

**APPLICATION FOR MEDICAL DOCTOR,  
 CLINICAL ACADEMIC LIMITED, EDUCATIONAL LIMITED LICENSE OR RELICENSURE**

Authority: 1978 PA 368

**Print or Type Clearly**

Applicant's Name (First Name) <b>Zoey</b>		(Middle Name) <b>Lorraine</b>	(Last Name) <b>Thill</b>	
U.S. Social Security Number [REDACTED]		Date of Birth (MM/DD/YYYY) [REDACTED]	10-Digit MI Permanent ID/License Number (If Applicable)	
Address <b>762 Franklin Ave, Apt 1F</b>				
City <b>Brooklyn</b>		State <b>NY</b>	Zip Code <b>11238</b>	Country <b>USA</b>
Telephone Number <b>586-855-0811</b>		Email Address <b>zoey.thill@gmail.com</b>		
List any other name or alias by which you have ever been known, including maiden name, if applicable: <b>Zoe Thill</b>				

**EDUCATIONAL LIMITED LICENSE INFORMATION ONLY:**

Name of Appointing Hospital		
Hospital Street Address		
City	State	Zip Code
Program Name		

<b>CHECK THE LICENSE/OBTAINED BY METHOD</b>		<b>FOR OFFICE USE ONLY</b>	
<input checked="" type="checkbox"/> M.D. – By Endorsement	\$156.00 4301-09	License Number	Issue Date
<input checked="" type="checkbox"/> Controlled Substance	\$ 88.40 5315-37 = \$67.60 5315-57 = \$20.80	<b>4801115676</b>	<b>5/11/18</b>
<input type="checkbox"/> M.D. – By Exam	\$156.00 4301-01	CS License Number	Issue Date
<input type="checkbox"/> Controlled Substance	\$ 88.40 5315-37 = \$67.60 5315-57 = \$20.80	<b>5315092226</b>	<b>5/11/18</b>
<input type="checkbox"/> M.D. – Relicensure	\$176.00 4301-06	TranInfo:430109 22857292-1 03/27/18	
<input type="checkbox"/> Controlled Substance	\$ 88.40 5315-37 = \$67.60 5315-57 = \$20.80	Chk#: 130 Amt: \$156.00 ID: [REDACTED]	
Limited with Controlled Substance (check one below)		TranInfo:531537 22857292-2 03/27/18	
<input type="checkbox"/> Clinical Academic	\$176.80 4301-05 = \$88.40	Chk#: 130 Amt: \$67.60 ID: [REDACTED]	
OR	4301-37 = \$67.60	TranInfo:531557 22857292-3 03/27/18	
<input type="checkbox"/> Educational Limited	4301-57 = \$20.80	Chk#: 130 Amt: \$20.80 ID: [REDACTED]	

Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN, must accompany this request. **DO NOT SEND CASH.** Fees are non-refundable.

**Professional Education**

*(Attach additional sheets if necessary)*

Name of School	Name of Educational Program
University of Michigan Medical School	Medical Degree

**Hospital Affiliations**

List the name of each hospital with which you are employed or under contract, and each hospital in which you are allowed to practice.

*(Attach additional sheets if necessary)*

Name of Hospital Employed or Under Contract	Name of Hospital where Allowed to Practice
Montefiore Medical Center (Bronx, NY)	Montefiore Medical Center (Bronx, NY)

**License(s) in Other State(s) and/or Country**

List each state or country where you have ever held a medical profession license, the license number, the date issued, how the license was obtained, and whether sanctions have ever been imposed against that license or registration. *(Attach additional sheets if necessary)*

If you indicate there have been sanctions imposed against a license or registration, you must disclose the applicable state(s) and/or country. 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 if you were required by the state(s) and/or country that imposed the sanction to participate in and complete a probationary period, a treatment plan as a condition of the continuation of your licensure that it was completed or you did not complete the probationary period or treatment plan because you ceased engaging in the practice of medicine in that state(s) and/or country.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination/Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration?
NY	285825	7/22/16	Examination	no

**Good Moral Character Questions**

If you answer "yes" to either of the next two questions, you must submit 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. Documentation may include a certificate of employability, if applicable.

Have you ever been convicted of a felony?  Yes  No

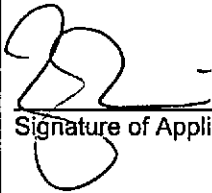
Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?  Yes  No

**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 Investigations, 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.



\_\_\_\_\_  
Signature of Applicant

3/20/2018

\_\_\_\_\_  
Date

Zoey L. Thill

\_\_\_\_\_  
Printed Name of Applicant

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APR 02 2018

LARA

March 27, 2018

Bureau of Professional Licensing  
P. O. Box 30670  
Lansing, MI 48909

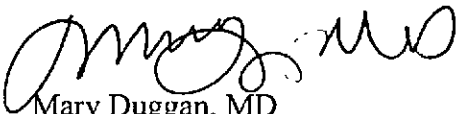
**Re: Zoey Thill, MD**  
**Date of Hire: July 1, 2013**

To Whom It May Concern:

This is to confirm that Dr. Zoey Thill has successfully completed her residency in good standing in Family Medicine at the Montefiore Medical Center/Albert Einstein College of Medicine -Department of Family & Social Medicine. Dr. Thill began her residency on July 1, 2013 and graduated the program on June 30, 2016.

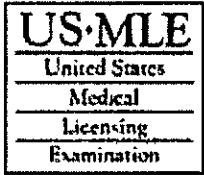
Please feel free to contact me if you have any questions or need further information.

Sincerely,



Mary Duggan, MD  
Program Director  
Department of Family & Social Medicine

Date 3/22/18



# United States Medical Licensing Examination (USMLE) Certified Transcript of Scores

This document was prepared by the  
Federation of State Medical Boards of the United States, Inc.  
Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 –Telephone (817)868-4000

Recipient:

Date: 03/20/2018

MICHIGAN BOARD OF MEDICINE

Examinee: Thill, Zoey Lorraine

Examinee ID: 52375870

Alt Name(s):

Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

### USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
4/21/2010	Pass	[REDACTED]		

### USMLE STEP 2

#### Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
6/29/2011	Pass	[REDACTED]		

#### Clinical Skills (CS)\*

Test Date	Pass/Fail	Total	MP	Comments
1/13/2012	Pass			

### USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
7/20/2015	Pass	[REDACTED]		

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
DIVISION OF PROFESSIONAL LICENSING SERVICES  
89 WASHINGTON AVENUE  
ALBANY, NEW YORK 12234

MI

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, THILL ZOEY LORRAINE was issued license/certificate number 285825 for the practice of MEDICINE on 07/22/2016

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Our records also indicate the following information:

Date of birth: [REDACTED]  
School attended: UNIVERSITY OF MICHIGAN  
Date of graduation: 05/17/13  
Degree earned: MD

APR 02 2018

B LARA

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

DATE	FLEX1	NBME1	USML1	NBME2	FLEX2	USML2	NBME3	USML3	OTHER
07/15								0000P	
06/11						0000P			
04/10			0000P						

EXMS TAKEN=03

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: YES Reg period ends: 07/31/19  
Address: 762 FRANKLIN AVE APT 1F  
BROOKLYN NY 11238-0000

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Cathy Hanczaryk, Principal Clerk, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Principal Clerk of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.



*Cathy Hanczaryk*  
Office Assistant Three

03/27/18