

**AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION FOR AN
IMLC LETTER OF QUALIFICATION AND MEDICAL LICENSES IN IMLC MEMBER STATES**

I, Jenna Renee Ingersoll (Type in full legal name) the undersigned, being duly sworn, hereby certify under oath that I am the person named in this Application for an IMLC Letter of Qualification and Medical Licenses in IMLC Member States ("Application"), that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my Application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Interstate Medical Licensure Compact ("Compact") and the Application, and have answered all questions contained in the Application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to disciplinary action against one or more medical licenses or permits I hold, as well as my being prosecuted under appropriate federal and state laws.

I hereby apply to WISCONSIN as my State of Principal License ("SPL") for a Letter of Qualification ("LOQ") to be issued a medical license in one or more Compact Member States. To permit the SPL to process my application for an LOQ, I hereby authorize and request every person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the SPL any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the SPL or any of its agents or representatives to inspect and make, or receive, copies of such documents, records, and other information in connection with this Application. I also authorize the SPL to perform or obtain a criminal history background check with law enforcement on me as part of the determination of my eligibility to be licensed through the Compact.

I hereby release, discharge, and exonerate the SPL and the Interstate Medical Licensure Compact Commission ("Commission"), their agents or representatives, and any person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the SPL.

I also hereby apply to the Compact Member States' medical boards ("Member Boards") I have designated in this Application, and further authorize the SPL to process my application for medical licensure by one or more Member Boards including, but not limited to, personally-identifiable information including my Social Security Number to be used for querying the National Practitioner Data Bank and in child support enforcement actions. I hereby release, discharge, and exonerate the SPL and the Commission, and their employees, agents, or representatives, of any, and all liability of every nature and kind arising out of any disclosure to the Member Boards.

I will immediately notify the SPL and the Commission in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a medical license being issued by one or more of the Member Boards.

I understand my failure to answer questions contained in this Application truthfully and completely may lead to denial of my application for a Letter of Qualification, and revocation, or other disciplinary sanction, of my license(s) or permit(s) to practice medicine in one or more Compact Member States.

Applicant Signature

DocuSigned by:

Jenna Renee Ingersoll

4913447E6DD344B...

Type Applicant's Name Jenna Renee Ingersoll

Applicant's NPI 1275944563

DATE 8/30/2019 | 1:58 CDT

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

EMC0000438APP20

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

EXPEDITED MEDICAL COMPACT LICENSE

STATE OF PRINCIPAL LICENSE - WISCONSIN

JENNA RENEE INGERSOLL

LICENSE NO.	EXPIRATION DATE
EMC0000438	07/14/2023 20196130749

JENNA RENEE INGERSOLL
1001 CHAPPLE AVE
ASHLAND, WI 54806

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

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

EXPEDITED MEDICAL COMPACT LICENSE
STATE OF PRINCIPAL LICENSE - WISCONSIN

JENNA RENEE INGERSOLL

LICENSE NO.
EMC0000438

EXPIRATION DATE
7/14/2023

20196130749

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

5315223622APP21

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

JENNA RENEE INGERSOLL

LICENSE NO.	EXPIRATION DATE	
5315223622	07/14/2023	2171130302

JENNA RENEE INGERSOLL
1001 CHAPPLE AVE
ASHLAND, WI 54806

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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

JENNA RENEE INGERSOLL
1001 CHAPPLE AVE
ASHLAND, WISCONSIN 54806

LICENSE NO.
5315223622

EXPIRATION DATE
7/14/2023

2171130302

THIS DOCUMENT IS DULY
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THE STATE OF MICHIGAN

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

5315223622APP21

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

JENNA RENEE INGERSOLL

LICENSE NO.	EXPIRATION DATE	
5315223622	07/14/2023	2174070352

JENNA RENEE INGERSOLL
1001 CHAPPLE AVE
ASHLAND, WI 54806

COMPLAINT INFORMATION:
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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

JENNA RENEE INGERSOLL
19305 W SEVEN MILE ROAD
DETROIT, MICHIGAN 48219

LICENSE NO.
5315223622

EXPIRATION DATE
7/14/2023

2174070352

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

PHYSICIAN'S CORE DATA SHEET*(Must be the physician's accurate information to avoid delay or rejection)*

Full Legal Name Jenna, Renee, Ingersoll
 (Exactly as on DL or Passport) First Middle Last Suffix(Sr., Jr.)

Other names used(maiden, birth) _____
 First Middle Last

Mailing address 1001 Chapple Ave, Ashland, WI, 54806
 Mailing address City State(XX) Zip

Office address 7665 US HWY 2, Iron River, WI, 54847
 Office address City State(XX) Zip

Date of Birth Gender: Male Female ☒
 (mm/dd/yyyy)

Physician's office or practice telephone number of public record 715-372-5001
 (###-###-####)

Physician's cellular or alternative telephone number 608-732-3795
 (###-###-####)

Email address delegated by applicant to receive correspondence jenna.r.ingersoll@gmail.com

Social Security Number:
 (###-##-####)

Physician's National Provider Identifier Number 1275944563

Medical Degree Received: M.D. ☒ D.O.

(Medical school must be accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or be listed in the International Medical Education Directory or its equivalent.)

Medical School University of Wisconsin - School of Medicine and Public Health

Date of Degree Issued 05/18/2014 Name of School (no abbreviations or acronyms)
 (mm/dd/yyyy)

Physicians must have successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association. (NOTE: One-year transitional residencies do not meet this requirement)

Residency Program Family Medicine Residency of Idaho Completion Date 06/30/2017
 Full Program Name (no abbreviations or acronyms) (mm/dd/yyyy)

What is the specialty of the program Family Medicine

Qualifying Licensing exam taken: USMLE ☒ COMLEX ☐ Other ☐ Must specify by name

Number of attempts taken to pass the USMLE:

Step 1: 1 Step 2 CS: 1 Step 2 CK: 2 Step 3: 1

Number of attempts taken to pass the COMLEX:

Step 1: Step 2 PE: Step 2 CE: Step 3:

Number of attempts taken to pass other licensing exam:

Step 1: Step 2: Step 3:

Specialty Board Certification must be by an ABMS or AOABOS board.

Specialty Board Certification: American Board of Family Medicine
Full Specialty Board Name (i.e. American Board of Pediatrics)(no abbreviations or acronyms)

Expiration of Specialty Board Certification:

Lifetime: ☒

Time limited: ☐ Expiration date of time limited
(mm/dd/yyyy)

Physicians must possess a full and unrestricted medical license issued by an IMLC Member Board.

License # 68702-20 Date of Original Licensure 01/24/2018 (not renewal)
(mm/dd/yyyy)

Expiration Date 10/31/2019 Status of License: Current: ☒ Not Current: ☐
(mm/dd/yyyy)

Thank you for applying through the Interstate Medical Licensure Compact.

*The state will contact you to give instructions on obtaining your fingerprints for a criminal background check. **YOU HAVE 60 DAYS TO COMPLY WITH REQUESTS FROM THE STATE** to avoid automatic withdraw. Background checks may take some time, so please be patient. If you have any concerns contact your SPL. SPL contact numbers can be found at www.IMLCC.org. You will receive an email regarding the status of your qualification. Be sure to check your spam folder and set your email to accept messages from the @docusign.net and @docusign.com domains.*

FOR USE OF STATE OF PRINCIPAL LICENSE

I have conducted the verification process of this physician's application.

State Authorized Signature Melinda Boyle-Prior

Type Name Melinda Boyle-Prior

Title Program and Policy Analyst

Warning: The signature tab will default to your Board's name. Please change it to your name in Adopt and Sign.

DocuSigned by:

Melinda Boyle-Prior

3D676EF0971Z4ED...

CORE DATA CORRECTION SHEET

To process corrections please use the below freeform text boxes. The corrections will be passed to the Member Boards selected to issue licenses. If you use this sheet there is no need to send any correction emails.

Core Data to be changed	Incorrect data	Correction
		2 Attempts
USMLE Step 2 CK	2 Attempts	1 Attempt
USMLE Step 2 CS	1 Attempt	2 Attempts
Member Board Expiration	10/31/2019	10/31/2021



DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental
Health Services Administration

Center for Substance Abuse Treatment
5600 Fishers Lane
Rockville, MD 20857

12/28/2018

Jenna Renee Ingersoll
1001 Chapple Avenue
Ashland, WI 54806

Dear Jenna Ingersoll,

This is in response to your Notification of Intent (NOI) to use Schedule III, IV, or V opioid drugs for the maintenance and detoxification treatment of opioid addiction in accordance with the Drug Addiction Treatment Act of 2000 (DATA 2000) (21 U.S.C. § 823(g)(2)), dated January 24, 2016. The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) received your NOI on January 24, 2016.

We have reviewed the information on your NOI and determined that you meet all the requirements for a waiver under 21 U.S.C. § 823(g)(2)(B) to treat a maximum of 30 patients at one time. The Drug Enforcement Administration (DEA) has assigned you identification number [REDACTED] and will be sending you an updated registration certificate under separate cover. DEA has issued regulations that will require this number, along with your DEA registration number, to be included on all prescriptions issued for the treatment of opioid addiction.

For a list of approved buprenorphine products see <http://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>.

According to your NOI, you consent to be listed on the SAMHSA Buprenorphine Physician Locator Web site. If you would like to change your status please see the enclosure or fax your request to 240-238-9858. You may contact The Buprenorphine Information Center at 1-866-BUP-CSAT (1-866-287-2728). Additional information can be obtained via e-mail at infobuprenorphine@samhsa.hhs.gov or at <http://www.samhsa.gov/medication-assisted-treatment>.

The information you submitted is subject to a Privacy Act System of Records. The enclosed summary details the authorities, purposes, and disclosures associated with this system.

Thank you for your interest in providing opioid addiction treatment in accordance with DATA 2000.

Sincerely,

Kimberly A. Johnson, PhD.
Director,
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration

cc:
Richard Boyd, Chief
Registration and Program Support Section
DEA-Office of Diversion Control



PRIVACY ACT INFORMATION

Authority: Section 303 of the Controlled Substances Act of 1970 (21 U.S.C § 823(g)(2)).

Purpose: To obtain information required to determine whether a practitioner meets the requirements of 21 U.S.C § 823(g)(2).

Routine Uses: Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Medical specialty societies to verify practitioner qualifications.
- B. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- C. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- D. Persons registered under the Controlled Substance Act (PL 91-513) for the purpose of verifying the registration of customers and practitioners.

SAMHSA BUPRENORPHINE PHYSICIAN AND TREATMENT PROGRAM LOCATOR WEB SITE

http://buprenorphine.samhsa.gov/bwns_locator

The SAMHSA Buprenorphine Physician and Treatment Program Locator Web site is a tool for locating physicians who have met all the requirements for a waiver to prescribe specifically approved Schedule III, IV, or V medications for the treatment of opioid addiction in accordance with the Drug Addiction Treatment Act of 2000 (DATA 2000), as well as for locating treatment programs authorized to treat opioid addiction with buprenorphine..

When submitting a Notification of Intent to SAMHSA, physicians have the option of consenting to having their name, address, and telephone number listed on the Locator Web site. Only the physicians with DATA 2000 waivers who provide their consent are listed on the site. The Locator Web site is useful for patients and families to locate physicians providing office-based opioid addiction care in their area. It can also be used by pharmacists to verify physician DATA 2000 waivers as well as by allied health professionals attempting to locate physicians to partner with in the treatment of opioid addicted patients. The Locator Web site is searchable by city, county, zip code, State, and Territory.

Physicians who would like to have their names added to or removed from the Locator Web site fax your request to 240-238-9858 or e-mail infobuprenorphine@samhsa.hhs.gov

You may contact The Buprenorphine Information Center at 1-866-BUP-CSAT (1-866-287-2728).

NOTE: If you elected to be published on the Locator Web site, your contact information will be posted approximately 10

To: DATA-Waived Physician

From: SAMHSA/CSAT

Announcing the SAMHSA Buprenorphine Clinical Discussion WebBoard

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces the availability of the SAMHSA Buprenorphine Clinical Discussion WebBoard. The WebBoard is a moderated, password-protected Web site available to physicians holding waivers from SAMHSA for the treatment of opioid addiction under the authority of the Drug Addiction Treatment Act of 2000 (DATA 2000).

At the SAMHSA Buprenorphine Clinical Discussion WebBoard, member physicians may:

- **Ask and answer** clinical questions about the use of buprenorphine for the treatment of opioid addiction
- **Share their experiences**, and learn more about this new form of treatment
- **Ask questions** of an expert guest moderator each month

Registration for the SAMHSA Buprenorphine Clinical Discussion WebBoard is free and may be cancelled at any time. You may register for the WebBoard by going to <http://buprenorphine.samhsa.gov/index.html> using Internet Explorer or a similar Web browser, and clicking on the "Waived Physician WebBoard" link.

For authentication purposes, you must register with the same e-mail address you provided on the original Notification of Intent (NOI) you submitted to SAMHSA to obtain your DATA waiver. If you would like to register but did not provide an e-mail address on your original NOI, if your e-mail address has changed, or if you have trouble registering or logging on to the WebBoard, contact the SAMHSA/CSAT Buprenorphine Information Center at infobuprenorphine@samhsa.hhs.gov, or call 1-866-BUP-CSAT (1-866-287-2728).

You are receiving this notice because you are a physician who has received a DATA waiver from SAMHSA. If you no longer wish to receive these announcements, please tell us by calling us at 1-866-287-2728.



Wisconsin Medical Society

The Wisconsin Medical Society certifies that Jenna Ingersoll
has participated in the enduring material CME activity titled

"Drug Testing in Clinical Practice: The Science and Art of Drug Monitoring"
on 6/25/2019 4:24 PM Central

and is awarded 1.0 *AMA PRA Category 1 Credit(s)*™.

The Wisconsin Medical Society is accredited by the ACCME to provide continuing medical education for
physicians.

This on-demand course has been approved by the Wisconsin Medical Examining Board as meeting the
requirements for continuing education on responsible opioid prescribing per Med 13.03(3) of the Wisconsin
Administrative code. This course will need to be combined with additional education to meet the two-hour
requirement.

Wisconsin Medical Society • 330 E. Lakeside Street • PO Box 1109 • Madison, WI 53701-1109 •
wisconsinmedicalsociety.org



Jenna Ingersoll <jenna.r.ingersoll@gmail.com>

Certificate of Completion - Wisconsin Medical Society

1 message

support@inreachce.com <support@inreachce.com>
To: jenna.r.ingersoll@gmail.com

Fri, Jun 28, 2019 at 2:54 PM



Wisconsin Medical Society

The Wisconsin Medical Society certifies that Jenna Ingersoll
has participated in the enduring material CME activity titled

"Interacting with the Drug-Seeking Patient"
on 6/28/2019 2:54 PM Central

and is awarded 1.0 *AMA PRA Category 1 Credit(s)*™.

The Wisconsin Medical Society is accredited by the ACCME to provide continuing medical education for physicians.

This on-demand course has been approved by the Wisconsin Medical Examining Board as meeting the requirements for continuing education on responsible opioid prescribing per Med 13.03(3) of the Wisconsin Administrative code. This course will need to be combined with additional education to meet the two-hour requirement.

Wisconsin Medical Society • [330 E. Lakeside Street](#) • PO Box 1109 • Madison, WI 53701-1109 •
wisconsinmedicalsociety.org

Letter of Qualification

IS THIS A RE-APPLICATION? YES

NO X

Date 10/31/2019
mm/dd/yyyy

Name: Jenna Renee Ingersoll

Address: 1001 Chapple Ave

CityStZip Ashland WI 54806

Dear Dr. Ingersoll:

RE: Your application for IMLC Letter of Qualification

The WISCONSIN MEDICAL EXAMINING BOARD
("Board"), on behalf of the State of Principal Licensure ("SPL") you selected, has received and reviewed your application for a Letter of Qualification ("LOQ") for licensure through the Interstate Medical Licensure Compact ("IMLC").

Based upon the information you submitted with your application, data in the Board's files regarding your licensure by the Board, verifications of your credentials, and the results of the check of national databases, the Board has determined that you are ELIGIBLE to be licensed through the IMLC. Therefore, this notice will serve as your LOQ for licensure in IMLC Member States through the IMLC, and will remain in effect for 365 days from date of issuance, set out above.

An email has been sent to you with instructions regarding how to select the IMLC Member State(s) where you wish to be licensed. After you make your selection(s) and make payment for each license, your information will be forwarded to the selected board(s) ("Member Boards") for issuance of a medical license in by each.

All medical licenses issued by Member Boards through the IMLC are full and unrestricted licenses. You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions including, but not limited to, each Member Board's continuing medical education requirements. It is also your obligation to keep your SPL, the Member Boards which have licensed you, and the IMLC Commission informed of any changes in your contact information or qualifications and eligibility for licensure through the IMLC.

Authorized Signature from SPL

DocuSigned by:

Melinda Boyle-Prior

Type Name Melinda Boyle-Prior

Title of Authorized SPL Program and Policy Analyst

DATE 10/31/2019 | 3:28 CDT

MEDICAL LICENSE ISSUANCE INFORMATION

Physician's Name Jenna Renee Ingersoll
First Name Middle Name Last Name

Please fill in your respective Member Board's information for the qualified Physician named above.

National Provider Identifier Number 1275944563

Medical Board Name Michigan Board of Medicine

Member Board License Number EMC0000438

Date License Issued 07/14/2020
mm/dd/yyyy

Date of Expiration 07/14/2023
mm/dd/yyyy

Warning: The signature tab will default to your Board's name. Please change it to your name in Adopt and Sign

Member Board Signature

DocuSigned by:
Mary Diffin
4902E916DC6942B...

Type Name Mary Diffin

DATE 7/14/2020 | 1:42 CDT

Below are the selected states in which you have indicated you wish to be licensed to practice medicine. Please sign as a payment agreement.

[illegible]

TOTAL \$ 1578

The selected state medical board(s) will be notified of your selection and issue the license(s).

Please note: All medical licenses issued through the IMLC are full and unrestricted licenses. You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions.

Physician's Signature _____ Jenna Renee Ingersoll
Type Name Jenna R Ingersoll

DATE 7/10/2020 | 1:29 CDT

QUALIFICATIONS APPLICATION

If you do not complete the application process you will be sent an email with a link to log back in to complete the documents. Be sure to look in your SPAM and JUNK folders. To apply for a Letter of Qualification for licensure through the Interstate Medical Licensure Compact please answer the questions below.

IS THIS A RE-APPLICATION(earned an LOQ in the past and now is reapplying)? YES ☐ NO ☒

1. Which IMLC Member State do you want to serve as your State of Principal License (SPL)?:
WISCONSIN

2. Do you hold a full and unrestricted medical license to engage issued by a medical licensing board in the SPL (SPL Board) WISCONSIN MEDICAL EXAMINING BOARD? Yes ☒ No ☐

3. What is the license number issued to you by the SPL board? 68702-20

4. Which of the following apply to you(at least one must apply)?

a. Your primary residence is in the SPL WISCONSIN: Yes ☒ No ☐

If yes, provide the following:

Residence Street address 1001 Chapple Ave

Residence City State Zip Ashland, wi, 54806
City St Zip

b. At least 25% of your practice of medicine occurs in the SPL WISCONSIN Yes ☒ No ☐

If yes, describe your current practice Broad-spectrum rural family medicine in

an FQHC called NorthLakes and hospital work at MMC in Ashland

c. Your employer is located in the SPL WISCONSIN: Yes ☒ No ☐

If Yes, Employer name NorthLakes Community Clinic

Employer street address 7665 US Hwy 2

Employer City State Zip Iron River, WI, 54847
City St Zip

d. You have designated the SPL WISCONSIN as your state of residence for U.S. federal income tax purposes: Yes ☒ No ☐

If yes, give Tax ID # (SS#, EIN) [REDACTED] (must be most recent return)

5. Are you a graduate of a medical school accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent? Yes ☒ No

6. Have you passed each component of the United State Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three (3) attempts, or any of their predecessor examinations accepted by your SPL medical board as an equivalent examination for licensure purposes(if in question contact your SPL)? Yes ☒ No

7. Have you successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association? Yes ☒ No

8. Do you hold specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOABOS)? Yes ☒ No

(Please note that answering any of the following questions with a "YES" will result in your application being denied per eligibility Rule 5.4. If eligibility is in question please contact the state board directly for information regarding application through the traditional method.)

9. Have you ever been convicted, received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction? Yes No ☒

10. Have you ever held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to non-payment of fees related to a license? Yes No ☒

11. Have you ever had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? Yes No ☒

12. Are you under investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction? Yes No ☒

DocuSigned by:
Physician's Signature: Jenna Renee Ingersoll
4913447E6DD344B...
Type Name: Jenna Renee Ingersoll
Date: 8/30/2019 | 1:58 CDT

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Controlled Substance Application 5315223622APP21

Record Type

Controlled Substance Application

Created: 3/4/2021 1:58 pm

Record ID: 5315223622APP21

Created by: PUBLICUSER1182787, MiPLUS Online

Payment Information

Payment Amount	Method of Payment	Payment Date
\$254.10	Credit Card	03/04/2021

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: 1001 Chapple Ave
Address Line 2: --
Address Line 3: --
City: ASHLAND
State or Province: Wisconsin
ZIP or Postal Code: 54806

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 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
Ingersoll_OpioidCredit_WMS2019_DrugSeekingPatient.pdf	General Correspondence	191 KB	03/04/2021
Ingersoll_DATAWaiver.pdf	General Correspondence	439 KB	03/04/2021
Ingersoll_OpioidCredit_WMS.pdf	General Correspondence	202 KB	03/04/2021

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: 03/04/2021

This Record Summary shows MiPLUS data in record 5315223622APP21 as of 03/04/2021, 12:59 pm

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

Record Summary for Drug Control Application 5307010210APP21

Record Type

Drug Control Application

Created: 3/4/2021 2:11 pm

Record ID: **5307010210APP21**

Created by: PUBLICUSER1182787, MiPLUS Online

Payment Information

Payment Amount	Method of Payment	Payment Date
\$120.00	Credit Card	03/04/2021

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

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

Have you ever been convicted of a misdemeanor: No

[i](#) *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*

Offense: --

Year: --

Court: --

Case Number: --

Incarceration, Probation, or Parole Information: --

Multiple Offense Checkbox: No

[i](#) *Check this box if you have additional offenses to report*

Additional Offense Information: --

[i](#) *List each additional offense, year, court, case number, and incarceration, probation, or parole information*

Drug Control Location License

Drug Control

Address Line 1: 19305 W Seven Mile Rd

Address Line 2: --

Address Line 3: --

City: Detroit

State: Michigan

ZIP Code: 48219

Attachment

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
No Attachments			

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: 03/04/2021

This Record Summary shows MiPLUS data in record 5307010210APP21 as of 03/04/2021, 1:13 pm