

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Physician's Assistant Renewal 5601004496REN20

Record Type

Physician's Assistant Renewal

Created: 8/27/2020 9:54 am

Record ID: 5601004496REN20

Created by: PUBLICUSER1090795, MiPLUS Online

Payment Information

Payment Amount	Method of Payment	Payment Date
\$118.90	Credit Card	08/27/2020

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.:

Marquette

Name Modification

Name Modification

Current Name: Anna Marie Rink  
Update Name: No  
Legal First Name: --  
Legal Middle Name: --  
Legal Last Name: --

Mailing Address Modification

Mailing Address Modification

Current Mailing Address: 103 Acorn Dr Negaunee, MI, 49866 US  
Update Mailing Address: No  
Country: United States  
Address Line 1: --  
Address Line 2: --  
Address Line 3: --  
City: --  
State: MI  
ZIP/Postal Code: --  
Province/State: --

## Phone and Email Modification

### Phone and Email Modification

Current Primary Phone:	--
Update Primary Phone:	Yes
New Primary Phone:	9068697517
New Primary Phone Extension:	--
Current Secondary Phone:	--
Update Secondary Phone:	No
Remove Secondary Phone:	No
New Secondary Phone:	--
New Secondary Phone Extension:	--
Current E-mail:	annamrink@gmail.com
Update E-mail:	No
New E-mail:	--
Current Preferred Channel:	Email
Update Preferred Channel:	No
New Preferred Channel:	--

## Good Moral Character

### Good Moral Character

*Answering "yes" to the following questions may not automatically prevent you from renewing your license. The department will review the substance of the former offense and determine if it is reasonably related to your profession.*

Have you been convicted of a felony you have not previously reported to the Department:	No
Have you been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years or a misdemeanor conviction involving the illegal delivery, possession, or use of alcohol or a controlled substance you have not previously reported to the Department:	No
Offense:	--
Year:	--
Court:	--
Case Number:	--
Incarceration, Probation, or Parole Information:	--
Check this box if you have additional offenses to report?:	No
Additional Offense Information:	--

**①** *List each additional offense, year, court, case number; and incarceration, probation, or parole information.*

## Disciplinary Actions

### Disciplinary Actions

Have any sanctions been imposed against you by a similar licensure, registration, certification, or disciplinary board of another state or country you have not previously reported to the Department: No

## Member Information

### Member Information

Are you a shareholder in a professional service corporation under Section 4 of former 1962 PA 192, or a member of a professional limited liability company under Section 904 of the Michigan Limited Liability Company Act, 1993 PA 23, MCL 450.4904, that was organized before July 19, 2010: No

Are any individuals licensed under Part 170 of the Public Health Code, 1978 PA 368, MCL 333.17001 to 333.17088, to engage in the practice of medicine, licensed under Part 175 of the Public Health Code, 1978 PA 368, MCL 333.17501 to 333.17556, to engage in the practice of osteopathic medicine and surgery, or licensed under part 180 of the Public Health Code, 1978 PA 368, MCL 333.18001 to 333.18058, to engage in the practice of podiatric medicine and surgery shareholders in the professional service corporation or members in the professional limited liability company: --

List the license number of the individual licensed under part 170 to engage in the practice of medicine, licensed under part 175 to engage in the practice of osteopathic medicine and surgery, or licensed under part 180 to engage in the practice of podiatric medicine and surgery who is a party to a practice agreement with you.: --  
Name of Licensee: --

Is the individual above a shareholder in the same professional service corporation or a member in the same professional limited liability company in which you are a shareholder or member: --

## Controlled Substance

### Controlled Substance

Address Line 1: --  
Address Line 2: --  
Address Line 3: --  
City: --  
State or Province: --  
ZIP or Postal Code: --  
Renew CS: --  
CS License Number: --

## Drug Control Location

### Drug Control Location

Address Line 1: --  
Address Line 2: --  
Address Line 3: --  
City: --  
State: --  
ZIP Code: --  
Renew DC: --  
DC License Number: --

## Drug Treatment Program

### Drug Treatment Program

Drug Treatment Program Name: --  
Address Line 1: --  
Address Line 2: --  
Address Line 3: --  
City: --  
State: --  
ZIP Code: --  
Renew DTPP: --  
DTPP License Number: --

## Attachments

*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 the State Board or administrative agency indicating the resolution of the sanctions.*

Name	Type	Size	Latest Update
No Attachments			

## Signed Attestation

By submitting this application I certify all information to be true and correct and understand that any misrepresentation or fraud may be cause for disciplinary action. I further attest 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, MCL 333.16148 and of the administrative rules. 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: 08/27/2020

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*This Record Summary shows MiPLUS data in record 5601004496REN20 as of 08/27/2020, 8:55 am*

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
P.O. BOX 30670  
LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
DRUG CONTROL LICENSE

ANNA MARIE RINK

LICENSE NO.                      EXPIRATION DATE  
5307012137                      07/15/2023                      2256150245

ANNA MARIE RINK  
103 ACORN DR  
NEGAUNEE, MI 49866

COMPLAINT INFORMATION:  
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED  
AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY  
COMPLAINTS OR VIOLATIONS PENDING AGAINST THE  
LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:  
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR  
ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND  
REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV  
OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
DRUG CONTROL LICENSE

\*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE  
\*VALID ONLY AT LOCATION BELOW

ANNA MARIE RINK  
1219 N. THIRD ST  
MARQUETTE, MICHIGAN 49855

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
P.O. BOX 30670  
LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
CONTROLLED SUBSTANCE LICENSE

ANNA MARIE RINK

LICENSE NO.                      EXPIRATION DATE  
5315231332                      07/15/2023                      2262210333

ANNA MARIE RINK  
103 ACORN DR  
NEGAUNEE, MI 49866

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GOVERNOR

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BOARD OF PHARMACY  
CONTROLLED SUBSTANCE LICENSE

\*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

ANNA MARIE RINK  
1219 N. THIRD ST  
MARQUETTE, MICHIGAN 49855

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
P.O. BOX 30670  
LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN TASK FORCE ON PHYSICIAN'S ASSISTANTS  
PHYSICIAN'S ASSISTANT LICENSE

ANNA MARIE RINK

LICENSE NO.	EXPIRATION DATE	
5601004496	07/15/2023	20240080855

ANNA MARIE RINK  
103 ACORN DR  
NEGAUNEE, MI 49866

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GOVERNOR

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DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN TASK FORCE ON PHYSICIAN'S ASSISTANTS  
PHYSICIAN'S ASSISTANT LICENSE

ANNA MARIE RINK

LICENSE NO.  
5601004496

EXPIRATION DATE  
7/15/2023

20240080855

THIS DOCUMENT IS DULY  
ISSUED UNDER THE LAWS OF  
THE STATE OF MICHIGAN