

Person Facility Search | Clear

Search Results Page 1 of 1

Name / License Type	Address	Subtype	License Number	Hold/Alert	Issue Date	Expiration Date	License Status
MEDICINE AND SURGERY	2975 [REDACTED]	Physician	MD041109		12/21/2012	12/31/2022	Active

All Licenses held by - Shakir-Reese, Jamilah M.

License Type	Address	Sub Type	License Number	Hold/Alert	Status
MEDICINE AND SURGERY	[REDACTED]		MD041109		Active
CONTROLLED SUBSTANCE	MedStar Washington Hospital Center Washington DC 20010-2975	Practitioner - Physician	CS1300151		Active

Archive Reply Complaints

Person Details

First Name: Jamilah  
 Middle Name: M.  
 Last Name: Shakir-Reese  
 Suffix:  
 Date of Birth: [REDACTED]  
 Place Of Birth: [REDACTED]  
 Gender: F  
 SSN: [REDACTED]  
 Address Line 1: [REDACTED]  
 Address Line 2:  
 Address Line 3:  
 Address Line 4: Bowie MD 20720  
 Date Deceased:  
 Registration Code: 89123239

License Details

License Number: MD041109  
 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: 12/21/2012  
 from Country:  
 State/Prov:  
 Application Recd Date:  
 Obtained By: Waiver of Examination  
 Reinstatement App Recd Date:  
 Date Last Renewal: 10/07/2016  
 Disciplinary Limit Flag: N  
 Last Reprint Date: 07/02/2018  
 Applicant Number: 235552

Facility Details

Full Name: Jamilah M. Shakir-Reese  
 PersonId: 208952  
 Owner/Manager:  
 Address Line1: [REDACTED]  
 Address Line2:  
 Address Line3:  
 Address Line4: Bowie MD 20720

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
Shakir	04/11/2018	Legal Name Change

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
Georgetown University	College / University	05/01/2008	Doctorate
University of Pennsylvania	College / University	05/01/2003	BA

Requirements Details

Name	Status	Date
No Data		

CE Credits By Cycle Details

Cycle	Credits	Checked
Current cycle	0.00	Not checked
Last cycle	0.00	Not checked

Prerequisites Details

Name	License Type	License Number	Status
No Data			

Schedules Details

Inspection Details

No Data

CBC Override Details ▲

Date to Override:	Comments:
No Data	

Initial/Renewal Question Answers Details ▲


Group Name	Group Response
No Data	

No Data

Exam Details ▲

Exam Date	Exam State	Exam Type Label	Exam Score
No Data			

Person Photo ID ▲

 PhotoID

Criminal Background Check Details ▲

FBI Result	FBI Result Date	State Result	State Result Date
Negative	11/26/2012	Negative	11/28/2012
		Negative	04/29/2019

Person Or Facility Document Details ▲

Date Uploaded	Description	Category	Amendments
01/31/2015		Person	N