Place Label Here or Name

Brunt Blue MD



0036-036092748-3

Profession Code

License # or SSN#

<u>036</u>

092748

FILE ROUTE CARD

IL486-1327-6

4/17 (RS)

Brent A. Blue, M.D. Chuck Harris, P.A.-C



August 27, 2018

Department of Financial & Professional Regulation

Division of Profession Regulation

320 W Washington Street, 3rd Floor

Springfield, IL 62786

Sirs:

I am applying for reinstatement of my Illinois medical license.

AUG 2 8 2018

RECENCED

Div. of Professional Regulation

Last year my license fell out of active status. My sincere apologies but I was caught unaware of the notification policy shift in the State. I spoke to various representatives in the licensing office who informed me that other physicians faced a similar dilemma. I am humbly requesting that my license renewal be made retroactive to July 2017. I have been a member of the Illinois physician community for over 20 years and always renewed my license on time. I am hoping my long position with the State in addition to the oversight related to the policy change will allow this retroactive renewal.

I am more than happy to speak to the Board to explain the situation. Please let me know if there is anything I can do.

Brent Alan Blue

License #036092748

Current Address (no change):

Daytime Phone:

Email Address:

Personal history questionnaire, CME documentation, and fee is attached.

I am NOT applying for a Controlled Substance Registration.

Thank you for your consideration.

Sincerely yours

Prent Blue MD

DABEM, DABFP, MRO-C

GORGE CEON

EMERG+A+CARE

P.O. BOX 15240 982 West Broadway Jackson, WY 83002 307.733.8002 / 307.733.0032 FAX www.emergacare.com

GRAND TETON MEDICAL CLINIC

at Jackson Lake Lodge Grand Teton National Park Moran, WY 83012 307.543.2514

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I would like to add a third-party authorized individual to follow-up on the status of the reinstatement her name is Raquel Negron and she may be contact at Email

Thank you.

Sincerely,

Brent Blue M.D.

Dear Division of Professional Regulation,

Personal History Questions 2017 Physician Reinstatement

Physician Name: BRENT AWN BUE
Physician Name: BRENT AWN BUE Physician License Number: 036092748
LICENSE RENEWAL QUESTIONS: You must respond to ALL of the following questions in order to reinstate your license. Failure to answer ALL of these questions will result in the form(s) being returned to you for proper completion.
Yes No Since July 31, 2014, have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.
Yes No Since July 31, 2014, have your clinical, hospital or practice privileges been restricted, suspended, or revoked, or have you submitted a resignation or not renewed clinical, hospital or practice privileges while under investigation (other than for non-completion of medical records)? If yes, attach a detailed explanation.
Yes No Since July 31, 2014, has any action been taken on your Drug Enforcement Administration (DEA) Registration, including but not limited to surrender, revocation, or entry of memorandum of agreement? If yes, attach a detailed explanation.
Yes 2 No Have you been convicted of or are you currently charged with any criminal offense in any state or federal court (other than minor traffic violations) that you have not previously reported to this Department? If yes, attach a statement of each conviction including date and place of conviction, nature of the offense and, if applicable, the date of discharge from any penalty imposed.
Child Support Question: Response Required
Yes No Are you more than 30 days delinquent in complying with a child support order? (Note: If you have no children or are not subject to a child support order, answer "No")
Physician Signature:
Date: