

Details

LICENSE DETAILS

License #: MEDR6172**Program:** Medical**Type:** Physician Resident Permit**Status:** Expired**Issue Date:** 08/01/2011**Effective Date:** 08/01/2011**Expiration Date:** 08/29/2011**Mailing Address:** ANN ARBOR, MI, UNITED STATES**Public Note:** RESIDENT PROGRAM AT ANMC VALID ONLY FROM 8/01/11 TO 8/29/2011

Owners

| Owner Name | Entity Number |
|-------------------|---------------|
| SARAH MARY WALLET | |

Relationships

No Relationships Found

Designations

No Designations Found

Agreements/Actions/Accusations

No Agreements/Actions/Accusations Found

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