

003008



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825

TELEPHONE:

Applications and Examinations (916) 322-6040

RECEIVED SACRAMENTO BOARD OF MEDICAL QUALITY ASSURANCE



JUL 14 1980 11:35 AM '80

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

Handwritten signature and number 000385

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

Form with 13 numbered sections: 1. NAME (Whiteman, Neysa Dale), 2. Telephone No., 3. List other names, 4. Address (16804 Severo Place, Encino, Ca., 91436), 5. Name you wish on License (Neysa Dale Whiteman), Birthdate, 6. Premedical Education (Univ. of Calif. at Los Angeles), 7. Medical School (Univ. of Southern Calif.), 8. Doctor of Medicine Degree (Univ. of Southern Calif. Sch. of Med., June, 1979), 9. 1st Year Postgraduate Training (Kaiser Permanente, Hollywood, Ca., ob/gyn, 7/79-7/80), 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? (No), 12. Have you ever been denied a license to practice medicine in any State or Country? (No), 13. Are you now or have you ever been addicted to narcotic drugs? (No)

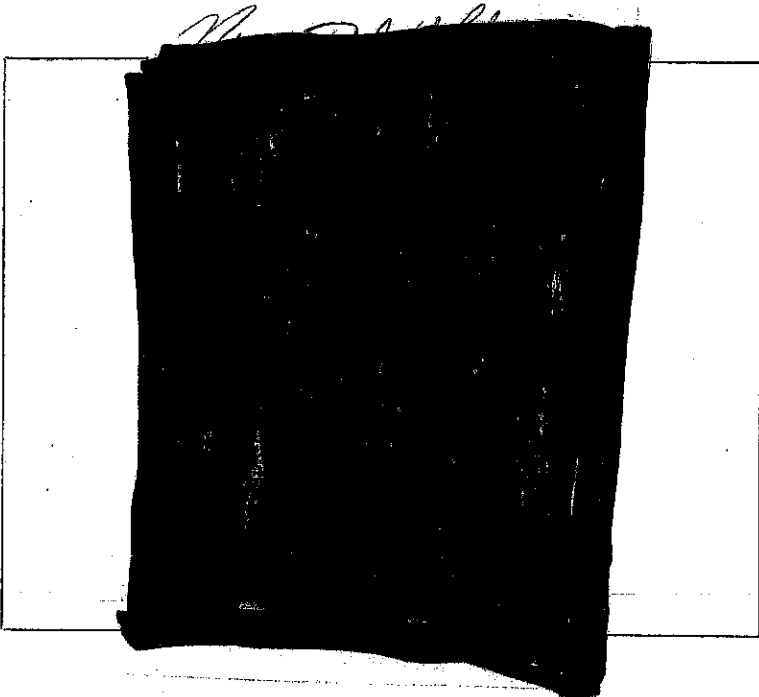
14. Have you ever been convicted of, pled guilty or nolo contendere to a violation of any Federal, State or Local law relating to the manufacture, distribution or dispensing of controlled substances/narcotics, or to drug addiction? Yes No

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

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



Applicant: Please complete the following:

Height: - Ft. - In. Weight: - Lbs.

Hair color: - Eye color: -

Identifying marks: _____

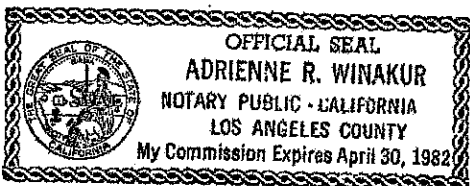
NOTE—APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.

"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 *[Handwritten Signature]*

Date July 3, 1980

Subscribed and sworn to before me this 3rd day of July 1980.



Signature of Notary *Adrienne R. Winakur*

Address 4867 Sunset Blvd

My commission expires: April 30, 1982



BOARD OF MEDICAL QUALITY ASSURANCE

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



PLEASE FORWARD TO YOUR MEDICAL SCHOOL
CERTIFICATE OF EDUCATION

This Certifies That Neysa Dale Whiteman
Full name of applicant

enrolled in University of Southern California School of Medicine
Name of medical school (college)

on the 8 day of September 1975
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 Univ. of Calif. at Los Angeles 71-3 B.S. 6/75, and that he attended while at this
Please indicate school

medical school (college) 136 semester units in four years of 36 weeks each,
Specify number Specify number of weeks

completing 4000 hours in the subjects below listed, and that he/she:
Total hours

[X] was granted the degree Bachelor Doctor of Medicine.

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

on the 7 day of June 1979
Month Year

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

- ALL [] Anatomy [] Dermatology [] Preventive medicine, including nutrition [] Otolaryngology
[] Embryology ALL [] Physical medicine ALL [] Radiology, including radiation safety ALL [] Obstetrics and gynecology
[] Histology [] Therapeutics [] Medicine [] Human sexuality as defined in Section 2192.3
[] Neuroanatomy [] Tropical medicine [] Pediatrics [] Child Abuse detection and treatment
[] Physiology [] Surgery, including orthopedic surgery [] Psychiatry []
[] Biochemistry [] Urology [] Neurology []
[] Pathology, bacteriology and immunology [] Ophthalmology [] Anesthesia

Signed and the College seal affixed this 3 day

[AFFIX SEAL HERE]

of June 19 80
Month Year

By William E. Nerlich
President, Secretary, Dean

William E. Nerlich, M.D.
Associate Dean, Student Affairs, Years III & IV

STATE DEPARTMENT OF CONSUMER AFFAIRS
 INTERNET CASHIERING SYSTEM
 MEDICAL BOARD OF CALIFORNIA
 SUPPLEMENTAL INFORMATION REPORT
 From Date: 12/06/2011 To Date: 12/06/2011

ATRISUPPINF

21-MAR-16 11:24:16

Person Id : 592264 Name : Whiteman,Neysa

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?	

Total Questions Asked For Person : 592264 8

Application Summary

12/23/13 8:17 AM

Page 1 of 3

License Type: **Physician and Surgeon G**
License Number: **42741**
File Number:
Application: **Physician's and Surgeon's Renewal**
Application Number:
Application Date: **12/23/2013 (mm/dd/yyyy)**

Personal Detail

First Name: **NEYSA**
Middle Name: **DALE**
Last Name: **WHITEMAN**
Birthdate: (mm/dd/yyyy)
Gender: **Female**

Addresses

License Related Addresses

License Specific Public/Mailing Address (Required)

Name: **WHITEMAN, NEYSA DALE**
Address: **477 N EL CAMINO REAL # C302**
ENCINITAS, CA
92024

Phone Number:

E-mail Address:

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?

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



1387815462334

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 - None

Other - None

Patient Care - 30-39 Hours

Research - None

Teaching - None

Telemedicine - None

Patient Care Practice Location

Zip: 92024 County: SAN DIEGO

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

Obstetrics and Gynecology - Primary

Board Certifications

American Board of Obstetrics and Gynecology - Obstetrics and Gynecology

Postgraduate Training Years

4 Years

Cultural Background

White

Foreign Language Proficiency

None

Web Site Profile

Cultural Background - No

Foreign Language Proficiency - No

Gender - Yes

E-mail:

drwhiteman01@gmail.com

Fees

Biennial Renewal Fee

\$783.00



Steven M. Thompson Physician Corps Loan **\$25.00**
Repayment Program

Total Amount Due: **\$808.00**

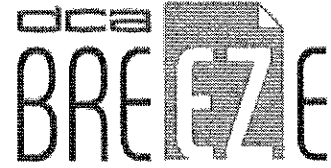
Applications are not considered submitted for processing until payment is received.

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.

Signature:

Date:



Department of Consumer Affairs

RECEIPT

172392

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

Name:	WHITEMAN, NEYSA DALE
Transaction Date:	12/23/2013 08:23
Application Number:	
Complaint Number:	
License Type:	8002
License Number:	42741
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.

Application Summary

12/4/15 5:12 PM

Page 1 of 3

License Type: **Physician and Surgeon G**
License Number: **42741**
File Number:
Application: **Physician's and Surgeon's Renewal**
Application Number: **14228078**
Application Date: **12/04/2015 (mm/dd/yyyy)**

Application Questions

Have you served or are you currently serving in the military? **N**

Personal Detail

First Name: **NEYSA**
Middle Name: **DALE**
Last Name: **WHITEMAN**
Birthdate: ****/**/******
Gender: **Female**

Addresses

License Related Addresses

Address of Record (Required)

Warning:

In order to protect your privacy and identity, address will not be displayed.

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?

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**



144927975303

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.

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Voluntary Fee:

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Zip: 92024 County: SAN DIEGO

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

Obstetrics and Gynecology - Primary

Board Certifications

American Board of Obstetrics and Gynecology - Obstetrics and Gynecology

Postgraduate Training Years

4 Years

Cultural Background

White

Foreign Language Proficiency

Decline to state

Web Site Profile

Cultural Background - No

Foreign Language Proficiency - No

Gender - Yes

E-mail:

Fees

Biennial Renewal Fee

\$783.00

DUE TO CURES FUND

\$12.00



Steven M. Thompson Physician Corps Loan **\$25.00**
Repayment Program

Total Amount Due: **\$820.00**

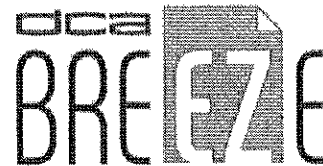
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Signature:

Date:



Department of Consumer Affairs

RECEIPT

1738770

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Application Number:	
Complaint Number:	
License Type:	8002
License Number:	42741
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Remaining Balance: (US \$)	0.00

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

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