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STATE OF CALIFORNIA—AGRICULTURE AND SERVICES AGENCY

EDMUND G. BROWN JR., Governor



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
ALLIED HEALTH PROFESSIONS (916) 322-5043
APPLICATIONS AND EXAMINATIONS (916) 322-5040



APPLICATION FOR PHYSICIAN'S AND SURGEON'S CERTIFICATE
BASED ON NATIONAL BOARD CREDENTIALS
CLASS C

JUN 12 2 14 PM '79
007346
144400
P.W.
1979

(Please type or print neatly. When space provided is insufficient, attach additional sheets.)

1. NAME: Last First Middle Telephone No.
Barmeyer, Robert Allan [Redacted]

3. List other names, if any, you have used:

4. Address: Street and No./Rural Route City State Zip Code
[Redacted]

5. Name you wish on license: Birthdate: (Month - Day - Year)
Robert A. Barmeyer [Redacted]

6. Postgraduate Education: Name of College or University Location
Stanford University Stanford Calif.
Period of attendance: From: 1970 To: 1974 Check proper courses successfully completed:
 Chemistry Physics Biology or Zoology

7. Medical School:

Year	Name of Institution	Location	From	To
1st	Univ Calif San Diego	La Jolla Calif	1974	1975
2nd	same		1975	1976
3rd	same		1976	1977
4th	same		1977	1978
5th				
6th				

8. Doctor of Medicine Degree granted by: Date For office use only
Univ of Calif of San Diego 6/78 School Code: CA017
Sch of Med 6/18/78

9. 1st Year Postgraduate Training (Internship):

Location	Type of Service	From	To
Univ Calif San Diego	OB/Gyn	6/1978	6/1979

10. List all States in which you have been licensed to practice medicine:
none

11. Has any disciplinary action ever been taken regarding any license which you now hold or ever held? Yes No
If Yes, indicate below:

State	Date	Charge	Disposition

12. Have you ever been denied a license to practice medicine in any State or Country? Yes No
If Yes, indicate below:

State or Country	Date of Denial	Reason for Denial

13. Are you now or have you ever been addicted to narcotic drugs? Yes No
no

14. Have you ever been convicted of, or pled nolo contendere to a violation of any Federal, State or Local law relating to the manufacture, distribution or dispensing of controlled substances/narcotics, or to drug addiction? Yes No

15. Have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor or felony in any state? (Except violations of traffic laws resulting in fines of \$50.00 or less.) Yes No

16. If you answered "Yes" to either No. 14 or No. 15 above, please provide the following information:

Violation and Location	Date	Penalty/Disposition

17. Have you ever had staff privileges in a hospital suspended or revoked? If yes, please explain on another sheet of paper. Yes No



Applicant: Please complete the following:

Height: Ft. In. Weight: Lbs.

Hair color: Eye color:

Identifying marks:

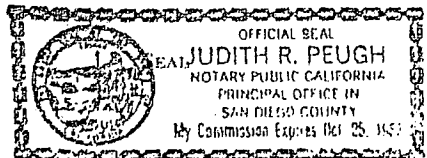
NOTE: The information on this application is required and maintained pursuant to Section 2312 of the Business and Professions Code. All items in this application are mandatory, none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Applicants have the right to review their applications subject to the provisions of the California Public Records Act.

NOTE: APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.

"I hereby certify (or declare), under penalty of perjury, that the foregoing information contained in this application and any attachments is true and correct, and that the attached photo and duplicate copy are a true likeness of myself, the applicant identified herein."

Signature of Applicant PA Barmeyer
Date 5-18-79

Subscribed and sworn to before me this 18 day of May 1979



Signature of Notary Judith R Peugh
Address 225 Dickinson St
San Diego, Ca 92103

My commission expires: Oct 25, 1982



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PLEASE FORWARD TO YOUR MEDICAL SCHOOL
CERTIFICATE OF EDUCATION

This Certifies That Robert A. Barmeyer
enrolled in Univ. of Calif. San Diego
on the 18 day of Sept. 1974

as a Freshman.

with advanced standing based on

The undersigned further certifies that official transcripts on file show that prior to completing the study of medicine the applicant herein referred to completed at least a two-year resident course of college grade including:

PHYSICS CHEMISTRY BIOLOGY (or) ZOOLOGY
at Stanford Univ.

medical school (college) all required courses of lectures of 152 weeks
completing 4000+ hours in the subjects below listed, and that he/she:

was granted the degree Doctor of Medicine

left the above mentioned medical school (college) for the following reason(s):

on the 18 day of June 19 78

Please indicate which of the following courses of study were successfully undertaken by the applicant:

- Anatomy, Embryology, Histology, Neuroanatomy, Physiology, Psychobiology, Biochemistry, Pathology, bacteriology and immunology, Pharmacology, Preventive medicine, Hygiene and sanitation, Radiology, including roentgenologic technique and radiation safety, Urology, Ophthalmology, Anesthesia, Otolaryngology, Obstetrics and gynecology, Medicine, Pediatrics, Psychiatry, Neurology, Dermatology, Physical medicine, Therapeutics, Tropical medicine, Surgery, including orthopedic surgery

Signed and the College seal affixed this 4 day

of June 19 79

By [Signature] President, Secretary, Dean

[AFFIX SEAL]
[HERE]

G. Financial Interest Statement

Please print or type the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. If more space is needed, please attach additional listings. If you have no interests to declare, please write "none" in the area below and sign your name on the front of this document at G.

Health-Related Facility Name	Address

007118 95 63010700006 000395640 102808
 BANK OF AMERICA 148 CA ST TREAS-DEPT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA
 DEPARTMENT OF CONSUMER AFFAIRS
 PO BOX 942520
 SACRAMENTO CA 94258-0520

SMBCLS 02/28/05



**MEDICAL BOARD OF CALIFORNIA
 LICENSE RENEWAL APPLICATION
 PHYSICIAN AND SURGEON**

F. YES, I WISH TO CONTRIBUTE \$25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM

H. YES, I WISH TO CONTRIBUTE \$50 FOR THE S.M. THOMPSON LOAN REPAYMENT PROGRAM

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.

SIGNATURE REQUIRED HERE: RA Barmeyer DATE: 9/28/08

AMOUNT DUE NOW	DELINQ FEE IF POSTMARKED AFTER 01/30/09
\$805.00	\$885.50
VOLUNTARY FEE = \$ 0	\$
TOTAL ENCLOSED = \$ 805	\$

E. FOR ADDRESS CHANGE ONLY
 IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____

LICENSE NO. **G 39564** EXPIRES **12/31/08**

ACTIVE **ROBERT A. BARMAYER**
SHARP REES STEALY MED GRP
2929 HEALTH CENTER DRIVE
SAN DIEGO CA 92123

G. FINANCIAL INTEREST STATEMENT
 I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.

Signature required here: RA Barmeyer 9/28/08

63010700000700006000395640011231080008050000088550

G. Financial Interest Statement

Please print or type the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. If more space is needed, please attach additional listings. If you have no interests to declare, please write "none" in the area below and sign your name on the front of this document at G.

Health-Related Facility Name Address

29 N/A	

004417 18 63010700006 000395640 102510
 BANK OF AMERICA 148 CA ST TREAS-DEPT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA
 DEPARTMENT OF CONSUMER AFFAIRS
 PO BOX 942520
 SACRAMENTO CA 94258-0520

SMBCLS 03/28/09

RETURN THE ENTIRE FORM TO THE RETURN ADDRESS ON THE BACK, MAKE A PHOTOCOPY FOR YOUR RECORDS.



Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body; or, have you been convicted of any crime in any state, the U S A and its territories, military court or a foreign country? PLEASE READ INSTRUCTIONS BEFORE ANSWERING I. YES J. NO

**License Renewal Application
 Physician and Surgeon**

F. YES, I WISH TO CONTRIBUTE \$25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.
 SIGNATURE REQUIRED HERE: Robert A. Barmeyer DATE: 10/29/10

G LICENSE NO. 39564 EXPIRES 12/31/10
 VOLUNTARY FEE = \$
 TOTAL ENCLOSED = \$
ACTIVE ROBERT A. BARMAYER
 SHARP REES STEALY MED GRP
 2929 HEALTH CENTER DRIVE
 SAN DIEGO CA 92123

AMOUNT DUE NOW	DELINQ. FEE IF POSTMARKED AFTER 01/30/11
\$786.00	\$864.00
VOLUNTARY FEE = \$	\$
TOTAL ENCLOSED = \$	\$

E. FOR ADDRESS CHANGE ONLY
 IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET _____
 CITY _____ STATE _____ ZIP _____
 PHONE NUMBER () _____

G. FINANCIAL INTEREST STATEMENT
 I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.
Robert A. Barmeyer

OVER

6301070000700006000395640011231100007860000086400



MEDICAL BOARD OF CALIFORNIA

LICENSE LOOKUP SYSTEM

License Information:

The following information is maintained by the Medical Board of California. For more information, click on the blue tabs above.

License:	G 39564 Licensee may be a U.S. or Canadian medical school graduate whose pathway to licensure was based on the NBME examination.
License Type:	Physician and Surgeon
Name:	ROBERT A BARMAYER, M.D.
Address of Record:	SHARP REES STEALY MED GRP 2929 HEALTH CENTER DRIVE SAN DIEGO, CA 92123
Address of Record County:	SAN DIEGO
License Status:	License Renewed & Current Licensee meets requirements for the practice of medicine in California.
Public Record Action(s):	No Public Record Actions available
Original Issue Date:	July 2, 1979
Expiration Date:	December 31, 2012
School Name:	UNIVERSITY OF CALIFORNIA SAN DIEGO SCHOOL OF MEDICINE
Year Graduated:	1978

Survey Information:

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

Activities In Medicine:	PATIENT CARE - 40+ HOURS RESEARCH - NO HOURS TEACHING - NO HOURS ADMINISTRATION - NO HOURS OTHER - NO HOURS
Primary Practice Location Zip Code:	92123
Board Certification(s):	OBSTETRICS & GYNECOLOGY Visit ABMS to verify
Primary Practice Area(s):	OBSTETRICS & GYNECOLOGY
Secondary Practice Area(s):	No secondary practice areas identified
Post Graduate Training Years:	4 YEARS
Ethnic Background:	CAUCASIAN/WHITE/EUROPEAN/MIDDLE EASTERN
Foreign Language(s):	SPANISH
Gender:	Male

Public Record Action(s):

Please select the **Public Record Documents** tab to view the public document database. If information is posted in the Administrative Disciplinary Actions, Court Order, Administrative Citation Issued, or License Issued with Public Letter of Reprimand categories below, documents may be available for review. To find out what information is and is not available, please click [here](#).

Administrative Disciplinary Actions:

The Medical Board's public disclosure screens are updated periodically as new information becomes available. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of public documents at a minimal charge.

No Administrative Disciplinary Actions found.

Court Order:

This information would be provided if a physician's practice has been temporarily restricted or suspended pursuant to a court order. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of the public documents.

No Court Orders found.

Administrative Action Taken by Other State or Federal Government:

This information is provided by another state/federal government agency. The Medical Board of California may take administrative action based on the action imposed by another state/federal government agency. For more information or verification, contact the agency listed below that imposed the action.

No Administrative Actions Taken by Other State or Federal Government found.

Felony Conviction:

The information provided only includes felony convictions that are known to the Board. All felony convictions known to the Board are reviewed and administrative action is taken only if it is determined that a violation of the Medical Practice Act occurred. For more information regarding felony convictions, contact the court of jurisdiction listed below.

No Felony Convictions found.

Misdemeanor Conviction:

California Business and Professions Code section 2027 (A)(7) states effective 1/1/07, any misdemeanor conviction that results in a disciplinary action or an accusation that is not subsequently withdrawn or dismissed shall be posted on the Internet. To see if a conviction has been expunged or dismissed, please contact the court below.

No Misdemeanor Convictions found.

Administrative Citation Issued:

A citation and/or fine has been issued for a minor violation of the law. This is not considered disciplinary action under California law but is an administrative action. Payment of the fine amount represents satisfactory resolution of this matter.

No Administrative Citations found.

License Issued with Public Letter of Reprimand:

The Medical Board of California has concurrently issued the applicant a medical license and a Public Letter of Reprimand for a minor violation that does not require probationary status or warrant denial. The issuance of a Public Letter of Reprimand is not considered disciplinary action and is not reported to the National Practitioner Databank or the Federation of State Medical Boards.

No License Issued with Public Letter of Reprimand found.

Hospital Disciplinary Action:

The action taken by this healthcare facility against this physician's staff privileges to provide health care services at this facility was for a medical disciplinary cause or reason. The Medical Board is authorized by law to disclose only revocations and terminations of staff privileges. The Medical Board is prohibited from releasing a copy of the actual report or any other information.

No Hospital Disciplinary Actions found.

Malpractice Judgment:

A malpractice judgment is a payment for damages and does not necessarily reflect that the physician's medical competence is below the standard of care. The Medical Board reviews all such reported judgments and action is taken only if it is determined that a violation of the Medical Practice Act occurred. The Medical Board is prohibited by law from releasing a copy of the judgment report or any other information concerning the judgment. For more information contact the court of jurisdiction listed below.

No Malpractice Judgments found.

Arbitration Award:

An arbitration award is a payment for damages and does not necessarily reflect that the physician's medical competence is below the standard of care. The Medical Board reviews all such reported arbitration awards and action is taken only if it is determined that a violation of the Medical Practice Act occurred. The Medical Board is prohibited by law from releasing a copy of the arbitration award report or any other information concerning the award.

No Arbitration Awards found.

Malpractice Settlements:

A settlement entered into by the licensee is a resolution of a claim for damages for death or personal injury caused by the licensee's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. The Medical Board is required by law to disclose certain information related to the existence of multiple settlements made on or after January 1, 2003 in an amount of \$30,000 or more.

No Malpractice Settlements found.

Note: "No information available from this agency" may not indicate none exists; but indicates no information has been reported to the Medical Board of California and/or that the Board is unable to post the information on the Web site by law.

Public Record Documents:

All imaged documents provided by the Medical Board are being made available to provide immediate access for the convenience of interested persons. While the Medical Board believes the information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. Therefore, the Medical Board makes no guarantee as to the accuracy, completeness, timeliness, currency, or correct sequencing of the information. The Medical Board shall not be responsible for any errors or omissions, or for the use or results obtained from the use of this information. The types of documents which are available include, but are not limited to, accusations, decisions, suspension/restriction orders, public letters of reprimand and citations.

No documents found.

Please note that documents with an effective date prior to calendar year 2000 may not be available via the Web. To obtain a copy of the documents not posted on this site, please contact the Central File Room at (916) 263-2525 or click [here](#) for information on ordering public documents.

Disclaimer

All information provided by the Medical Board of California on this Web page, and on its other Web pages and Internet sites, is made available to provide immediate access for the convenience of interested persons. While the Board believes the information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. Therefore, the Board makes no guarantee as to the accuracy, completeness, timeliness, currency, or correct sequencing of the information. Neither the Board, nor any of the sources of the information, shall be responsible for any errors or omissions, or for the use or results obtained from the use of this information. Other specific cautionary notices may be included on other Web pages maintained

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