



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 12163 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:	VERNON P WAGNER, M.D.
Address of Record:	PO BOX 6006 SAN BERNARDINO, CA 92412
Address of Record County:	SAN BERNARDINO
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:	August 3, 1966
Expiration Date:	August 31, 2014
School Name:	LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE
Year Graduated:	1965

Survey Information:

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

Activities In Medicine:	PATIENT CARE - 20 TO 29 HOURS
Primary Practice Location Zip Code:	93301
Board Certification(s):	No board certifications identified
Primary Practice Area(s):	OBSTETRICS & GYNECOLOGY
Secondary Practice Area(s):	No secondary practice areas identified
Post Graduate Training Years:	4 YEARS
Ethnic Background:	Declined to Disclose
Foreign Language(s):	Declined to Disclose
Gender:	Declined to Disclose

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 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

7) inches by 10 inches must be filed in the office of the Honor, 1021 O. St., San Francisco, Cal.

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 witnessed from English over the seal and signature of the Consul of the country wherein the educational institution was founded.

BOARD OF MEDICAL EXAMINERS
OF THE STATE OF CALIFORNIA

Application filed 7-20-66
 Fee paid
 Diploma filed 01-55
 Diploma verified
 By

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. 2124 of the Business and Professions Code and by the rules of the Board of Medical Examiners of the State of California.

Name in full VERNON PAUL WAGNER Address 1

Date of birth _____ Age this date _____

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

Send certificate, if issued, to...

Did you attend high school? YES 4 mos. GLENDALE ACADEMY, GLENDALE, CAL

Did you graduate from high school? YES PSY GLENDAL ACADEMY, GLENDALE CALIF

3 YRS. - LA SIERRA COLLEGE, ARLINGTON, CALIF. Date of diploma
 Did you attend college or university? YES - LA SIERRA COLLEGE, ARLINGTON, CALIF. Name and location of school

Have you any degree other than M.D.? NO

PREMEDICAL EDUCATION

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

ta. Physics YES College SO. MISS. COLL. COLLEGE DALE,
TENN. from SEPT. 1960 to JUNE 1961

b. Chemistry YES College LA SIERRA COLL. ARLINGTON,
CALIF. from SEPT. 1958 to JUNE 1959

c. Biology ^{YES or NO} YES ^{Name} COLLEGE LA SIERRA COLL. ^{Location} ARLINGTON, CALIF. ^{Date of completion} from SEPT. 1958 to JUNE 1959

Year no.	Name	Location	Date of completion
<p>†(Every applicant presenting an application based on a certificate of license <i>dated after January 1, 1919</i>, 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, 1931, an applicant must show the completion of a two-year college course, including the subjects of Physics, Chemistry and Biology and an applicant matriculating in a medical school after January 1, 1934, must show the completion of a three-year college course, including the subjects of Physics, Chemistry and Biology.)</p>			

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 4 years in the study of medicine and surgery each year comprising 2 each in the following institutions:

(NOTE - Mark the SEM of EACH COURSE (1st, 2nd, 3rd, etc.) and complete each course SEPARATELY. If attended more than one school, list the schools from each.)

From the 10 day of SEPT. 1961 to the 6 day of JUNE 1962 UNIVERSITY OF CALIF.

From the 13 day of SEPT. 1962 to the 6 day of JUNE 1963

From 10 day of SEPT 1913 to the 6 day of JUNE 1914

From the 28 day of JUNE, 1965 to the 6 day of JUNE, 1965

From the 1 day of JULY, 1965 to the 1 day of JOY, 1966, White Pine County, Nevada

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

LOMA LINDA UNIVER STY, LOMA LINDA, CALIF. the 6 day of JUNE 1965

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

I base this application on a "Diplomate" certificate issued to me on the 25 day of JULY 1966
Exact date of issue

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

Have you ever filed an application in California? NO
 Yes or no If so, when?

Have you ever failed in a written examination in California? Give particulars

How long since you have ceased the active practice of medicine and surgery? 0

What has been your vocation since you ceased practice? 0

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? YES NO

² Applicants having application or a diploma certificate issued after September 22, 1991, must submit documentary evidence of the completion of a year's internship satisfactorily to the board prior to the date of the issuance of diploma 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
---------	-------	-------------	---------------------

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, institute, 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?

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

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

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA
Vernon P. Wagner, 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.

Attest: JOHN PARKS
President of the Board

SEAL

Philadelphia, Pa.
100-4-60-1M

July 15, 1966 Cert. # 82803

JOHN P. HUBBARD
Executive Director of the Board

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

VERNON PAUL WAGNER

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 29 day of

[SEAL]

My commission expires My Commission Expires March 3 1967

(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.)

Assistant Director
Certification of Secretary of the National Board of Medical Examiners

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

NATIONAL BOARD OF MEDICAL EXAMINERS
Director

I, Richard H. Saunders, Jr., M.D., Assistant Secretary of the National Board of Medical Examiners

and official custodian of the records of said Board, certify that the foregoing Diplomate Certificate No. 82803

was issued to Vernon P. Wagner M.D., on the 15 day
of July 1966, 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>Los Angeles, Calif.</u>	from	<u>September 4</u>	to	<u>September 5</u>	19 <u>63</u>	<u>[REDACTED]</u>
	<small>Location of examination</small>		<small>Month</small>	<small>Day</small>	<small>Month</small>	<small>Day</small>	<small>Enter percentage</small>
2d part	<u>Los Angeles, Calif.</u>	from	<u>April 20</u>	to	<u>April 21</u>	19 <u>65</u>	<u>[REDACTED]</u>
	<small>Location of examination</small>		<small>Month</small>	<small>Day</small>	<small>Month</small>	<small>Day</small>	<small>Enter percentage</small>
3d part	<u>San Diego, Calif.</u>	from	<u>March 16</u>	to	<u>March 16</u>	19 <u>66</u>	<u>[REDACTED]</u>
	<small>Location of examination</small>		<small>Month</small>	<small>Day</small>	<small>Month</small>	<small>Day</small>	<small>Enter percentage</small>

(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

Richard H. Saunders, Jr. M.D.
Signature of executive officer

[SEAL]

Official title Assistant Director

dated at Philadelphia, Pa.

Address 133 South 38th Street

this 15 day of July 1966

Philadelphia, Pa. 19104

[NOTICE.—Detach here and send to Medical College for endorsement]

It is hereby certified that Vernon Paul Wagner entered the freshman
Specify Freshman or lower
class in the LOMA LINDA UNIVERSITY on the 5th day of September 19 61
Nixon Medical College Month

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

Specify documentary evidence and date of document

2. That as evidence of PREMEDICAL EDUCATION (college) he presented a transcript from Southern
Missionary College, Collegedale, Tennessee, dated July 13, 1961

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

*3. That prior to commencing the 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, 1951, 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, 1954, 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 four courses of lectures given by this institution completed during a period of 4YRS. and
Specify number Term
was issued the degree Doctor of Medicine on the 6th day of June 19 66
Specify Month

Signed Herbert A. Walls M.D.
President/Dean/Secretary

of REGISTRAR, LOMA LINDA UNIVERSITY

Name of school

this 5th day of July 19 66
Month

{ SEAL
OF
SCHOOL }

Graduates after August 10, 1913, 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 Vernon Wagner, M.D.
for 3 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 W. Wagner Address 141 San Pascual Ave. L.A. 92
Graduated from UCLA School of Medicine date JUNE 1963 Licensed in Calif. No. 21007
State

This certifies that I have been personally acquainted with Vernon Wagner, M.D.
for 2 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 Wm. L. West Address 616 San Pascual L.A. 92
Graduated from Boylston date June 1962 Licensed in Calif. No. C25185
State

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. Applicant must not establish offices nor circulate professional printed 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.

PARTIALLY COMPLETED APPLICATIONS NOT ACCEPTABLE.

Amendment (Chapter 309, 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.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF MEDICAL EXAMINERS

REACTIVATE
CERT. No. G-12163

Address 4237 Columbus Street

Bakersfield, Calif. 93306

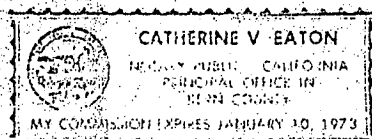
Date January 25, 1972 19

Being duly sworn, I HEREBY CERTIFY That I ^{was}_{am} engaged in FULL TIME active service in the United States

☒ Air Force ☐ Army ☐ Navy ☐ Marines ☐ Public Health Service from Oct. 7, 1966
(check which one) Month Day

to June 4, 1971, and that I did not engage in ANY PRIVATE PRACTICE during that period
Month Day

Approximate date of release June 4, 1971



[SIGNED]

Vernon P. Wagner, M.D.
Full name and rank

Please print name Vernon P. Wagner, M.D.

Witness: (Superior Officer or Notary Public)

[SIGNED]

Catherine V. Eaton

Subscribed and sworn to before me this

25th day of January 19 72

Title Notary Public

Place 2220 College Ave., Bakersfield, Calif.

Notary Public in and for the

County of Kern

Date Jan. 25, 1972

State of California

(Notify us of any change in status, i.e., when you leave the service or engage in any private practice or change your address as listed above.)

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 08/22/2012 To Date: 08/22/2012

ATRISUPPINF

18-OCT-12 14:32:25

Person Id : 575738

Name : Wagner,Vernon

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
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 : 575738

8

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

SSN=

[REDACTED]

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: Vernon P. Wagner DATE: 07-28-06

AMOUNT DUE
NOW

\$790.00

DELINQ FEE IF
POSTMARKED AFTER
09/30/06

\$869.00

VOLUNTARY FEE \$

TOTAL ENCLOSED \$

790.00

\$

\$

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.

Vernon P. Wagner
Signature required hereG LICENSE NO.
12163EXPIRES
08/31/06

ACTIVE VERNON P. WAGNER
19900 BEACH BLVD # G
HUNTINGTON BEACH CA 92648

63010700000700006000121632010831060007900000086900

002719 164 63010700006 000121632 062206
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.

Health-Related Facility Name	Address
LASERQWIK MED. CLINIC	19900 BEACH BLVD #2 HUNTINGTON BEACH, CA 92648
HEALTH FIRST WELL-	4750 COFFEE RD. #107
NESS + MED. CTR.	BAKERSFIELD, CA 93308 \$
" " "	5500 MING AV. #170
" " "	BAKERSFIELD, CA 93309
INNER BALANCE	1620 E. ST.
WELLNESS + MED. CTR.	WASCO, CA 93280 \$
" " "	20617 SOUTH ST.
" " "	TEHACHAPI, CA 93561