



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:	C 35271 Licensee is a U.S., Canadian, or International medical school graduate whose pathway to licensure was based on licensure in another state for four or more years; or ABMS certification and a valid license.
License Type:	Physician and Surgeon
Name:	DALE GENE PARKS, M.D.
Address of Record:	4560 ADMIRALTY WAY # 303 MARINA DEL REY, CA 90292
Address of Record County:	LOS ANGELES
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 1, 1973
Expiration Date:	March 31, 2014
School Name:	UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE
Year Graduated:	1972

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
Primary Practice Location Zip Code:	90292
Board Certification(s):	OBSTETRICS & GYNECOLOGY Visit ABMS to verify
Primary Practice Area(s):	OBSTETRICS & GYNECOLOGY
Secondary Practice Area(s):	No secondary practice areas identified
Post Graduate Training Years:	4 YEARS
Ethnic Background:	CAUCASIAN/WHITE/EUROPEAN/MIDDLE EASTERN
Foreign Language(s):	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](#).

THIS APPLICATION MUST BE BASED ON A LICENSE SECURED FOLLOWING
A REGULAR WRITTEN EXAMINATION
Return This Application to 1020 N Street, Sacramento, CA 95811
NOT TO BE USED FOR APPLICATION ON NATIONAL BOARD CREDENTIALS

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

This application with \$10.00 (including additional) is any form other than a personal check and photographic copy of diploma to be approximately 2 1/4 inches by 18 inches.
The filing of this application does not assure that special privilege is open to either or to conduct any method of creating the law or follow in the State of California, for information on this page.
All foreign documents must be translated into English over the seal and signature of the Consul of the country which the institution may be located (last page for details) and a translation for practice of a Justice of the Peace.
The English translation must be attached to each foreign document.

DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF MEDICAL EXAMINERS
OF THE STATE OF CALIFORNIA

RECIPROCALITY APPLICATION—CLASS C

I hereby apply for a physician's and surgeon's reciprocity certificate in the State of California and submit the following credentials as required by the Business and Professions Code (Chapter 5) and the rules of the Board of Medical Examiners of the State of California.

Name in full Dale Gene Parks Address [redacted] City and street address Zip code [redacted]

Date of birth [redacted] Age this date [redacted]

Are you a citizen of the United States? Give particulars Yes Born in United States

Did you attend high school? Yes 4 years Name and location of school Norman High School, Tulsa, Okla

Did you graduate from high school? May, 1964 Date of diploma Norman High School, Tulsa, Okla

Did you attend college or university? Yes 4 years Oklahoma State University Stillwater, Okla

Have you any degree OTHER than M.D.? B.S. May, 1968 Oklahoma State University Stillwater, Okla

PREMEDICAL EDUCATION

Did you PRIOR to beginning the study of medicine complete a course of college grade in the subjects of:
(Note—This is required ONLY if your license on page 2 was issued after January 1, 1919.)

a. Physics Yes College Oklahoma State University Stillwater, Okla from Sept 1964 to May 1965

b. Chemistry Yes College Oklahoma State University Stillwater, Okla from Sept 1964 to May 1968

c. Biology Yes College Oklahoma State University Stillwater, Okla from Sept 1964 to May 1968

(Every applicant presenting an application based on a certificate or license issued after January 1, 1919, by any state 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 course must have been completed prior to commencing the study of medicine. After September 22, 1971, 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, 1974, must show the completion of a three-year college course, including the subjects of Physics, Chemistry and Biology.)

Indicate your medical education in the following manner. Be specific:
(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 18 months each in the following institutions:

(Note—Mention date of EACH COURSE, i.e., Freshman, Sophomore, Junior and Senior, and complete each course CHRONOLOGICALLY. If attended more than one school, furnish credentials from each.)

From the 5 day of Sept 1968, to the 31 day of May 1969, Oklahoma Univ.

From the 1 day of Sept 1969, to the 31 day of May 1970, Oklahoma Univ.

From the 1 day of May 1970, to the 31 day of May 1971, Oklahoma Univ.

From the 1 day of June 1971, to the 1 day of June 1972, Oklahoma Univ.

From the 1 day of July 1972, to the 1 day of July 1973, San Bernardino County Hosp.

*From what school did you obtain the degree Doctor of Medicine or Bachelor of Medicine? (See footnote.) Oklahoma State Univ. Okla

From the 28 day of May 1972, Oklahoma State Univ. Okla

Is this application accompanied by the original diploma or a photographic copy thereof? Copy M.D.

Upon what license or certificate do you base this application? Oklahoma Medical Board

6-30-73 upon (1) written or (2) oral examination or (3) registration of diploma

Have you ever filed an application in California? No

Have you ever failed in a written or oral examination in California? No Give particulars

How long since you have ceased the active practice of medicine and surgery? Does not apply

What has been your vocation since you ceased practice? Does not apply

In what other states have you applied for license or registration? Oklahoma

Have you ever been denied a certificate or license by any licensing board or the right to take an examination? No

(Applicants basing their application on a license issued after September 22, 1971, must show the completion of a year's internship satisfactory to the Board prior to the filing of the application. Submit with the application a photographic copy of your internship certificate.)

(An applicant admitted to a State Medical Board Examination prior to POSSESSION OF DIPLOMA must submit a certified copy of the document as a part of his admission to examination.)

(Graduates from foreign medical schools must read and comply with instructions on page 4.)

ORAL EXAMINATION REQUIRED BY STATE CERTIFICATE IS DATED FIVE OR MORE YEARS BEFORE APPLICATION IS FILED.

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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 FEDERAL STATUTE? If so, give full particulars _____

Office _____ Date of Illness _____

My physical description on this date is as follows: _____

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? _____



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? _____

Reciprocity not granted if the following certificate was issued "in Reciprocity"
APPLICANT WILL LEGIBLY COPY or attach photostatic copy in the space immediately below, the entire original STATE CERTIFICATE or LICENSE in which this application is based. Do not enter a COUNTY CLERK'S CERTIFICATE or REGISTRATION or a receipt for ANNUAL REGISTRATION.

STATE OF California
COUNTY OF San Diego

_____, being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Reciprocity 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.

LOUISE L. BERNETT
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires June 20, 1976

Signature of applicant in full name and initials _____
_____, 1973
Signature of notary _____
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 page No. 1 and No. 2, affix your affidavit, THEN send this block to the Secretary of the Board. Do not use the above certificate or license; write and attach it to the top of next page. The date of the endorsement must show the date of your affidavit above.

Certification of Secretary of State Board Which Issued the License Used as the Basis of This Application
 (Do not make this document valid unless the applicant has added a PHOTOGRAPH on the preceding page and made the required AFFIDAVIT)

I, Betty J. Rogers, Executive Secretary of the Oklahoma State Board of Medical Examiners, hereby certify that the foregoing certificate No. 9287 issued to Dele Gene Parks, M.D. on the 30th day of June, 1973 is based on written examination that (1) said applicant was then the actual possessor of a diploma as evidence of his completion of his medical course; (2) that said applicant passed admission to said EXAMINATIONS presented to this Board a diploma issued by University of Oklahoma School of Medicine on the 28th day of May, 1972; that no charge against Dr. Dele Gene Parks has ever been filed with this Board or any other board so far as our records show, nor has his certificate been revoked; and that the certificate on the opposite page bears the original date of issue and is NOT A RE-REGISTRATION CERTIFICATE. (If it be a "DUPLICATE" please add an explanatory note.)

(Note: If the certificate on the preceding page was issued by written examination, the Secretary will complete the following certification, otherwise write "ACADEMICS" on the page below this line the words "ISSUED ON CREDENTIALS".)
 I further certify that the applicant referred to herein does not possess any license to practice in this State other than referred to herein.
 I further certify that the aforesaid Dr. Dele Gene Parks passed the REGULAR WRITTEN EXAMINATION given by this Board on June 13, 1972 and obtained a general average of 84 per cent in the following subjects:

ENTER THE SUBJECTS OF EXAMINATION	PER CENT	ENTER THE SUBJECTS OF EXAMINATION	PER CENT
Anatomy	L	Medicine	L
Biochemistry		Ob-Gyn	
Microbiology		Pediatrics	
Pathology		Prev. Med. & Public Health	
Pharmacology		Psychiatry	
Physiology		Surgery	
Basic Science Avg.		Clin. Science Avg.	

I hereby certify that the above license is in good standing; that the above applicant's record is clear and that from the records now on file in this office, I believe the above applicant to be a fit and proper person to receive a California Reciprocity Certificate.

In testimony whereof witness my hand and seal.
 [SEAL] Betty J. Rogers, Exec. Secretary of the Oklahoma State Board of Examiners

dated at Oklahoma City, Okla. this 5th day of July, 1973. Address: 730 United Founders Tower

This certificate shall not be deemed a legal certificate until a written examination and no other certificate shall be issued to the applicant until the applicant has been examined in all the state and the California has received a written request for reciprocity.
 [NOTICE: Detail fee set and by Medical College for this purpose.]

It is hereby certified that Dele Gene Parks entered the Classroom class in the Univ. of Oklahoma College of Medicine on the 5th day of September, 1968.

1. That as evidence of PRELIMINARY EDUCATION (high school) he presented certification on transcript from Oklahoma State University dated 1 July 1968.

2. That as evidence of PRELIMINARY EDUCATION (college) he presented Official transcript from Oklahoma State University, Bachelor of Science degree (130 semester hours) awarded 26 May 68.

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, 1915, 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, 1934, and course must have preceded the study of medicine. On and after September 22, 1931, 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, 1915, must show the completion of a three-year college course, including the subjects of physics, chemistry and biology. (Strike out number 1 if correct not of record in your institution, i.e. filed as matriculation requirement.)

4. That he attended 4 courses of lectures given by this institution completed during a period of 4 years and was issued the degree Doctor of Medicine on the 28th day of May, 1972.

Signed David Orwick, M.D., President/Dean/Secretary of Univ. Oklahoma College of Medicine

{ SEAL OF SCHOOL }

this 20th day of June, 1973

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 Business and Professions Code of California.

CERTIFICATE OF MORAL CHARACTER

Must Be Signed by Two Licensed Physicians and Surgeons 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 Dr. Gene Parks, M.D. for 7 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 John P. Morris, M.D. Address 170 E. 1st Street, Chico, Calif. 95924
Graduated from Yale University School of Medicine date June 19, 1942 Licensed in Calif. 1942 State Calif.

This certifies that I have been personally acquainted with Dr. Gene Parks, M.D. for 7 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 Howard Wright, M.D. Address 780 E. Gilbert St., San Diego 92104
Graduated from Yale University School of Medicine date June 1962 Licensed in Calif. 1962 State Calif.

RECIPROCITY INFORMATION

Dear Doctor: Sacramento, California
Answering your recent inquiry, we submit the following information regarding the issuance of a reciprocity certificate to practice in California. Please read carefully and supply all the data required on this application blank.

Reciprocity applications are acted on approximately once a week.
No TEMPORARY CERTIFICATES or SPECIAL PERMITS to practice are issued. The filing of an application does not grant an 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 an office nor circulate professional printed matter using the prefix "Dr." or suffix "M.D." before a California certificate has been issued.

APPLICATION FEE OF \$10.00 (foreign exchange to be added) preferably in any form other than a personal check (which must be held 2 weeks to clear bank) must accompany this application and be deposited in the office of the Board, 1020 N. Street, Sacramento, California 95814. 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.

Incomplete or partially completed applications not acceptable. Read footnotes on pages 1-2-3.
Application based on a certificate issued "on Reciprocity" is not acceptable.
If admitted to examination in another state BEFORE POSSESSION OF DIPLOMA, an applicant must submit a certified copy of the document used as a basis of his admission to examination.
Applicants who have failed in a California examination must wait one year before reapplying.

This APPLICATION must be based on a certificate or medical license, issued by a Board of Medical Examiners (or similar medical licensing body) of any STATE OR TERRITORY of the UNITED STATES that maintained a standard EQUAL TO CALIFORNIA on the same date. After September 22, 1951, the requirements of the Business and Professions Code for the issuance of a physicians and surgeons certificate included a one year's internship satisfactory to the Board. If such certificate or medical license is dated five or more years before the filing date of this application, the applicant must report for practical/clinical/oral examination complying with the enclosed notice re dates and places for Oral Examinations for the current year.

Oral examinations are given ONLY at the address and on the dates mentioned on the accompanying mimeographed sheet of meetings as listed thereon. The Board must be notified when and where you will report for oral examination.

All preliminary, premedical and professional training must have been "resident" courses in a school approved by the Board.

Graduates of foreign medical schools must meet additional requirements. Write for our printed forms 07A-ME 172 and ME-173.

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 01/23/2008 To Date: 01/23/2008

ATRISUPPINF

06-DEC-12 12:52:14

Person Id : 568333

Name : Parks,Dale

Question

Answer

I Have Completed Cme And Can Document An Average Of 25 Hours Of Approved Cme Each Calendar Year Resulting In A Minimum Of 100 Hours Over The Last 4 Years.	YES
I Have Completed 12 Hours Of Pain Management And End-Of-Life Care (Must Be Completed By December 31, 2006).	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.medbd.ca.gov And Acknowledge The Information Contained Therein As Current And Accurate.	YES

Total Questions Asked For Person : 568333

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STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 12/30/2009 To Date: 12/30/2009

ATRISUPPINF

06-DEC-12 12:51:16

Person Id : 568333

Name : Parks,Dale

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 : 568333

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STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 12/24/2011 To Date: 12/24/2011

ATRISUPPINF

06-DEC-12 12:50:14

Person Id : 568333

Name : Parks,Dale

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 : 568333

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