

## MEDICAL LICENSE ISSUANCE INFORMATION

Physician's Name Audrey Ann Lance  
First Middle Last

Please fill in your respective Member Board's information for the qualified Physician named above.

National Provider Identifier Number 1376749366

Medical Board Name VERMONT BOARD OF MEDICAL PRACTICE

Member Board License Number 042.0016192

Date License Issued 6/13/2022  
mm/dd/yyyy

Date of Expiration 11/30/2022  
mm/dd/yyyy

Member Board Signature

*Tracy Hayes*

Name Tracy Hayes

Date 6/13/2022

**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 29488 Woodward Ave #323 , Royal Oak , MICHIGAN , 48073

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 (734) 223 - 1720

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

Date of Birth [REDACTED] Gender: Female

Email address delegated by applicant to receive correspondence dr.audrey.lance@gmail.com

Social Security Number: XXX-XX-XXXX [REDACTED]

Physician's National Provider Identifier Number 1376749366

# Workforce Census

Since 1999, the State of Vermont has been conducting a census of some professions every two years as part of relicensing. This has allowed us to monitor changes in Vermont's health care workforce. In 2012, the Legislature enacted a law to make work force data collection mandatory for all health care professions at license renewal as a necessary part of health care reform and planning for our health care future. We would like to thank you for your participation in this census.

Since the workforce census questions became a mandatory step of the process to renew a physician license, several licensees have certified that they completed the questions, when they had not. Please certify that you have completed the workforce census questions only once you have done so. If you encounter difficulty completing it, please contact the Public Health Statistics office as indicated on the survey site. Each licensee must complete the workforce census questions; if the questions are not complete the renewal applicant will be contacted. In addition, the names of those who incorrectly certify that they have completed the workforce census will be provided to the Board of Medical Practice for investigation of possible unprofessional conduct. Please complete the workforce census. The State of Vermont needs a complete data set to establish reliable information about the healthcare workforce.

You must complete the workforce census before you may complete your application to renew your license, even if you do not practice in Vermont at this time. The mandatory workforce census questions are accessed by clicking on the following link

<http://survey.healthvermont.gov/s3/MD>

I hereby certify that I have completed the workforce census per the above instructions.

# Child Support and Vermont State Taxes

Title 15 § 795 requires that:

A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795). Do you certify that you are not subject to a child support order, or are in good standing with regard to any such order?

Yes

No

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

Do you certify that you are in good standing with the Vermont Department of Taxes?

Yes

No

# CME Requirement

Each applicant for renewal must certify that he or she meets the requirements for CME as indicated by one of the statements below, Note that for purposes of this certification, completion of an activity includes taking the steps necessary to receive credit and obtain documentation of completion. If you cannot certify that you are eligible to renew your license because one of the statements applies to you, then you must contact the Board of Medical Practice to discuss your renewal application. You are not required to submit documentation of your CME activities with your renewal application, but licensees are subject to audit and may be asked to submit such documentation during the next two licensing cycles (for this renewal, through November 30, 2024).

The Rules for Continuing Medical Education are found in the Board Rules beginning at page 15 online at:

[https://www.healthvermont.gov/sites/default/files/documents/pdf/Reg\\_BMP%20Rule%20Clean%2012.11.19.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/Reg_BMP%20Rule%20Clean%2012.11.19.pdf)

a) I do not have to complete CME for this renewal because I was licensed as an MD in Vermont for the first time on or after December 1, 2021.

b) I was licensed as an MD for the first time in Vermont between December 1, 2020 and November 30, 2021. Accordingly, my requirement is to have completed at least 10 hours of qualifying AMA PRA Category 1 Credit CME and at least one of those hours was on one or more of the following subjects: hospice, palliative care, and/or pain management services. In addition, if I hold or have applied for a DEA number to prescribe controlled substances, at least two of the qualifying hours I completed were on the subject of safe and effective prescribing of controlled substances. I have completed the applicable requirements.

c) I have completed at least 15 hours of qualifying AMA PRA Category 1 Credit CME and at least one of those hours was on one or more of the following subjects: hospice, palliative care, and/or pain management services. In addition, if I hold or have applied for a DEA number to prescribe controlled substances, at least two of the qualifying hours I completed were on the subject of safe and effective prescribing of controlled substances.

d) I am a member of the armed forces of the United States and I was subject to a mobilization and/or deployment (or multiple mobilizations and/or deployments totaling) one year or more. Accordingly, I am not required to certify that I completed CME for this renewal.

e) I am a member of the armed forces of the United States and during the period from December 1, 2020 to November 30, 2022 I was subject to a mobilization and/or deployment (or multiple

mobilizations and/or deployments totaling) less than one year. Accordingly, my requirement is to have completed at least 10 hours of qualifying AMA PRA Category 1 Credit CME and at least one of those hours was on one or more of the following subjects: hospice, palliative care, and/or pain management services. In addition, if I hold or have applied for a DEA number to prescribe controlled substances, at least two of the qualifying hours I completed were on the subject of safe and effective prescribing of controlled substances. I have completed the applicable requirements.

f) I have not completed the required CME for renewal, but I have submitted a make-up plan that I have signed and that was approved by the Executive Director of the Board.

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