



DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
BOARD OF LICENSURE IN MEDICINE

**JOEY M. BANKS, MD**

**MEDICAL DOCTOR**

License Number: MD17531  
Status: [Failed to Renew](#)  
First Licensure: 08/09/2007  
Expiration Date: 05/08/2012

**History**

Detailed license history prior to November 14, 2011 is unavailable online.

License Type	Start Date	End Date
*** NOT ACTIVE ***	03/01/2012	05/08/2012
MEDICAL DOCTOR	01/20/2010	02/29/2012

**License Suspension for Non-Renewal**

Start Date	End Date
04/09/2012	05/08/2012

**Specialty** [\(1 record\) hide](#)

The Board does not verify current specialties. To determine if a physician has been board certified by the American Board of Medical Specialties please visit [www.abms.org](http://www.abms.org).

Description	Origin
Family Practice	ABMS Board Member certified

**License/Disciplinary Action**

None.
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**GENERAL INFORMATION**

Gender: Female

**Other Addresses** (1 record) [hide](#)

Address	Type
CMMC 76 HIGH ST LEWISTON, ME 04240-7649	Business

**Other Phone Numbers** (1 record) [hide](#)

Phone Number	Type
+1 (207) 795-2803	Work

**Education** (1 record) [hide](#)

Type	Completion Date	Provider
MD	06/01/1998	INDIANA UNIVERSITY SCHOOL OF MEDICINE, INDIANAPOLIS, IN

Education and Training Note: Information up to the date of initial licensure is verified by the Board. Information provided by the licensee after this date is not verified by the Board.

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