

Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222

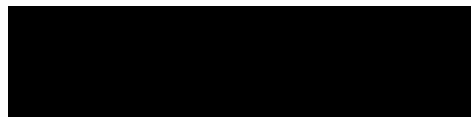
2020 Application for Renewal of Kentucky Medical/Osteopathic License -  
Renewal Fee: \$150.00

Application Renewed On: 02/23/20 2:23 PM  
Carol Dellinger M.D. KY License #: 51037

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer, 'yes' in such circumstances even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes', providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Failure to truthfully and completely answer any question on this application (electronic or manual), including intentional and inadvertent non-disclosure, will result in a minimum fine of \$1,000.00.

1. Mailing Address:



2. Practice Address: 842 South 7th Street

Louisville, KY 40203

3. Phone: (317) 697-4343

4. Email:



5. Are you retired? No

6. Are you currently practicing in Kentucky? No

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7. Please provide KY County and number of hours worked weekly in this county:

- a) county Out of State
- b) Hours 0

If you have additional practice counties in Kentucky, please indicate so below:

- a) county Hours 0
  
- b) county Hours 0

8. Do you currently have hospital staff privileges in Kentucky? No

9. Do you currently have a collaborative agreement with an Advanced Practice Registered Nurse (APRN)? Yes

If so, please list their names.

I have collaborative agreements in Indiana, but none in Kentucky. The APRN's with whom I have CPA's

10. Do you have plans to practice medicine in Kentucky during the year?  
No

11. Type of Practice? Public Hth/Gov

12. Specialty? Family Medicine

13. Do you work in or own a pain/bariatric clinic? No

14. Do you dispense/administer controlled substances to patients from your private office setting (i.e. outside of a hospital, long-term care facility)? Yes

15. Do you have an active DEA license? yes

DEA Number(s): [REDACTED]

16. State law requires Kentucky licensed physicians who are authorized to prescribe or dispense controlled substances in the Commonwealth to register for an account with the KASPER system. Have you registered for an account with the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system? Yes

17. Gender [REDACTED]

18. Race



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1. Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?

No

2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?

No

3. Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

4. Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?

No

5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?

No

6. Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?

No

7. Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?

No

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8. Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

9. Since you last registered, have you been removed, suspended, expelled or disciplined by any professional medical association or society?

No

10. Since you last registered, have you entered a guilty plea, nolo contendere plea or 'Alford' plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?

No

11. Since you last registered, have you had to pay a settlement or judgement greater than \$250,000 in a malpractice or other civil action against your medical license?

No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?

No

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Carol Dellinger M.D.

Date: 02/23/20

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The answer to this question is exempt from public disclosure under KRS 61.878(1) (a) and KRS311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answer to the question may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

(1.) Since you last registered, have you suffered from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Carol Dellinger M.D.  
Date: 02/23/20

