

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

ZOE H RUSSELL

LICENSE NO. EXPIRATION DATE
5315237954 01/04/2026 234070122

ZOE H RUSSELL
2771 ELLWOOD AVE
BERKLEY, MI 48072

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
CONTROLLED SUBSTANCE LICENSE

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

ZOE H RUSSELL
19305 W SEVEN MILE RD
DETROIT, MICHIGAN 48219



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 (Zoe), Middle Name (Helen), Last Name (Russell), M/DD/YYYY, Last 4-digits of Social Security Number, 10-digit MI Permanent ID Number (5151015233)

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

Table with 4 columns: Name of Hospital or Institution (McLaren Bay Region), Address of Hospital or Institution (1900 Columbus Ave), City (Bay City), State (MI), Zip Code (48708), ACGME/AOA/CPME Program Number (1202500746)

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 Family Medicine

(Program Name)
from 07/01/2021 to 07/31/2022
(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 (Handwritten signature)

12/8/2022
Date

Erin Reis, EdD
Print or Type Name of Director of Medical Education

(Seal) If hospital has no seal, please indicate.

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.



COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION - USA

Official Transcript

Michigan Board of Osteopathic Medicine
 P.O. Box 30670
 Lansing, MI 48909

Examinee: Russell, Zoe H.
NBOME ID: 531547

Date of Birth: [REDACTED]

<u>EXAMINATION</u>	<u>DATE COMPLETED</u>	<u>PASS / FAIL</u>	<u>3 - DIGIT STANDARD MINIMUM SCORE</u>		<u>2 - DIGIT STANDARD MINIMUM SCORE</u>		<u>NOTE</u>
			<u>PASSING</u>		<u>PASSING</u>		
Level 1							
	28-Jun-2019	Pass	[REDACTED]	[REDACTED]	--		
Level 2 Cognitive Evaluation (CE)							
	18-Aug-2020	Pass	[REDACTED]	[REDACTED]	--		
Level 2 Performance Evaluation (PE)							
	27-Feb-2020	Pass	Not Applicable		Not Applicable		
Level 3							
	08-Oct-2022	Pass	[REDACTED]	[REDACTED]	--		

The National Board of Osteopathic Medical Examiners, Inc., does hereby certify the above to be a true report of the examinee.

Date Prepared: December 14, 2022

56762052975676205317

-- please see reverse for information and description of notes -- v3.0

COMLEX-USA Score Interpretation

COMLEX-USA is the series of examinations used by the state medical and osteopathic medical boards for the licensure of osteopathic physicians in the United States. It consists of three levels: Level 1, Level 2-Cognitive Evaluation (CE) and Level 2-Performance Evaluation (PE), and Level 3*. The COMLEX-USA Level 2-PE is a clinical skills examination with a Pass/Fail scoring format. The scores reported for the COMLEX-USA computer-based cognitive examinations are 3-digit standard scores for Levels 1, 2-CE and 3.

The COMLEX-USA Percentile Score Conversion tool converts 3-digit standard scores to percentile scores and is available on the NBOME website www.nbome.org.



The NBOME cautions residency program directors to avoid the sole use of any examination score, or the overuse or sole use of any examination program, in screening or hiring residents, and supports holistic admissions reviews.

COMLEX-USA Level 1, 2-CE, 3

Standard scores (3-digit): the 3-digit score is a standard score, derived from the number of items or key features answered correctly in the entire examination. The mean of the 3-digit standard score for computer-based cognitive examinations has historically been in the 500-550 range with the standard deviation in the 80 to 125 range. Most candidates receive a score between 200 and 800. The minimum passing 3-digit standard score for Level 1 and Level 2-CE is 400, and for Level 3 is 350, regardless of when the examination was taken. The minimum passing 3-digit standard score for COMLEX-USA Level 1, Level 2-CE and Level 3 is equivalent to a minimum passing 2-digit score of 75. The NBOME discontinued reporting of 2-digit standard scores for the COMLEX-USA Levels 1, 2-CE, and 3 in 2015.

COMLEX-USA Level 2-PE

The Level 2-PE examination is required for all candidates graduating in 2005 or after and for those who graduated before July 1, 2004 and did not pass Level 2-CE by June 30, 2005. Candidates graduating in 2004 who passed Level 2-CE by June 30, 2005 were not required to take Level 2-PE.

The COMLEX-USA Level 2-PE examination was last administered on March 6, 2020. Some candidates who previously failed this examination may not have had the opportunity to retake the examination. Beginning with the Class of 2020 in the absence of the COMLEX-USA Level 2-PE, the NBOME requires an attestation from the College of Osteopathic Medicine Dean that candidates have demonstrated the fundamental osteopathic clinical skills necessary for graduation. This will allow them to complete the COMLEX-USA series.

Scores for Level 2-PE are reported as PASS or FAIL as one overall score. In order to receive a passing score, candidates must perform adequately in two separate domains. These are the Humanistic Domain (doctor-patient communication, interpersonal skills, and professionalism), and the Biomedical/Biomechanical Domain (medical history-taking, physical examination, osteopathic principles and osteopathic manipulative treatment, SOAP notes, which assess synthesizing information garnered in the clinical encounter, clinical problem-solving and integrated differential diagnosis.) A passing score requires demonstration of minimum competence in fundamental clinical skills required for entry in graduate medical education.

*Part I, Part II and Part III

COMLEX-USA Level 1, Level 2-CE and Level 3 examinations replaced Part I, Part II and Part III examinations in 1998, 1997 and 1995 respectively.

The scores reported for Parts I, II and III after 1998 are 3-digit standard scores for the whole examinations. Scores reported for Parts I and II before 1987 are the minimum scaled scores (2-digit) among all the component scores of the examinations. Scores reported for Part III are scaled scores (2-digit) for the whole examination.

Standard Scores (3-digit): The standard scores for all three Part examinations are reported on a scale with a mean of 500 and a standard deviation of 100. The minimum passing score for Part I and Part II is 400. The minimum for Part III is 350.

Scaled Scores (2-digit): Scaled scores are reported on a scale with a mean of 80. The minimum passing score for Part I and II is 75 for any of the components of the examinations. The minimum passing score for Part III is 75 for the whole examination.

Score Interpretation Annotations/Notes:

I – Irregular Conduct occurred on the part of the candidate. Candidate conduct which may be “Irregular Conduct” is described in the NBOME Bulletin of Information (see www.nbome.org). Authorized persons may obtain further information regarding this annotation by contacting the NBOME.

O – Other condition(s) which occurred during the administration of an examination and resulted in the examination not being scored, or the examination was scored after being administered or taken by the candidate under different or unusual conditions. Authorized persons may obtain further information regarding this annotation by contacting the NBOME.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Osteopathic Physician Application 5101027203APP22

Record Type

Osteopathic Physician Application

Created: 12/16/2022 10:14 am

Record ID: 5101027203APP22

Created by: PUBLICUSER1196757, MiPLUS Online

Payment Information

Payment Amount	Method of Payment	Payment Date
\$621.80	Credit Card	12/16/2022

Applicant

Name (First Middle Last): Zoe H Russell
Birth Date: [REDACTED]
Primary Phone: 3132072090 Extension:
E-mail: zoehrussell@gmail.com
Preferred Channel: Email
Mailing Address: McLaren Bay Region, GME Office, Bay City, MI 48708
Mailing Address: 2771 ELLWOOD AVE, BERKLEY, MI 48072

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: --
Middle Name: --
Last Name: --

Obtained by Method

Obtained By Method

Obtained by: Examination

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:	Yes
Offense:	OWI
Year:	2014
Court:	20th District - Dearborn Heights
Case Number:	C144228
Incarceration, Probation, or Parole Information:	1 year non-reporting probation
Check this box if you have additional offenses to report:	Yes
List each additional offense, year, court, case number; and incarceration, probation, or parole information:	2016 OWI 47th District Court - Farmington Hills

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:	--
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: Paper Mailed and Electronic Copy

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: Michigan
Permanent License/Registration Number: 5151015233
Profession: Osteopathic Medicine Surgery
Date of Issuance: 06/30/2021
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: Michigan State College of Osteopathic Medicine
Name of Education Program: Doctor of Osteopathy

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: 19305 W Seven Mile Rd

Address Line 2: --

Address Line 3: --

City: Detroit

State or Province: Michigan

ZIP or Postal Code: 48219

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: --

Hospital Affiliations

Hospital Where Practicing

List each hospital in which you are allowed to practice.

Name of Hospital where Allowed to Practice: --

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
BPL_EXT_ACA_Receipt_REC_SGL_CRYSTAL_20221216_101530.pdf	Online Receipt	50 KB	12/16/2022
OWI Dearborn Heights Court Document.PDF	Conviction Information	20 KB	12/16/2022
47th Court OWI Document.pdf	Conviction Information	1,185 KB	12/16/2022
Medical Licensure Statement..pdf	Good Moral Character Statement	24 KB	12/16/2022

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: 12/16/2022

This Record Summary shows MiPLUS data in record 5101027203APP22 as of 12/16/2022 10:15 AM Eastern Time

Payment Confirmation

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

Record ID: 5101027203APP22
OSTEOPATHIC PHYSICIAN APPLICATION

PAYMENT DATE: December 16, 2022

ZOE H RUSSELL

Invoice Details

Fee Description	Amount	Fee Date	Invoice
Controlled Substance Application Processing Fee	\$10.80	12/16/2022	1228224
Controlled Substance Per Year License Fee	\$243.30	12/16/2022	1228224
Osteopathic Physician Application Processing Fee	\$59.45	12/16/2022	1228224
Osteopathic Physician Per Year License Fee	\$308.25	12/16/2022	1228224

Payment Details

Date Paid: 12/16/2022 10:14:09
Payment Method: Credit Card
Payment Amount: \$621.80
Confirmation Number: 22121652606167
Receipt Number: 1211046

12/14/2022

To Whom It May Concern,

Below I have listed two misdemeanor convictions that are unfortunately part of my past. The detailed information can be found in the court documents I have also attached to my application.

1. OWI in Dearborn Heights on 11/29/2014. Case #: C144228
2. OWI – 2nd offense in Farmington Hills on 01/30/2016. Case #: 16H32063

During the years prior to medical school, I made multiple poor decisions involving alcohol and driving under the influence of alcohol. Since then, I have taken multiple steps to address the underlying issues that have contributed to these prior incidents, including intensive therapy, support through AA and working with my sponsor.

While finishing my first year of residency, I felt as if I needed additional support and have been in the Health Professionals Recovery Program (HPRP) for the past 6+ months with continuous monitoring.

I recognize that my past decisions will not be looked well upon by the medical board of licensure and may impact my ability to obtain a medical license. I can only offer reassurance that I am dedicated to maintaining this progress and abstinence in my future career as a physician.

Thank you for your consideration,



Dr. Zoe Russell, DO
2771 Ellwood Ave
Berkley, MI 48072
zoehrussell@gmail.com
(313) 207-2090

STATE OF MICHIGAN 47TH JUDICIAL DISTRICT ORI630055J PIN: 2623	REGISTER OF ACTIONS	CASE NO: 16H32063 D01 SD STATUS: CLSD 08/31/18
--	----------------------------	---

JUDGE OF RECORD: PARKER, MARLA E., P-31818
JUDGE: BRADY, JAMES B., P-30534

STATE OF MICHIGAN v

RUSSELL/ZOE/HELEN
18190 OUTER DRIVE
DEARBORN MI 48128

CTN: 631603206301
TCN: B916030001K
SID: 4970982H
ENTRY DATE: 03/28/16
OFFENSE DATE: 01/30/16
ARREST DATE:

DEFENDANT PHONE: (313) 207-2090 VEHICLE TYPE: PA VP: MI DKG544 16
DOB: [REDACTED] SEX: F RACE: W DLN: MI [REDACTED] CDL: U
VEH YR: 2009 VEH MAKE: CHEV VIN: 1G1AT58H397298723 PAPER PLATE: X

DEFENSE ATTORNEY ADDRESS
GOLDBERG, MARSHALL ERIC,
615 GRISWOLD ST
STE 1120
DETROIT MI 48226

BAR NO.
P-35788
Telephone No.

(313) 962-4090

OFFICER: YUDT

DEPT: FARMINGTON HILLS POLICE D

PROSECUTOR: ZEMAN, JEFFREY DANIE
VICTIM/DESC:

P-76610

CNT: 01 C/M/F: M 2576256B PACC#257.6256B
OPERATING - WHILE INTOX/IMPAIRED/PRESENCE OF CS - 2ND
ARRAIGNMENT DATE: 04/08/16 PLEA: PLEAD GUILTY PLEA DATE: 05/27/16
FINDINGS: DSP GLTY PL DISPOSITION DATE: 05/27/16
SENTENCING DATE: 09/02/16

FINE	COST	ST.COST	CON	MISC.	REST	TOT FINE	TOT DUE
1000.00	360.00	50.00	0.00	225.00	0.00	1635.00	0.00

JAIL SENTENCE: 20 DAYS PROBATION: 24 MONTHS PO: K., VANESSA,
PROBATION END DATE: 09/02/18

VEH IMMOB START DATE: 9/30/16 NUMBER OF DAYS: 60 VEH FORFEITURE:

BOND HISTORY:

RCPT DT	NO.	ACTION	TYPE	CHECK	AMOUNT	STAT	CLRK
4/27/16	D293164	4/27/16	CASH		200.00	CLSD	LL
		9/02/16	BND APPLIED	35958	200.00		CEM
4/28/17	D540284	4/28/17	CASH		80.00	CLSD	TAC
		8/08/17	BND APPLIED	36582	80.00		LL
9/14/17	D207233	9/14/17	CASH		80.00	CLSD	LL
		7/06/18	BND APPLIED	37219	50.00		AMS
		8/31/18	BND REFUNDED	37315	30.00		CEM

DATE	ACTIONS, JUDGMENTS, CASE NOTES	INITIALS
01/30/16	1 ORIGINAL CHARGE OPER-INTOX 2	MLE
03/22/16	1 AUTHORIZATION OF COMPLAINT DATE PROS FREY, STEPHEN THOMAS	MLE MLE
03/25/16	1 COMPLAINT ISSUANCE DATE	P-77506 MLE
03/28/16		MLE

20TH DISTRICT COURT
REGISTER OF ACTION
CRIMINAL SYSTEM

CASE#: C144228 DEFT NAME: RUSSELL ZOE HELEN
STREET# 18216 AUDETTE
CTY/ST: DEARBORN MI 4
RACE: W SEX: F HAIR: EYES: WT: HT:
ARREST DATE: ? FENSE DA
ISSUE DATE: 11/29/2014 BIRTH DATE:
ABSTRACT DATE: 02/19/2015 SENT ABS 6/2015
SUSPENSION DATE: ?
SOCIAL SECURITY: N/A CASE TYPE: OR CLASS: OD
CHARGE DESC: OPERATING - IMPAIRED
S.C.A.O. CLOSED: YES S.C.A.O. DATE: 12/31/2015 STATUS: G
ASSIGNED JUDGE: DAVID D. TURFE BAR#: P044591
DEFENSE ATTY: BRAND JEREMY L BAR#: P032392 RETAINE
WRNT ID: NONE WRNT DATE: NONE DATE CANCELED: NONE
PREV WRNT ID: NONE PREV WRNT DATE: NONE
C.T.N. NMBR: NONE T.C.N. NMBR: I814339006T
S.I.D. NMBR: NONE INCIDENT NMBR: 14-22692

12/12/14 E - TICKET APPLIED AD20
12/12/14 TRANSFERRED E-TICKET: 14DH26405 AD20
12/12/14 OPERATING WHILE INTOXICATED AD20
12/12/14 OPERATING WHILE INTOXICATED 1018 AD20
12/12/14 CASE CLASS: OD - USERID: 20AH AD20
12/12/14 CASE TYPE: OR - USERID: 20AH AD20
12/12/14 T.C.N. NMBR: I814333002J - USERID: 20AH AD20
12/12/14 DEFT NAME: ZOE HELEN RUSSELL - USERID: 20AH AD20
12/12/14 ADDRESS: 18182 OUTER DR DEARBORN MI 48128 AD20
12/12/14 DEFT RACE: W F - USERID: 20AH AD20
12/12/14 HAIR COLOR: - USERID: 20AH AD20
12/12/14 EYE COLO - USERID: 20AH AD20
12/12/14 WEIGHT: - USERID: 20AH AD20
12/12/14 HEIGHT: " - USERID: 20AH AD20
12/12/14 DATE OF E: 11/29/2014 - USERID: 20AH AD20
12/12/14 DATE OF OFFENSE: 11/29/2014 - USERID: 20AH AD20
12/12/14 DATE OF BIRTH: 12/18/1990 - USERID: 20AH AD20
12/12/14 OFFICER NAME: HUTCHENS, NICHOLAS - USERID: 20AH AD20
12/12/14 VIN NMBR: 1G1AT58H397298723 - USERID: 20AH AD20
12/12/14 PLATE NMBR: 012850C - USERID: 20AH AD20
12/12/14 MAKE OF VEHICLE: CHEVROLET - USERID: 20AH AD20
12/12/14 VEH COLOR: BLA AD20
12/12/14 PLATE YEAR: 14 - USERID: 20AH AD20
12/12/14 PLATE STATE: MI - USERID: 20AH AD20
12/12/14 VEHICLE TYPE: PA - USERID: 20AH AD20
12/12/14 BIRTH DATE ADDED: 12/18/1990 - USERID: 20AH AD20
12/12/14 OFFENSE DATE ADDED: 11/29/2014 - USERID: 20AH AD20
12/12/14 DRIVER LICENSE IND: Y - USERID: 20AH AD20
12/12/14 CURRENT INCIDENT: 14-22692 - USERID: 20AH AD20
12/12/14 C.D.L. INDICATOR: U PREV INDICATOR: - USERID: 20AH AD20
12/12/14 CURR PACC CODE: 257.6251-A - USERID: 20AH AD20
12/12/14 CURR PACC DESC: OPERATING WHILE INTOXI - USERID: 20AH AD20
12/12/14 CURR CASE TYPE: OR - USERID: 20AH AD20
12/12/14 CURR CASE CLASSIFICATION: OD - USERID: 20AH AD20
12/12/14 DRIVER LICENSE: R240988302959 - USERID: 20AH AD20
12/12/14 USERID: 20AH AD20
12/15/14 HEARING INFO: TYPE ARN DATE 01/12/15 TIME 09:00 AM
CASE# C144228 1 20TH DISTRICT COURT

ROOM 2 REQUESTED 12/15/14 NOTICED NONE PLEA NONE RESULT NONE

12/15/14 ASSIGNED JUDGE: MARK J. PLAWECKI C920

12/15/14 HEARING TYPE: ARRAIGNMENT C920

12/15/14 USERID: 20CS ENTERED IN THE RD SCREEN C920

12/15/14 HRNG NOTICE GENERATED FOR MONDAY 01/12/2015 09:00 AM POST

12/15/14 CASE ASSIGNED TO MARK J. PLAWECKI POST

12/15/14 DEFT NOTICE GENERATED FOR ZOE HELEN RUSSELL POST

12/30/14 ADDRESS: 746 S.HIGHLAND DEARBORN MI 48124 BW20

12/30/14 PREVIOUS ADDR LINE1: 18182 OUTER DR BW20

12/30/14 PREVIOUS ADDR LINE2: DEARBORN BW20

12/30/14 PREVIOUS ADDR LINE3: MI BW20

12/30/14 PREVIOUS ADDR LINE4: 48128 BW20

12/30/14 USERID: 20SH BW20

01/07/15 PLEA:NONE RESULT:RT C920

01/07/15 X C920

01/07/15 PLEA:NONE RESULT:RT C920

01/07/15 USERID: 20GA ENTERED IN THE RD SCREEN C920

01/07/15 P044494 - HARB ADEL A R (APPLIED) C920

01/07/15 TELEPHONE NMBR: (313) 730-1600 C920

01/07/15 USERID: 20GA ENTERED IN THE RD SCREEN C920

01/15/15 HEARING INFO: TYPE PT DATE 02/19/15 TIME 09:00 AM

ROOM 1 REQUESTED 01/15/15 NOTICED NONE PLEA NONE RESULT NONE

01/15/15 ASSIGNED JUDGE: DAVID D. TURFE C920

01/15/15 HEARING TYPE: PRE-TRIAL C920

01/15/15 USERID: 20CS ENTERED IN THE RD SCREEN C920

01/15/15 HRNG NOTICE GENERATED FOR THURSDAY 02/19/2015 09:00 AM POST

01/15/15 CASE ASSIGNED TO DAVID D. TURFE POST

01/15/15 DEFT NOTICE GENERATED FOR ZOE HELEN RUSSELL POST

01/15/15 HRNG NOTICE FOR DEFENSE ATTORNEY HARB ADEL A POST

02/19/15 OPERATING - IMPAIRED DC20

02/19/15 ORIGINAL P.A.C.C. NMBR: 257.6251-A DC20

02/19/15 CURR PACC CODE: 257.6253-A - USERID: 20JA DC20

02/19/15 CURR PACC DESC: OPERATING - IMPAIRED - USERID: 20JA DC20

02/19/15 USERID: 20JA DC20

02/19/15 OPERATING WHILE INTOXICATED 1018 DC20

02/19/15 CASE CLASS: OD - USERID: 20JA DC20

02/19/15 CASE TYPE: OR - USERID: 20JA DC20

02/19/15 ORIG OFFENSE: 0000 CURR OFFENSE: 1018 - USERID: 20JA DC20

02/19/15 ORIG STATUS: CURR STATUS: - USERID: 20JA DC20

02/19/15 USERID: 20JA DC20

02/19/15 USERID: 20JA ENTERED IN THE RA SCREEN DC20

02/19/15 GUILTY DD20

02/19/15 OPERATE MOTOR VEHICLE WHILE IMPAIRED-LIQUOR DD20

02/19/15 GUILTY DD20

02/19/15 OPERATE MOTOR VEHICLE WHILE IMPAIRED-LIQUOR DD20

02/19/15 GUILTY DD20

02/19/15 HEARING INFO: TYPE PLE DATE 02/19/15 TIME 09:00 AM

ROOM 1 REQUESTED 02/19/15 NOTICED 02/19/15 PLEA G RESULT G

02/19/15 ALCOHOL SCHOOL ENTERED DD20

02/19/15 CURR. CONV DATE: 02/19/2015 - USERID: 20JA DD20

02/19/15 PREV. CONV DATE: - USERID: 20JA DD20

02/19/15 ASSIGNED JUDGE: DAVID D. TURFE DD20

02/19/15 HEARING TYPE: PLEA DD20

02/19/15 ORIG. OFFENSE: 1018 OPERATING WHILE INTOXICATED DD20

02/19/15 OFFENSE REDUCTION: 1210 OPERATE MOTOR VEHICLE WHILE IMPADD20

02/19/15 USERID: 20JA ENTERED IN THE RD SCREEN DD20

02/19/15 ADDRESS: 18182 OUTER DRIVE DEARBORN MI 48124 DC20

02/19/15 PREVIOUS ADDR LINE1: 746 S.HIGHLAND DC20

02/19/15 PREVIOUS ADDR LINE2: DEARBORN DC20

02/19/15 PREVIOUS ADDR LINE3: MI DC20

02/19/15 PREVIOUS ADDR LINE4: 48124 DC20
02/19/15 USERID: 20JA DC20
02/19/15 ABSTRACT GENERATED ON: 02/19/2015 POST
02/19/15 COURT FINDING: GUILTY POST
02/23/15 HEARING INFO: TYPE SNT DATE 03/26/15 TIME 09:00 AM
ROOM 1 REQUESTED 02/23/15 NOTICED NONE PLEA NONE RESULT NONE
02/23/15 ASSIGNED JUDGE: DAVID D. TURFE DD20
02/23/15 HEARING TYPE: SENTENCING DD20
02/23/15 USERID: 20JA ENTERED IN THE RD SCREEN DD20
02/23/15 HRNG NOTICE GENERATED FOR THURSDAY 03/26/2015 09:00 AM POST
02/23/15 CASE ASSIGNED TO DAVID D. TURFE POST
02/23/15 DEFT NOTICE GENERATED FOR ZOE HELEN RUSSELL POST
02/23/15 HRNG NOTICE FOR DEFENSE ATTORNEY HARB ADEL A POST
03/26/15 DD20
03/26/15 VICT: \$75 DD20
03/26/15 FINE: \$550 DD20
03/26/15 PROB: 1 YEAR DD20
03/26/15 ** CRIMINAL HISTORY TRANSMITTED ** DD20
03/26/15 GUILTY DD20
03/26/15 PROBATION REPORTING TYPE - MUST REPORT DD20
03/26/15 1 YEAR DD20
03/26/15 PROBATION STARTING DATE: 03/26/2015 DD20
03/26/15 PROBATION ENDING DATE: 03/25/2016 DD20
03/26/15 PLEA:G RESULT:G DD20
03/26/15 INCIDENT# SENT: 14-22692 - USERID: 20JA DD20
03/26/15 DATE OF CONVICTION: 02/19/2015 DD20
03/26/15 ASSIGNED JUDGE: DAVID D. TURFE DD20
03/26/15 TOTAL FINE AMOUNT: \$550.00 DD20
03/26/15 TOTAL OTHER AMOUNT: \$50.00 DD20
03/26/15 TOTAL PROB AMOUNT: \$360.00 DD20
03/26/15 TOTAL VICTIM AMOUNT: \$75.00 DD20
03/26/15 USERID: 20JA ENTERED IN THE RD SCREEN DD20
03/26/15 TOTAL AMOUNT APPLIED TODAY: \$1,285.00 02B
03/26/15 PAYMENT TRACER NMBR.: 20150326085125 02B
03/26/15 ABSTRACT GENERATED ON: 02/19/2015 POST
03/26/15 SENTENCE ABSTRACT GENERATED ON: 03/26/2015 POST
03/26/15 COURT FINDING: GUILTY POST
06/24/15 TOTAL AMOUNT APPLIED TODAY: \$50.00 03B
06/24/15 PAYMENT TRACER NMBR.: 20150624150110 03B
02/09/16 HEARING INFO: TYPE SCH DATE 03/24/16 TIME 09:00 AM JUDGE R
ROOM 001 REQUESTED 02/09/16 NOTICED NONE PLEA NONE RESULT NON
02/09/16 USERID: 20MEK ENTERED IN THE BC SCREEN CL20
03/23/16 P044494 - HARB ADEL A R (PREVIOUS) DD20
03/23/16 DATE APPOINTED: 01/07/2015 DD20
03/23/16 P032392 - BRAND JEREMY L R (APPLIED) DD20
03/23/16 TELEPHONE NMBR: (248) 255-5900 DD20
03/23/16 DATE APPOINTED: 01/07/2015 DD20
03/23/16 USERID: 20JA ENTERED IN THE RD SCREEN DD20
03/23/16 HEARING INFO: TYPE REV DATE 04/21/16 TIME 09:00 AM
ROOM 1 REQUESTED 03/23/16 NOTICED NONE PLEA NONE RESULT NONE
03/23/16 ASSIGNED JUDGE: DAVID D. TURFE CL20
03/23/16 HEARING TYPE: CASE REVIEW CL20
03/23/16 APPEARANCE FILED BY ATTY. REV ADJ FROM 03/23/16 CL20
03/23/16 USERID: 20MEK ENTERED IN THE RD SCREEN CL20
03/23/16 HRNG NOTICE GENERATED FOR THURSDAY 04/21/2016 09:00 AM POST
03/23/16 CASE ASSIGNED TO DAVID D. TURFE POST
03/23/16 DEFT NOTICE GENERATED FOR ZOE HELEN RUSSELL POST
03/23/16 HRNG NOTICE FOR DEFENSE ATTORNEY BRAND JEREMY L POST
03/24/16 ADDRESS: 18216 AUDETTE DEARBORN MI 48124 CL20
03/24/16 PREVIOUS ADDR LINE1: 18182 OUTER DRIVE CL20

03/24/16	PREVIOUS ADDR LINE2: DEARBORN	CL20
03/24/16	PREVIOUS ADDR LINE3: MI	CL20
03/24/16	PREVIOUS ADDR LINE4: 48124	CL20
03/24/16	USERID: 20MEK	CL20
03/24/16	HEARING INFO: TYPE SCH DATE 04/21/16 TIME 09:00 AM JUDGE R	
ROOM 001	REQUESTED 03/24/16 NOTICED NONE PLEA NONE RESULT NON	
03/24/16	USERID: 20MEK ENTERED IN THE BC SCREEN	CL20
04/21/16	USERID: 20JA ENTERED IN THE BC SCREEN	DE20
04/21/16	GUILTY	DD20
04/21/16	PLEA:G RESULT:G	DD20
04/21/16	DATE OF CONVICTION: 02/19/2015	DD20
04/21/16	USERID: 20JA ENTERED IN THE RD SCREEN	DD20
04/21/16	T.C.N. NMBR: I814339006T - USERID: 20JA	DC20
04/21/16	USERID: 20JA	DC20
04/21/16	GUILTY	DD20
04/21/16	PLEA:G RESULT:G	DD20
04/21/16	ADULT FINGERPRINTS IND. APPLIED	DD20
04/21/16	DATE OF CONVICTION: 02/19/2015	DD20
04/21/16	USERID: 20JA ENTERED IN THE RD SCREEN	DD20
04/21/16	USERID: 20MA ENTERED IN THE RD SCREEN	A220
04/21/16	GUILTY	DD20
04/21/16	PLEA:G RESULT:G	DD20
04/21/16	ADULT FINGERPRINTS IND. APPLIED	DD20
04/21/16	DATE OF CONVICTION: 02/19/2015	DD20
04/21/16	USERID: 20JA ENTERED IN THE RD SCREEN	DD20
04/21/16		DD20
04/21/16	VICT: \$75	DD20
04/21/16	FINE: \$550	DD20
04/21/16	PROB: 1 YEAR	DD20
04/21/16	** CRIMINAL HISTORY TRANSMITTED **	DD20
04/21/16	GUILTY	DD20
04/21/16	HEARING INFO: TYPE SNT DATE 03/26/15 TIME 09:00 AM	DD20
ROOM 1	REQUESTED 03/26/15 NOTICED 03/26/15 PLEA G RESULT G	DD20
04/21/16	INCIDENT# SENT: 14-22692 - USERID: 20JA	DD20
04/21/16	ADULT FINGERPRINTS IND. APPLIED	DD20
04/21/16	DATE OF CONVICTION: 02/19/2015	DD20
04/21/16	ASSIGNED JUDGE: DAVID D. TURFE	DD20
04/21/16	HEARING TYPE: SENTENCING	DD20
04/21/16	USERID: 20JA ENTERED IN THE RD SCREEN	DD20
04/21/16	** CONFIRMED - SCR ENTERED INTO LEIN **	AF20
06/09/16	REGISTER OF ACTION REQUESTED	CL20
06/09/16	USERID: 20MEK ENTERED IN THE RD SCREEN	CL20
04/26/21	REGISTER OF ACTION REQUESTED	AH20
04/26/21	USERID: 20SF ENTERED IN THE RD SCREEN	AH20
04/26/21	REGISTER OF ACTION REQUESTED	DD20
04/26/21	USERID: 20JA ENTERED IN THE RD SCREEN	DD20

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 OSTEOPATHIC MEDICINE AND SURGERY
OSTEOPATHIC PHYSICIAN LICENSE

ZOE H RUSSELL

LICENSE NO. EXPIRATION DATE
5101027203 01/04/2026 234070122

ZOE H RUSSELL
2771 ELLWOOD AVE
BERKLEY, MI 48072

COMPLAINT INFORMATION:
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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 OSTEOPATHIC MEDICINE AND SURGERY
OSTEOPATHIC PHYSICIAN LICENSE

ZOE H RUSSELL