

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Medical Doctor Application 4301507876APP22

Record Type

Medical Doctor Application

Created: 6/27/2022 4:51 pm

Record ID: 4301507876APP22

Created by: PUBLICUSER1437943, MiPLUS Online

Payment Information

Payment Amount	Method of Payment	Payment Date
\$367.70	Credit Card	06/27/2022

Applicant

Name (First Middle Last): Kathryn Shannon Maloy
Birth Date: [REDACTED]
Primary Phone: 2027010003 Extension:
E-mail: kathryn.maloy@gmail.com
Preferred Channel: Email
Mailing Address: 25 Vernier Road, Grosse Pointe Shores, MI 48236

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.: Wayne

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: Kathryn
Middle Name: Shannon
Last Name: Whorf

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

① *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: 35.132074
Profession: Medicine
Date of Issuance: 07/27/2017
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: --

State or Country: Maryland
Permanent License/Registration Number: D79040
Profession: Medicine
Date of Issuance: 02/13/2015
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: --

State or Country: District of Columbia
Permanent License/Registration Number: MD042996
Profession: Medicine
Date of Issuance: 05/15/2015
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: --

State or Country: Virginia
Permanent License/Registration Number: 0101257812
Profession: Medicine
Date of Issuance: 02/23/2015
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 George Washington University School of Medicine and Health Sciences
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: No
Have you completed a 1-time training in opioids and controlled substance awareness: --

Controlled Substance

Controlled Substance

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

Drug Control Location

Drug Control Location

Address Line 1: --
Address Line 2: --
Address Line 3: --
City: --
State: --
ZIP 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: Mercy St. Vincent Hospital Toledo Ohio

Hospital Affiliations

Hospital Where Practicing

List each hospital in which you are allowed to practice.

Name of Hospital where Allowed to Practice: Mercy St. Vincent Hospital Toledo Ohio

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 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_20220627_165148.pdf	MWBC Letter	112 KB	06/27/2022
BPL_EXT_ACA_Receipt_REC_SGL_CRYC_20220627_165231.pdf	Online Receipt	50 KB	06/27/2022
BPL_EXT_ACA_Receipt_REC_SGL_CRYC_20220627_165245.pdf	Online Receipt	50 KB	06/27/2022
BPL_EXT_ACA_Receipt_REC_SGL_CRYC_20220627_165251.pdf	Online Receipt	50 KB	06/27/2022

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: 06/27/2022

This Record Summary shows MiPLUS data in record 4301507876APP22 as of 6/27/2022 4:53 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: 4301507876APP22
MEDICAL DOCTOR APPLICATION

PAYMENT DATE: June 27, 2022

KATHRYN SHANNON MALOY

Invoice Details

Fee Description	Amount	Fee Date	Invoice
Medical Doctor Application Processing Fee	\$59.45	06/27/2022	1086988
Medical Doctor Per Year License Fee	\$308.25	06/27/2022	1086988

Payment Details

Date Paid: 06/27/2022 16:51:29

Payment Method: Credit Card

Payment Amount: \$367.70

Confirmation Number: XXXXXXXXXX

Receipt Number: 1072004



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient: MICHIGAN BOARD OF MEDICINE

Date: 06/27/2022

Examinee: Maloy, Kathryn Shannon

Examinee ID: 5-228-490-8

Alt Name(s): Whorf, Kathryn Shannon

Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/17/2009	Pass	■	(■)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/28/2010	Pass	■	(■)	

Clinical Skills (CS)

Test Date	Pass/Fail	Comments
07/07/2010	Pass	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/06/2012	Pass	■	(■)	

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



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400 Fuller Wisner Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Maloy, Kathryn Shannon

Examinee ID: 5-228-490-8

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.



PROTECT PEOPLE & PROMOTE BUSINESS

Bureau of Professional Licensing
PO Box 30670 • Lansing, MI 48909
Telephone: (517) 335-0918
www.michigan.gov/bpl
BPLData@michigan.gov

CERTIFICATION OF COMPLETION OF POSTGRADUATE TRAINING

Authority: 1978 PA 368

This form must be signed and submitted directly to this office by the Director of Medical Education office. If this form is submitted by the applicant, it will not be accepted.

Licensee Information:

Table with 3 columns: Licensee's First Name, Middle Name, Last Name, Last 4-digits of Social Security Number, 10-digit MI Permanent ID Number.

Remainder of Form to be Completed by Director of Medical Education:

Table with 4 columns: Name of Hospital or Institution, Address of Hospital or Institution, City, State, Zip Code, ACGME/AOA/CPME Program Number (If applicable).

CERTIFICATION AND SIGNATURE

I certify the applicant named above has successfully completed postgraduate training offered by the hospital or institution named above in the clinical area of OBSTETRICS & GYNECOLOGY

(Program Name)
from 06/15/2011 to 06/20/2015
(Month/Day/Year) (Month/Day/Year)

PLEASE CHECK APPROPRIATE BOX BELOW:

- MD ONLY - I further certify that this is an active postgraduate training program accredited by the ACGME, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada or the Canadian Medical Association's Conjoint Accreditation Services.
DO ONLY - I further certify that this is an active postgraduate training program accredited by the American Osteopathic Association Council or the Accreditation Council of Graduate Medical Education.
PODIATRY ONLY - I further certify that this is an active postgraduate training program accredited by the Council on Podiatric Medical Education.

Signature of Director of Medical Education

Signature of Director of Medical Education

06/27/2022

Date

Felicia Hamilton, MD

Print or Type Name of Director of Medical Education



Certification of Completion of Postgraduate Training may be submitted to the department no more than 15 days prior to the scheduled date of completion. If signed and submitted sooner, it will not be accepted.



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PO Box 30670 • Lansing, MI 48909
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CERTIFICATION OF MEDICAL EDUCATION
FOR GRADUATES OF MEDICAL SCHOOLS LOCATED IN THE UNITED STATES,
ITS TERRITORIES, THE DISTRICT OF COLUMBIA OR THE DOMINION OF CANADA

Authority: 1978 PA 368

This form is intended for use by Medical Doctor (MD) license types only. This form must be submitted directly to this office by the dean or registrar of medical school. If this form is submitted by the applicant, it will not be accepted.

Applicant Information:

Form with fields for Applicant's First Name (Kathryn), Middle Name (Shannon), Last Name (Maloy), Date of Birth, Address (25 Vernier Road), City (Grosse Pointe Shores), State (MI), Zip Code (48236), Telephone Number (202-701-0003), Email Address (kathryn.maloy@gmail.com), Name of Medical School (The George Washington University School of Medicine and Health Sciences), and Type of License Applying for (MD Full License).

Remainder of Form to be Completed by the Dean or Registrar of the Medical School

Form with fields for Name of Medical School (George Washington University School of Medicine and Health Sciences), Address of Medical School (2300 I Street NW, Suite 708), City (Washington), State (DC), and Zip Code (20037).

CERTIFICATION AND SIGNATURE

I certify the applicant named above was / will be granted the Degree of Medical Doctor / Doctor of Medicine/ MD on

05/15/2011

(Month/Day/Year)

Handwritten signature of Dwight Bemby

Signature of Dean or Registrar

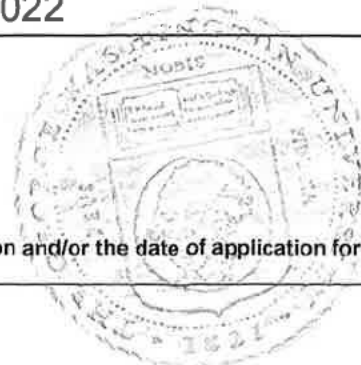
0/27/2022

Date

Dwight Bemby

Print or Type Name of Dean or Registrar

(Seal)



NOTE: Form will not be accepted if submitted more than 3 months prior to graduation and/or the date of application for licensure.

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

KATHRYN SHANNON MALOY

LICENSE NO. EXPIRATION DATE
4301507876 07/15/2025 22196110758

KATHRYN SHANNON MALOY
25 VERNIER ROAD
GROSSE POINTE SHORES, MI 48236

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 MEDICINE
PHYSICIAN LICENSE

KATHRYN SHANNON MALOY

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

KATHRYN SHANNON MALOY

LICENSE NO. EXPIRATION DATE
5315240001 07/15/2025 2388140348

KATHRYN SHANNON MALOY
25 VERNIER ROAD
GROSSE POINTE SHORES, MI 48236

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GRETCHEN WHITMER
GOVERNOR

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

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

KATHRYN SHANNON MALOY
25 VERNIER ROAD
GROSSE POINTE SHORES, MICHIGAN 48236

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

KATHRYN SHANNON MALOY

LICENSE NO. EXPIRATION DATE
5315240001 07/15/2025 2397080412

KATHRYN SHANNON MALOY
25 VERNIER ROAD
GROSSE POINTE SHORES, MI 48236

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GOVERNOR

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

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

KATHRYN SHANNON MALOY
3810 17 MILE ROAD
#1
STERLING HEIGHTS, MICHIGAN 48310

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

KATHRYN SHANNON MALOY

LICENSE NO. EXPIRATION DATE
5315240585 07/15/2025 23102090412

KATHRYN SHANNON MALOY
25 VERNIER ROAD
GROSSE POINTE SHORES, MI 48236

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GRETCHEN WHITMER
GOVERNOR

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

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

KATHRYN SHANNON MALOY
35000 FORD ROAD
#3
WESTLAND, MICHIGAN 48185

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

KATHRYN SHANNON MALOY

LICENSE NO. EXPIRATION DATE
5315240587 07/15/2025 23102090416

KATHRYN SHANNON MALOY
25 VERNIER ROAD
GROSSE POINTE SHORES, MI 48236

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OR CALL (517) 241-0199

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GOVERNOR

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

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

KATHRYN SHANNON MALOY
24450 EVERGREEN ROAD
#220
SOUTHFIELD, MICHIGAN 48075