

Lookup Detail View

Licensee Information

This serves as primary source verification* of the license.

*Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.

Name	Public Address
Reid Alan Goodman	425 South Cherry Street Suite 300 Denver, CO 80246

Credential Information

License	License	License	License	Original	Effective	Expiration
Number	Method	Type	Status	Issue Date	Date	Date
DR.0020594	Original	Physician	Active	01/11/1977	05/01/2017	04/30/2019

Supervision

Relationship	Supervisor/Supervisee	License	Start Date	Relationship Type
Supervises	Donna Louise Oswald	PA.0003097	06/02/2017	Supervisor
Supervises	Leanne Buck	PA.0004538	06/01/2017	Supervisor

Board/Program Actions

Discipline	
There is no Discipline or Board Actions on file for this crede	ential.

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