

**Rich, Edward (DOH)**

**From:** Harris, Mary (DOH)  
**Sent:** Thursday, November 9, 2017 10:08 AM  
**To:** Rich, Edward (DOH)  
**Cc:** Meyers, Frank (DOH)  
**Subject:** RE: FOIA Request for License File: Matthew Reeves, MD, License No. MD38268

**This is the main screen:**

Person	Facility		
First Name	Last Name	Profession	
License Number	SSN	License Type	
Address Line1	Address Line2	Address Line3	
City	State	Zip Code	
Phone Number	License Status		
<a href="#">Licensee - Person Advanced</a>			
Date Of Birth	Old License Number	Renewal Id	
Applicant Number	Archive Only	County	
Include Alias	Licensee Only		
<b>Search</b>		<b>Clear</b>	

Search Results							
Name / License Type	Address	Subtype	License Number	Hold/Alert	Issue Date	Expiration Date	License Status
<b>REEVES, MATTHEW F</b>	5439 Nevada Ave NW WASHINGTON DC 20015-1762						
<b><u>CONTROLLED SUBSTANCE</u></b>	1120 19th St NW, Suite 316, Washington DC 20036	Practitioner - Physician	CS0900862		12/17/2009	12/31/2018	Active
<b>MEDICINE AND SURGERY</b>	1120 19th St NW, Suite 316 Washington DC 20036		MD038268	<b>Alert</b>	08/12/2009	12/31/2018	Active

**Current Hold/Alert Exists**

All Licenses held by - REEVES, MATTHEW F

License Type	Address	Sub Type	License Number	Hold/Alert	Status
<a href="#">MEDICINE AND SURGERY</a>	1120 19th St NW, Suite 316 Washington DC 20036		MD038268	Alert	Active
<a href="#">CONTROLLED SUBSTANCE</a>	1120 19th St NW, Suite 316, Washington DC 20036	Practitioner - Physician	CS0900862		Active

Archive | Reapply | Complaints

**Person**

First Name: MATTHEW  
 Middle Name: F  
 Last Name: REEVES  
 Suffix:  
 Date of Birth: ( )  
 Place Of Birth: ( )  
 Gender: M  
 SSN: ( )  
 Address Line 1: ( )  
 Address Line 2: ( )  
 Address Line 3: ( )  
 Address Line 4: ( )  
 Date Deceased: ( )  
 Registration Code: 34144158

**License**

License Number: MD038268  
 License Type: MEDICINE AND SURGERY  
 Renewal Id:  
 Profession: MEDICINE  
 Sub Type:  
 Date This Status: 08/12/2009  
 Status: Active  
 Effective Date: 01/01/2017  
 Reason Changed: License Issuance  
 Expiration Date: 12/31/2018  
 Issue Date: 08/12/2009  
 from Country:  
 State/Prov:  
 Application Recd Date:  
 Obtained By: Waiver of Examination  
 Reinstatement  
 App Recd Date:  
 Date Last Renewal: 12/03/2016  
 Disciplinary Limit Flag: N  
 Last Reprint Date: 01/03/2017

**Facility**

Full Name: MATTHEW F REEVES  
 PersonId: 157839  
 Owner/Manager:  
 Address Line1: ( )  
 Address Line2: ( )  
 Address Line3: ( )  
 Address Line4: ( )

**Practice Information** Details

In Active  
 Practice Now?:  
 Practice In DC:  
 Active Practice in DC: Hours per week?:

Alias		
Last Name	Date Changed	Alias Type Label
No Data		

License Bond
No Data

Employment
No Data

Education			
School Name	School Type	Date Graduated	Degree Certificate
UNIVERSITY OF PITTSBURGH	College / University	05/01/2006	
HARVARD MEDICAL SCHOOL	College / University	06/01/1999	Medical
UNIVERSITY OF PENNSYLVANIA	College / University	05/01/1993	BA

CE Credits By Cycle		
Current cycle	0.00	Not checked
Last cycle	0.00	Not checked
Other old cycles	0.00	Not checked

Schedules
No Data

CBC Override		Details
Date to Override:	Comments:	
No Data		

Employers for License
No Data

Specialties			
Authority Code Label	Is Primary	Issue Date	Expiration Date
Obstetrics & Gynecology - Board Cert	N	07/01/2009	


Requirements		
Name	Status	Date
No Data		

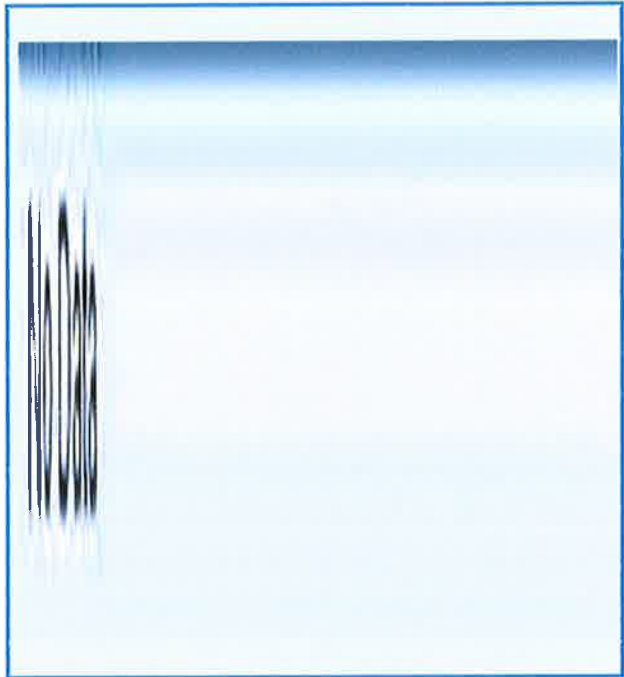
Prerequisites			
Name	License Type	License Number	Status
No Data			



Inspection
No Data


Exam			
Exam Date	Exam State	Exam Type Label	Exam Score
No Data			

Person Photo ID

Initial/Renewal Question Answers 	
Group Name	Group Response
No Data	



Criminal Background Check  			
FBI Result	FBI Result Date	State Result	State Result Date
Negative	11/02/2012	Negative	11/06/2012




Person Or Facility Document 			
Date Uploaded	Description	Category	Amendments
01/31/2015		Person	N

**And this is the license details screen;**

License  

Profession : MEDICINE	License Type : MEDICINE AND SURGERY
License Number : MD038268	Status : Active
from Country :	State/Prov :
Obtained By : Waiver of Examination	Issue Date : 08/12/2009
Sub Type :	Date Last Renewal : 12/03/2016
Disciplinary Limit Flag : N	Expiration Date : 12/31/2018

License Additional Add/Edit  

Lic Deg	Last CE Audit Date
Suffix	Loa Expire Date  ▼
Doing Business As	Loa Issue Date  ▼
Old License Number	Board Approve Date  ▼
Returned Material	