



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

**APPLICATION CONFIRMATION & FINGERPRINTING INFORMATION**

**APPLICATION INFORMATION:**

We are in receipt of your application and fee for licensure or registration.

**FINGERPRINTING INFORMATION:**

- If you fall under any of the following situations you will need to be fingerprinted to be eligible for a health professional license per MCL 333.16174(3) of the Public Health Code:
  - You are applying for an initial license and have never been fingerprinted for a Michigan health professional license.
  - You are applying for relicensure and your license has been lapsed for more than 3 years.
  - You are applying for a different health professional license and have never been fingerprinted for a Michigan health professional license.
  - You are applying for reinstatement of a revoked or suspended license or reclassification of a limited license.

PLEASE NOTE EXCEPTION: Fingerprints are not required for a controlled substance license.

- Fingerprints MUST be done by IdentoGO fingerprinting sites ONLY. Schedule your appointment online at: <http://www.identogo.com/FP/Michigan.aspx>
- You will need to enter the **Requester/Agency ID** and a Confirmation Number. Both numbers can be found on the enclosed Livescan Fingerprint Background Check Request (RI-030). Use the **Individual ID** (Box 4) as your Confirmation Number. Payment can be made online by credit card when scheduling, or by company check or money order, made payable to MorphoTrust, at the fingerprinting site.
- Complete the enclosed Livescan Fingerprint Background Check Request (RI-030) form and take it to the fingerprinting site, along with an acceptable form of identification. Preferred ID types: Unexpired State-issued driver's license or identification card with photo, issued by the US government or Michigan governmental agency
- NOTE: Out-of-state or out-of-country applicants must pre-register with IdentoGO at <http://www.identogo.com/FP/Michigan.aspx> and pay the appropriate fee. Once registered, contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper. Mail the completed Livescan Fingerprint Background Check Request (RI-030) form and fingerprint card to: IDENTOGO • CARDSCAN DEPARTMENT • 6840 CAROTHERS PKWY STE. 650 • FRANKLIN, TN 37067-9929.
- Once fingerprinted, law enforcement reports can take up to 30 business days to be sent to the Bureau of Professional Licensing.
- IdentoGO will provide a receipt confirming that fingerprints were submitted. Please keep for your own records. For assistance with scheduling a fingerprinting appointment please contact IdentoGO at (866) 226-2952.

If it has been more than four weeks and you have not received additional correspondence from our office, please contact the Licensing Division support team by phone at (517) 241-0199 or by email at [bplhelp@michigan.gov](mailto:bplhelp@michigan.gov).

Sincerely,  
Licensing Division  
Bureau of Professional Licensing

(Revised 10/18)

BUREAU OF PROFESSIONAL LICENSING  
611 W. OTTAWA P.O. BOX 30670 LANSING, MICHIGAN 48909  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl) 517-241-0199

## LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

**Purpose:** To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.  
**Instructions:** See page two.

I. Authorizing Information:							
1. Fingerprint Reason Code LHP	2. Requestor/Agency ID 71734K	3. Agency Name LARA		4. Individual ID (MNU-OA) C194UDYM			
II. Application Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name Fox		1b. First Name Kelita		1c. Middle Initial		1d. Suffix	
2. Any Alternative Names, Last names, or Aliases				3. Social Security Number (Optional)			
4. Place of Birth (State or Country)	5. Date of Birth [REDACTED]	6. Phone Number (313) 655-5715		7. Driver's License / State ID Number		8. Issuing State	
9. Home Address 3349 Monroe Ave Suite 101		10. City Rochester			11. State NY	12. Zip Code 14618	
13. Sex	14. Race	15. Height	16. Weight	17. Eye Color	18. Hair Color		
III. Live Scan Information:							
1. Date Printed	2. Picture ID Type Presented		3. Transaction Control Number (TCN)		4. Livescan Operator*		
* When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then the unique identifier in the Identification Code field.							
IV. Privacy Act Statement							
<p><b>Authority:</b> Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p><b>Principal Purpose:</b> Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p><b>Routine Uses:</b> During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							

## V. Procedure to Obtain a Change, Correction, or Update of Identification Records

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)

## VI. Consent

I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

Signature:

Date:

## INSTRUCTIONS

### Section I:

#### Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

#### 1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

#### 2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

#### 3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

#### 4. Individual ID (MNU-OA):

This Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

### Section II:

#### Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

### Section III:

#### Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.

**RECEIVED**

JAN 06 2020

Bureau of Professional Licensing  
 Box 30670 • Lansing, MI 48909  
 Telephone: (517) 335-0918  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

**CERTIFICATION OF POSTGRADUATE TRAINING**

Authority: 1978 PA 368

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

**Licensee Information:**

Licensee's First Name <b>Kelita</b>	Middle Name <b>Louise</b>	Last Name <b>Fox</b>	
Address <b>3349 Monroe Ave. Suite 101</b>			
City <b>Rochester</b>		State <b>NY</b>	Zip Code <b>14618</b>
Date of Birth (MM/DD/YYYY) [REDACTED]	Telephone Number <b>313-655-5715</b>	Email Address <b>kfox16@me.com</b>	

**Remainder of Form to be Completed by Director of Medical Education:**

Name of Hospital or Institution <b>Univ. Wisconsin Dept of Family Medicine and Community Health</b>		
Address of Hospital or Institution <b>1100 Delaplaine Ct</b>		
City <b>Madison</b>	State <b>WI</b>	Zip Code <b>53715</b>

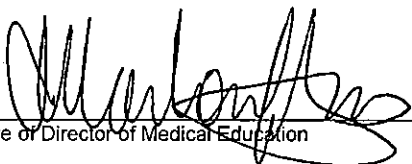
**CERTIFICATION AND SIGNATURE**

I certify the applicant named above has successfully completed postgraduate training offered by the hospital or institution named above in the clinical area of  
**Family Medicine**

(Program Name)

from **6/14/2010** to **6/30/2013**  
 (Month/Day/Year) (Month/Day/Year)

I further certify that this is an active program accredited by the ACGME, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada or the Canadian Medical Association's Conjoint Accreditation Services.

  
 Signature of Director of Medical Education

**01-03-2020**  
 Date

**Andrea Ildiko Martonffy, MD**  
 Print or Type Name of Director of Medical Education

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

**NOTE:** Certification of Postgraduate Training will not be accepted if signed and submitted more than 15 days prior to actual completion.



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

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

**Recipient:** MICHIGAN BOARD OF MEDICINE

**Date:** 12/09/2019

**Examinee:** Fox, Kelita Louise  
**Alt Name(s):** Sinclair, Kelita Louise

**Examinee ID:** 5-212-601-8  
**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. 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	Score	Minimum Pass	Comments
06/30/2008	Pass	[REDACTED]	(185)	

## USMLE STEP 2

### *Clinical Knowledge (CK)*

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/03/2009	Pass	[REDACTED]	(184)	

### *Clinical Skills (CS)*

Test Date	Pass/Fail	Comments
12/18/2009	Pass	

## USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/15/2011	Pass	[REDACTED]	(187)	

**End of Exam History**

**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

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, FOX KELITA LOUISE was issued license/certificate number 269938 for the practice of MEDICINE on 04/26/2013.

Our records also indicate the following information:

Date of birth: [REDACTED]  
School attended: WAYNE STATE UNIVERSITY  
Date of graduation: 06/08/10  
Degree earned: MD

RECEIVED

JAN 06 2020

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

LARA

Basis of licensure:

DATE	FLEX1	NBME1	USML1	NBME2	FLEX2	USML2	NBME3	USML3	OTHER
08/11									
08/09									OOSWI
06/08									

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  
Address: 158 ORCHARD ST

Reg period ends: 01/31/21  
ROCHESTER NY 14611-1361

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Sandra Barsallo, Education Credentials Specialist, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Education Credentials Specialist 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.

SEAL



*Sandra Barsallo* 12/27/19  
Education Credentials Specialist

# Payment Confirmation

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING

Record ID: 5315220581APP20  
CONTROLLED SUBSTANCE APPLICATION

PAYMENT DATE: July 10, 2020

KELITA FOX

## Invoice Details

Fee Description	Amount	Fee Date	Invoice
Controlled Substance Application Processing Fee	\$10.80	07/10/2020	461164
Controlled Substance Per Year License Fee	\$243.30	07/10/2020	461164

## Payment Details

Date Paid:	07/10/2020 11:37:34	Payment Method:	Credit Card
Payment Amount:	\$254.10	Confirmation Number:	20071093017498
Receipt Number:	453436		

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

4301501395APP19

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

BOARD OF MEDICINE  
PHYSICIAN LICENSE

KELITA FOX

LICENSE NO.	EXPIRATION DATE
4301501395	02/10/2023 20041180212

KELITA FOX  
3349 MONROE AVE SUITE 101  
ROCHESTER, NY 14618

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 MEDICINE  
PHYSICIAN LICENSE

KELITA FOX

LICENSE NO.  
4301501395

EXPIRATION DATE  
2/10/2023

20041180212

THIS DOCUMENT IS DULY  
ISSUED UNDER THE LAWS OF  
THE STATE OF MICHIGAN



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

5315220581APP20

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

BOARD OF PHARMACY  
CONTROLLED SUBSTANCE LICENSE

KELITA FOX

LICENSE NO.	EXPIRATION DATE
5315220581	02/10/2023 20196080747

KELITA FOX  
3349 MONROE AVE SUITE 101  
ROCHESTER, NY 14618

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 PHARMACY  
CONTROLLED SUBSTANCE LICENSE

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

KELITA FOX  
3349 MONROE AVE. SUITE 101  
ROCHESTER, NEW YORK 14618

LICENSE NO.  
5315220581

EXPIRATION DATE  
2/10/2023

20196080747

THIS DOCUMENT IS DULY  
ISSUED UNDER THE LAWS OF  
THE STATE OF MICHIGAN

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**From:** Kelita Fox <kfox16@me.com>  
**Sent:** Friday, December 6, 2019 12:27 PM  
**To:** BPLHelp  
**Subject:** Physician License

Hello,

I am writing to clarify what documents I still need to submit for my Michigan physician license application. It states in review and

I have been practicing in New York state since 2013 and completed a family medicine residency program in Madison, Wisconsin in June 2013. I am requesting a certificate of postgraduate training from my residency program and certification of passing examination scores for the USMLE. Just want to clarify that these next steps are correct?

Under License details, my email address is listed incorrectly as [kfox16@me.con](mailto:kfox16@me.con) instead of [kfox16@me.com](mailto:kfox16@me.com). I looked for a way to correct this and could not find one. Can this be corrected?

Lastly, regarding the social security number it states:

"You must provide your social security number to the department in writing. If you have a social security number and did not provide it at registration, visit [www.michigan.gov/bpl](http://www.michigan.gov/bpl), choose "Laws, Rules & Other Resources", and download the Social Security Number Affidavit form."

How do I go back and check whether it was provided at registration?

Thank you,

Kelita Fox

**License 4301501395APP19**

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Medical Doctor Application 4301501395APP19

Record Type

Medical Doctor Application

Created: 11/23/2019 2:18 pm

Record ID: 4301501395APP19

Created by: PUBLICUSER859093, MiPLUS Online

Payment Information

Payment Amount	Method of Payment	Payment Date
\$367.70	Credit Card	11/23/2019

Applicant

Name (First Middle Last): Kelita Fox  
Birth Date: XXXXXXXXXX  
Primary Phone: 3136555715 Extension:  
E-mail: kfox16@me.com  
Preferred Channel: Email  
Mailing Address: 3349 Monroe Ave Suite 101, Rochester, NY 14618

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.: Oakland

Other Names List

Other Names List

*List any other name or alias by which you have ever been known, including maiden name, if applicable*

First Name: --  
Middle Name: --  
Last Name: --

Obtained by Method

Obtained By Method

Obtained by: Endorsement

## Good Moral Character

### Good Moral Character

*Answering "yes" to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found [here](#).*

Have you ever been convicted of a felony:	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:	No
Offense:	--
Year:	--
Court:	--
Case Number:	--
Incarceration, Probation, or Parole Information:	--
Check this box if you have additional offenses to report:	No
List each additional offense, year, court, case number; and incarceration, probation, or parole information:	--

## Other License(s) in Michigan, Other State(s) and/or Country

### Other State Licenses

State or Country:	New York
Permanent License/Registration Number:	269938
Profession:	--
Date of Issuance:	04/26/2013
How obtained:	Endorsement
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?:	No
Sanctions Imposed or Disciplinary Proceedings Explanation:	--

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State or Country:	Wisconsin
Permanent License/Registration Number:	56460-20
Profession:	--
Date of Issuance:	11/03/2011
How obtained:	Examination
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?:	No
Sanctions Imposed or Disciplinary Proceedings Explanation:	--

## Professional Education

### Professional Education

Name of School:	Wayne State University School of Medicine
Name of Education Program:	Doctor of Medicine

## CS Certification

### CS Certification

Are you applying for a Controlled Substance license:	--
Have you completed a 1-time training in opioids and controlled substance awareness:	--

## Controlled Substance

### Controlled Substance

Address Line 1: --

Address Line 2: --

Address Line 3: --

City: --

State or Province: --

ZIP or Postal Code: --

## Drug Treatment Program

### Drug Treatment Program

Drug Treatment Program Name: --

Address Line 1: --

Address Line 2: --

Address Line 3: --

City: --

State: --

ZIP Code: --

## Drug Control Location

### Drug Control Location

Address Line 1: --

Address Line 2: --

Address Line 3: --

City: --

State: --

ZIP Code: --

## 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: --

## Attachments

Michigan requires all documents verifying education and examination come from the primary source. Please DO NOT upload these documents as they will not be applied to your record. No license will be issued without primary source documentation which comes directly from the issuing entity to the Bureau of Professional Licensing. These documents must be sent directly from the primary source to [BPLData@michigan.gov](mailto:BPLData@michigan.gov) or you may use the delegate function to grant the issuing entity access to upload documents to your account. For more information on the delegate function, click [HERE](#).

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 each State Board or administrative agency indicating the resolution of the sanctions.

Name	Type	Size	Latest Update
205_MWBC_Letter_20191123_141924.pdf	MWBC Letter	95 KB	11/23/2019
Contact Info Update Request	General Correspondence	149 KB	12/10/2019
SSN Affidavit .pdf	SSN Statement	785 KB	01/05/2020

## Signed Attestation

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, specialty licensure, or specialty certification board or task force of this or any other state, United States military, federal government, or another country.

I certify that the statements in this application are true and complete, including any and all attached documents and information provided as part of this application. I understand that any omitted statement, misrepresentation, or fraud of any of the documents and information provided on or as part of this application may be cause for denial of my application, disciplinary action, and/or may be punishable by law. 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: 11/23/2019

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*This Record Summary shows MiPLUS data in record 4301501395APP19 as of 07/18/2021, 10:38 pm*

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Controlled Substance Application 5315220581APP20

Record Type

Controlled Substance Application

Created: 7/10/2020 11:37 am

Record ID: 5315220581APP20

Created by: PUBLICUSER859093, MiPLUS Online

Payment Information

Payment Amount	Method of Payment	Payment Date
\$254.10	Credit Card	07/10/2020

Health Good Moral Character


Good Moral Character

Answering "yes" to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found [here](#).

Have you ever been convicted of a felony?: No

 [Have you ever been convicted of a felony](#)

Have you ever been convicted of a misdemeanor: 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](#)

Controlled Substance Application Information

CS Application Information

Address Line 1: 3349 Monroe Ave. Suite 101  
Address Line 2: --  
Address Line 3: --  
City: Rochester  
State or Province: New York  
ZIP or Postal Code: 14618

CS Certification

CS Certification

I certify I have completed a 1-time training in opioids and controlled substance awareness OR this controlled substance license application is being submitted for a facility and is exempt from the training requirement: Yes



## Attachments

Michigan requires all documents verifying education and examination come from the primary source. Please DO NOT upload these documents as they will not be applied to your record. No license will be issued without primary source documentation which comes directly from the issuing entity to the Bureau of Professional Licensing. These documents must be sent directly from the primary source to [BPLData@michigan.gov](mailto:BPLData@michigan.gov) or you may use the delegate function to grant the issuing entity access to upload documents to your account. For more information on the delegate function, click [HERE](#).

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

Name	Type	Size	Latest Update
BPL_EXT_ACA_Receipt_REC_SGL_CRYSTAL_20200710_113931.pdf	Online Receipt	51 KB	07/10/2020

## Signed Attestation

I certify that the statements in this application are true and complete, including any and all attached documents and information provided as part of this application. I understand that any omitted statement, misrepresentation, or fraud of any of the documents and information provided on or as part of this application may be cause for denial of my application, disciplinary action, and/or may be punishable by law.

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

Date: 07/10/2020

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*This Record Summary shows MiPLUS data in record 5315220581APP20 as of 07/18/2021, 10:38 pm*



Bureau of Professional Licensing  
PO Box 30670 • Lansing, MI 48909  
Telephone: (517) 335-0918  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

## SOCIAL SECURITY NUMBER AFFIDAVIT FOR LICENSURE

### Required Information:

Legal Name (First, Middle, Last) Kelita, Louise, Fox		License Type Medical Doctor
Telephone Number 313-655-5715	Date of Birth (MM/DD/YYYY) [REDACTED]	10-Digit MI Permanent ID/License Number, if applicable
Email Address kfox16@me.com		

Pursuant to MCL 338.3434a of the Regulated Occupation Support Enforcement Act, 1996 PA 236, and MCL 333.16177 of the Michigan Public Health Code, 1978 PA 368, an individual applying for licensure **is required to provide his or her social security number at the time of application.** You must provide your social security number to the Department in writing.

This requirement does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.

### Applicant's Social Security Number:

[REDACTED]

If you do not have a social security number you must provide a reason and complete the attestation below:

### Social Security Number Waiver:

I attest/certify that I do not have a social security number and provide the written statement below attesting to that fact with the reason for which I do not have a social security number.

I further certify that the reason I do not have a U.S. Social Security Number is true and complete. I hereby affirm that I will provide my U.S. Social Security Number to the Department of Licensing and Regulatory Affairs upon receipt. I understand that any misrepresentation or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

### Written statement and reason for not having a Social Security Number:

[Empty box for written statement and reason]

Signature of Applicant 	Date 12/28/2019
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