

Department of Consumer Affairs Gov BRE 7

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License Details

The Department of Consumer Affairs encourages you to verify the license statuses of any licensees that may appear in a 'Related License' section below. You can verify these licensees by selecting 'New Search' and conducting a new search using the 'Search by Personal or Business Name' option. Please note that the 'Related License' section will only appear below if this license is related to another license. Not all licensees have a related license.

If the License Details below include 'Date of Graduation', the month and date of graduation may not be available. In this instance it will be displayed as '01/01/YYYY' where YYYY represents the year of graduation. Please note that not all license types disclose 'Date of Graduation' on the License Details screen.

Press "Previous Record" to display the previous license.

Press "Next Record" to display the next license.

Press "Search Results" to return to the Search Results list.

Press "New Search Criteria" to do another search of this type.

Press "New Search" to start a new search.

License Number: 65314 Current Date: 12/23/2015 03:17 PM

Name: SHARP, JOHN R

License Type: Physician and Surgeon G License Status: License Renewed & Current

Expiration Date: 11/30/2016

School Name: NY001 - COLUMBIA UNIVERSITY COLLEGE OF PHYSICIAN

Date of Graduation: 01/01/1987 03/20/1989 Original Issuance Date:

Addresses

Survey Information

Areas of Practice

Address of Record (Required) Address 1101 BEACON ST STE 3 EAST

> NORFOLK 02446 United States

BROOKLINE, MA

The following information is self-reported by the licensee and has not been verified by the Board. Are you retired?

Administration - 1-9 Hours Activities in Medicine

> Patient Care - 40+ Hours Research - 1-9 Hours Teaching - 1-9 Hours Telemedicine - 1-9 Hours

Zip: 90024 County: LOS ANGELES

Psychiatry - Primary

Zip: 02446 County: OUT OF STATE Patient Care Practice Location Patient Care Secondary Practice Location Zip: 90024 County: LOS ANGELES Zip: 02446 County: OUT OF STATE Telemedicine Practice Location

Current Training Status Not in Training

Board Certifications American Board of Psychiatry and Neurology - Psychiatry

Postgraduate Training Years 6 Years

Telemedicine Secondary Practice Location

Cultural Background **Declined to Disclose** Foreign Language Proficiency **Declined to Disclose**

Survey Information						
The following information is self-reported I	by the licensee and has no	t been verified b	y the Board.			
Gender	Male					
Public Record Actions						
Administrative Disciplinary Actions Court Order Misdemeanor Conviction Probationary License Felony Conviction Malpractice Judgment Hospital Disciplinary Action License Issued with Public Letter of Reprin Administrative Citation Issued Administrative Action Taken by Other State Arbitration Award				None found		
	Previous Record	Next Record	Search Results	New Search Criteria	New Search	Print
		ons of Use Priva nt © 2013 State o		<u>bility</u>		