

Licensee Details

Demographic Information

Title:	First: Emily	Middle:	Last: Rothman	Suffix: D.O.
DOB:	SSN:	Gender: genderF	POB: Washington, DC	
Citizenship Status:		Ethnicity:	Home State:	
Name: Emily Rothman, D.O.		Owner:		
FEIN:		MID #:	Type:	

Address Information

License Information

DBA:				
Lic #: A-1176-01	Profession: Osteopathic Examiners	Type: Doctor of Osteopathy	Secondary:	
Status: Active	Issued: 11/17/2001	Expiry: 7/1/2017	Effective: 11/17/2001	
Reason: License Issuance	Date: 11/17/2001	Renewed: 5/26/2016	Deg. Suff:	
Method: Application	State:	Country:	LOA Issue:	
Appealed:	Result:	Effective:	LOA Expiry:	

Cyclical Reports

No Cyclical Reports

Cyclical Report Summary

No Reports

Prerequisite Information

No Prerequisite Information

Inspection Information

No Inspections

Education Information

School: Philadelphia College of Osteopathic Medicine				
Profession: Osteopathic Examiners	Type: Osteopathic Medical School	Major:	Certificate: Doctorate	
Date From:	Date To:	Credit Hours:	Specialty:	

Employment Information

No Employment Information

Specialty Information

No Specialty Information

Violation Information

No Violation Information

Discipline Information

No Discipline Information

Limits/Restriction Information

No Limits/Restriction Information

License Bond Information

No License Bond Information

License CSR Information

No License CSR Information

Respondent License Information

No Respondent License Information

CheckList Information

No CheckList Information

Doing Business As

No Aliases

Aliases

Alias: Emily Rothman, D.O.

Related Documents

No Related Documents

Documentum

No Related MLO Documents

CE Courses

Course	Title	Credit Hours	Category	Date Completed
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CE Status

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

Prior Cycle CE Courses

Course	Title	Credit Hours	Category	Date Completed
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Prior CE Cycle Status

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