Commonwealth of Pennsylvania Department of State Bureau of Professional and Occupational Affairs Medical Physician and Surgeon License Number **Expiration Date** MD040161E 12/31/2020 Active MICHAEL I CHEIKIN 245 BRADFORD CIRCLE BLUE BELL, PA 19422

> MICHAEL I CHEIKIN 245 BRADFORD CIRCLE BLUE BELL, PA 19422

Commissioner of Professional and Occupational Affairs

OFFICIAL DOCUMENT

- 1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
- 2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION

Pennsylvania Licensing System (PALS)

Visit our website at: www.pals.pa.gov to renew your license, change your personal or license address, or order duplicate licenses.

12/31/2020

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE Commonwealth of Pennsylvania **Department of State** 19 0448247 THE STIFF A CHARLE A CHARLE A CHARLE STIFF A CHARLE STIFF A CHARLE STIFF A CHARLE STIFF **Bureau of Professional and Occupational Affairs** THE THE A PRINCE AND THE PARTICLE AND TH PO BOX 2649 Harrisburg PA 17105-2649 **License Status** License Type Active Medical Physician and Surgeon **Initial License Date** MICHAEL I CHEIKIN 10/08/1987 245 BRADFORD CIRCLE **BLUE BELL, PA 19422 Expiration Date**

License Number

MD040161E

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S.§. 4911

Signature

YOU MUST NOTIFY THE LICENSING BOARD WITHIN 10 DAYS OF A NAME ADDRESS, OR ANY OTHER CHANGE BY WRITING TO THE ADDRESS ON YOUR CERTIFICATE.

INCLUDE YOUR CERTIFICATE NUMBER ON ALL CORRESPONDENCE. TELEPHONE INQUIRIES CAN BE MADE TO (717) 787-8503.

SIGNATURE