

Details for Audrey Ann Lance

License Information

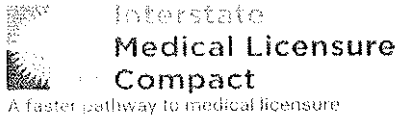
Name: Audrey Ann Lance
 City, State, Zip, Country: Royal Oak MI 48073 United States
 Profession: Physician
 License Type: Physician & Surgeon
 Under Interstate Compact
 License Number: 12363879-1205
 Obtained By: Interstate Compact - Member Board State
 License Status: Active
 Original Issue Date: 06/23/2021
 Expiration Date: 01/31/2024
 Agency and Disciplinary Action*: NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
 Docket and Citation Number(s): N/A

Education:

University of Michigan Hospital	PGT: Obstetrics & Gynecology	2011-06-30	Certificate of Completion
George Washington University School of Medicine an		2007-05-20	Doctorate of Medicine

This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at <http://www.secure.utah.gov/bos/bes>. Additionally, this verification does not show a complete license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. [Click here](#) for citations.



Application for Expedited Licensure

I have read and understood the Qualifications to practice medicine in the Compact states. I attest that I am qualified and understand that pursuant to the IMLCC's rules, all fees are non-refundable. **Yes**

If you have questions please call your State of Principle License

I understand that inaccurate or missing information may be grounds for rejection of my application.

Please carefully review the Application documents before applying. **Yes**

I have reviewed the criteria to select a State of Principal License (SPL) and confirm eligibility to designate a Compact state as my SPL. **Yes**

I have a full and unrestricted license in a Compact State **Yes**

SPL MICHIGAN BOARD OF MEDICINE License # 4301089906

AND at least one of the below must APPLY (Please select all that apply)

- a. Your primary residence is in the SPL (State of Principal License) Yes
- b. At least 25% of your practice of medicine occurs in the SPL Yes
- c. Your employer is located in the SPL Yes
- d. You use the SPL as your state of residence for U.S. federal income tax purposes Yes

Please provide below information:

Residence Street address [REDACTED]

Residence City State Zip [REDACTED], [REDACTED], [REDACTED] USA

Please describe your practice and location in the SPL selected I am primarily employed as a gynecologist at Northland Family Planning which has three locations in Southeast Michigan - Southfield, Sterling Heights, and Westland, MI. I do telemedicine in other states through Maven Clinic and Simple Health, however about 75% of my practice is physically in Michigan.

Please be prepared to provide documentation to the designated SPL for further verification. If you have any question please contact your SPL.

You or your employer may be asked for additional documentation about your Employment.

Name of Employer Northland Family Planning Employer Contact Phone (248) 559 - 0590

Employer Street address 24450 Evergreen Rd Suite 220

Employer City State Zip Southfield, MICHIGAN, 48075

Please provide your Tax ID # (SS#, EIN) [REDACTED] (must be most recent return) Please be prepared to provide documentation to the designated SPL for further verification.



Interstate
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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

Medical School George Washington University School of Medicine Date of Degree Issued 5/20/2007
Medical Degree Received: M.D.

Have you passed each component or step of the USMLE, or the 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

Which licensing exam did you pass? USMLE

Have you successfully completed graduate medical education approved by the ACGME or the AOA? Yes

Residency Program University of Michigan Hospital Completion Date 6/30/2011

What is the specialty of the program Obstetrics & Gynecology

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)? (Board eligibility does not qualify) Yes

Name of Specialty Board Certification American Board of Obstetrics & Gynecology (ABOG)

Lifetime No If not lifetime, Expiration Date 12/31/2021

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

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? No

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

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



Interstate
Medical Licensure
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PHYSICIAN'S CORE DATA SHEET

(Must be the physician's accurate information to avoid delay or rejection)

Full Legal Name Audrey, Ann, Lance,

Other names used (maiden, birth) _____

Residential address [REDACTED], [REDACTED]

Office address 24450 Evergreen Rd Suite 220, Southfield, MICHIGAN, 48075

Where do you wish to receive mail. Residential

Physician's cellular or alternative telephone number [REDACTED]

Physician's office or practice telephone number of public record (248) 559 - 0590

Date of Birth [REDACTED] Gender: Female

Email address delegated by applicant to receive correspondence [REDACTED]

Social Security Number: [REDACTED]

Physician's National Provider Identifier Number 1376749366



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

I, Audrey Ann Lance (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 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 potential prosecution under appropriate federal and state laws.

I hereby apply to MICHIGAN BOARD OF MEDICINE (state) 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 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 an investigation made by the SPL.

I also hereby apply to the Compact Member States' medical boards ("Member Boards") I have designated in this Application. Additionally, I further authorize the SPL to process and release 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 LOQ, revocation, or other disciplinary sanctions of my license(s) or permit(s) to practice medicine, in one or more Compact Member States.

Applicant Signature

Audrey Ann Lance

Type Applicant's Name Audrey Ann Lance
Applicant's NPI 1376749366
Date 5/6/2021

Letter of Qualification

Date: 6/8/2021

Name: Audrey Ann Lance

Address: [REDACTED]

CityStZip: [REDACTED]

Dear Dr.: Audrey Ann Lance

RE: Your application for IMLC Letter of Qualification

The MICHIGAN BOARD OF MEDICINE ("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.

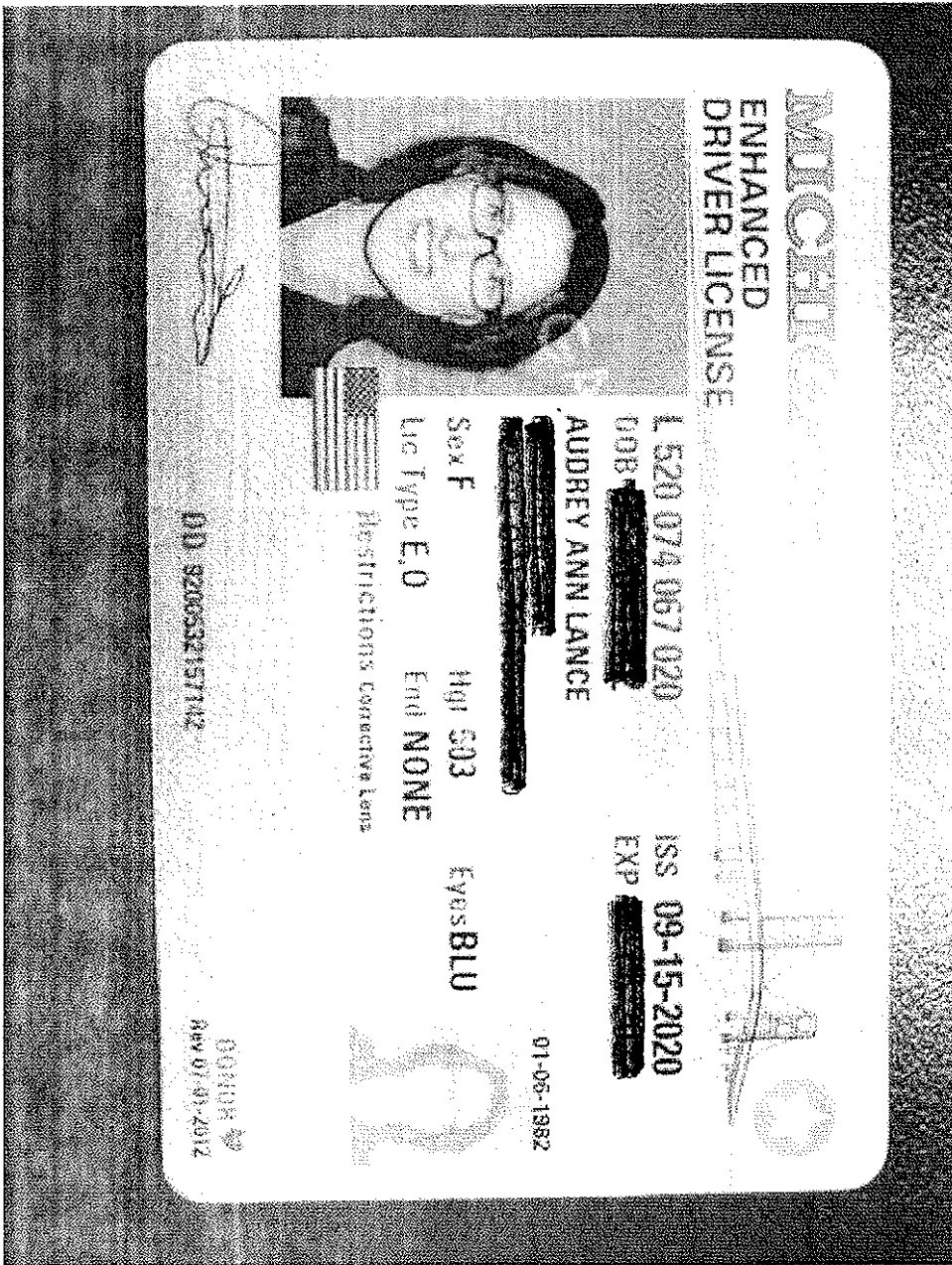
An email has been sent to you with instructions regarding how to select the IMLC Member State(s) where you wish to be licensed. After you make your selection(s) and make payment for each license, your information will be forwarded to the selected board(s) ("Member Boards") for issuance of a medical license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

Mary Diffin

Type Name Mary Diffin
Title of Authorized SPL Departmental Analyst
Date 6/8/2021



MICHIGAN
ENHANCED
DRIVER LICENSE



Audrey Ann Lance

L 520 074 067 020

DOB [REDACTED]

ISS 09-15-2020
EXP [REDACTED]

AUDREY ANN LANCE

[REDACTED]

Sex F

Hgt 503

Eyes BLU

Lic Type E,0

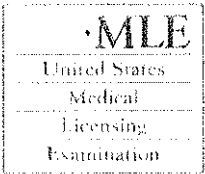
End NONE

Restrictions Corrective Lens

DD 9206532157142

DONOR
Rev 01-31-2012

01-06-1982



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 Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient: AUDREY ANN LANCE
[Redacted]
[Redacted]

Date: 07/03/2021

Examinee: Lance, Audrey Ann
Alt Name(s):

Examinee ID: 5-158-822-6
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
06/21/2005	Pass	220	(182)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/20/2006	Pass	256	(182)	

Clinical Skills (CS)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
12/20/2006	Pass			

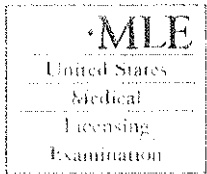
USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
04/21/2009	Pass	224	(187)	

End of Exam History

NOTE: The USMLE Step 2 CS examination has been suspended since March 16, 2020.

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



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400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Lance, Audrey Ann

Examinee ID: 5-158-822-6

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Physician Name Andrey Lance

Utah License Number 12363879-1205

DESIGNATION OF CONTACT PERSON FOR ACCESS TO MEDICAL RECORDS

You must provide both a primary and alternate contact person for access to medical records. *This information is considered public information.*

Primary Contact: DCW Providers PA Telephone (570) 302-4100
Address: 394 Broadway, 4th Floor New York NY 10013
Street Address (including Apt/Unit/Ste #) and/or PO Box City State Zip

Alternate Contact: Jacquelyn Stone Telephone: (256) 280-7922
Address: 394 Broadway, 4th Floor New York NY 10013
Street Address (including Apt/Unit/Ste #) and/or PO Box City State Zip

Note: If a hospital, clinic or other facility is the owner of your patient's medical records, the facility's records department may be listed as the primary contact. All applicants must still list a second, unique contact.

Please identify the method of notifying patients of location of records (check all that apply). If listing email, please provide an email that the patient will receive information from:

Phone Mail In Person Other: (570) 302-4100

Driver License or State ID Card: Michigan L520074067020 01/06/2022
State of Issue License Number Expiration Date

LARA

Department of Licensing and Regulatory Affairs

[Home](#) [Search](#) [+ New](#) [Help](#)[Register for an Account](#) [Login](#)

NOTE: If you would like to Renew your license follow these instructions:

- You must use a desktop or laptop computer to complete the registration and renewal process.
- Login to MiPLUS.
- Click on the "Licenses" tab.
- Find your License Number under the "Record Number" column. Click on the "Renew License" link located under the "Action" column.

[Home](#) [Licenses](#) [Enforcement](#)[Advanced Search](#)

Licensed Professional Information: Medical Doctor 4301089906

Licensee Detail

License Type:

Medical Doctor

License Number:

4301089906

Name:

Audrey Ann Lance

License Issue Date:

06/02/2011

License Expiration Date:

01/31/2022

License Status:

Active

County:

Wayne

CONTROLLED SUBSTANCE LIST

City: Ann Arbor

State or Province: Michigan

ZIP or Postal Code: 48109

CS Record Number: 5315031181

CS Status: Lapsed

CS Expiration Date: 06/30/2011

City: Sterling Heights

State or Province: Michigan

ZIP or Postal Code: 48310

CS Record Number: 5315095444

CS Status: Active

CS Expiration Date: 01/31/2022

City: Ann Arbor

State or Province: Michigan

ZIP or Postal Code: 48103

CS Record Number: 5315050714

CS Status: Lapsed

CS Expiration Date: 01/31/2015

City: Southfield

State or Province: Michigan

ZIP or Postal Code: 48075

CS Record Number: 5315095445

CS Status: Active

CS Expiration Date: 01/31/2022

City: Westland

State or Province: Michigan

ZIP or Postal Code: 48185

CS Record Number: 5315095063

CS Status: Active

CS Expiration Date: 01/31/2022

DRUG CONTROL LIST

City: Westland

State: Michigan

ZIP Code: 48185

DC Record Number: 5307005631

DC Status: Active

DC Expiration Date: 01/31/2022

City: Southfield

State: Michigan

ZIP Code: 48075

DC Record Number: 5307003474

DC Status: Active

DC Expiration Date: 01/31/2022

City: Sterling Heights

State: Michigan

ZIP Code: 48310

DC Record Number: 5307005205

DC Status: Active

DC Expiration Date: 01/31/2022

[← Click to view Public Documents](#)

Attachment List

Type	Name
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No records found.

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