

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Medical Doctor Renewal 4301036973REN21

Record Type

Medical Doctor Renewal

Created: 1/8/2021 12:05 pm

Record ID: 4301036973REN21

Created by: PUBLICUSER1165124, MiPLUS Online

Payment Information

Payment Amount	Method of Payment	Payment Date
\$551.55	Credit Card	01/08/2021

County

County

If you are an Individual, select the County applicable to your license address; If you are a Business, select the County applicable to the PHYSICAL location of your business.:

Genesee

Name Modification

Name Modification

Current Name: John Hebert
Update Name: No
Legal First Name: --
Legal Middle Name: --
Legal Last Name: --

Mailing Address Modification

Mailing Address Modification

Current Mailing Address: 2 Hurley Plaza Ste 211 Flint, MI, 48503 US
Update Mailing Address: No
Country: United States
Address Line 1: --
Address Line 2: --
Address Line 3: --
City: --
State: --
ZIP/Postal Code: --
Province/State: --

Phone and Email Modification

Phone and Email Modification

Current Primary Phone:	8102579021
Update Primary Phone:	No
New Primary Phone:	--
New Primary Phone Extension:	--
Current Secondary Phone:	--
Update Secondary Phone:	No
Remove Secondary Phone:	No
New Secondary Phone:	--
New Secondary Phone Extension:	--
Current E-mail:	hebertmd@aol.com
Update E-mail:	No
New E-mail:	--
Current Preferred Channel:	Email
Update Preferred Channel:	No
New Preferred Channel:	--

Good Moral Character

Good Moral Character

Answering "yes" to the following questions may not automatically prevent you from renewing your license. The department will review the substance of the former offense and determine if it is reasonably related to your profession.

Have you been convicted of a felony you have not previously reported to the Department:	No
Have you been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years or a misdemeanor conviction involving the illegal delivery, possession, or use of alcohol or a controlled substance you have not previously reported to the Department:	No
Offense:	--
Year:	--
Court:	--
Case Number:	--
Incarceration, Probation, or Parole Information:	--
Check this box if you have additional offenses to report?:	No
Additional Offense Information:	--

① *List each additional offense, year, court, case number; and incarceration, probation, or parole information.*

Disciplinary Actions

Disciplinary Actions

Have any sanctions been imposed against you by a similar licensure, registration, certification, or disciplinary board of another state or country you have not previously reported to the Department: No

Human Trafficking

Human Trafficking Training

I have completed the one-time training for identifying victims of human trafficking pursuant to Section 16148 of the Public Health Code, 1978 PA 368 and of the administrative rules for my licensed profession: Yes

Controlled Substance

Controlled Substance

Address Line 1: 2 Hurley Plaza Ste 211
Address Line 2: --
Address Line 3: --
City: Flint
State or Province: Michigan
ZIP or Postal Code: 48503
Renew CS: Yes
CS License Number: 5315179620

Drug Control Location

Drug Control

Address Line 1: --
Address Line 2: --
Address Line 3: --
City: --
State: --
ZIP Code: --
Renew DC: --
DC License Number: --

Drug Treatment Program

Drug Treatment Program

Drug Treatment Program Name: --
Address Line 1: --
Address Line 2: --
Address Line 3: --
City: --
State: --
ZIP Code: --
Renew DTPP: --
DTPP License Number: --

Hospital Affiliations

Hospital Where Employed

List the name of each hospital with which you are employed or under contract.

Name of Hospital Employed or Under Contract: --

Hospital Affiliations

Hospital Where Practicing

List each hospital in which you are allowed to practice.

Name of Hospital where Allowed to Practice: Hurley Medical Center

Attachments

If you answered "yes" to either of the good moral character questions, you must upload court documents for each conviction.

If you answered "yes" to the disciplinary action question, you must upload documentation from the State Board or administrative agency indicating the resolution of the sanctions.

If you are reporting a name change, you must upload documentation showing your new legal name. Acceptable documentation includes a driver's license, marriage certificate, divorce decree, or court order.

Name	Type	Size	Latest Update
No Attachments			

Signed Attestation

By submitting this application, I certify that I have fulfilled the continuing education (CE) requirements in accordance with Michigan Public Health code and Administrative Rules for my profession, if applicable. If continuing education is required for your profession, visit www.michigan.gov/bplrules to ensure that you have met the requirements prior to submitting your application for renewal.

I further certify all information to be true and correct and understand that any misinterpretation or fraud may be cause for disciplinary action. I understand all licensees may be subject to an audit of CE records by the Department and failure to properly maintain records or provide evidence of compliance may be cause for disciplinary action. 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.

By checking this box, I agree to the above certification.

Date: 01/08/2021

This Record Summary shows MiPLUS data in record 4301036973REN21 as of 01/08/2021, 11:06 am

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
ONLINE RENEWAL REPORT FOR - 4301036973

FIRST NAME: MIDDLE NAME: LAST NAME: SUFFIX:
John Hebert III

Last 4 SSN: DATE OF BIRTH: DAYTIME TELEPHONE NUMBER:
[REDACTED] [REDACTED] 8102579021

License Address - 2 Hurley Plaza Ste 211
Flint MI 48503
United States
Email Address - hebertmd@aol.com
License Type - **Medical Doctor**
Renewal Questions Week Answered
1/1/2012

RENEWAL QUESTIONS

Have you been convicted of a felony?	N
Have you been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	N
Have you been convicted of a misdemeanor involving the illegal delivery, possession or use of alcohol or a controlled substance (including motor vehicle violations)?	N
Have you had 3 or more malpractice settlements, awards or judgments?	N
Have you had one or more malpractice settlements, awards or judgments totaling \$200,000 or more?	N
Have you been censured or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	N
Have you had a federal, state or other country's health professional license revoked, suspended or otherwise disciplined?	N
Do you currently have any disciplinary action pending against you in any other state, country or federal agency?	N
Have you completed the 150 hours of required continuing education with at least 75 of those hours in Category 1? IF THIS IS YOUR FIRST RENEWAL, ANSWER YES.	Y

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
ONLINE RENEWAL REPORT FOR - **4301036973**

FIRST NAME: MIDDLE NAME: LAST NAME: SUFFIX:
John Hebert III

Last 4 SSN: DATE OF BIRTH: DAYTIME TELEPHONE NUMBER:
[REDACTED] [REDACTED] 8102579021

License Address - 2 Hurley Plaza Ste 211
Flint MI 48503
United States
Email Address - hebertmd@aol.com
License Type - **Medical Doctor**
Renewal Questions Week Answered
11/23/2014

RENEWAL QUESTIONS

Have you been convicted of a felony?	N
Have you been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	N
Have you been convicted of a misdemeanor involving the illegal delivery, possession or use of alcohol or a controlled substance (including motor vehicle violations)?	N
Have you had 3 or more malpractice settlements, awards or judgments?	N
Have you had one or more malpractice settlements, awards or judgments totaling \$200,000 or more?	N
Have you been censured or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	N
Have you had a federal, state or other country's health professional license revoked, suspended or otherwise disciplined?	N
Do you currently have any disciplinary action pending against you in any other state, country or federal agency?	N
Have you completed the 150 hours of required continuing education with at least 75 of those hours in Category 1?	Y

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
ONLINE RENEWAL REPORT FOR - 4301036973

FIRST NAME: MIDDLE NAME: LAST NAME: SUFFIX:
John Hebert III

Last 4 SSN: DATE OF BIRTH: DAYTIME TELEPHONE NUMBER:
[REDACTED] [REDACTED] 8102579021

License Address - 2 Hurley Plaza Ste 211
Flint MI 48503
United States
Email Address - hebertmd@aol.com
License Type - **Medical Doctor**
Renewal Questions Week Answered
12/10/2017

RENEWAL QUESTIONS

<!--1581 74 Standard Q-->1) Have you been convicted of a felony you have not previously reported to the Department? N

<!--1582 75 Standard Q-->2) Have you been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years or a misdemeanor conviction involving the illegal delivery, possession, or use of alcohol or a controlled substance you have not previously reported to the Department? N

<!--1583 76 Standard Q-->3) Have any sanctions been imposed against you by a similar licensure, registration, certification, or disciplinary board of another state or country you have not previously reported to the Department? N

<!--1801-85-Den-->4) As required by Section 16177(3) of the Public Health Code, 1978 PA 368, MCL 333.16177(3), report the name of each hospital with which you are employed or under contract, and each hospital in which you are allowed to practice. Hurley Medical Center
