



<b>Professional Education</b> <i>(Attach additional sheets if necessary)</i>				
<b>Name of School</b>		<b>Name of Degree Granted</b>		
Michigan State University College of Osteopathic Medicine		Doctor of Osteopathic Medicine		
Massachusetts Institute of Technology		Bachelor of Science		
<b>Hospital Affiliations</b> List the name of each hospital with which you are employed or under contract, and each hospital in which you are allowed to practice. <i>(Attach additional sheets if necessary)</i>				
<b>Name of Hospital Employed or Under Contract</b>		<b>Name of Hospital where Allowed to Practice</b>		
Mercy Health Partners		Mercy Health Partners		
<b>License(s) in Other State(s) and/or Country</b> List each state or country where you have ever held an osteopathic physician license, the license number, the date issued, how the license was obtained, and whether sanctions have ever been imposed and/or if disciplinary proceedings are currently pending against that license. <i>(Attach additional sheets if necessary)</i>				
<p>If you indicate there have been sanctions imposed against a license, 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 or that you did not complete the probationary period or treatment plan because you ceased engaging in the practice of osteopathic medicine in that state(s) and/or country. If you indicate there are pending disciplinary proceedings, you must submit documentation for review. A license cannot be issued until you provide documentation of resolution.</p> <p>If you are currently under sanction, as a condition of licensure, you voluntarily agree to complete a probationary period or treatment plan, the terms of which are no less stringent than those imposed by the state(s) and/or country that imposed the sanction.</p>				
<b>State/Country</b>	<b>Permanent License/Registration Number</b>	<b>Date of Issuance</b>	<b>How Obtained (Examination/Endorsement)</b>	<b>Have You Ever Had Sanctions Imposed Against this License/Registration OR are there Pending Disciplinary Proceedings? (If Yes, be Specific)</b>

**Good Moral Character Questions**

If you answer "yes" to either of the next two questions, you must submit a written explanation as to what took place including date(s) of occurrence(s), court documents, 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.

Have you ever been convicted of a felony?  Yes  No

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?  Yes  No

**CERTIFICATION AND SIGNATURE**

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 Federal Bureau of Investigation, 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.

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.

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.

*J. Laviolette*

01/15/19

Signature of Applicant

Date

Jessica Laviolette, DO

Printed Name of Applicant



# MICHIGAN STATE UNIVERSITY

Office of the Registrar  
Hannah Administration Building  
426 Auditorium Road, Room 150  
East Lansing, MI 48824-0210  
Telephone (517) 355-3300

This information is confidential. Its release is governed by the Family Education Rights and Privacy Act (FERPA) of 1974, as amended and the Michigan State University Access to Student Information policy. FERPA prohibits the release of this record or disclosure of its contents to any other party without written consent from the student.

Alteration of this transcript may be a criminal offense.

## Accreditation

Michigan State University is a member of the Association of Public and Land-grant Universities, Association of American Universities, American Council on Education American Council of Learned Societies, Association of Graduate Schools, Council of Graduate Schools, Committee on Institutional Cooperation, and International Association of Universities The University has been accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools, 30 North LaSalle Street, Chicago, Illinois 60602-2504, (312)263-0456, [www.ncahigherlearningcommission.org](http://www.ncahigherlearningcommission.org) Some individual programs, schools, and colleges have been recognized by the accrediting agencies in their respective fields For a list, visit [www.opb.msu.edu](http://www.opb.msu.edu), select "Strategic Planning" and then "Agencies that Accredite MSU "

## Transcript Validation and Authenticity

A transcript is official when it bears the signature of the University Registrar and the University seal in black ink, is obtained directly from the Office of the Registrar at Michigan State University, and is received by the person for whom it is intended All paper-copy transcripts will be printed with black ink on paper with a green background which repeats "MICHIGAN STATE UNIVERSITY" over the entire page

## Calendar

The University offers instruction throughout the year during the fall semester, spring semester and summer sessions Academic calendars are available at [www.reg.msu.edu](http://www.reg.msu.edu)

## Credits

Effective Fall 1992 courses at Michigan State University are offered on a semester basis One credit is equivalent to one instructor-student contact hour per week per semester plus two hours of study per contact hour, OR two hours of laboratory contact hours per week per semester, plus one additional hour spent in report writing and study, or other combinations of contact and study hours which constitute an equivalent of these experiences Prior to Fall 1992 courses at Michigan State University were offered on a quarter basis

To convert to quarter credits, the semester credits should be multiplied by 3/2

## Course Numbering System

001-099 – Non-Credit and Institute of Agricultural Technology Courses  
100-299 – Undergraduate Courses  
300-499 – Advanced Undergraduate Courses  
500-599 – Graduate Courses prior to 1960  
500-699 – Graduate – Professional Courses  
800-899 – Graduate Courses  
900-999 – Advanced Graduate Courses

## Honors

An "H" in the Honors column indicates an honors course, honors section of a course, or the student took a non-honors course as honors The latter indicates additional work was completed beyond normal requirements

## Grading System

The minimum cumulative grade-point average required for graduation is a 2.0 for undergraduate students and 3.0 for graduate students

The Numerical System 4.0, 3.5, 3.0, 2.5, 2.0, 1.5, 1.0, 0.0 – Credit is awarded for the following minimum levels – 1.0 for undergraduate students and 2.0 for graduate students However, all grades are counted in the calculation of the grade-point average

The Credit-No Credit System CR-CREDIT – Credit was granted and represents a level of performance equivalent to or above the grade-point average required for graduation NC-NO CREDIT – No credit was granted and represents a level of performance below the grade-point average required for graduation

The Pass-No Grade System P-PASS – Credit was granted and the student achieved a level of performance judged to be satisfactory by the instructor N-NO GRADE – No credit was granted and the student did not achieve a level of performance judged satisfactory by the instructor

Other Symbols Used W-WITHDREW, V-VISITOR, U-UNFINISHED, I-INCOMPLETE, DF-DEFERRED, ET-EXTENSION, NGR-NO GRADE REPORTED, CP-CONDITIONAL PASS, & LDR-LATE DROP

Grading Systems prior to Fall 1988 Please visit [www.reg.msu.edu/transcripts](http://www.reg.msu.edu/transcripts)

## Grade Point Average (GPA)

To compute the grade-point average for a semester, multiply the numerical grade by the number of credits for the course to obtain the total grade points Then divide the total grade points by the total credits for the semester

The minimum grade-point average required for graduation is 2.0 for undergraduate students and 3.0 for graduate students

Courses in which P, I, N, DF, W, ET, CP, CR, NC, U or V have been received do not affect the grade-point average

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## Repeated Courses

A course repeated is indicated in one of two ways

1 By an R (Repeat) to the right of the "Descriptive Title", or

2 by an R (Repeat) in the SR column In this case, you will also see an S (Superseded) in the SR column indicating the course being repeated

For both formats term credit and grade-point average (GPA) totals are not adjusted for repeats in the term of the superseded course The summary totals for the level of the student are adjusted to include only the last entry

## Withdrawal

A withdrawal from the University occurs when a student drops all courses within a semester A student may voluntarily withdraw from the University prior to the end of the twelfth week of a semester or within the first 6/7 of the duration of the student's enrollment in a non-standard term of instruction (calculated in weekdays) Withdrawal is not permitted after these deadlines

Courses in which the student is enrolled are deleted from the official record if the official voluntary withdrawal is before the middle of the term of instruction If the official voluntary withdrawal is after the middle of the term of instruction, symbols are assigned by instructors to courses in which the student was enrolled as follows: W (no grade) to indicate passing or no basis for grade regardless of the grading system under which the student is enrolled, N to indicate failing in a course authorized for P-N grading, or 0.0 to indicate failing in a course authorized for numeric grading



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515 1011354 adltd ✓



# COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION - USA

Official Transcript

## RECEIVED

JAN 22 2019

### LARA

Michigan Board of Osteopathic Medicine  
P.O. Box 30670  
Lansing, MI 48909

Examinee: Lavolette, Jessica Lynn  
NBOME ID: 543721

Date of Birth: [REDACTED] 987

EXAMINATION	DATE COMPLETED	PASS / FAIL	3 - DIGIT STANDARD MINIMUM		2 - DIGIT STANDARD MINIMUM		NOTE
			SCORE	PASSING	SCORE	PASSING	
<i>Level 1</i>	28-May-2015	Pass	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
<i>Level 2 Cognitive Evaluation (CE)</i>	28-Jul-2016	Pass	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
<i>Level 2 Performance Evaluation (PE)</i>	23-Apr-2016	Pass	Not Applicable		Not Applicable		
<i>Level 3</i>	06-Jun-2017	Pass	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

The National Board of Osteopathic Medical Examiners, Inc., does hereby certify the above to be a true report of the examinee.

Date Prepared: January 18, 2019

113591311168314

-- please see reverse for information and description of notes -- v3.0

National Board of Osteopathic Medical Examiners, Inc.  
8765 West Higgins Road Suite 200 Chicago IL, 60631-4174  
Phone: 773/714-0622 Fax: 773/714-0631



## COMLEX-USA Score Interpretation

COMLEX-USA is the series of examinations used by state medical and osteopathic medical boards for the licensure of osteopathic physicians in the United States. It consists of three levels: Level 1, Level 2-Cognitive Evaluation (CE) & Level 2-Performance Evaluation (PE), and Level 3 \* The COMLEX-USA Level 2-PE is a clinical skills examination with a Pass/Fail scoring format. The scores reported for the COMLEX-USA computer-based cognitive examinations are 3-digit standard scores for Levels 1, 2-CE, and 3.



The NBOME COMLEX-USA Percentile Score Conversion tool converts 3-digit standard scores to percentile scores and is available on the NBOME website [www.nbome.org](http://www.nbome.org).

### **COMLEX-USA Level 1, Level 2-CE, Level 3**

**Standard scores (3-digit):** The mean of the 3-digit standard score for all three computer-based cognitive examinations has historically been in the 500-550 range. For up to date normed data, the performance of first time candidates in recent administrations on COMLEX-USA cognitive examinations are reported as follows: beginning in May 2015, the mean score for Level 1 first time candidates is approximately 520 and the standard deviation is approximately 85; beginning in June 2014, the mean score for Level 2-CE first time candidates is approximately 540 and the standard deviation is approximately 100, beginning in March 2015, the mean score for Level 3 first time candidates is approximately 550 and the standard deviation is approximately 125. The minimum passing 3-digit standard score for Level 1 and Level 2-CE is 400, and for Level 3 is 350, regardless of when the examination was taken. The minimum passing 3-digit standard score for COMLEX-USA Level 1, Level 2-CE and Level 3 is equivalent to a minimum passing 2-digit standard score of 75.

Level 1		Level 2-CE		Level 3	
Exam Date	Standard Deviation	Exam Date	Standard Deviation	Exam Date	Standard Deviation
1998 - 2001	71	1997 - 2000	85	1995 - 1999	111
2002 - 2005	79	2001 - 6/2005	83	2000 - 2005	120
5/2006 - 4/2010	79	7/2005 - 5/2009	83	9/2005 - 1/2010	123
5/2010 - 4/2015	81	6/2009 - 5/2014	89	2/2010 - 2/2015	121
5/2015 - Present	85	6/2014 - Present	100	3/2015 - Present	125

*Standard deviations of COMLEX-USA computer-based cognitive examination 3-digit standard scores are Level-specific and time-specific.*

**Standard scores (2-digit):** The NBOME discontinued the reporting of 2-digit standard scores for COMLEX-USA Level 1, Level 2-CE and Level 3 in 2015. A COMLEX-USA minimum passing scores of 400 for Level 1 and Level 2-CE and 350 for Level 3 is equivalent to a minimum passing 2-digit standard score of 75.

### **COMLEX-USA Level 2-Performance Evaluation**

The Level 2-PE examination is required for all candidates graduating in 2005 or after and for those who graduated before July 1, 2004 and did not pass Level 2-CE by June 30, 2005. Candidates graduating in 2004 who passed Level 2-CE by June 30, 2005 were not required to take Level 2-PE.

Scores for Level 2-PE are reported as PASS or FAIL as one overall score. In order to receive a passing score, candidates must perform adequately in two separate domains. These are the Humanistic Domain (doctor-patient communication, interpersonal skills and professionalism), and the Biomedical/Biomechanical Domain (medical history-taking, physical examination, osteopathic principles and osteopathic manipulative treatment, SOAP notes, which assess synthesizing information garnered in the clinical encounter, clinical problem-solving and integrated differential diagnosis.) A passing score requires demonstration of minimum competence in fundamental clinical skills required for entry in graduate medical education.

### **\*Part I, Part II, & Part III**

COMLEX-USA Level 1, Level 2-CE, and Level 3 examinations replaced the Part I, Part II, and Part III examinations in 1998, 1997, and 1995 respectively.

The scores reported for Parts I, II, and III after 1988 are 3-digit standard scores for the whole examinations. Scores reported for Parts I and II before 1987 are the minimum scaled scores (2-digit) among all the component scores of the examinations. Scores reported for Part III are scaled scores (2-digit) for the whole examination.

**Standard Scores (3-digit).** The standard scores for all three Part examinations are reported on a scale with a mean of 500 and a standard deviation of 100. The minimum passing score for Part I and Part II is 400. The minimum passing score for Part III is 350.

**Scaled Scores (2-digit).** Scaled scores are reported on a scale with a mean of 80. The minimum passing score for Parts I and II is 75 for any of the components of the examinations. The minimum passing score for Part III is 75 for the whole examination.

### **Score Interpretation Annotations/Notes:**

**I – Irregular Conduct** occurred on the part of the candidate. Candidate conduct which may be “Irregular Conduct” is described in the NBOME Bulletin of Information (see [www.nbome.org](http://www.nbome.org)). Authorized persons may obtain further information regarding this annotation by contacting the NBOME.

**O – Other condition(s)** which occurred during the administration of an examination beyond the control of the candidate (e.g. candidate illness, computer malfunction, etc.) which resulted in the examination not being scored, or the examination was scored after being administered or taken by the candidate under different or unusual conditions. Authorized persons may obtain further information regarding this notation by contacting the NBOME.

**TO TEST FOR AUTHENTICITY** The face of this document has a blue background. Also note this security paper is produced with the highest level of security available today. Verification of some of these security features can be accomplished by:

- Holding the SafeImage™ security paper up to transit light to verify the words “SAFE and VERIFY FIRST” in the true four-dimmer watermark
- Identifying visible blue and red fibers embedded into the paper
- Applying fresh liquid bleach to activated color stain chemical protection reaction
- Inspect background with a magnifier to verify the encrypted NaNOcopy™ algorithm
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**RECEIVED**

FEB 08 2019

**LARA**

**CERTIFICATION OF FIRST YEAR POSTGRADUATE TRAINING**

Authority: 1978 PA 368

This form must be submitted directly to this office from the office of the director of the training program. If this form is submitted by the applicant, it will not be accepted.

**Applicant Information:**

Applicant's First Name <b>Jessica</b>	Middle Name <b>Lynn</b>	Last Name <b>Lavolette</b>
Address <b>2229 Surfwood Drive</b>		
City <b>Muskegon</b>	State <b>MI</b>	Zip Code <b>49441</b>
Telephone Number <b>857 [REDACTED]</b>	Email Address <b>doclavolette@gmail.com</b>	Date of Birth (MM/DD/YYYY) <b>[REDACTED] 1987</b>

**Remainder of Form to be Completed by Medical Director or Superintendent:**

Name of Hospital or Institution <b>Mercy Health Muskegon</b>		
Address of Hospital or Institution <b>1675 Leahy St.</b>		
City <b>Muskegon</b>	State <b>MI</b>	Zip Code <b>49442</b>

**CERTIFICATION AND SIGNATURE**

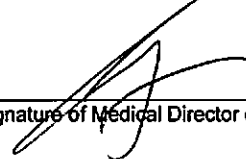
I certify the applicant named above has satisfactorily completed 1 year of postgraduate clinical training at the hospital or institution named above in the clinical area of

**Traditional Rotating Internship**

(Program Name)

from 7/01/2017 to 6/30/2018  
 (Month/Day/Year) (Month/Day/Year)

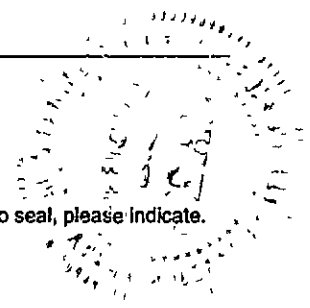
I further certify this postgraduate training is accredited by the American Osteopathic Association Council or the Accreditation Council for Graduate Medical Education.

  
 \_\_\_\_\_  
 Signature of Medical Director or Superintendent

1/18/2019  
 \_\_\_\_\_  
 Date

**Justin Grill, DO**  
 \_\_\_\_\_  
 Print or Type Name of Medical Director or Superintendent

(Seal) If hospital has no seal, please indicate.



**NOTE: This form will not be accepted more than 30 days before the completion of the first year of training.**

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
P.O. BOX 30670  
LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY  
OSTEOPATHIC PHYSICIAN LICENSE

JESSICA LYNN LAVIOLETTE

LICENSE NO.                      EXPIRATION DATE  
5101024576                      03/19/2023      19288101029

JESSICA LYNN LAVIOLETTE  
2229 SURFWOOD DR  
MUSKEGON, MI 49441

COMPLAINT INFORMATION:  
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE  
CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO  
ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE  
LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:  
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR  
ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND  
REGULATORY AFFAIRS BY EMAILING  
BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY  
OSTEOPATHIC PHYSICIAN LICENSE

JESSICA LYNN LAVIOLETTE

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
P.O. BOX 30670  
LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
CONTROLLED SUBSTANCE LICENSE

JESSICA LYNN LAVIOLETTE

LICENSE NO.                      EXPIRATION DATE  
5315212167                      03/19/2023      19288101030

JESSICA LYNN LAVIOLETTE  
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\*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

JESSICA LYNN LAVIOLETTE  
3422 FLUSHING RD  
FLINT, MICHIGAN 48504

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BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
CONTROLLED SUBSTANCE LICENSE

\*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

JESSICA LYNN LAVIOLETTE  
3141 CABARET TRAIL  
SAGINAW, MICHIGAN 48603

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
 BUREAU OF PROFESSIONAL LICENSING  
 P.O. BOX 30670  
 LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
 BOARD OF PHARMACY  
 DRUG CONTROL LICENSE

JESSICA LYNN LAVIOLETTE

LICENSE NO.	EXPIRATION DATE	
5307008023	03/19/2023	19288101029

JESSICA LYNN LAVIOLETTE  
 2229 SURFWOOD DR  
 MUSKEGON, MI 49441

COMPLAINT INFORMATION:  
 THE ISSUANCE OF THIS LICENSE SHOULD NOT BE  
 CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO  
 ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE  
 LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:  
 YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR  
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 DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
 BOARD OF PHARMACY  
 DRUG CONTROL LICENSE

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 \*VALID ONLY AT LOCATION BELOW

JESSICA LYNN LAVIOLETTE  
 3422 FLUSHING RD  
 FLINT, MICHIGAN 48504

LICENSE NO.  
 5307008023

EXPIRATION DATE  
 3/19/2023

19288101029

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P.O. BOX 30670  
LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
DRUG CONTROL LICENSE

JESSICA LYNN LAVIOLETTE

LICENSE NO.                      EXPIRATION DATE  
5307008018                      03/19/2023      19288101029

JESSICA LYNN LAVIOLETTE  
2229 SURFWOOD DR  
MUSKEGON, MI 49441

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GOVERNOR

STATE OF MICHIGAN  
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BOARD OF PHARMACY  
DRUG CONTROL LICENSE

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JESSICA LYNN LAVIOLETTE  
19305 WEST 7 MILE RD  
DETROIT, MICHIGAN 48219

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
P.O. BOX 30670  
LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
CONTROLLED SUBSTANCE LICENSE

JESSICA LYNN LAVIOLETTE

LICENSE NO.	EXPIRATION DATE	
5315204615	03/19/2023	19288101028

JESSICA LYNN LAVIOLETTE  
2229 SURFWOOD DR  
MUSKEGON, MI 49441

COMPLAINT INFORMATION:  
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STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
CONTROLLED SUBSTANCE LICENSE

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JESSICA LYNN LAVIOLETTE  
2229 SURFWOOD DR  
MUSKEGON, MICHIGAN 49441

LICENSE NO.  
5315204615

EXPIRATION DATE  
3/19/2023

19288101028

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STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
CONTROLLED SUBSTANCE LICENSE

JESSICA LYNN LAVIOLETTE

LICENSE NO.                      EXPIRATION DATE  
5315211931                      03/19/2023      19288101027

JESSICA LYNN LAVIOLETTE  
2229 SURFWOOD DR  
MUSKEGON, MI 49441

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CONTROLLED SUBSTANCE LICENSE

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JESSICA LYNN LAVIOLETTE  
19305 WEST 7 MILE RD  
DETROIT, MI 48219, MICHIGAN 48219

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
P.O. BOX 30670  
LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
DRUG CONTROL LICENSE

JESSICA LYNN LAVIOLETTE

LICENSE NO.                      EXPIRATION DATE  
5307008024                      03/19/2023      19288101027

JESSICA LYNN LAVIOLETTE  
2229 SURFWOOD DR  
MUSKEGON, MI 49441

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GRETCHEN WHITMER  
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STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
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JESSICA LYNN LAVIOLETTE  
3141 CABARET TRAIL  
SAGINAW, MICHIGAN 48603

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
P.O. BOX 30670  
LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
DRUG CONTROL LICENSE

JESSICA LYNN LAVIOLETTE

LICENSE NO.                      EXPIRATION DATE  
5307008018                      12/31/2019      19239100805

JESSICA LYNN LAVIOLETTE  
2229 SURFWOOD DR  
MUSKEGON, MI 49441

COMPLAINT INFORMATION:  
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JESSICA LYNN LAVIOLETTE  
19305 WEST 7 MILE RD  
DETROIT, MICHIGAN 48219

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
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STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
DRUG CONTROL LICENSE

JESSICA LYNN LAVIOLETTE

LICENSE NO.                      EXPIRATION DATE  
5307008023                      12/31/2019      19239100818

JESSICA LYNN LAVIOLETTE  
2229 SURFWOOD DR  
MUSKEGON, MI 49441

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JESSICA LYNN LAVIOLETTE  
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FLINT, MICHIGAN 48504

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
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P.O. BOX 30670  
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STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
DRUG CONTROL LICENSE

JESSICA LYNN LAVIOLETTE

LICENSE NO.                      EXPIRATION DATE  
5307008024                      12/31/2019      19231080810

JESSICA LYNN LAVIOLETTE  
2229 SURFWOOD DR  
MUSKEGON, MI 49441

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SAGINAW, MICHIGAN 48603

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
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LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
CONTROLLED SUBSTANCE LICENSE

JESSICA LYNN LAVIOLETTE

LICENSE NO.                      EXPIRATION DATE  
5315212168                      12/31/2019      19200100754

JESSICA LYNN LAVIOLETTE  
2229 SURFWOOD DR  
MUSKEGON, MI 49441

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LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
CONTROLLED SUBSTANCE LICENSE

JESSICA LYNN LAVIOLETTE

LICENSE NO.                      EXPIRATION DATE  
5315212167                      12/31/2019      19200100729

JESSICA LYNN LAVIOLETTE  
2229 SURFWOOD DR  
MUSKEGON, MI 49441

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BOARD OF PHARMACY  
CONTROLLED SUBSTANCE LICENSE

JESSICA LYNN LAVIOLETTE

LICENSE NO.                      EXPIRATION DATE  
5315211931                      12/31/2019      19200100758

JESSICA LYNN LAVIOLETTE  
2229 SURFWOOD DR  
MUSKEGON, MI 49441

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