HP Color LaserJet Pro MFP M177fw

Fax Confirmation

Feb-10-2026 1:09 PM

Job	Date	Time	Type	Identification	Duration	Pages	Result
45	02/10/2026	1:09:00 PM	Receive		0:46	1	OK

U. S. Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division

INVESTIGATION NO: SA-INV-MI-63817 February 09, 2026

NPI: 8
LICENSE NUMBER: I

AUTHORIZATION LETTER

THIS IS THE AUTHORIZATION FOR TO RECOMMENCE PRACTICE FROM FEBRUARY 09, 2026 ONWARDS UNTIL UPON THE TIME OF TERMINATION OF SECRECY AGREEMENT ISSUED BY THE DEPARTMENT OF JUSTICE. THIS LETTER IS ISSUED PURSUANT TO MICHIGAN COMPILED LAWS § 333.16247 OF THE PUBLIC HEALTH CODE, ACT 368 OF 1978. IT IS ESSENTIAL FOR THE SUPPLIANT TO COMPREHEND THAT THE SUPPLIANT IS AUTHORIZED TO PRACTICE WITH THE CURRENT LICENSE NUMBER: IU, MARCH 02, 2026.

AUTHORIZATION CODE: HPRASNOR

Note: The suppliant requires to follow all the protocols and maintain the privacy act. If the suppliant is found breaching any of the protocols mentioned in the SA/Bond Agreement issued by the Department of Justice, the suppliant will be subject to legal proceedings and this authorization letter will be terminated.

Authority Signature and Stamp:

DEREK S. MALTZ
CHIEF OF OPERATIONS, DRUG ENFORCEMENT ADMINISTRATION
U.S. DEPARTMENT OF JUSTICE

SUPPLIANT SIGNATURE:

LARA

Michigan Board of Pharmacy

Bureau of Professional Licensing
PO Box 30670 • Lansing, MI 48909
Telephone: (517) 241-0199
www.michigan.gov/bpl
BPLHelp@michigan.gov

February 05, 2026

License:
NPI:
Case No: MI-63817

Re: Suspension of License#

This is an official notice for the suspension of license: registered under Mr. as authorized by LARA- Michigan Board of Pharmacy. The license will be suspended effective from 02/05/2026 under section 841 of Title 21 United States Code, for Illegal drugs Trafficking under 21 U.S.C and aviation Drug Trafficking Control Act of 1984; This Citation is a result of your violation of Drug Trafficking controlled 21 U.S.C. § 841 of LARA- Michigan Board of Pharmacy License Code: Drugs Control Violation of the State.

This suspension indicates federal law pursuant to Title 21 United States Code; Section 804(a) prohibits to continue practice with current license unless licensee gets notified in writing by the LARA- Michigan Board of Pharmacy that license is restored.

In order to restore the license, the licensee must get an authorization from concerned department pursuant to 18 U.S.C. § 3142(c).

*** This Temporary Suspension order is effective from February 05, 2026**
***Notice of this order of temporary suspension shall be given immediately to the license holder.**

Officer in Charge
Thomas Szimanski
LARA- Michigan Board of Pharmacy
PO Box 30670,
Lansing MI 48909
(517) 241-0199

Authorized Signature

Executive Director
Chairperson, Michigan Board of Pharmacy

APPLICATION FOR AUTHORIZATION TO PRACTICE

State Form 294951 (R21 / 7-18)
Approved by State Board of Accounts, 2026

LARA- Michigan Board of Pharmacy
PO Box 30670,
Lansing MI 48909
(517) 241-0199

INSTRUCTIONS:

1. *The following form should be filled up completely & no columns should be missed in order to file the authorization request.*
2. *Completed application has to be submitted according to guidelines mentioned in the application*
3. *Applicants must complete all pages of this application in ink.*
4. *Completed application is a non-disclosure document to public records.*
5. *Completed application needs to be attached with agreement bond fees transaction receipt.*

FOR DEPARTMENT USE ONLY

Agreement Bond fee:	Date Agreement fee paid *(month, day, year)*:
Receipt number:	Case Number:
License number:	Investigation Number:
Agreement fee paid from:	Fee type:
Transaction number:	Transaction status:

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION

Name of applicant *(last, first, middle)*:

Address of practice *(number and street or rural route)*:

City, state, and ZIP code:

Telephone number *(daytime)*: | Date of birth *(month, day, year)*: | DEA, if available: N/A | Social Security number: | Gender:

Mailing address *(number and street, city, state, and ZIP code) (if different from above)*:

E-mail address: | National Provider Identifier number: | ECFMG certificate number (Optional):

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorized, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Law and enforcements, or any of its authorized representatives in connection with processing my application for medical licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Agency and Board from any and all liability in connection with such disclosure.

A photo static copy of this authorization has the same force and effect as the original.

Falsification of any of the followings is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held?	☐ Yes ☑ No
2. Have you ever been denied a license, certificate, registration or permit to practice medicine, osteopathic medicine or any regulated health occupation in any state or country, or surrendered your license?	☐ Yes ☑ No
3. Do you have any condition or impairment *(including a history of alcohol or substance abuse)* that currently interferes, or if left untreated may interfere, with your ability to practice medicine in a competent and professional manner?	☐ Yes ☑ No
4. Have you ever been the subject of an investigation by a regulatory agency concerning your license?	☐ Yes ☑ No
5. *Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court.* (1) Have you ever been arrested; (2) Have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense misdemeanor, or felony in any state; (3) Have you ever been convicted of any offense, misdemeanor, or felony in any state; (4) Have you ever pled guilty to any offense, misdemeanor, or felony in any state; or (5) Have you ever been accused and filed for any malpractice law suits in last 6 months?	(1) ☐ Yes ☑ No (2) ☐ Yes ☑ No (3) ☐ Yes ☑ No (4) ☐ Yes ☑ No (5) ☐ Yes ☑ No
6. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?	☐ Yes ☑ No
7. Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant?	☐ Yes ☑ No
8. Have you ever had a malpractice judgment against you or settled any malpractice action?	☐ Yes ☑ No
9. Have you ever surrendered your DEA registration at any time or had any limitations placed on your DEA registration?	☐ Yes ☑ No
10. Have you ever been terminated or disciplined by your employer while practicing as a physician or resigned in lieu of discipline?	☐ Yes ☑ No
11. Have you ever been excluded from being a Medicare / Medicaid provider?	☐ Yes ☑ No
12. Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or any other reason during your medical education or post graduate training / residency program?	☐ Yes ☑ No
13. Have you practiced as a MD/DO either clinically or administratively in the last three (3) years?	☐ Yes ☑ No

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant	Date signed *(month, day, year)*
	02/05/2026

For Department Use only:

Kindly send the completed request to:
U.S. Department of Justice
Attn: LARA- Michigan Board of Pharmacy
Central File Room
PO Box 30670, Lansing MI 48909