

PERMANENT/IMLC

MD25851

ISSUED: 3/2/22

EXPIRES: 1/31/24

DATE APP REC'D: 3/1/22

NAME: LANCE, AUDREY ANN

DOB: ██████

MEDICAL SCHOOL: GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

YEAR GRAD: 2007

SPECIALTY: OBGYN

PRIMARY STATE OF LICENSURE MI

FSMB 3 / 2 / 22 NPDB 3 / 2 / 22

GOOGLE RESULTS YES NO

WRITTEN EXAM %

COMMENTS: _____

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

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 _____

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 _____

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

Date of Birth _____ Gender: Female

Email address delegated by applicant to receive correspondence _____

Social Security Number: _____

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



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

PRACTITIONER PROFILE

Prepared for: Maine Board of Licensure in Medicine As of Date:3/2/2022

PRACTITIONER INFORMATION

Name: Lance, Audrey Ann
DOB: [REDACTED]
Medical School: George Washington University School of Medicine and Health Sciences
Washington, District Of Columbia, UNITED STATES
Year of Grad: 2007
Degree Type: MD
NPI: 1376749366

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1376749366	Individual			06/04/2018

PRACTITIONER PROFILE

Prepared for: Maine Board of Licensure in Medicine As of Date:3/2/2022
 Practitioner Name: Lance, Audrey Ann

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ALABAMA	00042839	06/30/2021	12/31/2022	02/22/2022
		FSMB License Status: Active		
ALASKA	MEDR5191	07/01/2009	07/30/2009	08/09/2013
		FSMB License Status: Active		
COLORADO	0001264	08/05/2021	04/30/2023	02/28/2022
		FSMB License Status: Active		
GEORGIA	89929	08/11/2021	01/31/2023	02/16/2022
		FSMB License Status: Active		
ILLINOIS	036157542	06/27/2021	07/31/2023	01/31/2022
		FSMB License Status: Active		
MARYLAND	D92359	08/12/2021	09/30/2022	12/03/2021
		FSMB License Status: Active		
MICHIGAN	4301089906	06/02/2011	01/31/2022	01/31/2022
		FSMB License Status: Active		
MINNESOTA	69491	06/22/2021	01/31/2023	03/01/2022
		FSMB License Status: Active		
OREGON	MD205664	09/07/2021	12/31/2023	02/15/2022
		FSMB License Status: Active		
PENNSYLVANIA	MD448775	05/21/2013	12/31/2022	01/03/2022
		FSMB License Status: Active		
TENNESSEE	58467	11/26/2018	01/31/2024	02/18/2022
		FSMB License Status: Active		
UTAH	12363879-1205	06/23/2021	01/31/2024	03/01/2022
		FSMB License Status: Active		
WISCONSIN	1390-320	07/09/2021	10/31/2023	03/01/2022
		FSMB License Status: Active		

PRACTITIONER PROFILE

Prepared for: Maine Board of Licensure in Medicine As of Date:3/2/2022
Practitioner Name: Lance, Audrey Ann

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Address	Last Reported
██████████	WESTLAND,MI 48185	01/05/2022
██████████	SOUTHFIELD,MI 48075	01/05/2022
██████████	STERLING HEIGHTS,MI 48310	01/05/2022
██████████	KNOXVILLE,TN 37914	01/05/2022

PRACTITIONER PROFILE

Prepared for: Maine Board of Licensure in Medicine As of Date:3/2/2022
 Practitioner Name: Lance, Audrey Ann

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
 Certificate: Obstetrics and Gynecology
 Certification Type: General
 Certification Status: Certified
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2021	12/31/2022		Recertification	02/24/2022
Expired	Time Limited	12/31/2020	12/31/2021		Recertification	02/24/2022
Expired	Time Limited	12/31/2019	12/31/2020		Recertification	02/24/2022
Expired	Time Limited	12/31/2018	12/31/2019		Recertification	02/24/2022
Expired	Time Limited	12/31/2017	12/31/2018		Recertification	02/24/2022
Expired	Time Limited	12/31/2016	12/31/2017		Recertification	02/24/2022
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	02/24/2022
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	02/24/2022
Expired	Time Limited	11/08/2013	12/31/2014		Initial	02/24/2022

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

Terranova, Tim E

From: Terranova, Tim E
Sent: Wednesday, March 2, 2022 11:48 AM
To: [REDACTED]
Subject: Maine Board of Licensure in Medicine

Dr. Lance,

Your Maine Medical license has been issued.

However, you must complete the necessary jurisprudence exam (information below). Please complete the exam no later than **3/16/22**.

Failure to complete the exam will result in your license being referred to the Board for of disciplinary action.

All applicants must take an open book jurisprudence exam. The open-book exam must be passed with a score of at least 75. The exam review materials are available at:

https://www.maine.gov/md/sites/maine.gov.md/files/inline-files/Final%20Approved%20Exam%20Study%20Guide%202020_0.pdf

The exam is at: https://www1.maine.gov/cgi-bin/online/licensing/begin.pl?board_number=376

You will need to log into the online Exam by using **MD25851** for the license number and on the second page use the LAST 6 digits of your SSN for your access code. Once logged in you will be asked to create a password.

Please send me an e-mail once you have completed the exam.

Please contact me if you have any questions.

Thank you

Timothy Terranova
Assistant Executive Director
Maine Board of Licensure in Medicine
(207) 287-6930