



Licensee

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SERVICES

Person		Facility					
Search		Clear					
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Name / License Type	Address	Subtype	License Number	Hold/Alert	Issue Date	Expiration Date	License Sta
CONTROLLED SUBSTANCE	WASHINGTON HOSPITAL CENTER Washington DC 20010	Physician	CS1500204		05/12/2015	12/31/2022	Active
MEDICINE AND SURGERY	110 Irving Street NW Washington DC 20010		MD042881		04/29/2015	12/31/2022	Active

All Licenses held by - Lotke, Pamela S.

License Type	Address	Sub Type	License Number	Hold/Alert	Status
MEDICINE AND SURGERY	110 Irving Street NW Washington DC 20010		MD042881		Active
CONTROLLED SUBSTANCE	WASHINGTON HOSPITAL CENTER Washington DC 20010	Practitioner - Physician	CS1500204		Active

Person Details

First Name: Pamela
 Middle Name: S.
 Last Name: Lotke
 Suffix:
 Date of Birth: [REDACTED]
 Place Of Birth:
 Gender: F
 SSN: [REDACTED]
 Address Line 1: [REDACTED]
 Address Line 2:
 Address Line 3:
 Address Line 4: [REDACTED] MD 20912
 Date Deceased:
 Registration Code: 21119233

License Details

License Number: MD042881
 License Type: MEDICINE AND SURGERY
 Renewal Id:
 Profession: MEDICINE
 Sub Type:
 Date This Status: 02/01/2019
 Status: Active
 Effective Date: 01/01/2017
 Reason Changed: License Renewal
 Expiration Date: 12/31/2022
 Issue Date: 04/29/2015
 from Country:
 State/Prov:
 Application Recd Date: 01/22/2015
 Obtained By: Waiver of Examination
 Reinstatement App Recd Date:
 Date Last Renewal: 11/15/2016
 Disciplinary Limit Flag: N
 Last Reprint Date:
 Applicant Number: 274969

Facility Details

Full Name: Pamela S. Lotke
 PersonId: 244561
 Owner/Manager:
 Address Line1: [REDACTED]
 Address Line2:
 Address Line3:
 Address Line4: [REDACTED] MD 20912

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 Details

School Name	School Type	Date Graduated	Degree Certificate
University of Pennsylvania	College / University	06/01/1996	Doctorate
Harvard University	College / University	05/01/1995	Masters
Williams College	College / University	06/01/1990	BA

Requirements Details

Name	Status	Date
No Data		

CE Credits By Cycle Details

Current cycle	Credits	Checked
	0.00	Not checked

Prerequisites Details

Name	License Type	License Number	Status
No Data			

