

Alexis Light (MD045985)

Search Results							
Name / License Type	Address	Subtype	License Number	Hold/Alert	Issue Date	Expiration Date	License Status
Light, Alexis D.							
CONTROLLED SUBSTANCE	Washington DC 20008 Planned Parenthood Washington DC 20002	Practitioner - Physician	CS1800610		09/06/2018	12/31/2020	Active
MEDICINE AND SURGERY	110 Irving Street NW Washington DC 20010		MD045985		03/29/2018	12/31/2020	Active
MEDICAL TRAINING LICENSE I(A)	MedStar Washington Hospital Center Washington DC 20010		MTL002409		05/29/2014	07/31/2018	Expired

All Licenses held by - Light, Alexis D.					
License Type	Address	Sub Type	License Number	Hold/Alert	Status
MEDICAL TRAINING LICENSE I(A)	MedStar Washington Hospital Center Washington DC 20010		MTL002409		Expired
MEDICINE AND SURGERY	110 Irving Street NW Washington DC 20010		MD045985		Active
CONTROLLED SUBSTANCE	Planned Parenthood Washington DC 20002	Practitioner - Physician	CS1800610		Active

Archive Reapply Rescind Complaints

Person Details ▲

First Name: Alexis
 Middle Name: D.
 Last Name: Light
 Suffix:
 Date of Birth: [REDACTED]
 Place Of Birth: [REDACTED]
 Gender: F
 SSN: [REDACTED]
 Address Line 1: [REDACTED]
 Address Line 2: [REDACTED]
 Address Line 3:
 Address Line 4: Washington DC 20008
 Date Deceased:
 Registration Code: 16623525

License Details ▲

License Number: MD045985
 License Type: MEDICINE AND SURGERY
 Renewal Id:
 Profession: MEDICINE
 Sub Type:
 Date This Status: 02/01/2019
 Status: Active
 Effective Date: 03/29/2018
 Reason Changed: License Renewal
 Expiration Date: 12/31/2020
 Issue Date: 03/29/2018
 from Country:
 State/Prov:
 Application Recd Date: 02/02/2018
 Obtained By: Waiver of Examination
 Reinstatement App Recd
 Date:
 Date Last Renewal:
 Disciplinary Limit Flag: N
 Last Reprint Date:
 Applicant Number: 327559

Facility Details ▲

Full Name: Alexis D. Light
 PersonId: 237377
 Owner/Manager:
 Address Line1: [REDACTED]
 Address Line2:
 Address Line3:
 Address Line4: Washington DC 20008

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
Obstetrics & Gynecology	Y		

Employment Details ▲

Education Details ▲

School Name	School Type	Date Graduated	Degree Certificate
Tulane University SOM	College / University	05/17/2014	Doctorate

Requirements Details ▲

Name	Status	Date
No Data		

Summary i ?

Name	Address	License Type	License Number	License Status
Alexis D. Light	110 Irving Street NW Washington DC 20010	MEDICINE AND SURGERY	MD045985	Active

License Summary

Profession	License Type	License Number	Status	from Country	State/Prov	Obtained By	Issue Date
MEDICINE	MEDICINE AND SURGERY	MD045985	Active			Waiver of Examination	03/29/2018

Remarks List i ?

Date Last updated	Remarks	Updated By
07/10/2019 11:45:13 AM	Received address change request from Nancy Kofie -HURLA ADT DOH.	dohmharris
08/01/2018 11:49:51 AM	Verification sent via mail to: Maryland Board of Physicians: Check no. 187 for \$34.00	dohpcoleman

Edit Remark

Received address change request from Nancy Kofie -HURLA ADT DOH.

Save Clear

Back

Education Details ^			
School Name	School Type	Date Graduated	Degree Certificate
Tulane University SOM	College / University	05/17/2014	Doctorate

CE Credits By Cycle ^		
Current cycle	0.00	Not checked

Schedules Details ^
No Data

CBC Override Details ^	
Date to Override:	Comments:
No Data	

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

Criminal Background Check Details ^			
FBI Result	FBI Result Date	State Result	State Result Date
Negative	04/30/2014	Negative	05/02/2014
Negative	04/30/2014	Negative	05/03/2014
Negative	01/29/2018	Negative	01/31/2018
		Negative	05/21/2019

Requirements ^		
Name	Status	Date
No Data		

Prerequisites Details ^			
Name	License Type	License Number	Status
No Data			

Inspection ^
No Data

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

Person Photo ID ^


Person Or Facility Document Details ^			
Date Uploaded	Description	Category	Amendments
01/30/2015		Person	N
02/07/2018		Person	N