

Person		Facility	
First Name	<input type="text"/>	Last Name	<input type="text"/>
License Number	<input type="text" value="MD042298"/>	SSN	<input type="text"/>
Address Line1	<input type="text"/>	Address Line2	<input type="text"/>
City	<input type="text"/>	State	<input type="text" value="---"/>
Phone Number	<input type="text"/>	License Status	<input type="text" value="&lt;All Status&gt;"/>
Profession	<input type="text" value="---"/>		
License Type	<input type="text" value="---"/>		
Address Line3	<input type="text"/>		
Zip Code	<input type="text"/>		

[Clear](#)

**Search Results** Page 1 of 1

Name / License Type	Address	Subtype	License Number	Hold/Alert	Issue Date	Expiration Date	License
<b>Horvath Cosper, Diane J.</b> <b>MEDICINE AND SURGERY</b>	1225 Fourth Street NE Washington DC 20002		MD042298		07/28/2014	12/31/2018	Active

**All Licenses held by - Horvath Cosper, Diane J.**

License Type	Address	Sub Type	License Number	Hold/Alert	Status
MEDICINE AND SURGERY			MD042298		Active
CONTROLLED SUBSTANCE	MEDSTAR WASHINGTON HOSPITAL CENTER Washington DC 20010	Practitioner - Physician	CS1500337		Active

**Person**

First Name: Diane  
Middle Name: J.  
Last Name: Horvath Cospers  
Suffix:  
Date of Birth:  
Place Of Birth:  
Gender: F  
SSN:  
Address Line 1:  
Address Line 2:  
Address Line 3:  
Address Line 4:  
Date Deceased:  
Registration Code: 20042198

**License**

License Number: MD042298  
License Type: MEDICINE AND SURGERY  
Renewal Id:  
Profession: MEDICINE  
Sub Type:  
Date This Status: 07/28/2014  
Status: Active  
Effective Date: 01/01/2017  
Reason Changed: License Issuance  
Expiration Date: 12/31/2018  
Issue Date: 07/28/2014  
from Country:  
State/Prov:  
Application Recd Date: 04/01/2014  
Obtained By: Waiver of Examination  
Reinstatement App Recd Date:  
Date Last Renewal: 11/15/2016  
Disciplinary Limit Flag: N  
Last Reprint Date:

**Facility**

Full Name: Diane J. Horvath Cospers  
PersonId: 235514  
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		

Employers for License
No Data

License Bond
No Data

Specialties			
Authority Code Label	Is Primary	Issue Date	Expiration Date
Obstetrics & Gynecology - Board Cert	N	04/01/2014	

Employment
No Data

Requirements		
Name	Status	Date
No Data		

Education			
School Name	School Type	Date Graduated	Degree Certificate
Ohio State University	College / University	12/01/2001	BS
Cleveland State University	College / University		

CE Credits By Cycle		
Current cycle	0.00	Not checked
Last cycle	0.00	Not checked

Prerequisites			
Name	License Type	License Number	Status
No Data			

<b>Schedules</b>	
No Data	

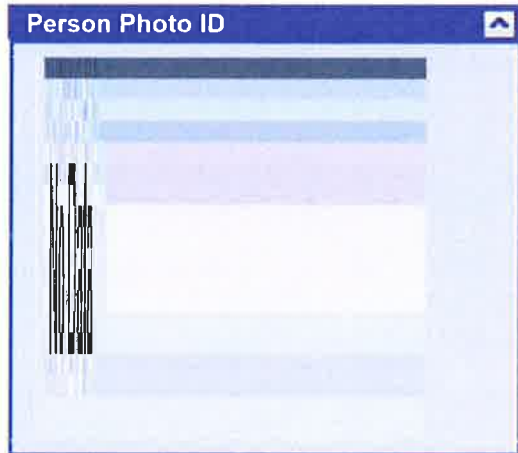
<b>CBC Override</b> <span>Details</span>	
Date to Override:	Comments:
No Data	

<b>Initial/Renewal Question Answers</b>	
Group Name	Group Response
No Data	

<b>Criminal Background Check</b> <span>Details</span>			
FBI Result	FBI Result Date	State Result	State Result Date
Negative	06/05/2014	Negative	06/12/2014
Negative	06/05/2014	Negative	06/13/2014

No Data
<b>Inspection</b>
No Data

<b>Exam</b>			
Exam Date	Exam State	Exam Type Label	Exam Score
No Data			



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

### Summary

Name	Address	License Type	License Number	License Status
Diane J. Horvath Cospers	1225 Fourth Street NE Washington DC 20002	MEDICINE AND SURGERY	MD042298	Active

### License Summary

Profession	License Type	License Number	Status	from Country	State/Prov	Obtained By	Issue Date
MEDICINE	MEDICINE AND SURGERY	MD042298	Active			Waiver of Examination	07/28/2014

### Remarks List

Date Last updated	Remarks	Updated By
06/24/2015 03:32:12 PM	Verification sent to MD Board of Physicians.	dohsbhatt

### Edit Remark

Verification sent to MD Board of Physicians.

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