

Submission Date and Time: 5/26/2019 2:01 PM

License Renewal Application

License Type - Doctor of Medicine (MD)

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process. Demographic and workforce data collected for some licensed healthcare professions is used to enhance the state's capacity for healthcare workforce forecasting, policy development, and research. This data is used to analyze the supply and demand of the healthcare workforce serving Ohio. If you do not have an Individual Provider Identifier (NPI) number please enter nine zeroes.

Title
Dr.
First Name
Amy
Middle Name
Stearns
Last Name
Acton

Name of Practice Site - Redacted
Practice Settings - Federal/State/Community Health Center(s)
Street Address - Redacted
City - Redacted
[Redacted]

Major Area of Focus or Specialty - Preventive Medicine-Public Health
Total Hours Worked at this practice site, per Week - 60

Percent of time spent per week in each of the following at this practice site:

Direct Patient Care - 0
Teaching/Academic - 0
Research - 0
Professional Services - 0
Administrative Activities - 100
Other - 0
Total Hours- 100

Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save and Continue.

Question - At any time since signing your last application for renewal of your certificate have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons other than failure to maintain records on a timely basis or to attend staff meetings?
Answer - No

Question - At any time since submission of your last application for renewal have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer NO to this question if you have successfully completed treatment at, or are currently enrolled in, a program approved by this Board and have adhered to all statutory requirements during and subsequent to treatment. You must answer YES if you have ever relapsed.
Answer - No