Person

Details

First Name:	Betsy
Middle Name:	Sue
Last Name:	August
Suffix:	
Gender:	
Date of Birth:	[redacted]
SSN:	
Address Line 1:	
Address Line 4:	

License

Profession:	MASS CONTROLLED SUBSTAN
License Type:	MCSR Physician
License Number:	MA0383567A
Issue Date:	03/15/1995
Expiration Date:	05/11/2022
Effective Date:	03/15/1995
Date Last Renewal:	03/18/2019
Status:	Current
Obtained By:	Application
Renewal Id:	
Applicant Number:	877610
State/Prov:	
Application Recd Date:	12/31/2018

Drug Schedules

Details

DEA Number:	BA1404956
Schedule 1:	N
Schedule 2:	Y
Schedule 3:	Y
Schedule 4:	Y
Schedule 5:	Y
Schedule 6:	Y

Specialties

MD

GMC Questions

Details

Question	Answer
MCSR APRN REN Q1	Correct answers
MCSR APRN REN Q2	Correct answers

Requirements

Name	Status	Date
No Data		

Alias

Details

Alias Type	Date Changed	Last Name	First Name
No Data			

Prerequisites

Name	License Type	License Number	Stat
No Data			

Board Comment

Details

Date Entered	Comment	By Whom
12/29/2018	MD * MA0383567A *Iss 2016-05-11 *Exp * ACTIVE *N BETSY AUGUST nind 0 ni 0 nii 1 niii 1 niv 1 nv 1 nvi 1 *BRN 59447 *DEA_no BA1404956 Fee RECALL FeeDate 2016-05-11	Conversion Irind 0 Iri 0 Irii 0 Iriii 0 Iriv 0 Irv 0 Irvi 0 Bus_add: 9 COLBY ST.

Dependent Licenses

License No	License Status	Association D
MD0636297I	Current	06/26/2018

Verified Licenses

Details

Licensed State	License Number	Issue Date
MA	59447	