



# 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 19197 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:	KEEVAN ABRAMSON, M.D.
Address of Record:	850 SEQUOIA CR FORT BRAGG, CA 95437
Address of Record County:	MENDOCINO
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:	September 28, 1970
Expiration Date:	May 31, 2014
School Name:	HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE
Year Graduated:	1969

## Survey Information:

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

Activities In Medicine:	PATIENT CARE - 10 TO 19 HOURS
Primary Practice Location Zip Code:	95437
Board Certification(s):	OBSTETRICS & GYNECOLOGY Visit <a href="#">ABMS</a> to verify
Primary Practice Area(s):	No primary practice areas identified
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):	Declined to Disclose
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.**

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**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.**

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**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.**

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**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.**

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**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.**

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**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.**

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**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 by the Board. All access to and use of this Web page and any other Web page or Internet site of the Board is governed by the Disclaimers and Conditions for Access and Use as set forth at [California Department of Consumer Affairs' Disclaimer Information and Use Information](#).*

## Return This Application to Sacramento, California, and Not to San Francisco

## READ CAREFULLY—ALL CONDITIONS ON THIS BLANK MUST BE COMPLIED WITH IN FULL

This application with a fee of \$10.00 in any form other than a personal check and a photographic copy of diploma to be APPROXIMATELY 7 1/2 inches by 10 inches, must be filed in the office of the Board, 1021 O St., Rm. A-202, Sacramento, Cal. 95814.

The filing of this application does NOT GRANT ANY SPECIAL PRIVILEGE to open an office or to conduct any method of treating the sick or afflicted in the State of California. [See Section 2141 to 2148 of the Business and Professions Code.]

All foreign documents must be translated into English over the seal and signature of the Consul of the country wherein the educational institution may be located.

DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS  
BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF CALIFORNIA

Application filed 7/8/70  
Fee paid Photo 2469  
Diploma filed Photo 2469  
Diploma verified 1558  
By 1558

## NATIONAL BOARD APPLICATION—CLASS G

I hereby apply for a physician's and surgeon's certificate in the State of California and submit the following credentials as required in Sec. 2194 of the Business and Professions Code and by the rules of the Board of Medical Examiners of the State of California.

Name in full KEE VAN ABRAMSON Address [REDACTED]

Date of birth [REDACTED] Age this date 26

Are you a citizen of the United States? Give particulars YES

Send certificate, if issued, to [REDACTED]

Applicant will give full directions and notify the Board of every change of address

Did you attend high school? YES 3 years NORTHEAST High Phila Pa

Yes or no

How long

Name and location of school

Did you graduate from high school? YES 1962 SAME

Date of diploma

Name and location of school

Did you attend college or university? YES 3 1/2 years Temple Univ. Phila. Pa

How long

Name and location of school

Have you any degree OTHER than M.D.? A.B. 8/65 Temple Univ.

Name and date

Institution

## PREMEDICAL EDUCATION

Did you PRIOR to beginning the study of medicine complete a one-year course of college grade in the subjects of:

- \* a. Physics YES College Temple - Phila. from JUNE 1964 to Aug 1964
- b. Chemistry YES College Temple Phila from Feb 1962 to JAN 1963
- c. Biology YES College Temple Phila from Feb 1963 to JAN 1964

† (Every applicant presenting an application based on a certificate or license issued after January 1, 1919, by any examining board, must show that "before beginning the last half of the second year in the study of medicine he has completed a course which includes at least one year of work of college grade, in each of the subjects of Physics, Chemistry and Biology." After January 1, 1924, such premedical courses must have been completed prior to commencing the study of medicine. After September 22, 1951, an applicant must show the completion of a two year's college course, including the subjects of Physics, Chemistry and Biology and an applicant matriculating in a medical school after January 1, 1954, must show the completion of a three year's college course, including the subjects of Physics, Chemistry and Biology.)

\* 1 year equivalent course in summer

## Indicate your medical education in the following manner:

(Applicants matriculating in medical schools and graduated therefrom between August 1, 1901, and August 10, 1913, must show the medical college standard for both preliminary and professional education was such as prescribed by the Association of American Medical Colleges for the year of matriculation and graduation.)

I have spent 5 years in the study of medicine and surgery each year comprising 10 1/2 each in the following institutions:

(NOTE.—Mention dates of EACH COURSE (1st year, 2nd year, etc.) and complete each course CHRONOLOGICALLY. If attended more than one school, furnish credentials from each.)

From the 13 day of Sept 1965, to the 2 day of JUNE 1966, HATHEMAN Phila Pa

From the 13 day of Sept 1966, to the 23 day of JUNE 1967, HATHEMAN

From the 13 day of Sept 1968, to the 10 day of Sept 1969, HATHEMAN

From the 11 day of Sept 1969, to the 3 day of JUNE 1970, HATHEMAN

From the 23 day of JUNE 1969, to the 27 day of JUNE 1970, MT. Zion Hosp. S.F. Calif

From what school did you obtain the degree Doctor of Medicine?

HATHEMAN Medical College Phila Pa the 3 day of JUNE 1969

Is this application accompanied by the original diploma or a photographic copy thereof? PHOTO COPY

I base this application on a "Diplomate" certificate issued to me on the 24 day of JUNE 1970

upon (1) written or (2) oral examination WRITTEN

Have you ever filed an application in California? NO

Have you ever failed in a written examination in California? NO Give particulars

How long since you have ceased the active practice of medicine and surgery? HAVE NOT STOPPED

What has been your vocation since you ceased practice?

In what other states have you applied for license or registration? NONE

Have you ever been denied a license or certificate or the right to take an examination?

\* Applicants basing application on a diplomate certificate issued after September 22, 1951, must submit documentary evidence of the completion of a year's internship satisfactory to the Board prior to the date of the issuance of diplomate certificate.

Has any license entitling you to practice in any foreign country or in any state or territory of the United States been suspended or revoked?                      If so, specify                     

Have you ever been or are you now addicted to narcotic drugs?                      Have you ever been charged with addiction?                       
Specify charge                     

Have you ever made an offer in compromise in connection with the Harrison-Narcotic Law?                     

Have you ever been called before a Federal, state or local enforcement officer?                     

Have you ever been charged with a violation of any law of a foreign country, or with a violation of a U. S. STATUTE or STATE STATUTE?                      If so, give full particulars                     

Offense	Place	Disposition	Date of Disposition
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My physical description on this date is as follows:                      Finger print classification                       
Height                      feet                      inches; weight                      pounds; color of eyes                     ; of hair                     ; identification marks                     

Are you suffering from any ailment communicable to others?                      Have you ever practiced as an itinerant physician?                     

Have you ever been connected, directly or indirectly, with any medical concern, company, institution, advertising specialty or advertising specialist?                      If so, when and where?                     

Do you hereby agree, should a certificate be granted entitling you to practice as a physician and surgeon in the State of California, not to become connected, directly or indirectly, with any medical concern, company, institution, advertising specialty or advertising specialist? YES

Was the photo attached to this application a likeness taken within sixty days next preceding the date of the affidavit affixed hereto? YES

Have you answered the above questions from your own knowledge or upon information or from your best recollection? YES - own knowledge

APPLICANT WILL LEGIBLY COPY in the space immediately below, the "DIPLOMATE" CERTIFICATE on which he applies.

NATIONAL BOARD OF MEDICAL EXAMINERS  
OF THE  
UNITED STATES OF AMERICA  
Keegan Abramson, M.D.

having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.

ARTHUR RICHARD H. YOUNG  
Chairman of the Board

SEAL

Philadelphia, Pa.  
June 24, 1970

JOHN P. HERRING  
President of the Board

Cert = 106456

STATE OF Pennsylvania  
COUNTY OF Philadelphia

Keegan Abramson being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Certificate to practice as a Physician and Surgeon in the State of California; that he has read the foregoing application and knows the contents thereof to be true.

Subscribed and sworn to before me this 26 day of June 19 70

(SEAL)

My commission expires Jan 29 1971

(NOTE.—This affidavit and the endorsement required at the top of the next page must be dated within 60 days of the filing date of this application. After you have completed all data required on pages No. 1 and No. 2, affix your affidavit, THEN send this blank to the Secretary of the National Board of Medical Examiners, who will endorse at top of next page.)

# Certification of the National Board of Medical Examiners

(Note.—This endorsement SHOULD NOT BE EXECUTED unless the applicant has signed the affidavit at the bottom of the preceding page (2).)

## NATIONAL BOARD OF MEDICAL EXAMINERS

I, John P. Hubbard, M.D., President of the National Board of Medical Examiners and official custodian of the records of said Board, certify that the foregoing Diplomate Certificate No. 106486 was issued to Keewan Abramson, will be M.D., on the 24th day of June, 1970, and ~~has been~~ delivered to him; (2) that prior thereto said applicant filed with the National Board, his Medical Diploma; (3) that said applicant has passed examinations given by the National Board as follows:

1st part	<u>Philadelphia, Penna.</u>	from	<u>June 20</u>	to	<u>June 21</u>	10.67	84.5
	Location of examination		Month Day		Month Day		Enter percentage
2d part	<u>Philadelphia, Penna.</u>	from	<u>April 22</u>	to	<u>April 23</u>	19.69	86.0
	Location of examination		Month Day		Month Day		Enter percentage
3d part	<u>San Francisco, Calif.</u>	from	<u>March 11</u>	to	<u>March 12</u>	19.70	86.5
	Location of examination		Month Day		Month Day		Enter percentage

(4) that the complete record of said applicant's credentials and examination will be forwarded for inspection to the California Board on request; (5) that the "Diplomate" Certificate on the preceding page bears the original date of issue (if a Duplicate please add an explanatory note); (6) that from the records of the National Board of Medical Examiners, I believe the above applicant to be a fit, proper and fully qualified person to receive a physician's and surgeon's certificate to practice in California and so recommend.

In testimony whereof witness my hand and seal

*John P. Hubbard*  
Signature of executive officer

M.D.

[SEAL]

Official title President

dated at Philadelphia, Pennsylvania

Address 3930 Chestnut Street  
Philadelphia,  
Pennsylvania, 19104

this 26th day of June, 1970. *OK*

It is hereby certified that Keewan Abramson

entered the Freshman

class in the Hahnemann Medical College

on the 8 day of Sept.

19 65

1. That as evidence of PRELIMINARY EDUCATION (high school) he presented

Pa. Certificate of Preliminary Education No. B108 11/17/65

Specify documentary evidence and date of document

2. That as evidence of PREMEDICAL EDUCATION (college) he presented

Same as above

Specify documentary evidence and date of document, including number of units

3. That prior to commencing the study of medicine he completed a one-year course of college grade in each of the subjects of chemistry, physics and biology as shown on the accompanying certification.

Every application based on a certificate issued after January 1, 1919, must show that prior to commencing the last half of the second year in the study of medicine, he has completed one year of college grade in the subjects of physics, chemistry and biology. After January 1, 1924, said course must have preceded the study of medicine. After September 21, 1931, an applicant must show the completion of a two year's college course, including the subjects of Physics, Chemistry and Biology prior to commencing the study of medicine and an applicant matriculating in a medical school after January 1, 1934 must show the completion of a three year's college course, including the subjects of Physics, Chemistry and Biology.

\* Strike out number 3 if course not of record in your institution, i.e., filed as matriculation requirement.

4. That he attended 23 courses of lectures given by this institution completed during a period of 4 years and was issued the degree Doctor of Medicine on the 3 day of June, 19 69

Signed *LeRoy O. Scott* M.D.  
President/Dean/Secretary

of Hahnemann Medical College

Name of school

this 26 day of June, 1970

Month

{ SEAL  
OF  
SCHOOL }

Graduates after August 10, 1911, must show the completion of 4 terms of 32 weeks, totaling 128 weeks, and a minimum of 4000 hours in the subjects set forth in the Medical Practice Act of California.

## CERTIFICATE OF MORAL CHARACTER

Preferably Signed by Two Licensed Physicians and Surgeons in the State Where Applicant Last Practiced  
and Who Have Known Applicant for at Least One Year

(No practitioner is expected to sign this recommendation who is not personally acquainted with the applicant and who is not willing to furnish information concerning his or her character, education and standing, on request of the board.)

This certifies that I have been personally acquainted with KEEVAN ABRAMSON, M.D.  
for 1 years and that I know him to be of good moral character and hereby recommend him to the Board  
of Medical Examiners of the State of California as most worthy to be licensed to practice as a "physician and surgeon" in the  
State of California.

Name MAX philip LEVINE MD Address 3699 CHAY ST. #4, S.F.  
Graduated from The Chicago Med. School date 6/9 70 Licensed in CALIF. No. 617

This certifies that I have been personally acquainted with KEEVAN ABRAMSON, M.D.  
for 1 years and that I know him to be of good moral character and hereby recommend him to the Board  
of Medical Examiners of the State of California as most worthy to be licensed to practice as a "physician and surgeon" in the  
State of California.

Name Monty J. Thorsen M.D. Address 450 Sutter St. S.F.  
Graduated from U.C. Medical School date June 1952 Licensed in Calif. No. 154

### INFORMATION

#### DEAR DOCTOR:

Answering your recent inquiry, we submit the following information regulating the issuance of a certificate to practice in California under the provisions of section 2194 of the Business and Professions Code, with the suggestion that you carefully supply all the data required on this application blank.

National Board reciprocity applications are acted on at credential committee meeting held approximately once a week. Final action requires the affirmative vote of seven members of the Board.

The California Board in its discretion, may require the applicant to submit to an oral examination given by said Board.

No TEMPORARY CERTIFICATES or SPECIAL PERMITS to practice are issued. The filing of an application does not grant applicant any special privileges, nor is any method of treating the sick or afflicted permitted in California without the lawful possession of a certificate issued by this Board and then only after said certificate has been recorded in the county wherein such practice is conducted. See sections 2141 to 2143 of the Business and Professions Code. Applicants must not establish offices nor circulate professional matter before a California certificate has been issued.

APPLICATION FEE of \$10.00 (foreign exchange to be added) in any form other than a personal check must accompany this application and be deposited in the office of the Board, 1020 N Street, Sacramento, California, two weeks before any date shown on the accompanying dates for meetings for the current year. An additional \$100.00 to be paid if certificate is issued, together with the current license fee as provided by law and the Board rules and regulations.

#### PARTIALLY COMPLETED APPLICATIONS NOT ACCEPTABLE.

Amendment (Chapter 109, Statutes 1929) requires all preliminary, premedical and professional training to have been "resident" courses in a school approved by the Board.

THE BUSINESS AND PROFESSIONS CODE PROVIDES ADDITIONAL REQUIREMENTS THAT MUST BE COMPLETED BY GRADUATES OF FOREIGN MEDICAL SCHOOLS. APPLICANTS WHO ARE GRADUATES OF FOREIGN MEDICAL SCHOOLS SHOULD REQUEST INFORMATION REGARDING THE ADDITIONAL REQUIREMENTS PRIOR TO COMPLETING THIS APPLICATION.

Section 2194 of the Business and Professions Code. An applicant, whose application is based on a diplomate certificate issued by the National Board of Medical Examiners of the United States, shall pay the fee provided by this chapter and, in addition to all other requirements provided for a physician's and surgeon's certificate, he shall file testimonials of good moral character satisfactory to the board and shall satisfy the board that the standard of the National Board of Medical Examiners on the date that the diplomate certificate was issued was in no degree or particular less than that which was required for a physician's and surgeon's certificate under this chapter on the same date.

He shall also satisfy the board that the diplomate certificate was procured without fraud or misrepresentation and that at no time has any certificate or license issued by any State of the United States or issued by a foreign country been revoked or annulled for unprofessional conduct.

The board may, in its discretion, with or without an oral examination, issue a certificate to an applicant who has complied with the requirements provided for a diplomate certificate.

PART  
3MEDICAL BOARD OF CALIFORNIA LICENSE RENEWAL APPLICATION  
PHYSICIAN AND SURGEON

SSN=

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: *Kevin Abramson* DATE 5-8-06

AMOUNT DUE  
NOW

\$790.00

DELINQ. FEE IF  
POSTMARKED AFTER  
06/30/06

\$869.00

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.

Signature required here

LICENSE NO.

G 19197

EXPIRES

05/31/06

ACTIVE KEEVAN ABRAMSON  
850 SEQUOIA CR  
FORT BRAGG CA 95437

63010700000700006000191973010531060007900000086900

004789 186 63010700006 000191973 051506

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

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.

Name Health-Related Facility Address

NONE	



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

LICENSE NO. 19197  
EXPIRES 05/31/08

ACTIVE KEEVAN ABRAMSON  
850 SEQUOIA CR  
FORT BRAAGG CA 95437

VOLUNTARY FEE = \$  
TOTAL ENCLOSED = \$

AMOUNT DUE NOW	DELINQ. FEE IF POSTMARKED AFTER 06/30/08
\$805.00	\$885.50

**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 HOLD A PERMANENT CME WAIVER.

SIGNATURE REQUIRED HERE: Keavan Abramson DATE: 4-14-08

**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.

Signature Required Here: Keavan Abramson

the front of this document

the iron of this docu

## 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.

[illegible]

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

STATE DEPARTMENT OF CONSUMER AFFAIRS  
INTERNET CASHIERING SYSTEM  
MEDICAL BOARD OF CALIFORNIA  
SUPPLEMENTAL INFORMATION REPORT  
From Date: 05/25/2010 To Date: 05/25/2010

ATRISUPPINF

15-OCT-12 15:58:47

Person Id : 578610

Name : Abramson, Keevan

**Question**

**Answer**

I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The Two-Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Conditions Which Would Exempt Me From All Or Part Of The Requirements. YES

I Have Completed 12 Hours Of Pain Management And End-Of-Life Care. YES

I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care NO

Continuing Education Requirement Because I Am A Radiologist Or Pathologist.

Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The NO

Care Of Older Patients. Click No If Not Applicable.

Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held. NONE

I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct. YES

I Have Read My Profile On The Medical Board Web Site At [www.mbc.ca.gov](http://www.mbc.ca.gov) And Acknowledge The Information Contained Therein As Current And Accurate. YES

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? NO

Total Questions Asked For Person : 578610

8

STATE DEPARTMENT OF CONSUMER AFFAIRS  
INTERNET CASHIERING SYSTEM  
MEDICAL BOARD OF CALIFORNIA  
SUPPLEMENTAL INFORMATION REPORT  
From Date: 05/21/2012 To Date: 05/21/2012

ATRISUPPINF

15-OCT-12 16:01:41

Person Id : 578610

Name : Abramson, Kevan

**Question**

**Answer**

I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The Two-Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Conditions Which Would Exempt Me From All Or Part Of The Requirements. YES

I Have Completed 12 Hours Of Pain Management And End-Of-Life Care. YES

I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care Continuing Education Requirement Because I Am A Radiologist Or Pathologist. NO

Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The Care Of Older Patients. Click No If Not Applicable. NO

Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held. NONE

I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct. YES

I Have Read My Profile On The Medical Board Web Site At Www.Mbc.Ca.Gov And Acknowledge The Information Contained Therein As Current And Accurate. YES

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