

Application - Physician

Name	Adam Colton
Credential	Physician

Fee Details

DR - Original License Fee	\$275.00
DR - Peer Fee Application	\$140.00
	\$415.00

Physician - Welcome

Physician Application | Welcome

Please complete the information on the following pages. All questions with a red asterisk (*) are required.

Welcome to Online Physician Application. Before you begin, please review the important information below:

There are two methods you may use to become licensed. To apply by one of the available methods you will have to have already completed, or have in your possession verification of the below. Please use the links below for the specific requirements:

- [Physician by Original](#)

- Graduation from an approved medical college. If you have not graduated yet, do not apply.
- Completion of at least 1 year of an internship or post graduate training approved by the Colorado Medical Board. If you have not completed at least 1 year, do not apply.
- Have achieved a passing score on the appropriate examination(s). If you have not achieved a passing score yet, do not apply.

- [Physician by Endorsement](#)

- Hold or have held an active license as a physician in another state or jurisdiction. If you do not currently hold or previously held a physician license, do not apply.
- Have practiced as a physician in another state or jurisdiction for 5 of the past 7 years. If you have not, do not apply.

Basically, if you don't have the above, it is best for you to wait until you can secure it. Otherwise you will not be able to qualify for a Physician license. We'll ask more specific information later in the application about the above items. Remember, you can stop and cancel this application at any time before submitting. However, if you submit the application, pay the fee and do not provide the information as requested, submit incomplete documentation or do not qualify, your application may be rejected and no refunds or transfers will be given.

Still ready to go? OKAY, let's start by selecting the "Next" button below.

Application - Applicant Information

Application | Applicant Information

1. To begin, we need to know a little more about you. The questions below help us to learn about you and provide some information needed in order to process your application as quickly and efficiently as possible.

Have you ever had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with?

If you answer yes, you will be prompted on the next page to provide your other name(s) and upload any necessary name change documentation.

No

2. What is your Date of Birth?

REDACTED

3. Optional - What Gender do you identify with?

Male

4. What is your Birth City?

Detroit, MI

5. What is your Birth State?

(If born outside of the United States, select "Foreign Country" in the dropdown below)

Michigan

6. What is your Birth Country?

United States

Application - Military

Application | Military

9. Are you an active member of the U.S. Military, National Guard or Military Reserves?

No

10.

- If yes to the above, what branch of the military are you currently serving in?

11.

- If yes to the above, what is the Duty Station you are located at?

12. Are you a Veteran of the U.S. Military?

No

13.

- If yes to the above, what was the date of your discharge from the U.S. Military?

14. Are you the spouse of an active military member who has been relocated to Colorado AND currently hold a valid and Active credential to practice your profession in another U.S. state?

No

*Affidavit of Eligibility Lawful Presence

Affidavit of Eligibility | Section A: Lawful Presence

15. To qualify for an occupational license or registration in Colorado, you must be legally allowed to work in the United States. You will need to answer the following questions to establish your lawful presence. Please select the lawful presence that you qualify for:

I am a U.S. Citizen

16. Select your physical presence:

I am physically present in the U.S.

*Affidavit of Eligibility Documents

Affidavit of Eligibility | Section B: Verification Documents

17. To prove your eligibility to work in the United States, you need to present a valid, government issued form of identification. Please select which type of document you will be uploading within this section.

Note: If you selected "I am NOT a US Citizen" in the prior section you may only select a document that has an asterisk (*) at the option.

U.S. Passport

18. Please upload an image of the document that you selected in the prior question. The image must include the full document and the print must be readable or your application process time will be delayed.

This upload option will only allow for 2MB file size. Preferences to shrink an image file if it is too large:

- Make the image black and white.
- Crop the image - allowing for only the document to be seen.
- Compress the image.
- Change the image resolution.

To upload a document, select the "Browse" button to search for the scanned document on your computer. After deciding which document to use, select the "Upload Documents" button to complete uploading the document to your application.

REDACTED

*Affidavit of Eligibility Attestation

Affidavit of Eligibility | Section C: Attestation

19. By submitting this Affidavit of Eligibility (AoE) I am attesting that I have read and understand the 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.

As verification to these statements, enter today's date:

04/04/2021

Physician - School and Method

Physician Application | Education/School Information

20. Enter the name of the approved, medical college or university from which you graduated:

Chicago College of Osteopathic Medicine

21. Enter the address of the college or university (Street, City, State and Zip):

555 31st Street, Downers Grove, IL 60515

22. How many years did you attend this college or university?:

4

23. Enter the date you graduated:

05/23/2013

24. Enter your title:

Doctor of Osteopathic Medicine

25. Is the above medical college or university based in a foreign country (non-United States)?

No

26.

- If you said "yes" to the question above and your medical college or university is based in a foreign country, you must attest to the below:
 - Your school's medical program has been approved by the Liaison Committee or Medical Education (LCME) or the American Osteopathic Association (AOA); OR
 - Your school is not approved by the LCME or AOA but you wish the board to conduct it's own investigation of the educational standards and facilities (Note* if not approved by the board, you may not be eligible for licensure):
OR
 - You hold a current specialty board certification conferred by the American Board of Medical Specialties or the American Osteopathic Association;
AND
 - You have at least 3 years post graduate training approved by the Colorado Medical Board verified with a Certificate of Completion.

27. Ready to move on? Great!

To move on to the next part of the application select your license method in the drop-down box below. Remember you can apply via:

- [Physician by Original](#)
- [Physician by Endorsement](#)

Original

Physician - Original Information

Physician Application | Original Information

28. Please upload a copy of your Certificate of Completion of your internship or post graduate training from the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA) or the Coordinating Council for Medical Education of the Canadian Medical Association (CCME) .

- United States medical school graduates must reflect 1 year of internship or post graduate training
- Foreign medical school graduates must reflect 3 years of post graduate training

Again, if you cannot supply the above documentation, you cannot apply.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

REDACTED

29. Please list, in chronological order including specific dates (format: mm/yy - mm/yy), your practice history for the last 2 years. This history should include: Internships, post-graduate training, residency, fellowship training programs as well as any non-medical employment.

10/16 - 10/18: Norton Sound Health Corporation, Nome, Alaska 10/18 - 09/19: Petersburg Medical Center, Petersburg, AK Mee Memorial Hospital, King City, California 10/19 - 10/20: Kodiak Area Native Association, Kodiak, Alaska 11/20 - 03/21: Scotsdale Womens Center, Detroit, Michigan

30. Have you completed and passed an examination approved by the Colorado Medical Board (CMB), the National Board of Medical Examiners (NBME), the National Board of Osteopathic Medical Examiners (NBOME), or the Federation of State Medical Boards (FSMB)?

RE

31. You must arrange for the appropriate examining agency (Medical or Osteopathic National Boards, FLEX, USMLE, LMCC or State Written Exam) to send verification of your passing scores to our office. To arrange for this verification, please contact the agency and request your scores be sent to our office at:

- dora_dpo_licensing@state.co.us

Have you arranged for verification of passing scores to be sent to our office?

RE

32. Do you currently hold or have you ever held a physician license in Colorado or any other state?

Yes

33.

- If you said "yes" to the question above you must list ALL licenses below:

Name of License Holder	State	LicenseType	LicenseNumber	License Status	LicenseIssuedDate	License Expiration Date	Disciplinary Action	Type of Endorsement (s)
Adam Jacob Colton	California	Osteopathic Physician and Surgeon	20A13623	Active	10/03/2014	08/31/2022	No	
Adam Jacob Colton	Michigan	Osteopathic Physician	5101024445	Active	02/04/2019	12/27/2023	No	
Adam Jacob Colton	Alaska	Osteopathic Physician	114195	Active	11/16/2016	12/31/2022	No	

34.

- If you said "yes" to the question above you must also scan and upload verification ALL licenses (including Training Licenses) below:

This verification can be a screen capture from another state website, but must indicate the original issue date and show any disciplinary actions that have been taken against your license. If you are unable to access verification from another state site, you will need to request one from them and upload it here. *Pictures or copies of Wallet Cards/Wall Certificates are not sufficient. Do not apply if you cannot supply this verification.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

CA license.jpg
AK license.jpg
MI license.jpg

35.

- If you said "yes" to the question above you must also scan and upload any National Practitioner Data Bank (NPDB) certified report, pending or final disciplinary action or malpractice actions against any license you hold or have ever held in any state or jurisdiction.

The NPDB report must be dated within four months of submission of this application. To obtain this report you may contact NPDB through their website: www.npdb.hrsa.gov.

If you have never held an active Physician license before, you do not need to submit this report.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

REDACTED

36. You must arrange for your Physician Initiated Profile Request to be sent to our office from the Federation of State Medical Boards (FSMB). This report will be electronically submitted to the Colorado Medical Board upon your request. There is no fee for this request and you will receive an email confirmation from FSMB when completed. To complete this request you must login/create an account at: [FSMB Physician Initiated Profile Request](#).

Once in your FSMB account you will need to complete the process to have the FSMB Report sent to our office.

Have you arranged for your FSMB Physician Initiated Profile Report to be sent to our office?

Yes

37. Prior to practicing as a licensed Physician in Colorado, you must complete the following:

- Obtain Professional Liability Insurance, or be covered by an exemption; AND
- Develop a written plan to ensure the security of patient medical records

You may review the laws and rules regarding professional liability and security of patient medical records on the [Physician Laws, Rules and Policies webpage](#).

By selecting "Yes" below, you are attesting that you have obtained or will obtain, prior to practicing in Colorado, professional liability insurance or that you are covered by an exemption AND that you have developed a written patient medical records security plan.

Yes

Application - Screening MEDICAL Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Within the past five years, have you engaged in any conduct or exhibited any behaviors that resulted in:

48.

- An arrest, discipline, sanction or warning?

No

49.

- Loss or suspension of any license?

No

50.

- Termination or suspension from school or employment?

No

51.

- Endangering the safety of others?

No

52.

- A breach of fiduciary obligations?

No

53.

- A violation of workplace or academic conduct rules?

No

54.

- An impairment of your ability to practice in a safe, competent, ethical and professional manner?

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#) at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

Participation in the CPHP program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.

By answering this question you are attesting that you have read and understand the above advisory.

R

55.

- 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?

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#) at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

Participation in the CPHP program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.

By answering this question you are attesting that you have read and understand the above advisory.

R

56.

- 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?

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#) at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

Participation in the CPHP program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.

By answering this question you are attesting that you have read and understand the above advisory.

No

For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

57. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

58. Enter the date(s) of the event(s)/offense(s):

59. Enter the location(s)/court(s):

60. Provide the current status/outcome of the event(s)/offense(s):

61. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Application - Screening Inquiry Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Have you ever had any inquiry, investigation or administrative/judicial proceeding by:

62.

- A Licensing Authority other than a Colorado State Board or Program?

No

63.

- A Government Agency?

No

64.

- A Court?

No

65.

- An Employer?

No

66.

- An Educational Institution?

No

67.

- A Professional Organization?

No

68.

- In connection with an employment disciplinary or termination procedure?

No

For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

69. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

70. Enter the date(s) of the event(s)/offense(s):

71. Enter the location(s)/court(s):

72. Provide the current status/outcome of the event(s)/offense(s):

73. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Application - Screening Medical Healthcare Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Have you ever had the below occur:

74.

- Been refused malpractice insurance, had malpractice insurance cancelled or rated at a higher premium due to past claims experience?

No

75.

- Additionally, within the last 5 years, has any medical malpractice claim been filed against you that is still pending?

No

76.

- Had your staff membership or clinical privileges at any hospital or healthcare facility, or your DEA registration been reduced, limited, placed on probation, not renewed, relinquished, denied, revoked or suspended?

No

For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

77. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

78. Enter the date(s) of the event(s)/offense(s):

79. Enter the location(s)/court(s):

80. Provide the current status/outcome of the event(s)/offense(s):

81. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Physician - Attestation

Physician Application | Attestation

82. By submitting this online application you attest to the following statements:

- The information contained in this application is true and correct to the best of my knowledge.
- False statements made on my application could result in a violation of the practice act.

Additionally, this is a final reminder that you are submitting a Physician application. If you submit the application and do not provide the information as requested, submit incomplete documentation, submit the wrong application or do not qualify, your application may be rejected. You will NOT be allowed to transfer fees and there will be NO REFUNDS given.

Please enter today's date below and select the "Next" button to agree to the above conditions:

04/04/2021

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

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

Yes

Healthcare Profile - Location of Practice if Yes (WF)

Healthcare Professions Profile | Location of Practice

84. Practice Locations:

Address	City	State	Zip Code	Phone Number
19305 W Seven Mile Rd	Detroit	Michigan	48219	3135382020
1441 Constitution Blvd	Salinas	California	93906	8317554111

Healthcare Profile - Medical Education and Training

Healthcare Professions Profile | Education and Training

85. School or Education Level:

Chicago College of Osteo Med of Midwestern Uni

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

2013

Healthcare Profile - Other Licenses**Healthcare Professions Profile | Other Licenses**

87. 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**

88. Other Licenses:

State	License Status	Year Originally Issued
Alaska	Active	2016
California	Active	2014
Michigan	Active	2019

Healthcare Profile - Board Certifications**Healthcare Professions Profile | Board Certifications**

89. Do you hold any current Board Certifications?
Yes

Healthcare Profile - Medical Board Certifications if Yes**Healthcare Professions Profile | Board Certifications**

90. Board Certifications:

Certification
Family Medicine

Healthcare Profile - Practice Specialties**Healthcare Professions Profile | Practice Specialties**

91. 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**

92. Practice Specialties:

Specialty

Family Medicine

Healthcare Profile - Colorado Hospital Affiliations**Healthcare Professions Profile | Colorado Hospital Affiliations**

93. 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**

95. 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**

96. Other Healthcare Facility Affiliations:

Facility	Affiliation Type	City	State
Natividad Medical Center	Admitting Privileges	Salinas	California
Providence Kodiak Island Medical Center	Admitting Privileges	Kodiak	Alaska

Healthcare Profile - Business Ownership**Healthcare Professions Profile | Business Ownership**

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

No

Healthcare Profile - Employer**Healthcare Professions Profile | Employer**

99. 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**

101. 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

103. 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

105. 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

107. 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

109. 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

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

No

Healthcare Profile - Convictions

Healthcare Professions Profile | Convictions

114. 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

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

No

Healthcare Profile - Malpractice Carrier Refusal

Healthcare Professions Profile | Malpractice Carrier Refusal

118. 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

120. 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.

121. Submission Date:

04/04/2021

Review

It's a good idea to print this screen for your records as after you submit your application you will not be able to access it again. To do so follow the below steps:

- Select the "Print Review" button in the upper right hand corner of this page
- The Print Review window will open in a new browser tab. In that window select "Print" and your document will print to your selected printer.
- After printing, close the Print Review browser tab.

After you close the Print Review tab, you will be returned to this page and can complete your submission.

CREDENTIAL STATUS HISTORY SUMMARY**Name:** Adam Colton**Date:** 7/23/2021**License:** Physician DR.0066396**License Status:** Active**License Status Reason:** CURRENT**First Issuance date:** 04/15/2021**License expiration date:** 04/30/2023

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

Status	Reason	Date Changed	User
Active	CURRENT	04/15/2021	Automated
Pending	QUALITY ASSURANCE	04/15/2021	Automated
Pending Supervisor Review	PENDING SUPERVISOR REVIEW	04/15/2021	Automated
Application Incomplete	APPLICATION INCOMPLETE	04/14/2021	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

