

Search Results		Page 1 of 1					
Name / License Type	Address	Subtype	License Number	Hold/Alert	Issue Date	Expiration Date	License Status
<b>Kelins on, Jay Joel</b>  <b>MEDICINE AND SURGERY</b>	<div></div> Unknown NA00000		MD10336		09/06/1977		Expired

Person		Details
First Name:	Jay	
Middle Name:	Joel	
Last Name:	Kelinson	
Suffix:		
Date of Birth:		
Place Of Birth:		
Gender:	M	
SSN:		
Address Line 1:		
Address Line 2:		
Address Line 3:		
Address Line 4:		
Date Deceased:		
Registration Code:	18096124	

License		Details
License Number:	MD10336	
License Type:	MEDICINE AND SURGERY	
Renewal Id:		
Profession:	MEDICINE	
Sub Type:		
Date This Status:	09/06/1977	
Status:	Expired	
Effective Date:	09/06/1977	
Reason Changed:	License Issuance	
Expiration Date:		
Issue Date:	09/06/1977	
from Country:		
State/Prov:		
Application Recd Date:		
Obtained By:	Archive Record	
Reinstatement App Recd		
Date:		
Date Last Renewal:		
Disciplinary Limit Flag:	N	
Last Reprint Date:		
Applicant Number:	129285	

Facility		Details
Full Name:	Jay Joel Kelinson	
PersonId:	127344	
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			Details
Last Name	Date Changed	Alias Type Label	
No Data			

Employers for License		Details
No Data		

License Bond		Details
No Data		

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

Employment		Details
No Data		

Education <span>Details ^</span>			
School Name	School Type	Date Graduated	Degree Certificate
No Data			

CE Credits By Cycle <span>^</span>
No Data

Schedules <span>Details ^</span>
No Data

CBC Override <span>Details ^</span>	
Date to Override:	Comments:
No Data	

Initial/Renewal Question Answers <span>Details ^</span>	
Group Name	Group Response
No Data	

Criminal Background Check <span>Details ^</span>			
FBI Result	FBI Result Date	State Result	State Result Date
No Data			

Requirements <span>^</span>		
Name	Status	Date
No Data		

Prerequisites <span>Details ^</span>			
Name	License Type	License Number	Status
No Data			

Inspection <span>^</span>
No Data

Exam <span>Details ^</span>			
Exam Date	Exam State	Exam Type Label	Exam Score
No Data			

Person Photo ID <span>^</span>
There is no Photo Id document

Person Or Facility Document <span>Details ^</span>			
Date Uploaded	Description	Category	Amendments
No Data			

Summary				
Name	Address	License Type	License Number	License Status
Jay Joel Kelson	Unknown NA 00000	MEDICINE AND SURGERY	MD10336	Expired

License Summary							
Profession	License Type	License Number	Status	from Country	State/Prov	Obtained By	Issue Date
MEDICINE	MEDICINE AND SURGERY	MD10336	Expired			Archive Record	09/06/1977

Remarks List		
Date Last updated	Remarks	Updated By
08/02/2006 02:13:00 PM	8/2/06- Verf. sent to New Jersey State Board of Medical Examiners-JD	

Edit Remark
<div>8/2/06- Verf. sent to New Jersey State Board of Medical Examiners-JD</div>
<div>Save Clear</div>

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