



MISSOURI DIVISION OF PROFESSIONAL REGISTRATION

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Licensee Details

License

LICENSEE NAME

Noria Michelle McCarther

PROFESSION NAME

Medical Physician/Surgeon (M.D.)

LICENSE NUMBER

2023046500

EXPIRATION DATE

1/31/2026

ORIGINAL ISSUE DATE

11/20/2023

CURRENT DISCIPLINE STATUS

None

METHOD OF LICENSE

Exam

PRACTITIONER DBA NAME

-

PREVIOUS DISCIPLINARY ACTIONS

No

Other Business Address

STREET

Research Medical Center,2316 E Meyer Blvd

CITY

Kansas City

STATE

Missouri

ZIP CODE

64132

COUNTY

Jackson