

BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE SACRAMENTO, CA 95825 (916) 920-6411

000712 433.0

APPLICATION FOR PHYSICIAN AND SURGEON'S EXAMINATION OR LICENSURE

Read all instructions prior to completing this application. All questions on this application must be answered, and all supporting documents must be submitted with this application per instructions. Please type or print nearly. When space provided is insufficient, attach additional sheets of paper.

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14. Have you received qualifying	ng postgraduate training in U.	S. or Canadian facilities?	Yes A No		POSTGRADUA
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BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825 (916) 920-6411



CERTIFICATE OF MEDICAL EDUCATION

MEDICAL SCHOOL DO NOT CO	DAPLETE IF PHOTOGRAPH OF APPLICANT/STUDEN	IT IS NOT ATTACHED BELOW.
This certifies thatSoi	N HONG NEUTEN .	
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IRVINE LOCATION	on the day of	September 183
and was granted the following credits on e	mrollment:	Cont.
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he withdrew from the above mentioned medical school on the	e 13 day of June 19	87.
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¥	Signed and the college seal affixed this $\underline{11}$ day o	4 July 19 88
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	Laurel Bartenstein	, Deputy Registrary
	Medical School Seal MUST Be Imprinted Partially on t	ke Photograph.
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TRANSCRIPTS OF PREMEDICAL EDUCATION, ADVANCED CREDITS, AND MEDICAL SCHOOL CREDITS MUST BE SUPPLIED WITH THIS CERTIFICATE

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DEPARTMENT OF

This is to certify that

a graduate of

BOARD OF MEDICAL QUALITY ASSURANCE 1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825 (915) 920-6411



COMPLETION OF ACGME POSTGRADUATE

To be completed by the facility for every medical school graduate completing postgraduate training in the United States Canada. Do not complete if photograph of applicant is not attached below. Please type or print.

University of California, Irvine

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BOARD OF MEDICAL QUALITY ASSURANCE

(916) 920-6411



CERTIFICATION STATEMENT

This is to certify that Son Hong Nguyen, M.D is in an
(Name of Physician)
ACGME/CCME postgraduate training position that commenced on
position that commenced on
July 1 ,1988 and is expected to be completed on
The state of the s
June 30 . 19 or in -
June 30 ,1991 in Obstetrics-Cynecology
(Type of Training),
Los Angeles County-University of Southern California
(Name and Address of Facility) redical Center
at Los Angeles County-University of Southern California Medical Center (Name and Address of Facility)
1200 North State Street, Los Angeles, CA 90033
(AFFIXASEAL OF)
(HOSPITAL OR)
(NOTARY PUBLIC)
I hereby declare under penalty of perjury under
the laws of the State of California that the
above statements and toll calliornia that the
above statements are true and correct and the
approved by the acome or the CCME to
facility is approved by the ACGME or the CCME to offer the type and level of training completed
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STATE DEPARTMENT OF CONSUMER AFFAIRS INTERNET CASHIERING SYSTEM MEDICAL BOARD OF CALIFORNIA SUPPLEMENTAL INFORMATION REPORT From Date: 01/05/2010 To Date: 01/05/2010

ATRISUPPINF

13-FEB-15 14:20:56

Person ld:

606570

Total Questions Asked For Person:

Name:

606570

Nguyen,Son

Question	Answer	ħ.
I Have Completed Cme And Can Document Not Less Than 50 Hou Year Period Immediately Preceding The Expiration Date Of My Lice	irs Of Approved Cme For The Two- ense. Or I Meet The Conditions	YES
Which Would Exempt Me From All Or Part Of The Requirements. I Have Completed 12 Hours Of Pain Management And End-Of-Life	的一句,她也会都是连维等的独立的说:A "Parting To For To For X 美国的的 医毛囊 经实施基础的基础证据	YES
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Only For General Internists And Family Physicians Who Have 25% Years Or Older: I Have Completed At Least 20% Of The Required Care Of Older Patients, Click No If Not Applicable.	Cme in Geriatric Medicine Or The	NO:
Enter Name/Address Of Facility Where You Or Your Immediate Far "None", If None Held.	• 100 ± 100	NONE
I Gertify Under Penalty Of Perjury Under The Laws Of The State Of Contained In This Application is True And Correct.		YES.
I Have Read My Profile On The Medical Board Web Site At Www.N Information Contained Therein As Current And Accurate.		YES
Since You Last Renewed Your License, Have You Had Any Licens Agency Or Other Disciplinary Body; Or, Have You Been Convicted	e Disciplined By A Government Of Any Crime In Any State, The U.S.	NO
A And Its Territories, Military Court Or A Foreign Country?		

1062012 10003946 10010046

YES, I WISH TO CONTRIBUTE \$25 FOR THE FAMILY PHYSICIAN

TRAINING PROGRAM

LICENSE NO.

ACTIVE

63695

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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 Address Name
	NONE
STATE OF CALIFORNIA	
DEPARTMENT OF CONSUMER AFFA	IRS
PO BOX 942520	
SACRAMENTO CA 94258-0520	
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Since you last renewed your license, have you had any license disciplined by	· · · · · · · · · · · · · · · · · · ·
body; or, have you been convicted of any crima in any state, by U.S.A. a country? PLEASE READ INSTRUCTIONS BEFORE ANSWERING I	After the Distriction and O
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Dody, or, have you been convicted of any crime in any state, the U.S.A. a country? PLEASE READ INSTRUCTIONS BEFORE ANSWERING I. YES Continuing M. PERJURY UNDER THE CONTINUING MEDICAL WHICH WOULD EXEM SIGNATURE REQUIRED. D. EXPIRES D. J. J. J. J. L. S.	Physician and Surgeon Is a provided as the property of the statement. I CERTIFY UNDER PENALTY OF LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY UNDER PENALTY OF LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY UNDER PENALTY OF THE EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I DO MEET EACH OF THE EDUCATION FOR THAT I DO MEET EACH OF THE EDUCATION FOR THAT I DO MEET EACH OF THE EDUCATION OR THAT I DO MEET EACH OF THE EDUCATION OF THAT I DO MEET EACH OF THE ANALYSIS OF THAT I DO MEET EACH OF THE EDUCATION OF THAT I DO MEET EACH OF THE ANALYSIS OF THAT I DO MEET EACH OF THE EDUCATION OF THE EDUCATION OF THE EDUCATION OF THE EDUCATION OF THE EDU
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Department of Consumer Affairs

RECEIPT

169076

Thank you for using the BreEZe System to submit your application.

Name:

NGUYEN, SON HONG

Transaction Date:

12/20/2013 13:00

Complaint Number:

License Type:

8002

License Number:

63695

Payment Description:

Physician's and Surgeon's Renewal

Fee Paid: (US \$)

808.00

Remaining Balance: (US \$)

0.00

Please print and save this receipt for your records.

This receipt is provided as a record for the above named licensee/applicant.

Illegal use or alteration of this receipt may result in criminal prosecution.

Have you successfully completed, and can document, the mandatory courses and hours of CME within the last two years, or you meet the conditions which would exempt you from all or part of the CME requirements, or you hold a permanent CME waiver?

Yes

I certify under penalty of perjury, under the laws of California, that I have disclosed the names of those health-related facilities in which I or my family have a financial interest OR I declare under penalty of perjury I have no financial interests to disclose.

Yes

Family Physician Training Program Voluntary Fee

Voluntary Fee:

No

Attachments

Physician Survey

Are you retired?

No

Activities in Medicine

Administration - 1-9 Hours

Other - None

Patient Care - 30-39 Hours

Research - None

Teaching - 1-9 Hours

Telemedicine - None

Patient Care Practice Location

Zip: 92506 County: RIVERSIDE

Telemedicine Practice Location

Zip:

County:

Patient Care Secondary Practice Location

Zip:

County:

Telemedicine Secondary Practice Location

Zip: County:

Current Training Status

Not in Training

Areas of Practice

~

Board Certifications

Obstetrics and Gynecology - Primary

American Board of Obstetrics and Gynecology - Obstetrics and Gynecology

Postgraduate Training Years

4 Years

Foreign Language Proficiency

Vietnamese

Web Site Profile

Cultural Background - No

Foreign Language Proficiency - No

Gender - No

Fees		A STATE OF THE STA
Biennial Renewal Fee	\$783.00	STATE OF THE STATE
Steven M. Thompson Physician Corps Loan Repayment Program	\$25.00	
Total Amount Due:	\$808.00	

Applications are not considered submitted for processing until payment is received.

Attestation

I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations provided, including supplementary attached hereto, are true, complete and accurate.

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Date:

Application Summary 12/20/13 1:00 PM Page 1 of 3 License Type: Physician and Surgeon G License Number: 63695 Application: Physician's and Surgeon's Renewal Application Date: 12/20/2013 (mm/dd/yyyy) Personal Detail First Name: SON Middle Name: HONG Last Name: **NGUYEN** Addresses License Related Addresses License Specific Public/Mailing Address (Required) Name: **NGUYEN, SON HONG** Address: 3772 TIBBETTS STE # A RIVERSIDE, CA

Questions

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