

PODIATRY

Source:	STATE OF INDIANA, Health Professionals Bureau
Issue:	03/29/1996
Name:	Name Removed
Title:	DPM
Birth Date:	03/23/0000
SSN:	169361248
Education:	OHIO C OF POD MED
Grad. Year:	1987
License #:	00000
Provider Code:	07
Provider Type:	Podiatrist
Provider Cat.:	PODIATRY
Address:	Address removed
City:	JEFFERSONVILLE
State:	IN
Zip:	471300000
County:	CLARK
Action Code:	ACT_CODE_1: T; ACT_CODE_2:
Action:	ACTION 1: T = Tax Warrant ACT_1 DATE: 04/27/95; ACTION 2: ACT_2 DATE:
Effective Start:	04/27/1995
Licensing State:	IN
Reporting State:	IN
Authority:	Indiana Health Professions Bureau
Run Date:	03/29/1996
Note 1:	07000624B represents License Key reported by IN Dept. of Health Professions.
Note 2:	LICENSE ISSUE_DATE: 2/26/88; LICENSE EXPIR_DATE: 6/30/97
Note 3:	The effective date represents the effective date for action_1.