



**Department of Health**

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**Licensee Details**

Data current as of: December 10, 2019

<b>Name\Phone</b>		<b>Business Address</b>	
WILLIAM M. HASKELL 5132720002		P.O.BOX 43100  CINCINNATI OH 45243	
<b>Number:</b>	<b>Profession:</b>	<b>Type:</b>	<b>Obtained By Method:</b>
MD18266	MEDICINE	MEDICINE AND SURGERY	National Examination (English)
<b>From State/Prov:</b>	<b>Issue Date:</b>	<b>Expiration Date:</b>	<b>Status:</b>
NA	1/4/1990	2/28/2013	Expired
	<b>Temp. Issue Date:</b>	<b>Temp. Expire Date:</b>	

**Specialty Information (as reported by Licensee)**

Obstetrics & Gynecology

**Discipline Information from 1996 to Present - Please click item(s) below to view public orders.**

NONE