



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825

TELEPHONE:

Applications and Examinations (916) 322-5040

003091



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

00972

PC
 144.00
 PG

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

I. NAME: Last First Middle Maiden				2. Telephone No.	
CHIN HOMER GEE				[REDACTED]	
3. List other names, if any, you have used: _____					
4. Address: Street and No./Rural Route			City	State	Zip Code
5002 MERRIMAC COURT			SAN DIEGO	CALIF.	92117
5. Name you wish on License:				Birthdate: (Month - Day - Year)	
HOMER GEE CHIN, M.D.				[REDACTED]	
6. Premedical Education: Name of College or University				Location	
UNIVERSITY OF CALIFORNIA, BERKELEY				BERKELEY, CALIF.	
Period of attendance:				Check premed courses successfully completed:	
From: SEPT. 1969 To: JUNE 1973				<input checked="" type="checkbox"/> Chemistry <input checked="" type="checkbox"/> Physics <input checked="" type="checkbox"/> Biology or Zoology	
7. Medical School:					
Year	Name of Institution	Location	From	To	
1st	UNIVERSITY OF CALIFORNIA, LOS ANGELES	LOS ANGELES, CALIF.	9/24/73	9/24/74	
2nd	UNIVERSITY OF CALIF., LOS ANGELES	LOS ANGELES, CALIF.	9/25/74	9/25/75	
3rd	UNIVERSITY OF CALIF., LOS ANGELES	LOS ANGELES, CALIF.	9/26/75	9/26/76	
4th	UNIVERSITY OF CALIF., LOS ANGELES	LOS ANGELES, CALIF.	9/26/76	6/17/77	
5th					
6th					
8. Doctor of Medicine Degree granted by:			Date	For office use only	
UNIVERSITY OF CALIFORNIA, LOS ANGELES SCHOOL OF MEDICINE			6/17/77	School Code: CA.14	
9. 1st Year Postgraduate Training (Internship): UNIVERSITY OF CALIFORNIA, SAN DIEGO					
Location		Type of Service	From	To	
SAN DIEGO, CALIF.		OBSTETRICS - GYNECOLOGY	JUNE 23, 1977	JUNE 29, 1978	
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? <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> No					



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
ALLIED HEALTH PROFESSIONS (916) 322-5043
APPLICATIONS AND EXAMINATIONS (916) 322-5040



PLEASE FORWARD TO YOUR MEDICAL SCHOOL

CERTIFICATE OF EDUCATION

This Certifies That Homer Gee Chin

enrolled in University of California, Los Angeles School of Medicine
Full name of applicant

on the 24 day of September 19 73
Name of medical school (college)
Month Year

[X] as a Freshman.

[] with advanced standing based on
Please specify

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:

[X] PHYSICS [X] CHEMISTRY [X] BIOLOGY (or) ZOOLOGY (Check course(s) completed)

at University of California, Berkeley and that he attended while at this

medical school (college) 40 courses of lectures of 143 weeks
Please indicate school Specify number Specify number of weeks

completing 5259 hours in the subjects below listed, and that he/she:
Total hours

[X] was granted the degree { Bachelor } of Medicine
{ Doctor }

[] left the above mentioned medical school (college) for the following reason(s):

on the 17 day of June 19 77
Month Year

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

- [X] Anatomy [X] Preventive medicine [X] Medicine
[X] Embryology [X] Hygiene and sanitation [X] Pediatrics
[X] Histology [X] Radiology, including roentgenologic technique and radiation safety [X] Psychiatry
[X] Neuroanatomy [X] Urology [X] Neurology
[X] Physiology [X] Ophthalmology [X] Dermatology
[X] Psychobiology [X] Anesthesia [X] Physical medicine
[X] Biochemistry [X] Otolaryngology [X] Therapeutics
[X] Pathology, bacteriology and immunology [X] Obstetrics and gynecology [X] Tropical medicine
[X] Pharmacology [X] Surgery, including orthopedic surgery

Signed and the College seal affixed this 16 day

of June 19 78
Month Year

By Faith L. Okinaga
President, Secretary, Dean

[AFFIX SEAL]
[HERE]

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

17. Have you ever had staff privileges in a hospital suspended or revoked? Yes No
If yes, please explain on another sheet of paper.

Homen Geo Chin



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.

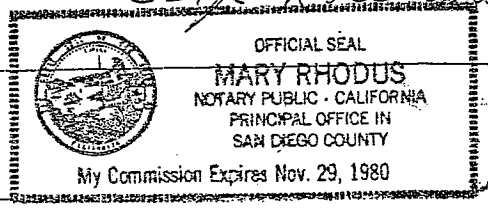
"I hereby certify (or declare), under penalty of perjury, that the foregoing information contained in this application and any attachments is true and correct, and that the attached photo and duplicate copy are a true likeness of myself, the applicant identified herein."

Signature of Applicant *Homen Geo Chin*
 Date JUNE 24, 1978

Subscribed and sworn to before me this 34 day of June 1978.

Signature of Notary *Mary Rhodus*
3342 Rosecrans, San Diego

Address



My commission expires: 11/29/80

SEAL
 JUN 25 1978
 4:00 PM

PART
3



MEDICAL BOARD OF CALIFORNIA LICENSE RENEWAL APPLICATION
PHYSICIAN AND SURGEON

SSN= [REDACTED]

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

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

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.
SIGNATURE REQUIRED HERE: Homer Gee Chin DATE: 4/7/06

LICENSE NO. **G 37250** EXPIRES **05/31/06**

VOLUNTARY FEE = \$
TOTAL ENCLOSED = \$

AMOUNT DUE NOW
\$790.00

DELINQ. FEE IF POSTMARKED AFTER 06/30/06
\$869.00

ACTIVE HOMER GEE CHIN
200 W ARBOR DR, #8433
SAN DIEGO CA 92103

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.
Homer Gee Chin
Signature required here

63010700000700006000372508010531060007900000086900

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

002112 105 63010700006 000372508 041006
BANK OF AMERICA 148 CA ST TREAS-DEPT OF CONSUMER AFFAIRS

Health-Related Facility Name	Address
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

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 04/21/2010 To Date: 04/21/2010

ATRISUPPINF

08-APR-13 14:20:44

Person Id : 588697

Name : Chin,Homer

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 : 588697

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STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 05/12/2012 To Date: 05/12/2012

ATRISUPPINF

08-APR-13 14:18:41

Person Id : 588697

Name : Chin,Homer

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 : 588697

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License Information:

The following information is maintained by the Medical Board of California. For more information, click on the blue tabs above.

License:	G 37250 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:	HOMER GEE CHIN, M.D.
Address of Record:	200 W ARBOR DR # 8433 SAN DIEGO, CA 92103
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):	No Public Record Actions available
Original Issue Date:	July 10, 1978
Expiration Date:	May 31, 2014
School Name:	UNIVERSITY OF CALIFORNIA LOS ANGELES SCHOOL OF MEDICINE
Year Graduated:	1977

Survey Information:

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

Activities In Medicine:	PATIENT CARE - 30 TO 39 HOURS TEACHING - 1 TO 9 HOURS ADMINISTRATION - 30 TO 39 HOURS
Primary Practice Location Zip Code:	92103
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:	9+ YEARS
Ethnic Background:	ASIAN - CHINESE
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 will be available for review. To confirm what information is available from the Board, please click [here](#).

California law requires that information on action(s) displayed on the Web site shall remain posted for 10 years from the date the Board obtains the information and, at the end of that period, shall be removed from the Web site. Additional information that you may or may not find relevant about your doctor is available if you contact the Central File Room at Central.Fileroom@mbc.ca.gov or at (916) 263-2525. The Board encourages you to discuss with your physician any information the Board provides to you.

Administrative Disciplinary Actions:

The Medical Board's public disclosure screens are updated periodically as new information becomes available.
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.
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 received by the Board shall be removed after 10 years and are not available via the Web site. To obtain a copy of the documents not posted on this site, click [here](#) for information on ordering public documents or contact the Central File Room at (916) 263-2525 for assistance.

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](#).