

Name / License Type	Address	Subtype	License Number	Hold/Alert	License St
Melamed, Alexander	redacted				
MCSR Physician			MM1031943A		Current

Complaints

**Person** Details

First Name: Alexander  
Middle Name:  
Last Name: Melamed  
Suffix:  
Gender:  
Date of Birth: redacted  
SSN:  
Address Line 1:  
Address Line 4:

**License** Details

Profession: MASS CONTROLLED SUBSTAN  
License Type: MCSR Physician  
License Number: MM1031943A  
Issue Date: 03/04/2016  
Expiration Date: 03/04/2022  
Effective Date: 03/04/2016  
Date Last Renewal: 02/12/2019  
Status: Current  
Obtained By: Application  
Renewal Id:  
Applicant Number: 875216  
State/Prov:  
Application Recd Date: 12/31/2018

**Drug Schedules** Details

DEA Number: FM6000525  
Schedule 1: N  
Schedule 2: Y  
Schedule 3: Y  
Schedule 4: Y  
Schedule 5: Y  
Schedule 6: Y

**Specialties**

MD		
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**GMC Questions** Details

Question	Answer
MCSR APRN REN Q1	Correct answers
MCSR APRN REN Q2	Correct answers

**Requirements**

Name	Status	Date
No Data		

Alias <span style="float: right;">Details ▲</span>			
Alias Type	Date Changed	Last Name	First Name
No Data			

Prerequisites			
Name	License Type	License Number	Statu
No Data			

Board Comment <span style="float: right;">Details ▲</span>		
Date Entered	Comment	By Whom
12/29/2018	MD * MM1031943A *Iss 2016-03-04 *Exp * ACTIVE *N ALEXANDER MELAMED nind 0 ni 0 nii 1 niii 1 niv 1 nv 1 nvi 1 *BRN 265570 *DEA_no FM6000525 Fee FEE CHARGED FeeDate 2016-03-04	Conversion Irind 0 Iri 0 Irii 0 Iriii 0 Iriv 0 Irv 0 Irvi 0 Bus add: redacted

Dependent Licenses		
License No	License Status	Association De
No Data		

Verified Licenses <span style="float: right;">Details ▲</span>		
Licensed State	License Number	Issue Date
MA	265570	