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Licensee Detail

License Type: Physicians Assistant

State License Number: MED-PAC-LIC-9

Name: SUSAN CAHILL

License State: MT

Title:

Licensing Board: Medical Examiners

City, State Zip: KALISPELL MT 59901

Business Name:

Business License Expiration Date:

License Issue Date: 03/07/1983

License Expiration Date: 10/31/2019

Method: Exam

License Status: Active

RELATIONSHIP

Type of Relationship: Supervised By

Name: DAVID HEALOW

▼ **Actions - Please click the Triangle for Public disciplinary documents**

Public Document List

Document Name	Type
No records found.	