License Verification

Michael C. Mithoefer, MD

Name: MICHAEL CROFTON MITHOEFER
Phone:

Birth Date:

Specialty: P P  NN

License No:

Date Issued:

Expiration:

Basis: NB 78

School: SC

Graduated:

Primary Source Verification of Graduation Certified

Hospital Affiliation(s):

Status: ACTIVE

No disciplinary action taken by this Board. This certifies that the above licensee is in good standing.

Verified on 10/12/2009 by:

Michelle Sims, Administrative Assistant

Approved on 10/12/2009 by:

Annette M. Disher
Assistant Administrator/Licensing

Unresolved disciplinary actions currently pending before the boards will not be included in the information presented. Reported discipline of licensees indicates the final disposition of contested cases, but may not reflect the current status of a license. Licenses are fully authorized to practice their professions unless their licenses have been restricted, suspended, revoked, deactivated or voluntarily surrendered. Licensees on probation may have been placed under certain professional restrictions which may limit the scope of their practice. Also, board actions reported here may not reflect any subsequent judicial actions to stay or modify the board's decision.