

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Medical Doctor Application 4301508104APP22

Record Type

Medical Doctor Application

Created: 8/17/2022 1:21 pm

Record ID: 4301508104APP22

Created by: PUBLICUSER1458278, MiPLUS Online

Payment Information

Payment Amount	Method of Payment	Payment Date
\$367.70	Credit Card	08/17/2022

Applicant

Name (First Middle Last): Sarah Kristen Calabrese  
Birth Date: [REDACTED]  
Primary Phone: 4409499971 Extension:  
E-mail: sarahcalabrese@mail.com  
Preferred Channel: Email  
Mailing Address: 2372 Glenwood Lane, Avon, OH 44011

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.: Non-Michigan County

Other Names List

Other Names List

List any other name or alias by which you have ever been known, including maiden name, if applicable

First Name: Sarah  
Middle Name: Kristen  
Last Name: Lengen

First Name: Sarah  
Middle Name: Lengen  
Last Name: Smith

Obtained by Method

Obtained By Method

Obtained by: Endorsement

## Good Moral Character

### Good Moral Character

Answering "yes" to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found [here](#).

Have you ever been convicted of a felony:	No
Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance:	No
Offense:	--
Year:	--
Court:	--
Case Number:	--
Incarceration, Probation, or Parole Information:	--
Check this box if you have additional offenses to report:	No
List each additional offense, year, court, case number; and incarceration, probation, or parole information:	--

## Armed Forces Fee Waiver

### ARMED FORCES FEE WAIVER

If requesting a fee waiver as a member of the armed forces or the uniformed services, a veteran, or a dependent of a member of the armed forces, you will need to attach a copy of your military I.D. or if a dependent a copy of the service members military I.D. If you are an individual who served in the armed forces or uniformed services please attach a form DD214, form DD215, or any other form acceptable to the Department that demonstrates you were separated from service with an honorable character of service or under honorable conditions (general) character of service. If you have the appropriate documentation and wish to use the fee waiver, please select this box:	No
Choose one:	--

## License Document Delivery Options

### License Document Delivery

Your license will be sent electronically, if you would also like a paper copy please select that delivery option.

License Document Delivery: Electronic Only

## Implicit Bias Training

### Implicit Bias Training

Completed: Yes

I have completed the required hour(s) of the implicit bias training pursuant to the Michigan Public Health Code – General Rules R 338.7004.

## Other License(s) in Michigan, Other State(s) and/or Country

### Other State Licenses

State or Country: Ohio  
Permanent License/Registration Number: 35.092297  
Profession: Medicine  
Date of Issuance: 08/15/2008  
How obtained: Examination  
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No  
Sanctions Imposed or Disciplinary Proceedings Explanation: --

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State or Country: North Carolina  
Permanent License/Registration Number: RTL04-0273  
Profession: Medicine  
Date of Issuance: 05/21/2004  
How obtained: Examination  
Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: No  
Sanctions Imposed or Disciplinary Proceedings Explanation: --

## Professional Education

### Professional Education

Name of School: The Ohio State University  
Name of Education Program: Doctor of Medicine

## Human Trafficking Training

### HUMAN TRAFFICKING TRAINING

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 and of the administrative rules for my licensed profession: Yes

## CS Certification

### CS Certification

Are you applying for a Controlled Substance license: Yes

Have you completed a 1-time training in opioids and controlled substance awareness: Yes

## Controlled Substance

### Controlled Substance

Address Line 1: --  
Address Line 2: --  
Address Line 3: --  
City: --  
State or Province: --  
ZIP or Postal Code: --

## Hospital Affiliations

### Hospital Where Employed

*List the name of each hospital with which you are employed or under contract.*

Name of Hospital Employed or Under Contract: Cleveland Clinic

Name of Hospital Employed or Under Contract: Northeast Ohio Women's Center

## Hospital Affiliations

### Hospital Where Practicing

*List each hospital in which you are allowed to practice.*

Name of Hospital where Allowed to Practice: Fairview Hospital

## Attachments

Michigan requires all documents verifying education and examination come from the primary source. Please DO NOT upload these documents as they will not be applied to your record. No license will be issued without primary source documentation which comes directly from the issuing entity to the Bureau of Professional Licensing. These documents must be sent directly from the primary source to [BPLData@michigan.gov](mailto:BPLData@michigan.gov) or you may use the delegate function to grant the issuing entity access to upload documents to your account. For more information on the delegate function, click [HERE](#).

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

Name	Type	Size	Latest Update
205_MWBC_Letter_20220817_132146.pdf	MWBC Letter	113 KB	08/17/2022
BPL_EXT_ACA_Receipt_REC_SGL_CRY_S_20220817_132159.pdf	Online Receipt	50 KB	08/17/2022

## Signed Attestation

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 Federal Bureau of Investigation, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, specialty licensure, or specialty certification board or task force of this or any other state, United States military, federal government, or another country.

I certify that the statements in this application are true and complete, including any and all attached documents and information provided as part of this application. I understand that any omitted statement, misrepresentation, or fraud of any of the documents and information provided on or as part of this application may be cause for denial of my application, disciplinary action, and/or may be punishable by law. I further attest that 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: 08/17/2022

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*This Record Summary shows MiPLUS data in record 4301508104APP22 as of 8/17/2022 1:23 PM Eastern Time*

GRETCHEN WHITMER  
GOVERNOR

# Payment Confirmation

ORLENE HAWKS  
DIRECTOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING

Record ID: 4301508104APP22  
MEDICAL DOCTOR APPLICATION

PAYMENT DATE: August 17, 2022


SARAH KRISTEN CALABRESE

## Invoice Details

Fee Description	Amount	Fee Date	Invoice
Medical Doctor Application Processing Fee	\$59.45	08/17/2022	1140598
Medical Doctor Per Year License Fee	\$308.25	08/17/2022	1140598

## Payment Details

Date Paid: 08/17/2022 13:21:28  
Payment Amount: \$367.70  
Receipt Number: 1124965

Payment Method: Credit Card  
Confirmation Number: 



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

**APPLICATION CONFIRMATION & FINGERPRINTING INFORMATION**

**APPLICATION INFORMATION:**

We are in receipt of your application and fee for licensure or registration.

**FINGERPRINTING INFORMATION:**

- If you fall under any of the following situations you will need to be fingerprinted to be eligible for a health professional license per MCL 333.16174(3) of the Public Health Code:
  - o You are applying for an initial license and have never been fingerprinted for a Michigan health professional license
  - o You are applying for relicensure and your license has been lapsed for more than 3 years
  - o You are applying for a different health professional license and have never been fingerprinted for a Michigan health professional license
  - o You are applying for reinstatement of a revoked or suspended license or reclassification of a limited license
  - o You are applying for a letter of qualification (LOQ) in Michigan for the first time under the Interstate Medical Licensure Compact.
  - o PLEASE NOTE EXCEPTION: Fingerprints are not required for a controlled substance license.
- Fingerprints MUST be done by IdentoGO fingerprinting sites ONLY. Schedule your appointment online at:  
<https://mi.ibtfingerprint.com/>
- You will need to enter the **Requester/Agency ID** and a Confirmation Number. Both numbers can be found on the enclosed Livescan Fingerprint Background Check Request (RI-030). Use the **Individual ID** (Box 4) as your Confirmation Number.
- Payment can be made at the fingerprint site by credit card, by company check or money order made payable to IdentoGo.
- Complete the enclosed Livescan Fingerprint Background Check Request (RI-030) form and take it to the fingerprinting site, along with an acceptable form of identification. Preferred ID types: Unexpired State-issued driver's license or identification card with photo, issued by the US government or Michigan governmental agency.
- Out-of-state or out-of-country applicants must pre-register with IdentoGO at <https://mi.ibtfingerprint.com/>, select the **Digital Fingerprinting** option. You will then have the option to either **Register for Out-of-State Digital Fingerprinting Services**, or to **Register for Non-Resident Cardscan Processing Service**, for either option you will need to pay the appropriate fee.
  - o **Register for Out-of-State Digital Fingerprinting Services** - This service allows an applicant living outside of the State of Michigan to visit an IdentoGO Enrollment Center in their area in order to have electronic fingerprints captured for submission to the State of Michigan for processing.
  - o **Register for Non-Resident Cardscan Processing** - Once registered, contact a local law enforcement, governmental, or private fingerprint agency to perform an ink hard card fingerprint capture on the FBI (FD-258) fingerprint hard card. Mail the completed Livescan Fingerprint Background Check Request (RI-030) form and fingerprint card containing your fingerprints to: IDENTOGO • CARDSCAN DEPARTMENT - MICHIGAN PROGRAM • 340 SEVEN SPRINGS WAY, SUITE 250 • BRENTWOOD, TN 37027
- Once fingerprinted, law enforcement reports can take up to 30 business days to be sent to the Bureau of Professional Licensing.
- IdentoGO provides a receipt to all applicants that are livescan fingerprinted. Please keep the receipt from IdentoGO for your own records. For assistance with scheduling a fingerprinting appointment, please contact IdentoGO at (866) 226-2952.

If it has been more than four weeks and you have not received additional correspondence from our office, please contact the Licensing Division support team by phone at (517) 335-0918 or by email at [bplhelp@michigan.gov](mailto:bplhelp@michigan.gov) .

Sincerely,  
Licensing Division,  
Bureau of Professional Licensing

(Revised 6/21)

**AUTHORITY:** MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273  
**COMPLIANCE:** Voluntary. However, failure to complete this form will result in denial of request.

## LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

**Purpose:** To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

**Instructions:** See page two.

I. Authorizing Information:							
1. Fingerprint Reason Code LHP	2. Requestor/Agency ID 71734K	3. Agency Name LARA	4. Individual ID (MNU-OA) [REDACTED]				
II. Application Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name Calabrese		1b. First Name Sarah		1c. Middle Initial Kristen		1d. Suffix	
2. Any Alternative Names, Last names, or Aliases				3. Social Security Number (Optional)			
4. Place of Birth (State or Country)	5. Date of Birth [REDACTED]	6. Phone Number (440) 949-9971	7. Driver's License / State ID Number		8. Issuing State		
9. Home Address [REDACTED]		10. City [REDACTED]			11. State [REDACTED]	12. Zip Code [REDACTED]	
13. Sex	14. Race	15. Height	16. Weight	17. Eye Color	18. Hair Color		
III. Live Scan Information:							
1. Date Printed	2. Picture ID Type Presented		3. Transaction Control Number (TCN)		4. Livescan Operator*		
* When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then the unique identifier in the Identification Code field.							
IV. Privacy Act Statement							
<p><b>Authority:</b> Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p><b>Principal Purpose:</b> Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p><b>Routine Uses:</b> During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							



**V. Procedure to Obtain a Change, Correction, or Update of Identification Records**

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)

**VI. Consent**

I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

Signature:

Date:

**INSTRUCTIONS**

**Section I:**

**Authorizing Information:**

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

**1. Fingerprint Code:**

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

**2. Requesting Agency Identification (ID):**

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

**3. Agency Name:**

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

**4. Individual ID (MNU-OA):**

This Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

**Section II:**

**Applicant Information:**

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

**Section III:**

**Live Scan Information:**

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.

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 MEDICINE  
PHYSICIAN LICENSE

SARAH KRISTEN CALABRESE

LICENSE NO.                      EXPIRATION DATE  
4301508104                      09/07/2025      22250210936

SARAH KRISTEN CALABRESE  
2372 GLENWOOD LANE  
AVON, OH 44011

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](mailto: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 MEDICINE  
PHYSICIAN LICENSE

SARAH KRISTEN CALABRESE