## **Licensee Details**

Demographic Information									
Title:	First:	Emily		N	liddle:	Last:	RothmanSuffix:	D.O.	
DOB:	SSN: Gender:	Female		Р	OB:	Washington DC	3		
Citizenship Status:				E	thnicity:	Home State:			
Name: Emily Rothman, D.O.				0	wner:				
FEIN:				N	IID #:		Туре:		
Address Information									
License Information									
DBA:		Osta an athia	<b>F</b>		Dester	-6 0-4		<b>.</b>	
Lic #: A-1176-01		Osteopathic	Examiners	Type:		of Osteopath	ıy	Secondary:	44/47/0004
Status: Active Reason: License Issuance	Issued:	11/17/2001		Expiry:	7/1/201				11/17/2001
	Date: State:	11/17/2001		Renewed:	0/0/20	10		Deg. Suff: LOA Issue:	
Method: Application				Country:				LOA Issue:	
Appealed:	Result:			Effective:				Expiry:	
Cyclical Reports									
			No Cyclical R	eports					
Cyclical Report Summary			No Repor	rts					
Prerequisite Information									
			No Prerequisite Ir	nformation					
Inspection Information			No Inspecti	ions					
Education Information									
School: Philadelphia College of	Osteopathic Med	dicine							
Profession: Osteopathic Examiners		Туре:	Osteopathic Medical Sc	chool		N	lajor:	Certificate:	Doctorate
Date From:		Date					credit Specialty:		
		To:				ŀ	lours: Specialty.		
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Employment Information			No Employment Ir	nformation					
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Prior Cycle CE Courses											
Course	Title	tle Credit Hours		(	Category	Date Completed					
Prior CE Cycle Status				-		1					
Category		Credits Taken Credits Carried		over Credit Total		Max Usable	Credits Required				
Other	0.0		0.0		0.0	0.0					
Pain Management	0.0		0.0		0.0	0.0	2				