

**Licensee Details**

**Demographic Information**

|                           |              |                        |               |              |
|---------------------------|--------------|------------------------|---------------|--------------|
| Title:                    | First: Emily | Middle:                | Last: Rothman | Suffix: D.O. |
| DOB:                      | SSN:         | Gender: Female         | POB:          |              |
| Citizenship Status:       |              | Ethnicity: Home State: |               |              |
| Name: Emily Rothman, D.O. |              | Owner:                 |               |              |
| FEIN:                     |              | MID #:                 | Type:         |              |

**Address Information**

**License Information**

|           |            |             |            |             |
|-----------|------------|-------------|------------|-------------|
| DBA:      |            |             |            |             |
| Lic #:    | CS00207614 | Profession: | Pharmacy   | Type:       |
| Status:   | Active     | Issued:     | 12/21/2001 | Expiry:     |
| Reason:   |            | Date:       |            | Renewed:    |
| Method:   | Unknown    | State:      |            | Country:    |
| Appealed: |            | Result:     |            | Effective:  |
|           |            |             |            | Secondary:  |
|           |            |             |            | Effective:  |
|           |            |             |            | Deg. Suff:  |
|           |            |             |            | LOA Issue:  |
|           |            |             |            | 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: | Drug Schedule 2: | Yes | Drug Schedule 2n: | Yes |
| Drug Schedule 3n: | Yes              | Drug Schedule 4: | Yes | Drug Schedule 5:  | Yes |
|                   |                  |                  |     | Drug Schedule 3:  | Yes |

**Respondent License Information**

|                                   |
|-----------------------------------|
| No Respondent License Information |
|-----------------------------------|

**CheckList Information**

|                          |
|--------------------------|
| No CheckList Information |
|--------------------------|

**Doing Business As**

|        |
|--------|
| Alias: |
|--------|

**Aliases**

|        |                     |
|--------|---------------------|
| Alias: | EMILY ROTHMAN, D.O. |
| Alias: | EMILY ROTHMAN, D.O. |
| Alias: | EMILY ROTHMAN, D.O. |
| Alias: | EMILY ROTHMAN       |

**Related Documents**

|                      |
|----------------------|
| No Related Documents |
|----------------------|

**Documentum**

|                          |
|--------------------------|
| No Related MLO Documents |
|--------------------------|

**CE Courses**

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| 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 |
|----------|---------------|----------------------|--------------|------------|------------------|
|----------|---------------|----------------------|--------------|------------|------------------|