



PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN IN TRAINING PERMIT

NAME: BUSHRA SAEED MD

DATE: 03/26/2016

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD**

Date of Birth: 1968

Permit Number: BP10024052

Permit Type: PHYSICIAN IN TRAINING PERMIT

Permit Status: PERMIT TERMINATED

Permit Status Date: 6/30/2009

Begin Date: 07/21/2005

Expiration Date: 06/30/2009

End Date: 06/30/2009

Terminated Date: 06/30/2009

Mailing Address

7004 SHADOW BROOK

TEXARKANA , TX 75503

Board Action (includes all actions regardless of license/permit type)

NONE

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

Gender: FEMALE

Current Primary Practice Address:

NOT GIVEN

Education

Graduation Year: 1992

Medical School: DOW MED COLL, UNIV OF KARACHI, KARACHI, PAKISTAN

Program Type: RESIDENT

Training Institution: UNIV OF ARKANSAS FOR MEDICAL SCIENCES - TEXARKANA

Program Specialty: FAMILY MEDICINE

Summary of all License/Permit Types

Issue Date:

07/21/2005

Type:

[PHYSICIAN IN TRAINING PERMIT](#)

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