

Michigan Department of Community Health
Board of Medicine
 P.O. Box 30192
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

DCH/LMD-040 (02/06)

Page 1 of 2

APPLICATION FOR MEDICAL DOCTOR LICENSURE
 Authority: Public Act 368 of 1978, as amended.

If this form is not completed, a license will not be issued

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539).

Tran Info: 430101 13861825-1 03/31/08
 Chk#: 210 Amt: \$150.00
 ID: **MCL 15.243(1)(w)**

Board Use Only
 License Number **092545**
 Date of Licensure **6/16/08**

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

License by Examination Fee: \$150.00 71-4301-01

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name Neil	Middle Name Samuel	Last Name Simmerman
U.S. Social Security Number MCL 15.243(1)(w)	Date of Birth MCL 1976	Daytime Phone Number (917) MCL 15.243(1)(a)
Street Address 1320 York Ave # 24 Q		
City New York	State NY	ZIP Code 10021
All Previous Names and/or Birth Name Used (if applicable)		
Have you ever held a health professional license in Michigan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Michigan Permanent I.D. Number and Expiration Date

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever had a federal or state health professional or controlled substance license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you ever been denied the privilege of taking an examination by any state medical board?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name
Neil Samuel Simmerman

9. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privilege involuntarily modified? Yes No
10. Do you hold or have you ever held a permanent medical license in any state, U.S. Territory or Canadian Province? If yes, list the state(s) U.S. Territory or Province in which you hold or have held a medicine license, the license or registration number, the date issued, and how the license was obtained. DO NOT LIST TEMPORARY LICENSES. You must have each licensing agency verify licensure directly to this board office. (Attach additional sheets, if necessary) Yes No

State, U.S. Territory or Province	License Number	Date of Issue	How obtained (Endorsement or examination)

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and Address of Institution	Dates of Attendance		Degree
	From	To	
Bengurion University Medical School for Int'l Health PO Box 653 Beer-Sheva 84105 Israel	July 2000	May 2004	M.D.
McGill University 845 Sherbrooke St. Montreal, QC H3A 2T5 Canada	May 1999	June 2000	M.Sc.
Concordia University 1455 De Maisonneuve Blvd. Montreal, QC H3G 1M8 Canada	September 1995	December 1998	B.Sc.

Provide a description of your professional medical experience. Attach additional sheets if necessary.

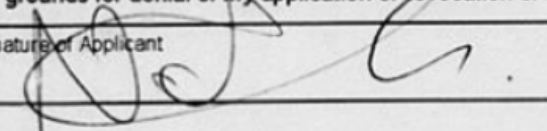
Name and Address of Employer	Dates of Practice		Duties
	From	To	
New York Presbyterian-Cornell 525 E. 68th Street New York, NY 10021	July 2004	Present	Resident Physician

CERTIFICATION

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 Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant  Date **3/22/08**

Michigan Department of Community Health

Board of Pharmacy

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

DCH/LPH-090 (12/05)

CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended.

A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license.

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Detroit, Michigan 48226 (telephone: 800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.

Tran Info: 430157 13861825-2 03/31/08
Chk#: 210 Amt: \$20.00
ID: MCL
Tran Info: 430137 13861825-3 03/31/08
Chk#: 210 Amt: \$65.00
ID: MCL
Board Use Only
License Number 036748
Date of Licensure 6/16/08

Type or Print Only

INSTRUCTIONS

- CONTROLLED SUBSTANCE FEE:** Initial (first time) professional license or relicensure of your professional license - \$85.00.
If you already hold a professional license and your professional license expires in:
0-12 months the fee is \$85.00 (13757) 13-24 months the fee is \$160.00 (23757) 25-36 months the fee is \$235.00 (33757)
- M.D./D.O. Applicants:** This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.
- Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name Neil	Middle Name Samuel	Last Name Simmerman
Street 1320 York Ave # 24 Q		Telephone Number (917) 886-4156
City New York	State NY	ZIP Code 10021

<p>TYPE OF PROFESSIONAL LICENSE (Please Check One)</p> <table border="0"> <tr> <td><input type="checkbox"/> 29 - 01 D.D.S. 71-5315</td> <td>Regular</td> <td><input type="checkbox"/></td> <td>or</td> <td><input type="checkbox"/></td> <td>Educational Limited</td> </tr> <tr> <td><input type="checkbox"/> 59 - 01 D.P.M. 71-5315</td> <td><input type="checkbox"/></td> <td>or</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 69 - 01 D.V.M. 71-5315</td> <td><input type="checkbox"/></td> <td>or</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> 43 - 01 M.D. 71-5315</td> <td><input checked="" type="checkbox"/></td> <td>or</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 51 - 01 D.O. 71-5315</td> <td><input type="checkbox"/></td> <td>or</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 49 - 01 O.D. 71-5330</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 53 - 01 Pharmacy Store 71-5301</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 53 - 02 R.Ph. 71-5302</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 53 - 06 Manuf./Wholesaler 71-5306</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> 29 - 01 D.D.S. 71-5315	Regular	<input type="checkbox"/>	or	<input type="checkbox"/>	Educational Limited	<input type="checkbox"/> 59 - 01 D.P.M. 71-5315	<input type="checkbox"/>	or	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 69 - 01 D.V.M. 71-5315	<input type="checkbox"/>	or	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> 43 - 01 M.D. 71-5315	<input checked="" type="checkbox"/>	or	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 51 - 01 D.O. 71-5315	<input type="checkbox"/>	or	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 49 - 01 O.D. 71-5330	<input type="checkbox"/>					<input type="checkbox"/> 53 - 01 Pharmacy Store 71-5301	<input type="checkbox"/>					<input type="checkbox"/> 53 - 02 R.Ph. 71-5302	<input type="checkbox"/>					<input type="checkbox"/> 53 - 06 Manuf./Wholesaler 71-5306	<input type="checkbox"/>					<p>STATUS:</p> <ol style="list-style-type: none"> Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain on separate sheet. Is your current professional license limited as a result of Board disciplinary action? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p>Michigan Permanent I.D. Number (as shown on your pocket card)</p> <p>Expiration Date of License Social Security Number MCL 15.243(1)(w)</p>
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I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.

Signature 	Date 3/22/08
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Redaction Log

Total Number of Redactions in Document: 7

Redaction Reasons by Page

Page	Reason	Description	Occurrences
1	MCL 15.243(1)(w)	(25) Information or records that would disclose the social security number of an individual.	2
1	MCL 15.243(1)(a)	(4)(a) Information of a personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy	2
3	MCL 15.243(1)(w)	(25) Information or records that would disclose the social security number of an individual.	3

Redaction Log

Redaction Reasons by Exemption

Reason	Description	Pages (Count)
MCL 15.243(1)(a)	(4)(a) Information of a personal nature if public disclosure of the information would constitute a clearly unwarranted invasion of an individual's privacy	1(2)
MCL 15.243(1)(w)	(25) Information or records that would disclose the social security number of an individual.	1(2) 3(3)