

Person | **Facility**

First Name: Last Name: Profession:

License Number: SSN: License Type:

Address Line1: Address Line2: Address Line3:

City: State: Zip Code:

Phone Number: License Status:

Clear

Search Results Page 1 of 1

Name / License Type	Address	Subtype	License Number	Hold/Alert	Issue Date	Expiration Date	License
PERRITT, JAMILA D							
MEDICINE AND SURGERY	1224 4th Street, NE Washington DC 20002		MD039929		06/27/2011	12/31/2018	Activ

All Licenses held by - PERRITT, JAMILA D

License Type	Address	Sub Type	License Number	Hold/Alert	Status
<u>MEDICINE AND SURGERY</u>	1224 4th Street, NE Washington DC 20002		MD039929		Active
<u>CONTROLLED SUBSTANCE</u>	1108 16TH STREET NW WASHINGTON DC 20036	Practitioner - Physician	CS1100427		Active

Person

First Name: JAMILA
 Middle Name: D
 Last Name: PERRITT
 Suffix:
 Date of Birth:
 Place Of Birth:
 Gender: F
 SSN:
 Address Line 1:
 Address Line 2:
 Address Line 3:
 Address Line 4:
 Date Deceased:
 Registration Code: 24166114

License

License Number: MD039929
 License Type: MEDICINE AND SURGERY
 Renewal Id:
 Profession: MEDICINE
 Sub Type:
 Date This Status: 06/27/2011
 Status: Active
 Effective Date: 01/01/2017
 Reason Changed: License Issuance
 Expiration Date: 12/31/2018
 Issue Date: 06/27/2011
 from Country:
 State/Prov:
 Application Recd Date:
 Obtained By: Waiver of Examination
 Reinstatement
 App Recd Date:
 Date Last Renewal: 10/20/2016
 Disciplinary Limit Flag: N
 Last Reprint Date:

Facility

Full Name: JAMILA D PERRITT
 PersonId: 181097
 Owner/Manager:
 Address Line1:
 Address Line2:
 Address Line3:
 Address Line4:

Practice Information [Details](#)

In Active
 Practice Now?:
 Practice In DC:
 Active Practice in DC: Hours per week?:

Alias		
Last Name	Date Changed	Alias Type Label
BURGESS	05/03/2011	Maiden Name

Employers for License
No Data

License Bond
No Data

Specialties			
Authority Code Label	Is Primary	Issue Date	Expiration Date
No Data			

Employment
No Data

Requirements		
Name	Status	Date
No Data		

Education			
School Name	School Type	Date Graduated	Degree Certificate
JOHNS HOPKINS UNIVERSITY	College / University	01/01/2010	Masters
HOWARD UNIVERSITY COLLEGE OF MEDICINE	College / University	01/01/2005	Medical
BROWN UNIVERSITY	College / University	01/01/2000	BA

CE Credits By Cycle		
Current cycle	0.00	Not checked
Last cycle	0.00	Not checked
Other old cycles	0.00	Not checked

Prerequisites			
Name	License Type	License Number	Status
No Data			

Schedules	
No Data	

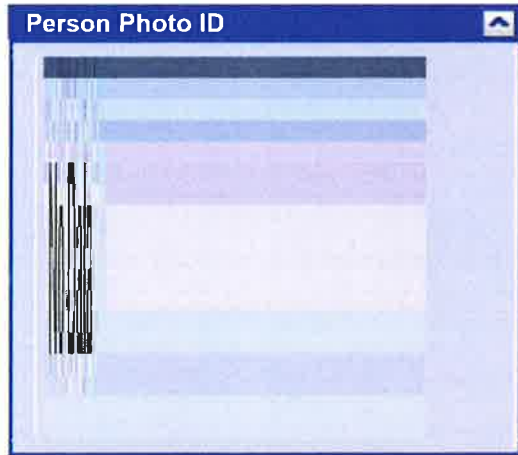
CBC Override		Details
Date to Override:	Comments:	
No Data		

Initial/Renewal Question Answers	
Group Name	Group Response
No Data	

Criminal Background Check				Details
FBI Result	FBI Result Date	State Result	State Result Date	
Negative	06/14/2011	Negative	06/14/2011	

Inspection
No Data

Exam			
Exam Date	Exam State	Exam Type Label	Exam Score
No Data			



Person Or Facility Document			
Date Uploaded	Description	Category	Amendments
01/31/2015		Person	N

Name	Address	License Type	License Number	License Status
JAMILA D PERRITT	1224 4th Street, NE Washington DC 20002	MEDICINE AND SURGERY	MD039929	Active

License Summary

Profession	License Type	License Number	Status	from Country	State/Prov	Obtained By	Issue Date
MEDICINE	MEDICINE AND SURGERY	MD039929	Active			Waiver of Examination	06/27/2011

Remarks List

Date Last updated	Remarks	Updated By
01/06/2016 04:12:33 PM	Verification sent to: Pennsylvania State Board of Medicine PO Box 2649 Harrisburg, PA 17105-2649 Check #2180 for \$34 06/06/2013 Dr. Jamila Perritt (MD039929) is the supervising physician for Erika Marshall, (PA030737)...FM	dohainixon
06/06/2013 11:34:00 AM		

Edit Remark

Verification sent to:
 Pennsylvania State Board of Medicine
 PO Box 2649
 Harrisburg, PA 17105-2649
 Check #2180 for \$34

Save | Clear

Back

License



Profession : MEDICINE

License Type : MEDICINE AND