

Details

LICENSE DETAILS

License #: MEDT1230**Program:** Medical**Type:** Physician Temporary Permit**Status:** Expired**Issue Date:** 09/28/1999**Effective Date:** 09/28/1999**Expiration Date:** 03/28/2000**Mailing Address:** ANCHORAGE, AK, UNITED STATES**Public Note:** VALID FOR NO MORE THAN SIX MONTHS FROM 9/28/99

Owners

| Owner Name | Entity Number |
|--------------------|---------------|
| JOEY MICHELE BANKS | |

Relationships

No Relationships Found

Designations

No Designations Found

Agreements/Actions/Accusations

No Agreements/Actions/Accusations Found

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