

Rhode Island Department of Health

Summary of License Information for Health Professionals

7/26/2022

Full Name: SARAH A TRAXLER

LICENSE# and TYPE: MD16216 Allopathic Physician (MD)

Aliases:

PERSONAL INFORMATION

DATE OF BIRTH: [REDACTED]

GENDER: Female

SSN: [REDACTED]

LICENSE INFORMATION

ISSUE DATE: 03/29/2018

EXPIRATION DATE: 06/30/2022

LICENSE STATUS: Expired

ADDRESS INFORMATION:

HOME ADDRESS: [REDACTED]

[REDACTED]

WORK ADDRESS: [REDACTED]

[REDACTED]

SCHOOL: Oregon Health Sciences Univ. School of Medicine

Graduation Date: 06/04/2009

Responses to disciplinary action questions

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REMARKS: verif sent to IA 5/30/2018. ap