

License Number	License Type	Expiration Date	Renewal Date	Status
MD201	CONTROLLED SUBSTANCE MEDICINE AND SURGERY	08/06/2014	12/01/2014	Active

License Number	License Type	Expiration Date	Renewal Date	Status
MD201	CONTROLLED SUBSTANCE	08/06/2014	12/01/2014	Active

Person

First Name: GRUHO
 Middle Name: A
 Last Name: CHUMPIAZI
 Birth: [Redacted]
 Date of Birth: [Redacted]
 Place of Birth: [Redacted]
 SSN: [Redacted]
 Address Line 1: [Redacted]
 Address Line 2: [Redacted]
 Address Line 3: [Redacted]
 Address Line 4: [Redacted]
 City: [Redacted]
 State: [Redacted]
 Zip: 20110

License

License Number: MD201
 License Type: MEDICINE AND SURGERY
 Renewal ID: [Redacted]
 Status: MEDICINE
 Issue Date: 08/06/2014
 Expiration Date: 08/06/2014
 Renewal Date: 12/01/2014
 Reason Changed: Termination
 Expiration Date: 12/01/2014
 Issue Date: 08/06/2014
 Issue Location: MD
 Approver Role: [Redacted]
 Approved By: [Redacted]
 Reapproved After: [Redacted]
 Date Last Renewed: 08/06/2014
 Termination Flag: [Redacted]
 Last Request Date: 11/02/2014

Family

First Name: GRUHO A CHUMPIAZI
 Parent ID: 00001
 Address Line 1: [Redacted]
 Address Line 2: [Redacted]
 Address Line 3: [Redacted]
 Address Line 4: [Redacted]

Practice Information

Active Practice: Yes
 Practice in DC: Yes
 Hours per week: [Redacted]

Alerts

Last Name	QRC Checked	Alert Type	Label
CHUMPIAZI		Expired	
CHUMPIAZI		Expired	

Get Drivers License

No Data

License Detail

No Data

Specialties

Specialty Code	Specialty Name	Start Date	Expiration Date
	Obstetrics & Gynecology		
	Board Cert		

Employment

No Data

Respiratory

Name	Status	Date

Immunization

No Data

Pharmacology

Name	Expiration Date	License Number	Status

Chronic Disease

Chronic Disease	QRC	Last Checked
Other all cycles	0.00	Not checked
Other all cycles	0.00	Not checked
Other all cycles	0.00	Not checked

Schedules

No Data

Interventions

No Data

CRS Overview

No Data

Skills

Event Date	Event Status	Event Type	Event Cycle
08/11/2014		Doctors	
08/11/2014		Doctors	
08/11/2014		Doctors	

Individual and Group Certifications

No Data



Control Background Check

Check Type	Check Date	Check Status
Background	08/06/2014	Complete

Person De Facto Document

Document ID	Document Type	Document Status
01000000	Person	Active

Name	Address	License Type	License Number	License Status
DRUNK, C. CHRISTIAN	11831 Loc Wooded Dr Shesapeake MD 20687	MEDICINE AND SURGERY	MD7239	Expired

Phone	Fax	First Name	Last Name	Profession	Gender	Last Name	Date Issued
5784-4888		CHRISTIAN	DRUNK	MEDICINE	M	CHRISTIAN	

Date Last Updated	Updated By
02/28/2001 10:51:28 AM	UNIV OF SAN MARCOS, REPUBLIC OF PERU DATE: 02/28/2001

UNIV OF SAN MARCOS, REPUBLIC OF PERU DATE: 02/28/2001

MyLicense

Name	Address	License Type	License Number	License Status
DRUNK, C. CHRISTIAN	11831 Loc Wooded Dr Shesapeake MD 20687	MEDICINE AND SURGERY	MD7239	Expired

Profession	License Type	License Number	Status	Exam Country	Exam Type	Examination	Exam Date
MEDICINE	MEDICINE AND SURGERY	MD7239	Expired	NA	Examination		02/28/2001

Date Last Updated	Updated By
02/28/2001 10:51:28 AM	Verification record 11/29/04 sent to Maryland Bd 10-6/04...LR Mar 20, 1997 RENEWAL BPRS Record 12490-04 Inserted Flag OCPRACTICE. Added Authority RAA. Changed Home Address. Changed Business Address. Renewed License. Batched MDLICPRY. Oct 19, 1999 RENEWAL BPRS Record 129892-45: Renewed License. Batched MDLICPRY. Nov 29, 2000 RENEWAL BPRS Record 251360-17: Renewed Authority RAA. License Renewed. Batched MDLICPRY. Nov 31, 2002 RENEWAL BPRS Record 384120-17: Renewed Authority RAA. Changed Business Address. License Renewed. Batched MDLICPRY.

Verification record 11/29/04, sent to Maryland Bd 10-6/04...LR
 Mar 20, 1997 RENEWAL BPRS Record 12490-04 Inserted Flag OCPRACTICE. Added Authority RAA. Changed Home Address. Changed Business Address. Renewed License. Batched MDLICPRY. Oct 19, 1999 RENEWAL BPRS Record 129892-45: Renewed License. Batched MDLICPRY. Nov 29, 2000 RENEWAL BPRS Record 251360-17: Renewed Authority RAA. License Renewed. Batched MDLICPRY. Nov 31, 2002 RENEWAL BPRS Record 384120-17: Renewed Authority RAA. Changed Business Address. License Renewed. Batched MDLICPRY.

License

License No.	Address	License Type	License Number	License Status
BRUNY, CHIMPITAZI	51021 Lakeside Dr - Silver Spring MD 20901	MEDICINE AND SURGERY	0007307	Expired

First Name	Last Name	Date of Birth	Sex	Color	Last Name	Date of Birth
STROB	BRUNO	01/27/1946	M	B	CHIMPITAZI	

License No.	Expires	Updated by
020003001000		

UNIT OF SAN MARCOS, REPUBLIC OF PERU DATE: 10/26/1973

Done

Today is Tue, 21 Nov 2017

Person		Facility	
First Name	<input type="text"/>	Last Name	<input type="text"/>
License Number	<input type="text" value="MD7287"/>	SSN	<input type="text"/>
Address Line1	<input type="text"/>	Address Line2	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Phone Number	<input type="text"/>	License Status	<input type="text" value="<All Status>"/>
Profession	<input type="text"/>		
License Type	<input type="text"/>		
Address Line3	<input type="text"/>		
Zip Code	<input type="text"/>		

Search Results Page 1 of 1

Name / License Type	Address	Subtype	License Number	Hold/Alert	Issue Date	Expiration Date	License
CHUMPITAZI, BRUNO A.							
MEDICINE AND SURGERY	11031 Lockwood Dr silver spring MD 20901		MD7287		09/06/1974	12/31/2014	Expi

All Licenses held by - CHUMPITAZI, BRUNO A.

License Type	Address	Sub Type	License Number	Hold/Alert	Status
<u>MEDICINE AND SURGERY</u>	11031 Lockwood Dr silver spring MD 20901		MD7287		Expired
<u>CONTROLLED SUBSTANCE</u>	1012 6th Street NW Washington DC 20001	Practitioner - Physician	CS8802201		Expired

Person

First Name: BRUNO
 Middle Name: A.
 Last Name: CHUMPITAZI
 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: 32112168

License

License Number: MD7287
 License Type: MEDICINE AND SURGERY
 Renewal Id:
 Profession: MEDICINE
 Sub Type:
 Date This Status: 02/28/2015
 Status: Expired
 Effective Date: 01/01/2013
 Reason Changed: Terminated
 Expiration Date: 12/31/2014
 Issue Date: 09/06/1974
 from Country:
 State/Prov: NA
 Application Recd Date:
 Obtained By: Examination
 Reinstatement
 App Recd Date:
 Date Last Renewal: 10/23/2012
 Disciplinary Limit Flag: N
 Last Reprint Date: 11/04/2004

Facility

Full Name: BRUNO A. CHUMPITAZI
 PersonId: 98603
 Owner/Manager:
 Address Line1:
 Address Line2:
 Address Line3:
 Address Line4:

Practice Information [Details](#)

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

Alias		
Last Name	Date Changed	Alias Type Label
CHUMPITAZI		Merged
CHUMPITAZI		Merged
CHUMPITAZI		Merged

Employers for License
No Data

License Bond
No Data

Specialties			
Authority Code Label	Is Primary	Issue Date	Expiration Date
Obstetrics & Gynecology - Board Cert			

Employment
No Data

Education			
School Name	School Type	Date Graduated	Degree Certificate
No Data			

Requirements		
Name	Status	Date
No Data		

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

Prerequisites			
Name	License Type	License Number	Status
No Data			

Schedules

No Data

CBC Override Details

Date to Override:	Comments:
No Data	

Inspection

No Data

Exam

Exam Date	Exam State	Exam Type Label	Exam Score
06/11/1974		Doctors, Osteopths	
06/11/1974		Doctors, Osteopths	

Initial/Renewal Question Answers

Group Name	Group Response
No Data	

Person Photo ID

Criminal Background Check Details

FBI Result	FBI Result Date	State Result	State Result Date
Negative	10/10/2012	Negative	10/12/2012

Person Or Facility Document

Date Uploaded	Description	Category	Amendments
01/30/2015		Person	N

Profession : MEDICINE

License Type : MEDICINE AND SURGERY

License Number : MD7287

Status : Expired

from Country :

State/Prov : NA

Obtained By : Examination

Issue Date : 09/06/1974

Sub Type :

Date Last Renewal : 10/23/2012

Disciplinary Limit Flag : N

Expiration Date : 12/31/2014

License Additional Add/Edit



Lic Deg
Suffix

Last CE
Audit
Date

Doing
Business As

Loa
Expire Date mm/dd/yyyy

Old License
Number

Loa
Issue Date mm/dd/yyyy

Returned
Material

Board
Approve Date mm/dd/yyyy

Material
Returned Date mm/dd/yyyy

Transfer
Code

Board Id

Do CE
Audit?

Select Email Person:

Use
License
Address
For
Mailing

Email Merge
Address

License Summary							
Profession	License Type	License Number	Status	from Country	State/Prov	Obtained By	Issue Date
MEDICINE	MEDICINE AND SURGERY	MD7287	Expired		NA	Examination	09/06/1974

Remarks List		
Date Last updated	Remarks	Updated By
03/28/2003 10:06:16 AM	Verification recvd 11/29/04, sent to Maryland Bd 12/6/04...LR Mar 20, 1997 1997 RENEWAL BTRS Record 42490-9: Inserted Flag DCPRACTICE. Added Authority RAA. Changed Home Address. Changed Business Address. Renewed License, Batched MDLICPRT. Oct 19, 1998 1999 RENEWAL BTRS Record 120892-45: Renewed License, Batched MDLICPRT. Nov 29, 2000 RENEWAL BTRS Record 257560-17: Renewed Authority RAA.. License Renewed , Batched MDLICPRT. Nov 01, 2002 RENEWAL BTRS Record 384120-17: Renewed Authority RAA.. Changed Business Address. License Renewed , Batched MDLICPRT.	

Edit Remark

Verification recvd 11/29/04, sent to Maryland Bd 12/6/04...LR

Mar 20, 1997 1997 RENEWAL BTRS Record 42490-9: Inserted Flag DCPRACTICE. Added At