

Licensee Details

Demographic Information

Title:	First: Adela	Middle:	Last: Tam	Suffix: M.D.
DOB:	SSN:	Gender: Female	POB:	
Citizenship Status:		Ethnicity:	Home State:	
Name: Adela Tam, M.D.		Owner:		
FEIN:		MID #:	Type:	

Address Information

License Information

DBA: Adela Tam	Profession: Pharmacy	Type: Controlled Substance	Secondary:
Lic #: CS00215812	Issued: 8/17/2010	Expiry: 11/30/2020	Effective: 8/17/2010
Status: Active	Date: 8/17/2010	Renewed: 10/10/2019	Deg. Suff:
Reason: License Issuance	State:	Country:	LOA Issue:
Method: Application	Result:	Effective:	LOA Expiry:

Cyclical Reports

No Cyclical Reports

Cyclical Report Summary

No Reports

Prerequisite Information

No Prerequisite Information

Inspection Information

No Inspections

Education Information

No Education Information

Employment Information

No Employment Information

Specialty Information

No Specialty Information

Violation Information

No Violation Information

Discipline Information

No Discipline Information

Limits/Restriction Information

No Limits/Restriction Information

License Bond Information

No License Bond Information

License CSR Information

Dea No:	Drug Schedule 1:	Drug Schedule 2:	Drug Schedule 2n:
No	No	Yes	Yes
Drug Schedule 3n:	Drug Schedule 4:	Drug Schedule 5:	Drug Schedule 3:
Yes	Yes	Yes	Yes

Respondent License Information

No Respondent License Information

CheckList Information

No CheckList Information

Doing Business As

Alias: Adela Tam

Aliases

No Aliases

Related Documents

No Related MLO Documents					
Course	Title	Credit Hours	Category	Date Completed	

CE Status

Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required
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Prior Cycle CE Courses

Course	Title	Credit Hours	Category	Date Completed	
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Prior CE Cycle Status

Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required
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