

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Medical Doctor Application 4301507624APP22

Record Type

Medical Doctor Application

Created: 5/19/2022 4:17 pm

Record ID: 4301507624APP22

Created by: PUBLICUSER1420240, MiPLUS Online

Payment Information

Payment Amount	Method of Payment	Payment Date
\$741.80	Credit Card	05/19/2022

Applicant

Name (First Middle Last): Catherine Romanos
Birth Date: [REDACTED]
Primary Phone: 9375571699 Extension:
E-mail: catherine.romanosmd@gmail.com
Preferred Channel: Email
Mailing Address: 605 N High St, #609, Columbus, OH 43215

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.: Non-Michigan County

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:	--

Armed Forces Fee Waiver

ARMED FORCES FEE WAIVER

If requesting a fee waiver as a member of the armed forces or the uniformed services, a veteran, or a dependent of a member of the armed forces, you will need to attach a copy of your military I.D. or if a dependent a copy of the service members military I.D. If you are an individual who served in the armed forces or uniformed services please attach a form DD214, form DD215, or any other form acceptable to the Department that demonstrates you were separated from service with an honorable character of service or under honorable conditions (general) character of service. If you have the appropriate documentation and wish to use the fee waiver, please select this box:	No
Choose one:	--

License Document Delivery Options

License Document Delivery

Your license will be sent electronically, if you would also like a paper copy please select that delivery option.

License Document Delivery: Electronic Only

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

Other State Licenses

State or Country: Ohio
Permanent License/Registration Number: 35.121940
Profession: Medicine
Date of Issuance: 08/09/2013
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: --

State or Country: Massachusetts
Permanent License/Registration Number: 242461
Profession: Medicine
Date of Issuance: 11/09/2009
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: --

State or Country: New York
Permanent License/Registration Number: 257511
Profession: Medicine
Date of Issuance: 06/24/2010
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: --

Professional Education

Professional Education

Name of School: University of Connecticut School of Medicine
Name of Education Program: Doctor of Medicine

Human Trafficking Training

HUMAN TRAFFICKING TRAINING

I have completed the one-time training for identifying victims of human trafficking pursuant to Section 16148 of the Public Health Code, 1978 PA 368 and of the administrative rules for my licensed profession: Yes

CS Certification

CS Certification

Are you applying for a Controlled Substance license: Yes

Have you completed a 1-time training in opioids and controlled substance awareness: Yes

Controlled Substance

Controlled Substance

Address Line 1: 24450 Evergreen Rd
Address Line 2: #220
Address Line 3: --
City: Southfield
State or Province: Michigan
ZIP or Postal Code: 48075

Drug Control Location

Drug Control Location

Address Line 1: 24450 Evergreen Rd
Address Line 2: #220
Address Line 3: --
City: Southfield
State: Michigan
ZIP Code: 48075

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: Grant Medical Center

Hospital Affiliations

Hospital Where Practicing

List each hospital in which you are allowed to practice.

Name of Hospital where Allowed to Practice: Grant Medical Center

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
205_MWBC_Letter_20220519_161726.pdf	MWBC Letter	112 KB	05/19/2022
BPL_EXT_ACA_Receipt_REC_SGL_CRYSTAL_20220519_161831.pdf	Online Receipt	50 KB	05/19/2022

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: 05/19/2022

This Record Summary shows MiPLUS data in record 4301507624APP22 as of 5/19/2022 4:18 PM Eastern Time

Payment Confirmation

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

Record ID: 4301507624APP22
MEDICAL DOCTOR APPLICATION

PAYMENT DATE: May 19, 2022

CATHERINE ROMANOS

Invoice Details

Fee Description	Amount	Fee Date	Invoice
Controlled Substance Application Processing Fee	\$10.80	05/19/2022	1046690
Drug Control Location Application Processing Fee	\$75.00	05/19/2022	1046690
Controlled Substance Per Year License Fee	\$243.30	05/19/2022	1046690
Drug Control Location Per Year License Fee	\$45.00	05/19/2022	1046690
Medical Doctor Application Processing Fee	\$59.45	05/19/2022	1046690
Medical Doctor Per Year License Fee	\$308.25	05/19/2022	1046690

Payment Details

Date Paid: 05/19/2022 16:17:08
Payment Method: Credit Card
Payment Amount: \$741.80
Confirmation Number: 22051914184506
Receipt Number: 1032277



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:
 - o You are applying for an initial license and have never been fingerprinted for a Michigan health professional license
 - o You are applying for relicensure and your license has been lapsed for more than 3 years
 - o You are applying for a different health professional license and have never been fingerprinted for a Michigan health professional license
 - o You are applying for reinstatement of a revoked or suspended license or reclassification of a limited license
 - o You are applying for a letter of qualification (LOQ) in Michigan for the first time under the Interstate Medical Licensure Compact.
 - o 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:
<https://mi.ibtfingerprint.com/>
- 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 at the fingerprint site by credit card, by company check or money order made payable to IdentoGo.
- 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.
- Out-of-state or out-of-country applicants must pre-register with IdentoGO at <https://mi.ibtfingerprint.com/>, select the **Digital Fingerprinting** option. You will then have the option to either **Register for Out-of-State Digital Fingerprinting Services**, or to **Register for Non-Resident Cardscan Processing Service**, for either option you will need to pay the appropriate fee.
 - o **Register for Out-of-State Digital Fingerprinting Services** - This service allows an applicant living outside of the State of Michigan to visit an IdentoGO Enrollment Center in their area in order to have electronic fingerprints captured for submission to the State of Michigan for processing.
 - o **Register for Non-Resident Cardscan Processing** - Once registered, contact a local law enforcement, governmental, or private fingerprint agency to perform an ink hard card fingerprint capture on the FBI (FD-258) fingerprint hard card. Mail the completed Livescan Fingerprint Background Check Request (RI-030) form and fingerprint card containing your fingerprints to: IDENTOGO • CARDSCAN DEPARTMENT - MICHIGAN PROGRAM • 340 SEVEN SPRINGS WAY, SUITE 250 • BRENTWOOD, TN 37027
- Once fingerprinted, law enforcement reports can take up to 30 business days to be sent to the Bureau of Professional Licensing.
- IdentoGO provides a receipt to all applicants that are livescan fingerprinted. Please keep the receipt from IdentoGO 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) 335-0918 or by email at bplhelp@michigan.gov.

Sincerely,
Licensing Division,
Bureau of Professional Licensing

(Revised 6/21)

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273
COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

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) C222CGGM		
II. Application Information: Type or clearly print answers in all fields before going to be fingerprinted.					
1a. Last Name Romanos	1b. First Name Catherine	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 (937) 557-1699	7. Driver's License / State ID Number	8. Issuing State	
9. Home Address 605 N High St #609		10. City Columbus		11. State OH	12. Zip Code 43215
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>Authority: 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>Principal Purpose: 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>Routine Uses: 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.