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

DCH/LMD-851 (03/04)

Tran Info:430157 10793896-1 06/15/05
Chk#: 543956 Amt: $20.00
ID: [redacted]

APPLICATION FOR EDUCATIONAL LIMITED AND CONTROLLED SUBSTANCE LICENSES

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).

License Number: 086582
C.S. License Number: 023515
Date of Licensure: 6/28/05

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

[X] **Educational Limited and Controlled Substance Fee: 170.00**
71-43-01-375705

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	Middle Name	Last Name
Kelly	Marie	Gumbrecht

U.S. Social Security Number	Date of Birth	Previous MI License Number and Expiration Date, If applicable
[redacted]	[redacted]	Tran Info:430137 10793896-2 06/15/05

Daytime Phone Number	All Previous Names and/or Birth Name Used (if applicable)
(586) [redacted]	Chk#: 543956 Amt: $65.00 ID: [redacted]

Have you ever held a health professional license in Michigan?
[ ] Yes [X] No

Tran Info:430105 10793896-3 06/15/05
Chk#: 543956 Amt: $85.00
ID: [redacted]

Name of Training Hospital: Saint John Hospital + Medical Center 22101 Moross

Street Address of Training Hospital: 22101 Moross

ST. JOHN HOSPITAL AND MEDICAL CENTER
MEDICAL EDUCATION DEPARTMENT
22101 MOROSS ROAD
DETROIT, MI 48236

City	State	Zip Code
Detroit	MI	48236

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

Question	Yes	No
1. Have you ever been convicted of a felony?	[ ]	[X]
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	[ ]	[X]
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)?	[ ]	[X]
4. Have you been treated for substance abuse in the past 2 years?	[ ]	[X]
5. Have you had 3 or more malpractice settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period?	[ ]	[X]
6. Have you had one or more malpractice settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period?	[ ]	[X]
7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	[ ]	[X]

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
Kelly Marie Gumbrecht

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ☐ Yes ☒ No

9. Do you hold or have you held a medical license in any state? If yes, list each state, the license or registration number, the date issued, and how the license was obtained DO NOT LIST TEMPORARY LICENSES. **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** ☐ Yes ☒ No

State	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 From	To	Degree
Wayne State University Detroit, Michigan	August 1996	May 2000	BS of Psychology
American University of Caribbean Coral Gables, Florida	August 2000	May 2005	Medical Doctor

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

Name and Address of Employer	Dates of Practice From	To	Duties

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of their 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.

Kelly M. Gumbrecht
Signature of Applicant

Date
3/24/05

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

Tran Info:43010' 14364737-1 10/2
Chk#: 988586 Amt: $150.00
ID: [redacted]

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).

Board use only
License Number: 0866582
Date of Licensure: 11/5/08

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	Middle Name	Last Name
Kelly	Marie	Gumbrecht
U.S. Social Security Number	Date of Birth	Daytime Phone Number
[redacted]	[redacted]	(586) [redacted]

Street Address: 49246 Michelle Ann Drive

City	State	ZIP Code
Chesterfield	MI	48051

All Previous Names and/or Birth Name Used (if applicable): N/A

Have you ever held a health professional license in Michigan? ☐ Yes ☑ 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.

Question	Yes	No
1. Have you ever been convicted of a felony?	☐	☑
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years?	☐	☑
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)?	☐	☑
4. Have you been treated for substance abuse in the past 2 years?	☐	☑
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	☐	☑
6. Have you had one or more malpractice settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period?	☐	☑
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?	☐	☑
8. Have you ever been denied the privilege of taking an examination by any state medical board?	☐	☑

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
Kelly M. Lumbrecht

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 From	To	Degree
Roseville High School 17855 Common Road Roseville, MI 48066	September 1993	June 1996	H.S. Diploma
Wayne State University 42 West Warren Detroit, MI 48202	September 1996	June 2000	B.S. Psychology
American University of the Caribbean 901 Ponce de Leon Blvd, Suite 700 Coral Gables, FL 33134	September 2000	June 2005	M.D.

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

Name and Address of Employer	Dates of Practice From	To	Duties
St. John Hospital & Medical Center 22101 Moross Detroit, MI 48236	July 1st 2005	June 30 2009	OB/Gyn Resident

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
Kelly Lumbrecht	10/1/08

7/08

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)

Tran Info:430157 14364737-2 10/27/
Chk#: 988586 Amt: $20.00
ID: [redacted]

Tran Info:430137 14364737-3 10/27/08
Chk#: 988586 Amt: $65.00
ID: [redacted]

Board Use Only

License Number	638733
Date of Licensure	11/5/08

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 manufacturers, 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.

Type or Print Only

INSTRUCTIONS

1. **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)

2. **M.D./D.O. Applicants: This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.**
3. **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	Middle Name	Last Name
Kelly	Marie	Lumbrecht

Street	Telephone Number
49246 Michelle Ann Drive	(586) [redacted]

City	State	ZIP Code
Chesterfield	MI	48051

TYPE OF PROFESSIONAL LICENSE

(Please Check One)

License	Regular		Educational Limited
☐ 29 - 01 D.D.S. 71-5315	☐	or	☐
☐ 59 - 01 D.P.M. 71-5315	☐	or	☐
☐ 69 - 01 D.V.M. 71-5315	☐	or	☐
☑ 43 - 01 M.D. 71-5315	☐	or	☐
☐ 51 - 01 D.O. 71-5315	☐	or	☐
☐ 49 - 01 O.D. 71-5330	☐		
☐ 53 - 01 Pharmacy Store 71-5301	☐		
☐ 53 - 02 R.Ph. 71-5302	☐		
☐ 53 - 06 Manuf./Wholesaler 71-5306	☐		

STATUS:

1. **Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?**
   ☐ Yes ☑ No
   If Yes, please explain on separate sheet.
2. **Is your current professional license limited as a result of Board disciplinary action?**
   ☐ Yes ☑ No

Michigan Permanent I.D. Number (as shown on your pocket card):

Expiration Date of License	Social Security Number

I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.

Signature	Date
Kelly M. Lumbrecht	10/1/08

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 American's with Disabilities Act, you may make your needs known to this agency.

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Lansing, MI 48909
(517) 335-0918

DCH/LMD-050 (09/04)

Tran Info:430125 11663981-1 04/19/06
Chk#: 1375 Amt: $50.00
ID: [redacted]

APPLICATION FOR USMLE STEP 3 EXAMINATION

Authority: Public Act 368 of 1978, as amended

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

☑ **USMLE Step 3 Examination Fee: $50.00 71-4301-25**

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	Middle Name	Last Name
Kelly	Marie	Gumbrecht
U.S. Social Security Number: [redacted]	Date of Birth: [redacted]	Michigan Permanent I.D. Number and Expiration Date: [redacted]
Street Address: 49246 Michelle Ann Drive		
City: Chesterfield	State: Michigan	ZIP Code: 48051
Daytime Telephone Number: (586) [redacted]	All Previous Names and/or Birth Name Used (if applicable)	

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

Question	Yes	No
1. Have you previously taken USMLE Step 3 in Michigan?	☐ Yes	☑ No
2. Have you previously taken USMLE Step 3 in another State? If yes, Please list state(s) and date of exam.	☐ Yes	☑ No
3. Do you now or have you ever held an educational limited license in the State of Michigan? If yes, please give license number below. 4301086582	☑ Yes	☐ No

ELIGIBILITY

To be eligible to take USMLE step 3, you must establish BOTH of the following:

a) That you have passed USMLE Step 1 and USMLE Step 2 and

b) That you have completed not less than six months of postgraduate clinical training in a program approved by board.

INSTRUCTIONS TO APPLICANT

It is your responsibility to assure that the following two documents are provided to this office directly from their sources:

1) USMLE Step 1 and USMLE Step 2 examination scores from the Federation of State Medical Boards and

2) Certification of completion of at least six months postgraduate clinical training on the enclosed form from your Program Director

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.