

**AIM**

Association of State Medical Board Executive Directors

**Oklahoma Board of Medical Licensure and Supervision**

Licensee Name	SCOTT JAY SPEAR
License Type	MD
Status	ACTIVE
Practice Address	CONCENTRA URGENT CARE
Practice Address	10200 BROADWAY
Practice Address	SUITE 201
Practice City	SAN ANTONIO
Practice State	TX
Practice Zipcode	78217
Practice County	NOT OKLAHOMA
Practice Phone	(210)654-3192
Month/Year of Birth	10/1953
City of Birth	AUSTIN
State of Birth	TX
Gender	Male
Ethnicity	Caucasian
License Number	25547
License Issue Date	06/01/07
License Expire Date	06/01/16
Last Medical School Name	Baylor Coll Of Med, Houston Tx 77030
Last Medical School City/State/Country	Houston/TX/United States of America
Board Certified	AMERICAN BOARD OF PEDIATRICS
SPECIALTY	Adolescent Medicine (Pediatrics)
SPECIALTY	Public Health and General Preventive Medicine

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The date of this file is 02/13/16

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