

## Licensee Details

### Demographic Information

Title:	First: Amy	Middle:	Last: Levi	Suffix:
DOB:	SSN: Gender:	POB:		
Citizenship Status:	Ethnicity: Home State:			
Name: Amy Levi	Owner:			
FEIN:	MID #:		Type:	

### Address Information

### License Information

DBA:				
Lic #: CS00218176	Profession: Pharmacy	Type: Controlled Substance	Secondary:	
Status: Expired	Issued: 9/6/2012	Expiry: 3/31/2017	Effective: 9/6/2012	
Reason: License Expired	Date: 4/3/2017	Renewed: 4/27/2016	Deg. Suff:	
Method: Application	State:	Country:	LOA Issue:	
Appealed:	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:	No	Drug Schedule 2:	Yes	Drug Schedule 2n:	Yes	
Drug Schedule 3n:	Yes	Drug Schedule 4:	Yes	Drug Schedule 5:	Yes	Drug Schedule 3:	Yes

### Respondent License Information

No Respondent License Information

**CheckList Information**

No CheckList Information

**Doing Business As**

Alias:

**Aliases**

Alias: Amy Levi

**Related Documents**

No Related MLO Documents

Course	Title	Credit Hours	Category	Date Completed
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**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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