

Person | Facility

First Name: willie | Last Name: parker | Profession: ---

License Number: | SSN: | License Type: ---

Address Line 1: | Address Line 2: | Address Line 3: |

City: | State: --- | Zip Code: |

Phone Number: | License Status: <All Status>

Clear

Search Results | Page 1 of 1

| Name / License Type | Address | Subtype | License Number | Hold/Alert | Issue Date | Expiration Date | License |
|-----------------------------|--|-----------------------------|----------------|--------------|------------|-----------------|---------|
| PARKER, WILLIE J | | | | Alert | | | |
| CONTROLLED SUBSTANCE | 1108 16th Street NW WASHINGTON DC 20036 | Practitioner - Physician | CS0800407 | | 09/02/2008 | 02/28/2013 | Exp |
| MEDICINE AND SURGERY | WASHINGTON HOSPITAL CENTER WASHINGTON DC 20010-2976 | | MD037446 | | 06/30/2008 | 02/28/2013 | Expir |

Current Hold/Alert Exists

All Licenses held by - PARKER, WILLIE J

| License Type | Address | Sub Type | License Number | Hold/Alert | Status |
|-----------------------------|--|-----------------------------|----------------|------------|---------|
| MEDICINE AND SURGERY | WASHINGTON HOSPITAL CENTER WASHINGTON DC 20010-2976 | | MD037446 | | Expired |
| CONTROLLED SUBSTANCE | 1108 16th Street NW WASHINGTON DC 20036 | Practitioner - Physician | CS0800407 | | Expired |

Person

First Name: WILLIE
Middle Name: J
Last Name: PARKER
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: 20689158

License

License Number: MD037446
License Type: MEDICINE AND SURGERY
Renewal Id:
Profession: MEDICINE
Sub Type:
Date This Status: 03/05/2013
Status: Expired
Effective Date: 01/01/2011
Reason Changed: Terminated
Expiration Date: 02/28/2013
Issue Date: 06/30/2008
from Country:
State/Prov:
Application Recd Date:
Obtained By: Waiver of Examination
Reinstatement App Recd Date:
Date Last Renewal: 11/30/2010
Disciplinary Limit Flag: N
Last Reprint Date: 03/07/2012

Facility

Full Name: WILLIE J PARKER
PersonId: 142279
Owner/Manager:
Address Line1:
Address Line2:
Address Line3:
Address Line4:

Practice Information

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

| Alias | | |
|-----------|--------------|------------------|
| Last Name | Date Changed | Alias Type Label |
| PARKER | | Merged |

| Employers for License |
|-----------------------|
| No Data |

| License Bond |
|--------------|
| No Data |

| Specialties | | | |
|----------------------|------------|------------|-----------------|
| Authority Code Label | Is Primary | Issue Date | Expiration Date |
| No Data | | | |

| Employment |
|------------|
| No Data |

| Requirements | | |
|--------------|--------|------|
| Name | Status | Date |
| No Data | | |

| Education | | | |
|--|----------------------|----------------|--------------------|
| School Name | School Type | Date Graduated | Degree Certificate |
| HARVARD SCHOOL OF PUBLIC HEALTH | College / University | 06/01/1998 | |
| UNIVERSITY OF IOWA COLLEGE OF MEDICINE | College / University | 05/01/1990 | Medical |
| BEREA COLLEGE | College / University | 05/01/1986 | |

| CE Credits By Cycle | | | |
|---------------------|------------|------|--------|
| Current cycle | 04/14/2015 | 0.00 | Passed |

| Prerequisites | | | |
|---------------|---------|---------|--------|
| Name | License | License | Status |
| No Data | | | |

| | | |
|------------------|--|---|
| Schedules | | ▲ |
| No Data | | |

| | | |
|--------------------------|------------------|------------------|
| CBC Override | | Details ▲ |
| Date to Override: | Comments: | |
| No Data | | |

| | | |
|---|-----------------------|---|
| Initial/Renewal Question Answers | | ▲ |
| Group Name | Group Response | |
| No Data | | |

| | | | | |
|----------------------------------|------------------------|---------------------|--------------------------|------------------|
| Criminal Background Check | | | | Details ▲ |
| FBI Result | FBI Result Date | State Result | State Result Date | |
| No Data | | | | |

| | | | |
|---------|-------------|---------------|--|
| | Type | Number | |
| No Data | | | |

| | | | |
|-------------------|--|--|---|
| Inspection | | | ▲ |
| No Data | | | |

| | | | | |
|------------------|-------------------|------------------------|-------------------|---|
| Exam | | | | ▲ |
| Exam Date | Exam State | Exam Type Label | Exam Score | |
| No Data | | | | |

| | | |
|------------------------|--|---|
| Person Photo ID | | ▲ |
| | | |

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

Summary

| Name | Address | License Type | License Number | License Status |
|------------------------|---|-----------------------------|-----------------|----------------|
| WILLIE J PARKER | WASHINGTON HOSPITAL CENTER 110 IRVING ST NW WASHINGTON DC 20010-2976 | MEDICINE AND SURGERY | MD037446 | Expired |

License Summary

| Profession | License Type | License Number | Status | from Country | State/Prov | Obtained By | Issue Date |
|-----------------|-----------------------------|-----------------|----------------|--------------|------------|------------------------------|-------------------|
| MEDICINE | MEDICINE AND SURGERY | MD037446 | Expired | | | Waiver of Examination | 06/30/2008 |

Remarks List

| Date Last updated | Remarks | Updated By |
|-------------------------------|---|------------|
| <u>12/11/2013 11:29:00 AM</u> | 06/27/08 FILE FORWARDED TO BOARD FOR FINAL REVIEW....DB 06/26/08 file completed and sent to board for review.....SR 5/29/09 Comm of Va Richmond VA 2322 1463 Maryland Board of Physicians 4201 Patterson Ave Baltimore MD arw 8/13/10 Philadelphia Women's Center Inc 777 Appletree Street, 7th Floor Philadelphia PA 19106 arw 10/5/10 PA State Board of Med arw 1/23/12 NJ State Board of Med P O Box 183 Trenton NJ 08625 0183 arw 3/8/12 Alabama Board of Med Examiners P O Box 946 Montgomery AL 36101 0946 arw 12/5/12 Illinois Dept of Financial & Pro Attn: Div of Pro Regu P O Box 7007 Springfield IL 62791 arw 11/20/13 - second request 12/11/13 GA Board of Medicine arw | |
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Edit Remark

06/27/08 FILE FORWARDED TO BOARD FOR FINAL REVIEW....DB

06/26/08 file completed and sent to board for review.....SR

5/29/09
Comm of Va
Richmond
VA 2322 1463

Maryland Board of Physicians
4201 Patterson Ave
Baltimore MD
arw

Save | **Clear**

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