



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 34771 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:	MICHAEL CHI-WAI WONG, M.D.
Address of Record:	4282 GENESEE AVE # 201 SAN DIEGO, CA 92117
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:	July 1, 1977
Expiration Date:	January 31, 2014
School Name:	UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE
Year Graduated:	1976

Survey Information:

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

Activities In Medicine:	PATIENT CARE - 40+ HOURS RESEARCH - NO HOURS TEACHING - NO HOURS ADMINISTRATION - NO HOURS OTHER - NO HOURS
Primary Practice Location Zip Code:	92117
Board Certification(s):	OBSTETRICS & GYNECOLOGY Visit ABMS to verify
Primary Practice Area(s):	No primary practice areas identified
Secondary Practice Area(s):	No secondary practice areas identified
Post Graduate Training Years:	4 YEARS
Ethnic Background:	ASIAN - CHINESE
Foreign Language(s):	CANTONESE
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:	09-1990-004106
Description of Action:	PROBATION COMPLETED.
Effective Date of Action:	October 23, 1994

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
February 3, 1995	ORDER	1
May 9, 1994	DECISION	6
October 23, 1989	DECISION	12

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](#).

092277

EDMUND G. BROWN JR., Governor



BOARD OF MEDICAL EXAMINERS

1020 N STREET, SACRAMENTO, CALIFORNIA 95814

TELEPHONE:

Applications and Examinations (916) 322-5040

MEDICAL SURVANCE

JUN 13 4 54 PM '77

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

17944
 17950
 17951

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

1. NAME: Last WONG First MICHAEL Middle CHI-WAI Maiden

2. Social Security No. [REDACTED]

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

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

5. Name you wish on License: MICHAEL CHI-WAI WONG, MD Birthdate: (Month - Day - Year) [REDACTED]

6. Premedical Education: Name of College or University: VINCENNES UNIVERSITY AND INDIANA UNIVERSITY Location: VINCENNES + BLOOMINGTON, IND

Period of attendance: From: 1968 To: 1972 (Check premed courses successfully completed)
VU - 1968 - 1970 IU - 1970 - 1972 Chemistry Physics Biology or Zoology

7. Medical School:

Year	Name of Institution	Location	From	To
1st	<u>U OF CHICAGO PRITZKER SCH OF MED</u>	<u>CHICAGO ILL</u>	<u>1972</u>	<u>1973</u>
2nd	<u>SAME</u>	<u>SAME</u>	<u>1973</u>	<u>1974</u>
3rd	<u>SAME</u>	<u>SAME</u>	<u>1974</u>	<u>1975</u>
4th	<u>SAME</u>	<u>SAME</u>	<u>1975</u>	<u>1976</u>
5th				
6th				

8. Doctor of Medicine Degree granted by: SCHOOL OF MEDICINE Date: 6/11/76 For office use only School Code: 711

9. 1st Year Postgraduate Training (Internship): UNIVERSITY HOSPITAL

Location	Type of Service	From	To
<u>225 W DICKINSON SAN DIEGO CAL</u>	<u>OB GYN</u>	<u>6/24/76</u>	<u>6/27/77</u>

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

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

If Yes, indicate below:

State	Date	Charge	Disposition

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

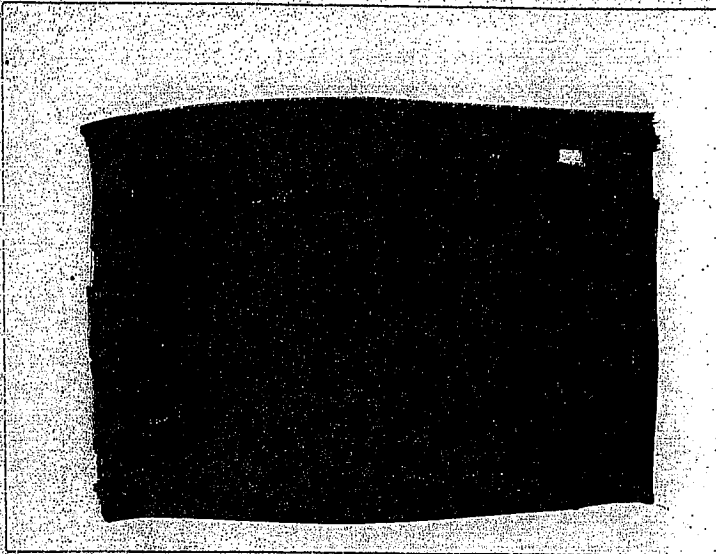
If Yes, indicate below:

State or Country	Date of Denial	Reason for Denial

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

14. Have you ever been convicted of, pled guilty or nolo contendere to a violation of any Federal, State or Local law relating to the manufacture, distribution or dispensing of controlled substances/narcotics, or to drug addiction? Yes No
15. Have you ever been convicted of, pled guilty or nolo contendere to any offense, misdemeanor or felony in any state? (Except violations of traffic laws resulting in fines of \$50.00 or less.) Yes No
16. If you answered "Yes" to either No. 14 or No. 15 above, please provide the following information:

Violation and Location	Date	Penalty/Disposition



Applicant: Please complete the following:

Height: Ft. In. Weight: Lbs.

Hair color: Eye color:

Identifying marks:

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

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

Signature of Applicant

Michael W. DeWitt

Date

June 8th 1977

Subscribed and sworn to before me this

8th

day of

June

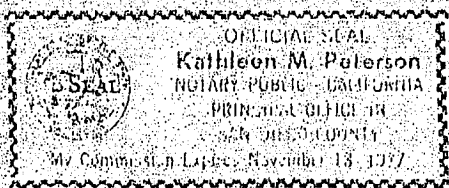
1977

Signature of Notary

Kathleen M. Peterson

Address

225 W. Dickinson St



My commission expires

November 18, 1977



BOARD OF MEDICAL EXAMINERS

1020 N. STREET, SACRAMENTO, CALIFORNIA 95811
TELEPHONE: (916) 322 5040



PLEASE FORWARD TO YOUR MEDICAL SCHOOL
CERTIFICATE OF EDUCATION

This Certifies That **MICHAEL CHI-WAI WONG**
enrolled in **The University of Chicago Pritzker School of Medicine**
on the **27** day of **Sept.** 19 **72**

as a Postgraduate

with advanced standing based on

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

PHYSICS CHEMISTRY BIOLOGY (or) ZOOLOGY (check course completed)

at **Indiana University**

and that he attended while at this medical school (college) **42.50** credits of lectures of **3** months each completing **the required** course in the subjects below listed, and that he completed

was granted the degree of **Doctor** of Medicine

Left the above mentioned medical school (college) for the following reasons:

on the **11** day of **June** 19 **76**

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

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Anatomy | <input checked="" type="checkbox"/> Preventive medicine | <input checked="" type="checkbox"/> Medicine |
| <input checked="" type="checkbox"/> Embryology | <input checked="" type="checkbox"/> Hygiene and sanitation | <input checked="" type="checkbox"/> Pediatrics |
| <input checked="" type="checkbox"/> Histology | <input checked="" type="checkbox"/> Radiology, including roentgenologic technique and radiation safety | <input checked="" type="checkbox"/> Psychiatry |
| <input checked="" type="checkbox"/> Neuroanatomy | <input checked="" type="checkbox"/> Urology | <input checked="" type="checkbox"/> Neurology |
| <input checked="" type="checkbox"/> Physiology | <input checked="" type="checkbox"/> Ophthalmology | <input checked="" type="checkbox"/> Dermatology |
| <input checked="" type="checkbox"/> Psychobiology | <input checked="" type="checkbox"/> Anesthesia | <input checked="" type="checkbox"/> Physical medicine |
| <input checked="" type="checkbox"/> Microbiology | <input checked="" type="checkbox"/> Otolaryngology | <input checked="" type="checkbox"/> Therapeutics |
| <input checked="" type="checkbox"/> Pathology, bacteriology and immunology | <input checked="" type="checkbox"/> Obstetrics and gynecology | <input checked="" type="checkbox"/> Tropical medicine |
| <input checked="" type="checkbox"/> Pharmacology | | <input checked="" type="checkbox"/> Surgery, including orthopedic surgery |

Signed and the College seal affixed this **5** day of **May** 19 **77**

By

Joseph Ceithaml
JOSEPH CEITHAML, Ph.D.
Dean of Students

{ AFFIX SEAL HERE }

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 01/14/2012 To Date: 01/14/2012

ATRISUPPINF

10-DEC-12 09:51:02

Person Id : 587100

Name : Wong,Michael

Question	Answer
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
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

Total Questions Asked For Person : 587100

8

003818 126 63010700006 000347716 122309
 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
28 808-00	

SMBCLS 03/28/09



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

License Renewal Application
 Physician and Surgeon

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

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.
 SIGNATURE REQUIRED HERE Michael P. Wong DATE: 12/14/2009

G LICENSE NO. 34771 EXPIRES 01/31/10

AMOUNT DUE NOW	DELINQ FEE IF POSTMARKED AFTER 03/02/10
\$808.00	\$886.00
VOLUNTARY FEE = \$	\$
TOTAL ENCLOSED = \$	\$

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

ACTIVE MICHAEL CHI-WAI WONG
 4282 GENESEE AVE #201
 SAN DIEGO CA 92117

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.
Michael P. Wong
 Signature required here

63010700000700006000347716010131100008080000088600

OVER

003178 89 63010700006 000347716 110807 34 805.00
 BANK OF AMERICA 149 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

none	

SMBCLS 02/28/05



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

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

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

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

SIGNATURE REQUIRED HERE: *Michael C. Wong* DATE: *11/4/2007*

AMOUNT DUE NOW	DELINQ FEE IF POSTMARKED AFTER 03/01/08
\$805.00	\$885.50
VOLUNTARY FEE = \$	\$
TOTAL ENCLOSED = \$	\$

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

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

G LICENSE NO. 34771 EXPIRES 01/31/08

ACTIVE MICHAEL CHI-WAI WONG
 4282 GENESEE AVE #201
 SAN DIEGO CA 92117

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

63010700000700006000347716010131080008050000088550