

Licensee Details

Demographic Information

Title:	First: Richard	Middle: E.	Last: Adams	Suffix: M.D.
DOB:	SSN:	Gender: Male	POB:	
Citizenship Status:		Ethnicity:	Home State:	
Name: Richard E. Adams, M.D.		Owner:		
FEIN:		MID #:	Type:	

Address Information

License Information

DBA:				
Lic #: CS00017083	Profession: Pharmacy	Type: Controlled Substance	Secondary:	
Status: Expired	Issued: 8/29/1994	Expiry: 6/30/2015	Effective: 8/29/1994	
Reason: License Expired	Date: 7/1/2015	Renewed: 3/31/2014	Deg. Suff:	
Method: Unknown	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:	Drug Schedule 2:	Drug Schedule 2n:	Drug Schedule 3:	Drug Schedule 4:	Drug Schedule 5:	Drug Schedule 3n:
	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Respondent License Information

No Respondent License Information

CheckList Information

No CheckList Information

Doing Business As

Alias:

Aliases

Alias: RICHARD E. ADAMS, M.D.

Alias: RICHARD E. ADAMS, M.D.

Alias: RICHARD E. ADAMS, M.D.

Alias: RICHARD E. ADAMS

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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