Licensee Details

Demographic Information

Title:	**First:** Rameet	**Middle:** **Last:** Singh **Suffix:**
DOB: **SSN:**	**Gender:** genderF	**POB:**
Citizenship Status:		**Ethnicity:** **Home State:**
Name: Rameet Singh		**Owner:**
FEIN:		**MID #:** **Type:**

Address Information

License Information

DBA:

Lic #: CS00219471	**Profession:** Pharmacy	**Type:** Controlled Substance	**Secondary:**
Status: Active	**Issued:** 9/10/2013	**Expiry:** 2/28/2018	**Effective:** 9/10/2013
Reason: License Issuance	**Date:** 9/10/2013	**Renewed:** 1/26/2017	**Deg. Suff:**
Method: Application	**State:**	**Country:**	**LOA Issue:**
Appealed:	**Result:**	**Effective:**	**LOA Expiry:**

Cyclical Reports

No Cyclical Reports

Cyclical Report Summary

No Reports

Prerequisite Information

No Prerequisite Information

Inspection Information

No Inspections

Education Information

No Education Information

Employment Information

No Employment Information

Specialty Information

No Specialty Information

Violation Information

No Violation Information

Discipline Information

No Discipline Information

Limits/Restriction Information

No Limits/Restriction Information

License Bond Information

No License Bond Information

License CSR Information

Dea No:	**Drug Schedule 1:** flagN	**Drug Schedule 2:** flagY	**Drug Schedule 2n:** flagY	
Drug Schedule 3n: flagY	**Drug Schedule 4:** flagY	**Drug Schedule 5:** flagY	**Drug Schedule 3:** flagY	

Respondent License Information

No Respondent License Information

CheckList Information

No CheckList Information

Doing Business As

No Aliases

Aliases

No Aliases

Related Documents

No Related Documents

Documentum

No Related MLO Documents

CE Courses

Course	Title	Credit Hours	Category	Date Completed

CE Status

Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required

Prior Cycle CE Courses

Course	Title	Credit Hours	Category	Date Completed

Prior CE Cycle Status

Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required