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

DCH/LMD-851 (03/04) 1 of 2

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).

Tran Info:430137 10565485-1 04/25/05
Chk#: 541643 Amt: $65.00
ID: MCL

Board Use Only
License Number 085948
C.S. License Number 022280
Date of Licensure 5/1/05

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

☒ **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
SAPNA		MURTHY

U.S. Social Security Number	Date of Birth	Previous MI License Number and Expiration Date, If applicable
MCL 15.243(1)(w)	MCL 1975	

Daytime Phone Number	All Previous Names and/or Birth Name Used (if applicable)
248 - MCL	

~~Tran Info:430157 10565485-2 04/25/05~~
~~Chk#: 541643 Amt: $20.00~~
~~ID: MCL~~

Have you ever held a health professional license in Michigan?
☐ Yes ☒ No

~~Tran Info:430105 10565485-3 04/25/05~~
~~Chk#: 541643 Amt: $85.00~~
~~ID: MCL~~

Name of Training Hospital
ST JOHN HOSPITAL

Street Address of Training Hospital MEDICAL EDUCATION
22101 MOROSS ROAD

City	State	ZIP Code
DETROIT	MI	48236-9832

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?	☐ Yes	☒ No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	☐ Yes	☒ 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)?	☐ Yes	☒ No
4. Have you been treated for substance abuse in the past 2 years?	☐ Yes	☒ No
5. Have you had 3 or more malpractice settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period?	☐ Yes	☒ No
6. Have you had one or more malpractice settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period?	☐ Yes	☒ No
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?	☐ Yes	☒ 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.

www.michigan.gov/healthlicense

Name SAPNA MURTHY

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
LADY HARDINGE MEDICAL COLLEGE NEW DELHI, INDIA	AUG, 1992	DEC, 1997	BACHELOR OF MEDICINE & BACHELOR OF SURGERY (MBBS)
MAULANA AZAD MEDICAL COLLEGE NEW DELHI, INDIA	JUN, 1998	APR, 2001	MD (OBSTETRICS & GYNECOLOGY)

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

Name and Address of Employer	Dates of Practice From	To	Duties
MAULANA AZAD MEDICAL COLLEGE & LOK NAYAK HOSPITAL, DELHI, INDIA	JUN, 1998	APR, 2001	Inpatient & outpatient patient management, medical records, training of interns & medical students ← JUNIOR RESIDENT
MAULANA AZAD MEDICAL COLLEGE & LOK NAYAK HOSPITAL, DELHI, INDIA	FEB, 2002	JUN, 2003	SENIOR RESIDENT: Evaluation & management of patients in emergency, outpatient & inpatient settings independently. Resident teaching, medical records.

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.

Signature of Applicant	Date
Sapna Murthy	04/01/2005

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 14413347-2 12/02/08
Chk#: 515 Amt: $20.00
ID: MCL

Tran Info:430137 14413347-3 12/02/08
Chk#: 515 Amt: $65.00
ID: MCL

Board Use Only
License Number C39039
Date of Licensure 1/1/09

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
SAPNA		MURTHY

Street	Telephone Number
1228 ROTHWELL DRIVE	313-205-9232

City	State	ZIP Code
TROY	MI	48084

TYPE OF PROFESSIONAL LICENSE

(Please Check One)

	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)
53150222 80

Expiration Date of License	Social Security Number
06/30/2009	MCL 15.243(1)(w)

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

Signature	Date
Sapna Murthy	11/19/2008

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.