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Person Information			
Name: JOSHUA ST LOUIS, MD			
Address Information			
Address: 34 HAVERHILL ST City: LAWRENCE Zip: 01840 State: MA			
Phone: 9786860090			
License Information			
License No: 19263 Profession: Medicine License Type: Physician			
License Status: Current Issue Date: 10/3/2018 Expiration Date: 6/30/2022			
Additional Information			
Specialty: Family Practice/Family Medicine			
Board Certification Information			
Board Certified	Certification	Expiration	ABMS Board Specialties
Yes	AMERICAN BOARD OF FAMILY MEDICINE		FAMILY MEDICINE
Medical Education Information			
Type	Facility Name	Country	Year
Medical School	TUFTS UNIVERSITY SCHOOL OF MEDICINE, MA	USA	2014
Residency	GREATER LAWRENCE FAMILY HEALTH CENTER, MA	USA	2014-2018
Remarks			
No Related Documents			
Disclaimer: The JCAHO and the NCQA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards.			



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