



**PENNSYLVANIA**  
**Department of State**

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**Person Information**

Name: JANET LEE WILSON

**Address Information**

Address(city state zipcode): Philadelphia PA 19146

**License Information**

Type:	Medical Physician and Surgeon	Secondary Type:	Number:	MD021813E
Profession:	Medicine	Status:	Active	
Issue Date:	2/16/1979	Expires:	12/31/2014	Last Renewed: 11/28/2012

**Discipline Action History**

No disciplinary actions were found for this license.

The Information above is considered primary source for verification of license credentials.



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**Person Information**

Name: JANET LEE WILSON

**Address Information**

Address: 1144 LOCUST STREET  
PHILADELPHIA PA 19107

**License Information**

Type: Written Agreement    Secondary Type:    Number: MX001614  
Profession: Medicine    Status: Inactive  
Issue Date: 6/2/2003    Expires:    Last Renewed:

**Prerequisite Information**

Licensee: GRAHAM, TRACY LYNN    Relationship: Supervisor  
Type: Medical Physician Asst    Number: MA001287L    Status: Active  
Date of Association: 6/2/2003    Date of Expiration: 10/10/2008

Licensee: WILSON, JANET LEE    Relationship: Self Automatic  
Type: Medical Physician and Surgeon    Number: MD021813E    Status: Active  
Date of Association:    Date of Expiration: 10/10/2008

**License CSR Information**

No License CSR Information

**Discipline Action History**

No disciplinary actions were found for this license.

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**Person Information**

Name: JANET LEE WILSON

**Address Information**

Address: 1144 LOCUST /8210 CASTER AVENUE  
PHILADELPHIA PA 19152

**License Information**

Type: Written Agreement    Secondary Type:    Number: MX001615  
Profession: Medicine    Status: Inactive  
Issue Date: 6/2/2003    Expires:    Last Renewed:

**Prerequisite Information**

Licensee: KEOGH, BARBARA ANNE    Relationship: Supervisor  
Type: Medical Physician Asst    Number: MA000890L    Status: Inactive  
Date of Association: 6/2/2003    Date of Expiration: 10/29/2004

Licensee: WILSON, JANET LEE    Relationship: Self Automatic  
Type: Medical Physician and Surgeon    Number: MD021813E    Status: Active  
Date of Association:    Date of Expiration:

**License CSR Information**

No License CSR Information

**Discipline Action History**

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**Person Information**

Name: JANET LEE WILSON

**Address Information**

Address: PLANNED PARENTHOOD SOUTHEASTERN PENNA  
1144 LOCUST STREET  
Philadelphia PA 19107

**License Information**

Type: Written Agreement    Secondary Type:    Number: MX003194  
Profession: Medicine    Status: Inactive  
Issue Date: 12/15/2004    Expires:    Last Renewed:

**Prerequisite Information**

Licensee: WILSON, JANET LEE    Relationship: Self Automatic  
Type: Medical Physician and Surgeon    Number: MD021813E    Status: Active  
Date of Association:    Date of Expiration:

**License CSR Information**

No License CSR Information

**Discipline Action History**

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**Person Information**

Name: JANET LEE WILSON

**Address Information**

Address: 1144 LOCUST STREET  
Philadelphia PA 19107

**License Information**

Type: Written Agreement Secondary Type: Number: MX005998  
Profession: Medicine Status: Active  
Issue Date: 2/15/2007 Expires: Last Renewed:

**Prerequisite Information**

Licensee: RUPERT, JAMIE L Relationship: Supervisor  
Type: Medical Physician Asst Number: MA052812 Status: Active  
Date of Association: 2/15/2007 Date of Expiration:

Licensee: WILSON, JANET LEE Relationship: Self Automatic  
Type: Medical Physician and Surgeon Number: MD021813E Status: Active  
Date of Association: Date of Expiration:

**License CSR Information**

No License CSR Information

**Discipline Action History**

No disciplinary actions were found for this license.

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**Person Information**

Name: JANET LEE WILSON

**Address Information**

Address: 1144 LOCUST ST  
Philadelphia PA 19107

**License Information**

Type: Written Agreement    Secondary Type:    Number: MX008398  
Profession: Medicine    Status: Inactive  
Issue Date: 10/30/2008    Expires:    Last Renewed:

**Prerequisite Information**

Licensee: DUHAIME, ERIN MARIE    Relationship: Supervisor  
Type: Medical Physician Asst    Number: MA053529    Status: Expired  
Date of Association: 10/30/2008    Date of Expiration: 5/8/2009

Licensee: WILSON, JANET LEE    Relationship: Self Automatic  
Type: Medical Physician and Surgeon    Number: MD021813E    Status: Active  
Date of Association:    Date of Expiration:

**License CSR Information**

No License CSR Information

**Discipline Action History**

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**Person Information**

Name: JANET LEE WILSON

**Address Information**

Address: 8210 CASTOR AVENUE  
Philadelphia PA 19152

**License Information**

Type: Written Agreement    Secondary Type:    Number: MX011301  
Profession: Medicine    Status: Active  
Issue Date: 2/2/2011    Expires:    Last Renewed:

**Prerequisite Information**

Licensee: ALBERT, AMY N    Relationship: Supervisor  
Type: Medical Physician Asst    Number: MA051885    Status: Active  
Date of Association: 2/2/2011    Date of Expiration:

Licensee: WILSON, JANET LEE    Relationship: Self Automatic  
Type: Medical Physician and Surgeon    Number: MD021813E    Status: Active  
Date of Association:    Date of Expiration:

**License CSR Information**

No License CSR Information

**Discipline Action History**

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**Person Information**

Name: JANET LEE WILSON

**Address Information**

Address(city state zipcode):

**License Information**

Type: Graduate Medical Trainee Secondary Type: Number: MT001422T  
Profession: Medicine Status: Inactive  
Issue Date: 7/1/1979 Expires: 6/30/1980 Last Renewed:

**Prerequisite Information**

Licensee:	ALLEGHENY UNIV HOSPITAL CENTER CITY	Relationship:	Business Relationship
Type:	Training Institution	Number:	<u>HS000097L</u> Status: Inactive
Date of Association:		Date of Expiration:	

**Discipline Action History**

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