questionnaire**PART I: MANDATORY RENEWAL QUESTIONNAIRE**

You must answer "YES" or "NO" to each question below. If you answer "YES" to a question, you must mail a copy of this questionnaire and a detailed explanation to include dates, amounts and contact information, to the Board for each "YES" answer within **thirty (30) days** of submitting your renewal. If the matter has already been disclosed to the Board, you must send a letter to the Board providing the case number and identifying information. If no documentation is received, a case may be opened and a complaint issued for an explanation of each "YES" answer.

Mail all documentation to:

Colorado Medical Board, ATTN: Renewal, 1560 Broadway, Suite 1350, Denver, CO 80202

SECTION A: SINCE YOU LAST RENEWED YOUR COLORADO MEDICAL LICENSE:

1. Have you been admonished, reprimanded, censured and/or disciplined in any way by any licensing agency in another state or country, by any peer review committee or body, by any health care facility or committee thereof, by any professional or medical society or association or committee thereof, or by any governmental agency, law enforcement agency or court of law, whether involuntary or in lieu of investigation?

No

2. Have you surrendered a license or other authorization to practice medicine in another state or jurisdiction, or surrendered membership on any medical staff, medical or professional association or society while under investigation by any of these authorities or bodies?

If you answer YES to question number 2, you must provide a detailed summary of the events which led to the charges or citation. Include a copy of the charges or citation, intake and discharge summary (if applicable), and all communication with (and from) the citing agency and the court of jurisdiction.

No

3. Have you, in any state, been denied medical liability insurance, or has your medical liability insurance coverage been limited, restricted or terminated by action of the insurance carrier?

If you answer YES to question number 3, you must provide a copy of the notification from the insurance carrier and a summary of the events which led to the action by the carrier. If you do not have a copy of the notification, contact the insurance carrier to obtain one.

No

4. Have you had any felony or misdemeanor charges of any kind brought against you? Have you had any traffic citations involving drugs or alcohol brought against you? Regardless of the case disposition, you must answer YES if you have been charged.

If you answer YES to question number 4, you must provide a detailed summary of the events which led to the charges or citation. Include a copy of the charges or citation, intake and discharge summary (if applicable), and all communication with (and from) the citing agency and the court of jurisdiction.

No

5. **For question 5, you must answer YES** if any of these actions are currently pending, or if you have withdrawn or failed to proceed with an application for these items.

Has your medical staff membership or clinical privileges at any hospital or healthcare facility been involuntarily or in lieu of investigation reduced, limited, placed on probation, not renewed or relinquished, or been denied, revoked or suspended?

If you answer **YES** to questions 5, you must provide a detailed summary to the Board of the conduct/allegation upon which action was taken.

No

6. For question 6, you must answer **YES** if any of these actions are currently pending, or if you have withdrawn or failed to proceed with an application for these items.

Has your DEA registration been involuntarily or in lieu of investigation reduced, limited, placed on probation, not renewed or relinquished, or been denied, revoked or suspended?

If you answer **YES** to questions 6, you must provide a detailed summary to the Board of the conduct/allegation upon which action was taken. And you must include the notification from the DEA. If you do not have a copy of the notification, contact the DEA to obtain a copy.

No

SECTION B IN THE LAST TWO YEARS:

7. Do you now abuse or excessively use, or have you in the last two years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a physician safely and competently?

You may answer **NO** if the behavior or condition or use of such substances is already known to the Colorado Physician Health Program (CPHP) or you have entered into a Confidential Agreement with the Board. "Known to CPHP" means that you have informed CPHP of your behavior, condition or use of such substances and you are complying with all of CPHP's requirements for evaluation, treatment and/or monitoring.

If you answer **YES** to question 7, you must provide a detailed summary of the behavior, condition or substance use. Include the date of onset, date(s) and summary of treatment(s) received, the current status of your condition, and the name and address of all treatment providers.

R

8. In the last two years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a physician safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?

You may answer **NO** if the behavior or condition or use of such substances is already known to the Colorado Physician Health Program (CPHP) or you have entered into a Confidential Agreement with the Board. "Known to CPHP" means that you have informed CPHP of your behavior, condition or use of such substances and you are complying with all of CPHP's requirements for evaluation, treatment and/or monitoring.

If you answer **YES** to question 8, you must provide a detailed summary of the behavior, condition or substance use. Include the date of onset, date(s) and summary of treatment(s) received, the current status of your condition, and the name and address of all treatment providers.

R

PART 2: MANDATORY ATTESTATION

9. **By submitting this application for renewal of my license, I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Colorado Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license.**

I wish to to renew my license in ACTIVE status, therefore I attest that I meet (or claim exemption from) the financial responsibility standards as indicated below. (select the correct option A-I) If you are currently in Active status an wish to change to Inactive status you cannot renew online and must contact the Division at 303-894-2984.

I am currently in INACTIVE status and am exempt from the provisions above. (If so, you must select option "J"). *If you wish to change to ACTIVE status, you must first renew your license in inactive status, and then submit the reactivation application and fee. The reactivation application is available on the Medical Board website.

Please select only 1 item below.

F. I am a physician who is not engaged in the practice of medicine in the State of Colorado.

DR Renewal HPPP

Healthcare Professions Profiling Program ACTIVE status only:

REMINDER:

Healthcare Professions Profile Program (HPPP): All Active status licensees must maintain their Healthcare Professions Profile with current information. This profile must be updated within 30 days of any change or reportable event.

After you have completed and paid for you renewal please visit www.dora.colorado.gov/professions/hppp if you need to review and/or update your Profile. Please note: The Profile database is a separate system from our renewal system and uses a different login and password than the ones you used to renew your license.

If you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profile Program (HPPP) at: dora_dpo_hppp@state.co.us or (303) 894-5942.

After you have read the above, please click the "Next" button below.

Review

Please make sure to [PRINT THIS SCREEN](#) for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

Renewal - DR.0043527

Name	Michael Israel Hertz
Credential	DR.0043527

Fee Details

Renewal Fee	\$2.00
Renewal Fee	\$238.00
Renewal Fee	\$18.00
Renewal Fee	\$162.00
	\$420.00

Affidavit of Eligibility - Screening Present**AFFIDAVIT OF ELIGIBILITY**

1. Do you currently reside in and are you physically present in the United States?
Yes

Affidavit of Eligibility - Screening Doc Change**AFFIDAVIT OF ELIGIBILITY**

2. Are you a United States Citizen and the State or Federally issued document, in which you proved your legal status in the United States is still valid **and** has not expired since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

-OR-

Are you Not a United States Citizen, but are lawfully present in the United States **and** your legal status within the United States has not changed **and** the legal documents used to prove lawful presence have not changed since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

If you need to update your lawful presence information, select no and you will be prompted to complete a new Affidavit of Eligibility. Otherwise, if your information has not changed, select yes to move forward.

Yes

Affidavit of Eligibility**AFFIDAVIT OF ELIGIBILITY**

Pursuant to C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

** The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

3. Please enter your Full Legal Name

Affidavit of Eligibility - Section A**Section A: LAWFUL PRESENCE in the United States**

4. Select one of the following Lawful Presence types below and click "Next" when done:

Affidavit of Eligibility - Section B.1

Section B: SECURE AND VERIFIABLE DOCUMENTS

5. Do you have a State or Federal government issued identification?

These include:

- Driver's License or Permit
- Government Issued ID Card
- Valid U.S. Military Common Access Card
- Colorado Department of Corrections Inmate ID
- Tribal ID Card
- U.S. Passport
- Certificate of Naturalization
- Certificate of (U.S.) Citizenship
- Valid Temporary Resident card
- Valid I-94 issued by Canadian government
- Valid I-94 with refugee/asylum stamp

Affidavit of Eligibility - Section B.1 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

6. Select one of the following Government Issued Identification:

7. Enter the name of State or Federal Agency that issued the identification:

8. Enter your full name as shown on the driver's license or State/Federal issued identification:

9. Enter the State/Federal government issued license/ID number:

10. Enter the expiration date of the license/ID:

11. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.2

Section B: SECURE AND VERIFIABLE DOCUMENTS

12. Do you have a Valid I-766 (Employment Identification Card)?

Affidavit of Eligibility - Section B.2 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

13. Enter the issuing Federal Agency:

14. Enter the name as listed on the card:

15. Enter the Alien number (A#):

16. Enter the card number:

17. Enter the Valid From Date:

18. Enter the Expiration Date:

19. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.3

Section B: SECURE AND VERIFIABLE DOCUMENTS

20. Do you have a Valid I-551 (Resident Alien or Permanent Resident Card)?

Affidavit of Eligibility - Section B.3 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

21. Enter the issuing Federal Agency:

22. Enter the name as listed on the card:

23. Enter the Alien Number (A#):

24. Enter the country of birth:

25. Enter the card expiration date:

26. Enter the Residence Since date:

27. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.4

28. Do you have a Valid Foreign Passport with an unexpired Visa with proper classification for work authorization, and an unexpired I-94?

Affidavit of Eligibility - Section B.4 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

29. Enter the issuing foreign country:

30. Enter the Passport Number:

31. Enter the Visa Number:

32. Enter the Visa Class (Examples: J-1, P-1 H-1B, etc.):

33. Enter the Date of Entry:

34. Enter the Until Date:

35. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.5

Section B: SECURE AND VERIFIABLE DOCUMENTS

36. Do you have a valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa?

Affidavit of Eligibility - Section B.5 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

37. Enter the issuing foreign country:

38. Enter the Passport Number:

39. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section C

Section C: Attestation

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in section 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified on the previous pages and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the information on the previous pages must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

40. By entering your full legal name below you attest that you have read and understand the above information.

41. Please enter today's date below:

DR Renewal Attestation

The below attestations apply to your license's CURRENT status. You may not change your status through online renewal. To change your status, please contact the licensing office at dora_registrations@state.co.us or 303-894-7800.

By renewing my license in INACTIVE status, I attest that:

- I understand malpractice insurance is not required for Inactive license holders; however, I may not practice medicine, including but not limited to prescribing medications, in Colorado unless and until I comply with the insurance requirements and the Board issues me an Active license. I understand that should I desire to reactivate my Colorado medical license at some future time, I will be required to complete the reactivation application and pay an additional fee. I also understand that if I have not actively practiced medicine for two (2) years or more and then wish to reactivate my Colorado medical license, I will be required to demonstrate continued competence pursuant to Board rules and regulations.

By renewing my license in ACTIVE status, I attest that:

- I have not abused or excessively used any habit forming drug, including alcohol, or any controlled substance that has: 1) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or, 2) affected my ability to practice as a physician safely and competently, at any time during the past two years, up to and including today's date.

AND

In the last two years, I have not been diagnosed with or treated for an illness or condition that significantly disturbs my cognition, behavior, or motor function, and that may impair my ability to practice as a physician safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder

OR

The illness or condition or the use of substances, as defined above, is: 1) already known to the Colorado Physician Health Program ("CPHP") and I have made, or will make known within 30 days, any requisite disclosure to the Board pursuant to section 12-36-118.5 and any attendant regulations; or, 2) I have entered into a Confidential Agreement with the Board. For the purpose of this attestation, "Known to CPHP" means that I have informed CPHP of my condition or use of such substances and I am complying with all of CPHP's requirements for evaluation, treatment and/or monitoring.

- In the last 2 years, no adverse action has been taken against my license by another licensing agency, a peer review body, a health care institution, a residency or postgraduate training program, a professional or medical society or association, a governmental agency, a law enforcement agency, or a court for acts or conduct which, would constitute grounds for disciplinary or adverse actions pursuant to the Medical Practice Act or its attendant rules. For the purpose of this attestation, an adverse action by a law enforcement agency includes: 1) all felony charges; 2) all misdemeanor charges; or, 3) traffic charges/citations involving alcohol, controlled substances, or any other habit-forming drug.

OR

I have reported, or will report within 30 days, any adverse action to the Board in accordance with the requirements of the Medical Practice Act.

- In the last 2 years, I have not been denied medical liability insurance and no liability insurance coverage has been limited, restricted, or terminated by action of the insurance carrier in this or any other state.

OR

I have reported, or will report within 30 days, any denial or limitation of medical liability coverage to the Board.

- I have established and will continuously maintain professional liability insurance as required by §13-64-301, C.R.S.

Click Next to proceed.

GLOBAL HPPP Renewal Attestation

Pursuant to section 24-34-110, C.R.S., all Active and Retired status licensees must maintain a current Healthcare Professions Profile. Reportable events and/or changes to information must be made within 30 days. For more information about this Program and to update your profile, visit www.dora.colorado.gov/professions/hppp.

By renewing your Active or Retired license, you attest to the following:

I have updated my Healthcare Professions Profile to current date and/or I will make any updates within 30 days of any reportable event or change, and subsequent updates will be made within 30 days. This requirement is in addition to any requirement by a profession's practice act. Examples of reportable events or changes that must be updated on a profile include, but are not limited to, location of practice, public actions issued by any jurisdiction, felonies and crimes of moral turpitude, malpractice settlements/judgments, etc. To update a Healthcare Professions Profile, or for more information on the Healthcare Professions Profile Program (HPPP) and its requirements, visit www.dora.colorado.gov/professions/hppp or call 303-894-5942.

If your status is Inactive you are not required to maintain a Healthcare Professions Profile, click next to proceed.

You may NOT change your status through online renewal. For information regarding a status change, please contact the renewal desk at 303-894-7800 or dora_dpo_renewalline@state.co.us.

Click next to proceed.

Review

Please make sure to [PRINT THIS SCREEN](#) for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

Renewal - DR.0043527

Name	Michael Israel Hertz
Credential	DR.0043527

Fee Details

DR - Legal Defense Fund	\$2.00
DR - PDMP Fee	\$24.00
DR - Portal Fee	\$1.50
DR - Renewal Fee Active	\$238.50
DR- Peer Fee	\$162.00
	\$428.00

Affidavit of Eligibility - Screening Present**AFFIDAVIT OF ELIGIBILITY**

1. Do you currently reside in and are you physically present in the United States?

Yes

Affidavit of Eligibility - Screening Doc Change**AFFIDAVIT OF ELIGIBILITY**

2. Are you a United States Citizen and the State or Federally issued document, in which you proved your legal status in the United States is still valid **and** has not expired since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

-OR-

Are you Not a United States Citizen, but are lawfully present in the United States **and** your legal status within the United States has not changed **and** the legal documents used to prove lawful presence have not changed since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

If you need to update your lawful presence information, select no and you will be prompted to complete a new Affidavit of Eligibility. Otherwise, if your information has not changed, select yes to move forward.

Yes

DR Renewal Attestation

The below attestations apply to your license's CURRENT status. You may not change your status through online renewal. To change your status, please contact the licensing office at dora_registrations@state.co.us or 303-894-7800.

By renewing my license in INACTIVE status, I attest that:

I understand malpractice insurance is not required for Inactive license holders; however, I may not practice medicine, including but not limited to prescribing medications, in Colorado unless and until I comply with the insurance requirements and the Board issues me an Active license. I understand that should I desire to reactivate my Colorado medical license at some future time, I will be required to complete the reactivation application and pay an additional fee. I also understand that if I have not actively practiced medicine for two (2) years or more and then wish to reactivate my Colorado medical license, I will be required to demonstrate continued competence pursuant to Board rules and regulations.

By renewing my license in ACTIVE status, I attest that:

- In the past two years I have not abused or excessively used any habit forming drug including, alcohol or any controlled substance, and I have not been diagnosed with or treated for a condition that disturbs my cognition, behavior or motor function which has resulted in an adverse action, a professional disciplinary action, a criminal charge, or an allegation or finding of working impaired, diversion of controlled substances or habit -forming medications (including self-prescribing), sexual contact with a patient, substandard medical practice or patient harm.

OR

In the past two years I have abused or excessively used any habit forming drug including, alcohol or any controlled substance, or I have been diagnosed with or treated for a condition that disturbs my cognition, behavior or motor function

which has resulted in an adverse action, a professional disciplinary action, a criminal charge, or an allegation, or finding of working impaired, diversion of a controlled substance or habit-forming medication (including self-prescribing), sexual contact with a patient, substandard medical practice or patient harm AND I have reported, or will report this information within 30 days to the Colorado Medical Board.

- In the last 2 years, no adverse action has been taken against my license by another licensing agency, a peer review body, a health care institution, a residency or postgraduate training program, a professional or medical society or association, a governmental agency, a law enforcement agency, or a court for acts or conduct which, would constitute grounds for disciplinary or adverse actions pursuant to the Medical Practice Act or its attendant rules. For the purpose of this attestation, an adverse action by a law enforcement agency includes: 1) all felony charges; 2) all misdemeanor charges; or, 3) traffic charges/citations involving alcohol, controlled substances, or any other habit-forming drug.

OR

I have reported, or will report within 30 days, any adverse action to the Board in accordance with the requirements of the Medical Practice Act.

- In the last two years, I have not been diagnosed with or treated for an illness, condition or behavior, that disturbs my cognition, behavior, or motor function that has resulted in conduct which may impair my ability to practice as a physician, safely and competently, such as substance misuse or abuse, bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder.

OR

In the last two years, I have been diagnosed with or treated for an illness, condition or behavior that significantly disturbs my cognition, behavior, or motor function that has resulted in conduct which may impair my ability to practice as a physician, safely and competently, such as substance misuse or abuse, bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder AND:

1) The illness or condition is already known to the Colorado Physician Health Program ("CPHP") and I have made, or will make known within 30 days, any requisite disclosure to the Board pursuant to section 12-36-118.5 and any attendant regulations; OR

2) I have entered into a Confidential Agreement with the Board. For the purpose of this attestation, "Known to CPHP" means that I have informed CPHP of my condition or use of such substances and I am complying with all of CPHP's requirements for evaluation, treatment and/or monitoring; OR

3) I have reported, or will report within 30 days, the illness or condition to the Medical Board.

- In the last 2 years, I have not been denied medical liability insurance and no liability insurance coverage has been limited, restricted, or terminated by action of the insurance carrier in this or any other state.

OR

I have reported, or will report within 30 days, any denial or limitation of medical liability coverage to the Board.

- I have established and will continuously maintain professional liability insurance as required by §13-64-301, C.R.S.

Click Next to proceed.

HPPP - DR Introduction

Healthcare Professions Profile

Please be aware that this profile is only for your Physician license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

HPPP GLOBAL - Location of Practice

Location of Practice

49. Are you currently practicing in the healthcare profession associated with this profile?

Yes

HPPP GLOBAL - Location of Practice If Yes**Location of Practice**

50. Practice Locations:

Address	City	State	Zip Code	Phone Number
24450 Evergreen Road	Southfield	Michigan	48075	(248) 559-0590
35000 Ford Road	Westland	Michigan	48185	(734) 721-4700
3810 17 Mile Road	Sterling Heights	Michigan	48310	(586) 268-1700

HPPP - MEDICAL Education and Training**Education and Training**

51. School or Education Level:

Wayne State University School of Medicine

52. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*

1976

HPPP GLOBAL - Other Licenses**Other Licenses**

53. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?

Yes

HPPP GLOBAL - Other Licenses if Yes**Other Licenses**

54. Other Licenses:

State	License Status	Year Originally Issued
Florida	Inactive	1977
Washington	Inactive	2005
Michigan	Active	1977
California	Active	2005
New York	Inactive	2014

HPPP GLOBAL - Board Certifications**Board Certifications**

55. Do you hold any current Board Certifications?

Yes

HPPP - MEDICAL Board Certifications if Yes

Board Certifications

56. Board Certifications:

Certification
Obstetrics and Gynecology

HPPP GLOBAL - Practice Specialties

Practice Specialties

57. Do you have a practice specialty in which you are appropriately trained and actively practicing?

Yes

HPPP - MEDICAL Practice Specialties if Yes

Practice Specialties

58. Practice Specialties:

Specialty
Obstetrics and Gynecology

HPPP GLOBAL - CO Hospital Affiliations

Colorado Hospital Affiliations

59. Do you have a current affiliation or clinical privileges with any Colorado Hospital?

No

HPPP GLOBAL - Other Hospital Affiliations

Other Health Care Facilities and Out of State Hospital Affiliations

61. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?

Yes

HPPP GLOBAL - Other Hospital Affiliations If Yes

Other Health Care Facilities and Out of State Hospital Affiliations

62. Other Healthcare Facility Affiliations:

Facility	Affiliation Type	City	State
Hutzel Hospital	Admitting Privileges	Detroit	Michigan

HPPP GLOBAL - Business Ownership

Business Ownership

63. Do you have a current business ownership interest in any healthcare-related business?

No

HPPP GLOBAL - Employer**Employer**

65. Do you have an employer in the profession in which you are licensed or are applying for a license?

No

HPPP GLOBAL - Employment Contracts**Employment Contracts**

67. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

No

HPPP GLOBAL - Disciplinary Actions**Disciplinary Actions**

69. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?

No

HPPP GLOBAL - Restrictions and Suspensions**Restrictions and Suspensions**

71. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

No

HPPP GLOBAL - Healthcare Facility Actions**Healthcare Facility Actions**

73. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

No

HPPP GLOBAL - Termination of Employment**Termination of Employment**

75. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?

No

HPPP GLOBAL - DEA Registration

DEA Registration Surrender

77. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?
No

HPPP GLOBAL - Convictions

Convictions

80. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?
No

HPPP GLOBAL - Malpractice Claims

Malpractice Claims

82. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?
Yes

HPPP GLOBAL - Malpractice Claims if Yes

Malpractice Claims

83. Malpractice Claims:

Year	State	Claim Type	Arbitrator, Mediator or Court
1997	Florida	Settlement	not known
2015	Michigan	Settlement	Wayne County

HPPP GLOBAL - Malpractice Carrier Refusal

Malpractice Carrier Refusal

84. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?
No

HPPP GLOBAL - Optional Narrative

Optional Narrative

86. Optional Narrative:

HPPP GLOBAL - Attestation

Attestation

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- You are the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

87. Submission Date:

03/31/2017

Review

Please make sure to [PRINT THIS SCREEN](#) for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

Renewal - DR.0043527

Name	Michael Israel Hertz
Credential	DR.0043527

Fee Details

DR - Legal Defense Fund	\$2.00
DR - PDMP Fee	\$24.00
DR - Portal Fee	\$1.50
DR - Renewal Fee Active	\$218.50
DR- Peer Fee	\$140.00
	\$386.00

DR Renewal Attestation

The below attestations apply to your license's CURRENT status. You CANNOT change your status through online renewal. To change your status, please contact the licensing office at dora_registrations@state.co.us or 303-894-7800. DR have Active and Inactive options, CDRH has Active only

By renewing my license in INACTIVE status, I attest that:

I understand malpractice insurance is not required for Inactive license holders; however, I may not practice medicine, including but not limited to prescribing medications, in Colorado unless and until I comply with the insurance requirements and the Board issues me an Active license. I understand that should I desire to reactivate my Colorado medical license at some future time, I will be required to complete the reactivation application and pay an additional fee. I also understand that if I have not actively practiced medicine for two (2) years or more and then wish to reactivate my Colorado medical license, I will be required to demonstrate continued competence pursuant to Board rules and regulations.

By renewing my license in ACTIVE status, I attest that I have NOT engaged in any conduct or exhibited any behaviors that resulted in the following following OR that I have reported, or will report this information within 30 days to the Colorado Medical Board at dora_medicalboard@state.co.us or 303-894-7690.:

- An arrest, discipline, sanction or warning
- Loss or suspension of any license
- Termination or suspension of any license
- Endangering the safety of others
- A breach of fiduciary obligations
- A violation of workplace or academic conduct rules
- An impairment of your ability to practice in a safe, competent, ethical and professional manner
- Abusing or excessively using any habit forming drug, including alcohol, or any illegal or controlled substance resulting in any discipline for misconduct, failure to meet professional responsibilities, or affecting your ability to practice safely and competently
- Claiming the illegal use of a substance as a defense, in mitigation, or as an explanation for any conduct that impairs your ability to practice in a safe, competent, ethical, and professional manner

By renewing my license in ACTIVE status, I attest that I have NOT had an adverse action or administrative/judicial proceeding and I do not have a pending inquiry or investigation within the last two years by the following OR that I have reported, or will report this information within 30 days to the Colorado Medical Board at dora_medicalboard@state.co.us or 303-894-7690:

- A licensing authority - other than the Colorado Medical Board
- A government agency
- A court
- An employer
- An educational institution
- A professional organization
- In connection with an employment disciplinary or termination procedure

By renewing my license in ACTIVE status, I attest that: I have established and will continuously maintain professional liability insurance as required by 13-64-301, C.R.S.

All statuses click Next to proceed.

PDMP Renewal Attestation

By renewing your license in Active status, you agree with the following statement:

I attest that IF I maintain a current United States Drug Enforcement Agency (DEA) registration, I have registered an individual user account with Colorado's Prescription Drug Monitoring Program (PDMP) at <https://colorado.pmpaware.net>.

(If you have questions about registering or to check if you have registered, please email the PDMP Help Desk at pdmpinqr@state.co.us for assistance.)

Click Next to proceed.

AoE Renewal Update

Affidavit of Eligibility | Renewal Update of Information

1. Since you were originally licensed or since your last renewal (whichever was more recent) has the documentation you provided proving your legal status in the United States changed?

- If nothing has changed in your legal status or documentation, select "No"
- If your status has changed, or you need to update your documentation, select "Yes" to update your information

No

AoE Attestation

Affidavit of Eligibility | Section C: Attestation

By submitting this Affidavit of Eligibility (AoE) you are attesting that you have read and understand the statements below:

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in section 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified on the previous pages and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the information on the previous pages must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

96. Please enter today's date below:

04/10/2019

Healthcare Profile - Physician Introduction

Healthcare Professions Profile | Introduction

Please be aware that this profile is only for your PHYSICIAN license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

Healthcare Profile - Location of Practice

Healthcare Professions Profile | Location of Practice

97. Are you currently practicing in the healthcare profession associated with this profile?

No

Healthcare Profile - Medical Education and Training

Healthcare Professions Profile | Education and Training

99. School or Education Level:
Wayne State University School of Medicine

100. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*
1976

Healthcare Profile - Other Licenses

Healthcare Professions Profile | Other Licenses

101. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?
Yes

Healthcare Profile - Other Licenses if Yes

Healthcare Professions Profile | Other Licenses

102. Other Licenses:

State	License Status	Year Originally Issued
Washington	Inactive	2005
Michigan	Active	1977
California	Active	2005
New York	Inactive	2014

Healthcare Profile - Board Certifications

Healthcare Professions Profile | Board Certifications

103. Do you hold any current Board Certifications?
Yes

Healthcare Profile - Medical Board Certifications if Yes

Healthcare Professions Profile | Board Certifications

104. Board Certifications:

Certification
Obstetrics and Gynecology

Healthcare Profile - Practice Specialties

Healthcare Professions Profile | Practice Specialties

105. Do you have a practice specialty in which you are appropriately trained and actively practicing?

Yes

Healthcare Profile - Medical Practice Specialties if Yes

Healthcare Professions Profile | Practice Specialties

106. Practice Specialties:

Specialty
Obstetrics and Gynecology

Healthcare Profile - Colorado Hospital Affiliations

Healthcare Professions Profile | Colorado Hospital Affiliations

107. Do you have a current affiliation or clinical privileges with any Colorado Hospital?

No

Healthcare Profile - Other Facility and Out of State Hospital Affiliations

Healthcare Professions Profile | Other Facility and Out of State Hospital Affiliations

109. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?

Yes

Healthcare Profile - Other Facility and Out of State Hospital Affiliations if Yes

Healthcare Professions Profile | Other State Hospital Affiliations

110. Other Healthcare Facility Affiliations:

Facility	Affiliation Type	City	State
Hutzel Hospital	Admitting Privileges	Detroit	Michigan

Healthcare Profile - Business Ownership

Healthcare Professions Profile | Business Ownership

111. Do you have a current business ownership interest in any healthcare-related business?

No

Healthcare Profile - Employer

Healthcare Professions Profile | Employer

113. Do you have an employer in the profession in which you are licensed or are applying for a license?

No

Healthcare Profile - Employment Contracts

Healthcare Professions Profile | Employment Contracts

115. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

No

Healthcare Profile - Disciplinary Actions

Healthcare Professions Profile | Disciplinary Actions

117. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?

No

Healthcare Profile - Restrictions and Suspensions

Healthcare Professions Profile | Restrictions and Suspensions

119. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

No

Healthcare Profile - Healthcare Facility Actions

Healthcare Professions Profile | Healthcare Facility Actions

121. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

No

Healthcare Profile - Termination of Employment

Healthcare Professions Profile | Termination of Employment

123. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?

No

Healthcare Profile - DEA Registration

Healthcare Professions Profile | DEA Registration

125. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?

No

Healthcare Profile - Convictions

Healthcare Professions Profile | Convictions

128. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

No

Healthcare Profile - Malpractice Claims

Healthcare Professions Profile | Malpractice Claims

130. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?

Yes

Healthcare Profile - Malpractice Claims if Yes

Healthcare Professions Profile | Malpractice Claims

131. Malpractice Claims:

Year	State	Claim Type	Arbitrator, Mediator or Court
1997	Florida	Settlement	not known
2015	Michigan	Settlement	Wayne County
2018	Michigan	Settlement	Wayne County

Healthcare Profile - Malpractice Carrier Refusal

Healthcare Professions Profile | Malpractice Carrier Refusal

132. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

No

Healthcare Profile - Optional Narrative

Healthcare Professions Profile | Optional Narrative

134. Optional Narrative:

Healthcare Profile - Attestation

Healthcare Professions Profile | Attestation

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- I am the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

135. Submission Date:

04/10/2019

Review

Please make sure to [PRINT THIS SCREEN](#) for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

CREDENTIAL STATUS HISTORY SUMMARY**Name:** Michael Israel Hertz**Date:** 10/13/2020**License:** Physician DR.0043527**License Status:** Active**License Status Reason:** CURRENT**First Issuance date:** 04/29/2005**License expiration date:** 04/30/2021

This is to certify that a good faith search of our records revealed the following information:

Status	Reason	Date Changed	User
Active	CURRENT	04/15/2019	Automated
Active in Renewal	ACTIVE	03/12/2019	Automated
Active	CURRENT	03/31/2017	Automated
Active in Renewal	ACTIVE	03/17/2017	Automated
Active	CURRENT	03/21/2015	Automated
Approved	READY TO PRINT	03/21/2015	Automated
Active in Renewal	ACTIVE	03/17/2015	Automated
Active	CURRENT	04/22/2013	Automated
Approved	READY TO PRINT	04/21/2013	Automated
Active in Renewal	ACTIVE	03/18/2013	Automated
Active	CURRENT	04/29/2005	

