



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 23945 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 JOHN SANTELLA, M.D.
Address of Record:	4531 COLLEGE AVE SAN DIEGO, CA 92115
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):	Probation Completed The licensee's period of probation has been completed.
Original Issue Date:	January 11, 1973
Expiration Date:	December 31, 2013
School Name:	NEW YORK MEDICAL COLLEGE
Year Graduated:	1970

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 - 1 TO 9 HOURS ADMINISTRATION - 1 TO 9 HOURS
Primary Practice Location Zip Code:	92115
Board Certification(s):	OBSTETRICS & GYNECOLOGY Visit ABMS to verify
Primary Practice Area(s):	GENERAL PRACTICE- PRIMARY OBSTETRICS & GYNECOLOGY
Secondary Practice Area(s):	No secondary practice areas identified
Post Graduate Training Years:	5 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.

Case Number:	10-1996-061463
Description of Action:	PROBATION COMPLETED.
Effective Date of Action:	May 30, 2004
Case Number:	07-1981-702851
Description of Action:	PROBATION COMPLETED.
Effective Date of Action:	December 10, 1988

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.

Date	Type	Pages
July 30, 2004	ORDER	1
May 30, 2000	DECISION	13
December 10, 1983	DECISION	8

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](#).

DEPARTMENT OF CONSUMER AFFAIRS
 BOARD OF MEDICAL EXAMINERS
 OF THE STATE OF CALIFORNIA
 NATIONAL BOARD APPLICATION — CLASS C

Application Fee 300.00
 Initial License Fee 300.00
 Certificate Fee 350.00

Print or Type

1. Name: Last Santella First Robert Middle John Maiden —

2. Social Security No. [REDACTED]

3. Address: Street and Number/Rural Route [REDACTED] City [REDACTED] State [REDACTED] Zip Code No. 94022

4. Birth date: (Month) [REDACTED] (Day) [REDACTED] (Year) [REDACTED] ☒ Male ☐ Female Color Eyes Blue Color Hair Brown Height 68 in. Weight 140 lbs. U.S. Citizen? ☒ Yes ☐ No If U.S. Citizen, by ☐ Birth ☐ Naturalization

5. Preliminary Education (4-Year High School or Equivalent)
 Name of High School Altama High School Location Altama, Pennsylvania Period of Attendance: From 1958 To 1961

6. Professional Education—College or University
 Name of College Univ. of Pittsburgh Location Pittsburgh, Penna. Period of Attendance: From 1961 To 1966
Pittsburgh Instit. of Technology Pittsburgh, Penna. From 1963 To 1969
 Required Premed Courses: Science College Location Period of Attendance: From To
 Chemistry Univ. of Pittsburgh Pittsburgh, Penna. 1961 1963
 Physics u u 1964 1965
 Biology u u 1961 1965

7. Medical School
 Course (Year) Medical College Location Period of Attendance: From To
 1st New York Medical College New York, New York 1966 1967
 2nd u u 1967 1968
 3rd u u 1968 1969
 4th u u 1969 1970
 5th u u 1970 1971
 6th u u 1971 1972

8. Doctor of Medicine degree granted by
 Name of Institution New York Medical College Location New York, New York Exact Date of Issuance June 2, 1970
 Attach proof of degree and, if attended more than one school, proof of attendance at other school.

9. Post Graduate Education
 Name of Institution none Location none Period of Attendance: From none To none

10. Internship
 Name of Hospital Flower Fifth - Metropolitan Center Location New York, New York Period of Attendance: From 1970 To 1971
 Attach proof of internship

11. Have you been licensed to practice medicine in any state or country? ☐ Yes ☒ No
 State or Country none Year License Issued none Current Status of License: Active ☐ Inactive ☐ Suspended ☐ Revoked ☐

If previous license ever suspended or revoked:
 License Issued by [REDACTED] Date of Suspension or Revocation [REDACTED] Charge [REDACTED]

12. Have you been denied a license to practice medicine by any state or country? ☐ Yes ☒ No
 State or Country none Date of Denial none Reason for Denial none

HAVE YOU EVER FAILED A WRITTEN OR ORAL EXAMINATION GIVEN BY THIS BOARD? ☒ YES ☒ NO

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

14. Have you ever been charged with drug addiction? ☒ Yes ☐ No

If yes:

Charge	Date	Disposition
130		

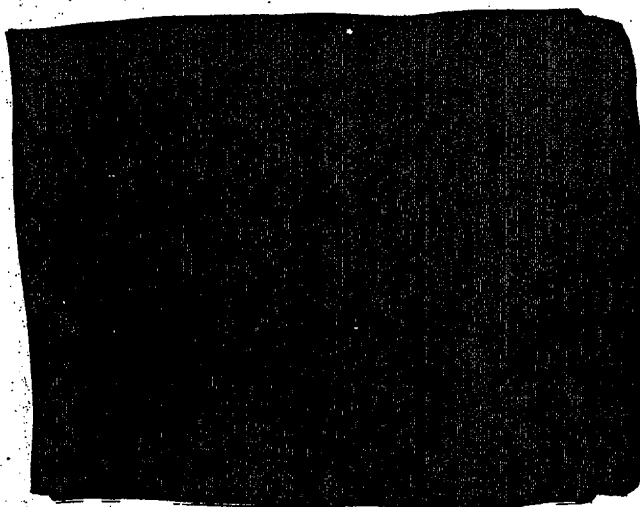
Have you ever made an offer to compromise in connection with the Harrison Narcotic Law? ☐ Yes ☒ No

15. Have you ever been convicted of or pled guilty or nolo contendere to any violation of any law of any state, the United States, or a foreign country? ☒ Yes ☐ No

If yes:

Violation	Date	Penalty or Disposition

16. Are you suffering from any ailment communicable to others? ☒ Yes ☐ No



State of CALIFORNIA } ss.
 County of SAN FRANCISCO

ROBERT JOHN SANTELLA, M.D.
 applicant, being duly sworn says he is the person whose photo is attached, that he is the person named in and lawful holder of each diploma submitted herewith and that said diplomas were procured in the regular resident course of instruction and examination without fraud or misrepresentation; that he has read and understands all the requirements relating to this application and that all statements made herein are true.

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

NATIONAL BOARD OF MEDICAL EXAMINERS
 OF THE
 UNITED STATES OF AMERICA
 Robert John Santella, M.D.
 has made full the requirements and having successfully passed the examination
 is hereby declared a Diplomate of the National Board of Medical Examiners

ARTHUR J. DE MYERS
 Secretary, National Board

SEAL

JOHN P. HILLARD
 President, the Board

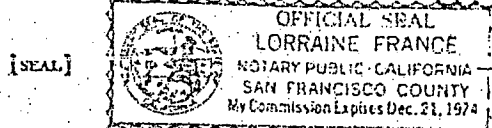
Presiding, Pa.
 July 1, 1971

Vol. 113652

I hereby apply for a physician's and surgeon's certificate in the State of California and submit the following credentials as required in Section 2104 of the Business and Professions Code and by the rules of the Board of Medical Examiners of the State of California.

Robert John Santella, M.D.
 Signature of applicant in full—use no initials

Subscribed and sworn to before me this 25 day of OCTOBER 19 71



Lorraine France
 Signature of notary
 LORRAINE FRANCE, Notary Public Cal.
 COM. EXP. DEC. 21, 1974 - SAN FRANCISCO CO.

My commission expires Dec 21, 1974 California St., San Francisco, Calif. 94119 3700 California St., San Francisco, Calif. 94119
 Address

(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 BE EXAMINED to ensure the applicant has affixed the affidavit the bottom of the preceding page.)

NATIONAL BOARD OF MEDICAL EXAMINERS

John P. Hubbard, M.D., President of the National Board of Medical Examiners and official custodian of the records of said Board, certifies that the foregoing Diplomate Certificate No. 113652 was issued to Robert John Santella M.D. on the 1st day of July 1971 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	New York, New York	from	Sept. 3	to	Sept. 4,	19 69	Enter percentage
	Location of examination		Month Day		Month Day		
2d part	New York, New York	from	April 14	to	April 15,	19 70	Enter percentage
	Location of examination		Month Day		Month Day		
3d part	New York, New York	from	March 10	to	March 10,	19 71	Enter percentage
	Location of examination		Month Day		Month Day		

(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).

In testimony whereof witness my hand and seal

John P. Hubbard
Signature of executive officer

M.D.

Official title President

dated at Philadelphia, Pennsylvania

Address 3930 Chestnut Street
Philadelphia,
Pennsylvania, 19104

this 16th day of November 1971

It is hereby certified that Robert John Santella entered the Freshman class in the New York Medical College on the 2nd day of September 1966.
Specify Freshman or later
Name Medical College Month

1. That as evidence of PRELIMINARY EDUCATION (high school) he presented 2 transcript from the Univ. of Pittsburgh dated 6/7/66
Specify documentary evidence and date of document

2. That as evidence of PREMEDICAL EDUCATION (college) he presented Same transcript evidencing 131 units
Specify documentary evidence and date of document, including number of units

*3. That prior to commencing the first year of the study of medicine he completed a one-year course of college grade in each of the subjects of Physics, Chemistry 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 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 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 four years and was issued the degree Doctor of Medicine on the 2nd day of June 1970.
Specify number Year Month

Signed Richard F. Hughes
Registration
of New York Medical College
Name of school
this 4th day of November 1971
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 Robert John Santella, 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 GARY K. STEWART M.D. Address 544 Eastman Ave. Daly City Cal
Graduated from U. of UTAH date JUNE 8, 1964 Licensed in Calif. No. G-15711
State

This certifies that I have been personally acquainted with Robert John Santella, 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 Robert M. Hutchings M.D. Address 836 New Rd. Modesto Calif
Graduated from Univ. of California date June 1964 Licensed in Calif No. A22869
State San Francisco, CA

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 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, together with the current initial fee as provided by law and the Board rules and regulations.

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.

Since you last renewed your license, have you had any license disciplinary action 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 ☒ 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 John Santella DATE: 9-20-11

LICENSE NO.	EXPIRES	AMOUNT DUE NOW	DELINQ. FEE IF POSTMARKED AFTER 01/30/12
6 23945	12/31/11	\$808.00	\$886.00
VOLUNTARY FEE = \$		\$	
TOTAL ENCLOSED = \$		\$	

ACTIVE ROBERT JOHN SANTELLA
4531 COLLEGE AVE
SAN DIEGO CA 92115

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 _____

630107000007000006000239459011231110008080000088600

OVER

100-2-1A-00
LEADER PLATERS

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.

[illegible][illegible]

**License Renewal Application
Physician and Surgeon**

PART 3
Since you last renewed your license, have you had any license discipline 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.
☐ YES ☒ NO

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 J. Santella MD DATE: 9-22-09

AMOUNT DUE NOW
\$808.00
DELINQ. POSTMARKED AFTER
09/30/10
\$886.00

LICENSE NO. 6 23945
EXPIRES 12/31/09

VOLUNTARY FEE = \$
TOTAL ENCLOSED = \$

ACTIVE ROBERT JOHN SANTELLA
4531 COLLEGE AVE
SAN DIEGO CA 92115

E. FOR ADDRESS CHANGE ONLY
IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.
STREET _____
CITY _____ STATE _____ ZIP _____

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 J. Santella MD

63010700000700006000239459011231090008080000088600

OVER

003942 152 63010700006 000239459 092909
BANK OF AMERICA 148 CH ST TREAS-DEPT OF CONSUM

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

191/A 886 00		
DEPT OF CONSUMER AFFAIRS		

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. **23945** EXPIRES **12/31/07**

ACTIVE **ROBERT JOHN SANTELLA**
4531 COLLEGE AVE
SAN DIEGO CA 92115

TOTAL ENCLOSED \$

AMOUNT DUE NOW	DELINQ. FEE IF POSTMARKED AFTER 01/30/08
\$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 I HOLD A PERMANENT CME WAIVER.

SIGNATURE REQUIRED HERE: Robert J Santella MD DATE: 9-25-07

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

STREET _____
CITY _____ STATE _____ ZIP _____

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 J Santella MD

31
CONSUMER AFFAIRS

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.

31	505 00	CONSUMER AFFAIRS
----	--------	------------------

BEFORE THE DIVISION OF MEDICAL QUALITY
BOARD OF MEDICAL QUALITY ASSURANCE
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation
Against:

ROBERT SANTELLA, M.D.,
Certificate No. G-23945,

Respondent.

NO. D-2922

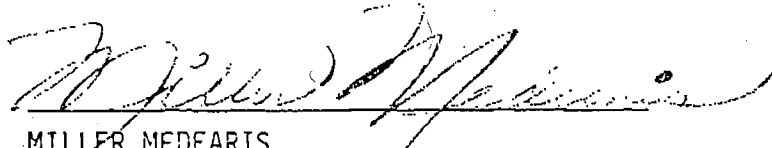
DECISION

The attached Stipulation is hereby adopted by the Division
of Medical Quality of the Board of Medical Quality Assurance as its
Decision in the above-entitled matter.

This Decision shall become effective on December 10, 1983.

IT IS SO ORDERED January 4, 1984.

DIVISION OF MEDICAL QUALITY
BOARD OF MEDICAL QUALITY ASSURANCE


MILLER MEDEARIS
Secretary-Treasurer

1 JOHN K. VAN DE KAMP, Attorney General
 of the State of California
 2 BARRY D. LADENDORF,
 Deputy Attorney General
 3 110 West A Street, Suite 700
 San Diego, California 92101
 4 Telephone: (619) 237-7811

5 Attorneys for Complainant

6

7

8

BEFORE THE

9

DIVISION OF MEDICAL QUALITY

10

BOARD OF MEDICAL QUALITY ASSURANCE

11

DEPARTMENT OF CONSUMER AFFAIRS

12

STATE OF CALIFORNIA

13

14	In the Matter of the Accusation)	No. D-2922
	Against:)	
15)	STIPULATION FOR
	ROBERT SANTELLA, M.D.)	SETTLEMENT
16	1662 East Main Street)	
	Suite 306)	
17	El Cajon, California 92021)	
)	
18	License No. G 23945)	
)	
19	Respondent.)	
20)	

21 IT IS HEREBY STIPULATED AND AGREED by and between
 22 the parties to the above-entitled matter that the following
 23 allegations are true.

24 1. Stephen R. Wilford, complainant herein and Acting
 25 Executive Director of the Board of Medical Quality Assurance of
 26 the State of California, is represented by John K. Van De Kamp,

27

/

1 Attorney General of the State of California by Barry D. Ladendorf,
2 Deputy Attorney General.

3 2. Robert Santella, M. D. (hereinafter "respondent")
4 is represented by Daniel T. Broderick III, who has been retained
5 as his attorney in regard to the administrative action herein
6 and that the respondent has counseled with Mr. Broderick
7 concerning the effect of this stipulation, which the respondent
8 herein has carefully read and fully understands.

9 3. Respondent has received and read the accusation
10 which is presently on file and pending as Case No. D-2922
11 before the Division of Medical Quality of the Board of
12 Medical Quality Assurance, State of California.

13 4. Respondent understands the nature of the charges
14 alleged in the above-mentioned accusation and that said
15 charges and allegations would constitute cause for imposing
16 discipline upon respondent's medical license heretofore issued
17 by the Board of Medical Quality Assurance.

18 5. Respondent and his counsel are aware of each of
19 respondent's rights, including the right to a hearing on the
20 charges and allegations, the right to confront and cross-examine
21 witnesses who would testify against him, the right to present
22 evidence in his favor and call witnesses on his behalf, or
23 to testify himself, his right to contest the charges and allega-
24 tions, and any other rights which may be accorded to him pur-
25 suant to California Administrative Procedure Act (Gov. Code
26 § 11500, et seq.) his right to reconsideration, review by the
27 superior court and to appeal to any other court; that respondent

1 understands that in signing this stipulation rather than contest-
2 ing the accusation, he is enabling the Division of Medical
3 Quality of the Board of Medical Quality Assurance to issue the
4 following order from this stipulation without further process.

5 6. Respondent freely and voluntarily waives each and
6 every one of the rights set forth hereinabove; that respondent
7 admits he is guilty of violating section 2234(b) (gross
8 negligence) and/or (d) (incompetence) by reason of the
9 following:

10 Patient - Judy L.

11 A. Judy L. was a patient of respondent and
12 admitted to Grossmont Hospital for a vaginal hysterectomy.

13 B. Respondent failed to document the patient's
14 history of a elective abortion within one month of the hysterec-
15 tomy.

16 C. Respondent failed to respond promptly to the
17 hospital's notification that the patient's post-operative con-
18 dition had deteriorated.

19 D. Following the patient's second surgery,
20 respondent left the patient before her condition had stablized,
21 and he did not write post-operative orders. However, he did ask
22 the assistant surgeon to write them.

23 Patient - Cheryl L.

24 A. Patient Cheryl L. was admitted to Sharp
25 Hospital with a pelvic inflammatory disease and a temperature of
26 99°.

27 /

1 B. Respondent failed to examine Cheryl L. at the
2 hospital until some 25 hours after her admission.

3 C. Cheryl L. was ultimately found to have a
4 urinary tract infection.

5 Patient - Randa P.

6 A. At all times Randa P. was pregnant and a
7 patient of respondent.

8 B. Respondent failed to recognize the danger
9 the patient's hypertension headaches posed to the fetus.

10 C. Respondent failed to do adequate antepartum
11 monitoring of the condition of the fetus.

12 D. Respondent delayed hospitalizing the patient
13 for evaluation of preeclampsia or possible placental separation
14 for two days.

15 E. Patient Randa P. delivered a still-born baby
16 on August 27, 1981.

17 7. Based on the foregoing stipulations and reci-
18 tal, it is stipulated and agreed that the Division of Medical
19 Quality may issue the following order as its decision in this
20 case, to be effective on December 10, 1983.

21 ORDER

22 IT IS HEREBY ORDERED that License Number G-23945
23 issued to Robert Santella, M. D. is revoked. However, said
24 revocation is stayed and respondent is placed on probation for
25 five years on the following terms and conditions:

26 /
27 /

1 A. As part of probation, respondent is
2 suspended from the practice of medicine for 60 days
3 beginning December 10, 1983.

4 B. Within 60 days of the effective date of
5 this decision, respondent shall take and pass an
6 oral clinical examination to be administered by the
7 Division or its designee. If the respondent fails
8 this examination, respondent must wait three months
9 between reexaminations, except that after three
10 failures, respondent must wait one year to take each
11 necessary reexamination thereafter. The Division
12 shall pay the cost of the first examination and
13 respondent shall pay the costs of any subsequent
14 examinations.

15 Respondent shall not practice medicine until
16 respondent has passed this examination and has been so notified
17 by the Division in writing.

18 C. Within 90 days of the effective date of this
19 decision and on an annual basis thereafter during the
20 period of probation, respondent shall take and complete not
21 less than 40 hours per year of Category I continuing medi-
22 cal education with emphasis in obstetrics and gynecology.
23 This program shall be in addition to the continuing medical
24 education requirements for relicensure.

25 D. Respondent shall obey all federal, state and
26 local laws and all rules governing the practice of medicine
27 in California.

1 E. Respondent shall submit quarterly declarations
2 under penalty of perjury on forms provided by the Division,
3 stating whether there has been compliance with all con-
4 ditions on probation.

5 F. Respondent shall comply with the Division's pro-
6 bation surveillance program.

7 G. Respondent shall appear in person for interviews
8 with the Division's medical consultant upon request at
9 various intervals and with reasonable notice.

10 H. In the event respondent should leave California
11 to reside or to practice outside the state, respondent must
12 notify in writing the Division of the dates of departure
13 and return. Periods of residency or practice outside
14 California will not apply to the reduction of this proba-
15 tion period.

16 I. Upon successful completion of probation,
17 respondent's certificate will be fully restored.

18 J. If respondent violates probation in any respect,
19 the Division, after giving respondent notice and the oppor-
20 tunity to be heard, may revoke probation and carry out the
21 disciplinary order that was stayed. If an accusation or
22 petition to revoke probation is filed against the respon-
23 dent during probation, the Division shall have continuing

24 /

25 /

26 /

27 /

1 jurisdiction until the matter is final and the period of
2 probation shall be extended until the matter is final.

3 I concur in the stipulation and order.

4 Dated: 11/1/83


5 JOHN K. VAN DE KAMP, Attorney General
6 of the State of California
7 BARRY D. LADENDORF,
8 Deputy Attorney General

9 
10 BARRY D. LADENDORF
11 Deputy Attorney General

12 Attorneys for Complainant
13 Board of Medical Quality Assurance
14 State of California

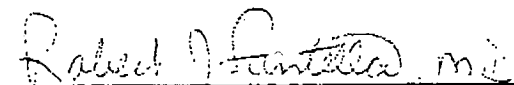
15 I concur in the stipulation and order.

16 Dated: 10/24/83

17 
18 DANIEL T. BRODERICK, III
19 Attorney for Respondent

20 I have read the above stipulation fully and have
21 discussed it with my counsel. I understand that by its terms I
22 will be waiving certain rights accorded me under California law.
23 I also understand that by its terms the Board of Medical Quality
24 Assurance will issue a Decision and Order on this stipulation
25 whereby my license to practice medicine will be subject to cer-
26 tain terms and conditions. I agree to the above stipulation
27 for settlement.

Dated: 10/24/83


ROBERT SANTELLA, M. D.
Respondent

71

**BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

ROBERT JOHN SANTELLA, M.D.

**Physician's and Surgeon's
Certificate No. G 23945**

Respondent.

File No: 10-1996-61463

DECISION AND ORDER

The attached Stipulation in Settlement and Order is hereby adopted by the Division of Medical Quality of the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in the above-entitled matter.

This Decision shall become effective at 5:00 p.m. on May 30, 2000.

DATED April 27, 2000.

**DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA**



**Ira Lubell, M.D.
Chair, Panel A**

1 BILL LOCKYER, Attorney General
of the State of California
2 SANFORD FELDMAN
Deputy Attorney General
3 State Bar No. 47775
Department of Justice
4 110 West A Street, Suite 1100
Post Office Box 85266
5 San Diego, CA 92186-5266
Telephone: (619) 645-2079
6
7 Attorneys for Complainant

8 **BEFORE THE**
9 **DIVISION OF MEDICAL QUALITY**
10 **MEDICAL BOARD OF CALIFORNIA**
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

11 In the Matter of the Accusation)	
12 Against:)	Case No. 10-1996-61463
)	
13 ROBERT JOHN SANTELLA, M.D.)	
4531 College Avenue)	STIPULATION
San Diego, CA 92115)	IN SETTLEMENT
)	AND ORDER
14 Physician's and Surgeon's)	
15 Certificate No. G 23945)	
)	
16 Respondent.)	
)	

17
18 Complainant, Ron Joseph, Executive Director of the
19 Medical Board of California ("Board"), by and through his
20 attorney, Bill Lockyer, Attorney General of the State of
21 California, by Sanford Feldman, Deputy Attorney General, and
22 Robert John Santella, M.D. ("respondent"), by and through his
23 attorney Daniel S. Belsky, Esq., hereby stipulate as follows:
24 1. The Division of Medical Quality of the Board
25 ("Division") acquired jurisdiction over respondent by reason of
26 the following:
27 ///

1 A. Respondent was duly served with a copy of the
2 Accusation, Statement to Respondent, Request for Discovery,
3 Form Notice of Defense and copies of Government Code
4 sections 11507.5, 11507.6 and 11507.7 as required by section
5 11503 and 11505, and respondent timely filed a Notice of
6 Defense within the time allowed by section 11506 of the
7 code.

8 B. Respondent has received and read the
9 Accusation which is presently on file as Case No. 10-1996-
10 61463 before the Division. Respondent understands the
11 nature of the charges alleged in the Accusation and that the
12 charges and allegations constitute cause for imposing
13 discipline upon respondent's license to practice medicine
14 which was issued by the Board.

15 2. Respondent and his counsel are aware of each of
16 respondent's rights, including the right to a hearing on the
17 charges and allegations, the right to confront and cross-examine
18 witnesses who would testify against respondent, the right to
19 present evidence in his favor and call witnesses on his behalf,
20 or to testify, his right to contest the charges and allegations,
21 and other rights which are accorded to respondent pursuant to the
22 California Administrative Procedure Act (Gov. Code, § 11500 et
23 seq.), including the right to seek reconsideration, review by the
24 superior court, and appellate review.

25 3. Respondent freely and voluntarily waives each and
26 every one of the rights set forth in paragraph 2.

27 ///

1 4. Respondent understands that in signing this
2 stipulation rather than contesting the Accusation, he is enabling
3 the Division to issue the following order without further
4 process.

5 5. For the purpose of resolving Accusation
6 No. 10-1996-61463, respondent admits that he failed to maintain
7 adequate records as alleged in Paragraph 8 of the Accusation.
8 Respondent hereby gives up his right to contest the charges and
9 allegations in the Accusation relating to failure to maintain
10 adequate records and agrees to be bound by the Division's
11 Disciplinary Order which is based solely on his violations of
12 Section 2266 and set forth below.

13 6. Respondent understands and agrees that if
14 he ever files an application for modification or early
15 termination of probation, all of the charges and allegations
16 contained in Accusation No. 10-1996-61463 will be deemed to be
17 true, correct and admitted by respondent when the Division
18 determines whether to grant or deny the application.

19 7. It is understood by respondent that, in deciding
20 whether to adopt this stipulation, the Division may receive oral
21 and written communications from its staff and the Attorney
22 General's office. Communications pursuant to this paragraph
23 shall not disqualify the Division or other persons from future
24 participation in this or any other matter affecting respondent.
25 In the event this settlement is not adopted by the Division, the
26 stipulation will not become effective and may not be used for any
27 purpose, except for this paragraph, which shall remain in effect.

8. This Stipulation in Settlement and Decision is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties.

9. The parties agree that facsimile copies of this Stipulation, including facsimile signatures of the parties, may be used in lieu of original documents and signatures. The facsimile copies will have the same force and effect as originals.

10. Based upon the foregoing, it is stipulated and agreed that the Division may issue the following as its decision in this case.

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 23945 issued to Robert John Santella, M.D., is revoked. However, revocation of said certificate is stayed and respondent is placed on probation for four (4) years on the terms and conditions set forth below. Within 15 days after the effective date of this decision, respondent shall provide the Division, or its designee, proof of service that respondent has served a true copy of this decision on the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to respondent or where respondent is employed to practice medicine and on the Chief Executive Officer at every insurance carrier where malpractice insurance coverage is extended to respondent.

///

1 1. **PRESCRIBING PRACTICES COURSE**

2 Within 180 days of the effective date of this decision,
3 respondent shall enroll in and complete the PACE Prescribing
4 Practices course given by the University of California at San
5 Diego School of Medicine. Respondent may satisfy this
6 requirement by submitting written proof that he has taken and
7 successfully completed the PACE Prescribing Practices course
8 within the one year preceding the effective date of this order.

9 2 **EDUCATION COURSE**

10 Within 90 days from the effective date of this
11 decision, and on an annual basis thereafter, respondent shall
12 submit to the Division or its designee for its prior approval an
13 educational program or course to be designated by the Division,
14 which shall not be less than 40 hours per year for each year of
15 probation. This program shall be in addition to the Continuing
16 Medical Education requirements for re-licensure. Following the
17 completion of each course, the Division or its designee may
18 administer an examination to test respondent's knowledge of the
19 course. Respondent shall provide proof of attendance for 65
20 hours of continuing medical education of which 40 hours were in
21 satisfaction of this condition and were approved in advance by
22 the Division or its designee.

23 3. **ETHICS COURSE**

24 Within sixty (60) days of the effective date of
25 this decision, respondent shall enroll in a course in Ethics
26 approved in advance by the Division or its designee, and shall
27 ///

1 successfully complete the course during the first year of
2 probation.

3 4. CLINICAL TRAINING PROGRAM

4 Within 90 days from the effective date of this
5 decision, respondent, at his expense, shall enroll in The
6 Physician Assessment and Clinical Education Program at the
7 University of California, San Diego School of Medicine
8 (hereinafter, the "PACE Program") and shall undergo assessment,
9 clinical training and examination. First, respondent shall
10 undergo the comprehensive assessment program including the
11 measurement of medical skills and knowledge and the appraisal of
12 physical health and psychological testing. After assessment, the
13 PACE Evaluation Committee will review all results and make a
14 recommendation to the Division or its designee and the respondent
15 and other authorized personnel regarding clinical training
16 (including scope and length), treatment of any medical and/or
17 psychological condition and any other matters affecting
18 respondent's practice of medicine. Upon approval of the
19 recommendation by the Division or its designee, respondent shall
20 undertake and complete the recommended and approved PACE Program.
21 At the completion of the PACE Program, respondent shall submit to
22 examination on its contents and substance. The examination shall
23 be designed and administered by the PACE Program faculty.
24 Respondent shall not be deemed to have successfully completed the
25 program unless he passes the examination. Respondent agrees that
26 the determination of the PACE Program faculty as to whether or

27 ///

1 not he passed the examination and/or successfully completed the
2 PACE Program shall be binding.

3 Respondent shall complete the PACE Program no later
4 than six months after his initial enrollment unless the Division
5 or its designee agrees in writing to a later time for completion.

6 If respondent successfully completes the PACE Program,
7 including the examination referenced above, he agrees to cause
8 the PACE Program representative to forward a Certification of
9 Successful Completion of the program to the Division or its
10 designee. If respondent fails to successfully complete the PACE
11 Program within the time limits outlined above, he shall be
12 suspended from the practice of medicine.

13 Failure to participate in, and successfully complete
14 all phases of the PACE Program, as outlined above, shall
15 constitute a violation of probation.

16 **5. OBEY ALL LAWS**

17 Respondent shall obey all federal, state and local
18 laws, all rules governing the practice of medicine in California,
19 and remain in full compliance with any court ordered criminal
20 probation, payments and other orders.

21 **6. QUARTERLY REPORTS**

22 Respondent shall submit quarterly declarations under
23 penalty of perjury on forms provided by the Division, stating
24 whether there has been compliance with all the conditions of
25 probation.

26 ///

27 ///

1 7. **PROBATION SURVEILLANCE PROGRAM COMPLIANCE**

2 Respondent shall comply with the Division's probation
3 surveillance program. Respondent shall, at all times, keep the
4 Division informed of his or her addresses of business and
5 residence which shall both serve as addresses of record. Changes
6 of such addresses shall be immediately communicated in writing to
7 the Division. Under no circumstances shall a post office box
8 serve as an address of record.

9 Respondent shall also immediately inform the Division,
10 in writing, of any travel to any areas outside the jurisdiction
11 of California which lasts, or is contemplated to last, more than
12 30 days.

13 8. **INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS**
14 **DESIGNATED PHYSICIAN(S)**

15 Respondent shall appear in person for interviews with
16 the Division, its designee or its designated physician(s) upon
17 request at various intervals and with reasonable notice.

18 9. **TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR**
19 **IN-STATE NON-PRACTICE**

20 In the event respondent should leave California to
21 reside or to practice outside the State or for any reason should
22 respondent stop practicing medicine in California, respondent
23 shall notify the Division or its designee in writing within ten
24 days of the dates of departure and return or the dates of non-
25 practice within California. Non-practice is defined as any
26 period of time exceeding 30 days in which respondent is not
27 engaging in any activities defined in Sections 2051 and 2052 of

1 the Business and Professions Code. All time spent in an
2 intensive training program approved by the Division or its
3 designee shall be considered as time spent in the practice of
4 medicine. Periods of temporary or permanent residence or
5 practice outside California or of non-practice within California,
6 as defined in this condition, will not apply to the reduction of
7 the probationary period. During periods of temporary or
8 permanent residence or practice outside California or of non-
9 practice within California, as defined in this condition,
10 respondent is not required to comply with any terms and
11 conditions of probation other than the requirement for the
12 payment of cost recovery, as set in paragraph 11 below.

13 10. **COMPLETION OF PROBATION**

14 Upon successful completion of probation, respondent's
15 certificate shall be fully restored.

16 11. **VIOLATION OF PROBATION**

17 If respondent violates probation in any respect, the
18 Division, after giving respondent notice and the opportunity to
19 be heard, may revoke probation and carry out the disciplinary
20 order that was stayed. If an accusation or petition to revoke
21 probation is filed against respondent during probation, the
22 Division shall have continuing jurisdiction until the matter is
23 final, and the period of probation shall be extended until the
24 matter is final.

25 12. **COST RECOVERY**

26 Within 90 days of the effective date of this order,
27 respondent shall pay the Division the amount of \$4,094.08 for its

1 investigation and prosecution costs. Failure to reimburse the
2 Division's cost of its investigation and prosecution as set forth
3 herein shall constitute a violation of the probation order,
4 unless the Division agrees in writing to payment by an
5 installment plan because of financial hardship. The filing of
6 bankruptcy by the respondent shall not relieve the respondent of
7 his/her responsibility to reimburse the Division for its
8 investigative and prosecution costs.

9 **13. PROBATION MONITORING COSTS**

10 Respondent shall pay the costs associated with
11 probation monitoring each and every year of probation. Such
12 costs, which are currently set at \$2,304 per year and may vary
13 from year to year, shall be payable to the Division at the
14 beginning of each calendar year. Failure to pay such costs shall
15 constitute a violation of probation.

16 **14. LICENSE SURRENDER**

17 Following the effective date of this decision, if
18 respondent ceases practicing due to retirement, health reasons or
19 is otherwise unable to satisfy the terms and conditions of
20 probation, respondent may voluntarily tender his/her certificate
21 to the Division. The Division reserves the right to evaluate the
22 respondent's request and to exercise its discretion whether to
23 grant the request, or to take any other action deemed appropriate
24 and reasonable under the circumstances. Upon formal acceptance

25 ///

26 ///

27 ///

1 of the tendered license, respondent will no longer be subject to
2 terms and conditions of probation.

3 ACCEPTANCE

4 I have carefully read and fully understand the
5 stipulation and order set forth above. I have discussed the
6 terms and conditions set forth in the stipulation and order with
7 my attorney, Daniel S. Belsky, Esq. I understand that in signing
8 this stipulation I am waiving my right to a hearing on the
9 charges set forth in the Accusation on file in this matter. I
10 further understand that in signing this stipulation the Division
11 may enter the foregoing order placing certain requirements,
12 restrictions and limitations on my right to practice medicine in
13 the State of California.

14 DATED: 2-14-00

15
16
17
18 Robert J Santella, mds

19 Robert John Santella, M.D.
20 Respondent

21 I concur in the Stipulation.

22 DATED: 2-25-00

23
24
25
26 Daniel S. Belsky
27 Attorney for Respondent

1 I concur in the Stipulation.

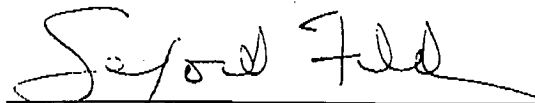
2 DATED: 2-25-00.

3 BILL LOCKYER, Attorney General
4 of the State of California

5

6

7



8

SANFORD FELDMAN
Deputy Attorney General

9

Attorneys for Complainant

10 sf\c:\dat\stipulations\
11 mbc\santella\mbc.2/1/00

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DIVISION OF MEDICAL QUALITY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the matter of the Accusation against:

No. 10-1996-61463

ROBERT SANTELLA, M.D.

Physician and Surgeon's Certificate No. G 23945

Respondent.

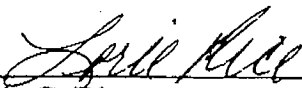
**ORDER RESTORING LICENSE TO CLEAR STATUS
FOLLOWING COMPLETION OF PROBATION**

The above named respondent, having successfully completed probation in Case No. 10-1996-61463, is entitled to full restoration of the Physician and Surgeon's certificate.

WHEREFORE, IT IS ORDERED by the Division of Medical Quality of the Medical Board of California that respondent's Physician and Surgeon's certificate be fully restored to clear status and free of probation requirements, effective May 30, 2004.

So ordered July 30, 2004.

**DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA**



**Lorie G. Rice
President**