

MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM
2005 Everyreen Street, Suite 1200
Sacramento, CA 95815
(800) 833-2322 (916) 283-2382 FAX (916) 263-2487
www.mbc.ca.goy



INITIAL AND UPDATE APPLICATION FOR PHYSICIAN'S AND SURGEON'S LICENSE OR POSTGRADUATE TRAINING AUTHORIZATION LETTER

Application for (please check one): D License C PTAL or FID Update Application for (please check one): D License C PTAL or Middle	
1, NAME : Last	MBC Use Only
CITIES CONTROL OF THE PROPERTY	\$ # X
Other names you have used (include maiden name):	
3. Place of Birth	
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Band Now produced the second of the second o	6
5. Gender: D Male C Female	全事。" 第一章
6. Public/Mailing Address: , (Please note: this information is public)	
(30 characters maximum	
per line, including spaces)	
City State/Province Zip/Postal Code Country	
7 Telephone Narobores	
(include area code)	Personal Date
8. California Driver's License Number (optional): 10. Have you ever filed an Application for Physician's and Surgeon's License, or PTAL, in California?	S S S S S S S S S S S S S S S S S S S
No. For most the defendance of the continuous properties and the c	Z
9. E-mail Address (optional): Previous Vicense number, if any:	
MEDICALEDUCATION	
11. LIST EACH MEDICAL SCHOOL THAT YOU HAVE ATTENDED.	1.
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Northwestern University Chicago, IL, USA 8/1984-6/1988	
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12 School of Graduation Degree Awarded Date of Graduation	
40.00 400	Dipiorn
Northwestern University MD - 06-03-1988	
EXAMINATIONS	
13. LIST ALL OF THE FOLLOWING EXAMINATIONS YOU HAVE TAKEN: USMLE, FLEX, NBME, ECFMG, SPEX,	
STATE BOARDS and/or QME in Canada	lu .
Examination Pate Result (Pass/Fall)	Exams
NBME 07-01-1989	2
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1301.09 CD12425 NOV 0 2 2010 1L006	1A
Cashiering Use Only O7A-100 (Rav. 04/2008) School Gods	

A "yes" response to Questions 14 through 38 requires a written explanation on a separate sheet of paper along with any supporting materials.

	ACGME/RCPSC AC	CREDITE	POSTGRADU	ATE TRAINING	3	MF Vse
14. Please list each A have participated not the program	ACGME/RCPSC accr I. You must include was completed or cr	each inter	nship, residenc	ing program i cy and fellows	n which you hip, whether or	Postgr Trei
Facility Name	Addres		Specialty Are	a Da	tes of Attendance	
Jniversity of California, Se	an Fran 500 Parnassus A	ve, SF, CA	Obstetrics and Gyne	ecology 6/1988-6	3/1989	
Jniversity of California, Sa	an Fran 500 Parnassus A	ve, SF, CA	Obstetrics and Gyne	ecology 7/1989-6	3/1992	
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POSTGRADUATE TR	AINING: (Thuse questions ar	s to be tiflewered b	ALL applicants)	美術 新建美工品	· · · · · · · · · · · · · · · · · · ·	· 鬼/? · 里 (
Did you ever take a le	ave of absence or bre	ak from you	ur training?	YES	NO	
Have you ever been to	erminated, dismissed	or expelled	from a program	? YES	NO	
Have you ever resigne	ed from a training prog	gram?		YES	NO	
Were you ever placed	on probation?			YES	NO	a de
Were you ever disciplined or placed under investigation?						e en La sal
Were any incident reports ever filed by instructors?					NO	
Were any limitations of performance, disciplin			on you for clink	eal YES	NO	e di
Have you ever had a renewed or offered fo		program co	ntract not be	YES · .	_ NO	
	Mı	EDIOAL LI	zensure 📙			
15. Please list all m					been issued by	, la-
	itory in the United S					
Jurisdiction	License Number	Date	of Issuance	Dates of Prac	ice in that Jurisdiction	-
California	G67491	11-13-19	39 Herraldische erreit daar de 2000 erreit de 1800 er	1989-1994		
Hawaii	MD-7257	09-04-19)O	1990	والموارد والمستخدم والمسترك والمستخدم والموارد والمستخدم والموارد والمستخدم	2002
Pennsylvania	MD052717L	06-29-19)4	1994-present		-
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Mitchell	David Cre		****	a rest areas, considerate and an		

16. Are you currently certified by a Member Board of the American Board of Medical Specialties? YES 21 NO 1 Meinber Board Expredient Dises		ABMS CERTIFICATIONS	;	MBC Use Only ABM9
The Hase a claim or an action ever been flied against you for the practice of medicine which resulted in a malpractice estimant, judgment, or arbitration award of \$30,000 or more? 18. Have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program? 19. Have you been diagnosed with an emotional, a mental, or behavioral ves no discorder which impairs your ability to practice medicine safely? 20. Have you been diagnosed with an emotional, a mental, or behavioral ves no discorder which impairs your ability to practice medicine safely? 21. Have you ever been diagnosed with a neurological or other physical condition that would impair your ability to practice medicine safely? 22. Do you have any other condition which in any way impairs or limits yes no conditions that would impair your ability to practice medicine safely? 23. Have you ever been convicted of, or pled guilty or noto confenders to ANY offense in any state in individualized assessment of the neture, the severity and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be imposed, or whether you are not light for inconsure. 23. Have you ever been convicted of, or pled guilty or noto confenders to ANY offense in any state in the United States or foreign country? This includes States or foreign country? This includes distance in sentencing tollowing entry of a pies distance in which you want others to, desired, personal, pled noto contenders, or the content and other or participate in the record of section of the control or any other personal country or the control or any other personal country. This includes distance in sentencing tollowing entry of a pies of the country of the control or sentence of action of the other and offered to the control or any other personal country and the country of the control or any other personal country and of the country of the country of the country of the country of th	6. Are you currently certified by	a Member Board of the Ameri	can Board of Medical Sp YES	peciaities?
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23. Have you ever been convicted of, or pied guilty or noto contendere to ANY offense in any state in the United States or foreign country? This includes a citation, infraction, misdemeanor and/or felowy, etc. If YES" attach a list of each offense by arrest and conviction dates, violation, and court of jurisdiction (name and address). Matters in which you were diverted, deferred, pardoned, pled noto contendere, or if the conviction was later expunged from the record of the court or set astde under Penal Code Section 1203.4 MUST be disclosed. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you MUST disclose the conviction; you are entitled to submit evidence that you have been rehabilitated. Sentous traffic convictions such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked MUST be reported. This list is not all-inclusive. If in doubt as to whether a conviction should be disclosed, it is better to disclose the conviction on the application. For each conviction disclosed, you must submit with the application certified copies of the arresting agency report, certified copies of the court documents, and a descriptive explanation of the circumstances surrounding the conviction of disciplinary action (i.e., dates and location of incident and all circumstances surrounding the incident). This letter must accompany the application. If documents were purged by arresting agency and/or court, a letter of explanation from these agencies is required. Applicants who answer "NO" to the question but have a previous conviction or plea, may have their application denied or license revoked for knowingly falsifying the application. DATE OF BIRTH: Mitchell David Creinin	Individualized assessment of the ongoing medical condition to det	nature, the severity and the cermine whether an unrestricted	luration of the risks asso d license should be issu	clated with an
This includes a citation, Infraction, misdameanor and/or felony, etc. If "YES" attach a list of each offense by arrest and conviction dates, violation, and court of jurisdiction (name and address). Matters in which you were diverted, deferred, pardoned, pled noto contenders, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4 MUST be disclosed. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you MUST disclose the conviction; you are entitled to submit evidence that you have been rehabilitated. Serious traffic convictions such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace efficer, failure to appear, driving while the license is suspended or revoked MUST be reported. This list is not all-inclusive. If in doubt as to whether a conviction should be disclosed, it is better to disclose the conviction on the application. For each conviction disclosed, you must submit with the application certified copies of the arresting agency report, certified copies of the count documents, and a descriptive explanation of the circumstances surrounding the conviction of disciplinary action (i.e., dates and location of incident and all circumstances surrounding the incident). This letter must accompany the application. If documents were purged by arresting agency and/or court, a letter of explanation from these agencies is required. Applicants who answer "No" to the question but have a previous conviction or plea, may have their application denied or license revoked for knowingly falsifying the application. DATE OF BIRTH: Mitchell David Creinin		CRIMINAL RECORD HIST	ORY:	
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APPLICANT: Mitchell David Creinin	court documents, and a descriptive explanati of incident and all circumstances surrounding	on of the circumstances surrounding the 1 the incident). This letter must accompa	conviction of disciplinary action (i.e., dates and location
Mitchell David Greinin				1 (7)
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		Creinin	to the second standard mark products of the second	

	GRIMINAL RECORD HISTORY (contra)			MBC Use Only Criminal
24.	Is any criminal action pending against you?	YES	NO	Recogn
25.	Are you required to register as a Sex Offender?	YES	NO	
	DISCIPLINARY HISTORY			Discipline
	These questions refer to discipline by any U.S. military or public hea or other governmental agency of any U.S. state, territory, Canadia	alth service, state n province, or co	e board ountry.	
26.	Have you ever been denied a license to practice medicine?	YES	NO	h
27.	Is any denial pending against you?	YES	NO	i
28.	Have you ever been charged with, or been found to have committed, unprofessional conduct, professional incompetence, gross negligence or repeated negligent acts or malpractice by any medical licensing board, other agency, or hospital?	, YES	МО	
29.	Have you ever had any license to practice medicine revoked, suspended, or placed on probation?	YES	NO	
30.	Have you ever had any license to practice medicine subjected to any action including but not limited to informal or confidential discipline consent orders, letters of warning, letters of reprimand, or citation?), YES	NO	
31.	Have you ever had any license to practice medicine subjected to any other disciplinary action?	YES	NO	
32.	Is any disciplinary action pending against any of your licenses to practice medicine?	YE S	NO	
33.	Have you ever had staff privileges in a hospital terminated, denied, suspended, limited, revoked, or not renewed?	YES	NO	
34.	Have you ever resigned from a medical staff in lieu of disciplinary or administrative action?	YES	NO	
35.	Is any disciplinary action pending against your hospital staff privileges	? YES	МО	X []
36.	Have you ever surrendered a license to practice medicine?	YES	NO	
37.	Have your DEA privileges ever been denied, suspended, restricted, of terminated?	YES	NO	4
23.	Have you ever entered into any arrangement or plea or agreement in lieu of a federal prosecution for a drug violation regulated by the DEA		МО	
AF	PLICANT: DATE OF B	IRTH:	,	
Mit	chell David Creinin			

074-199 (Rav. 12/06)

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Notice: All items in this application, except #8 and #9, are mandatory. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualifications for licensure per Section 2080 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, or other governmental law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act. The Chief of the Licensing Program is the custodian of records.

		MATTING THE SECTION OF THE WARRENCE SECTION OF THE PROPERTY OF
The applicant, Mitchell	David Crein	···· . Deing hat quiv awont upon his/har (
oath deposes and says: that application, know the full color and evidence or other crede of Medicine as prescribed becamination, and that it, togmistake of which I am awar organizations, my reference associates (past, present, a Board of California or its surecords of psychiatric treatmonnection with this application competence, professional cauthorize the Medical Board authorize the Medical Board	at I am the person here potent thereof, and decentlais submitted here by this application, that gether with all the credite and that I am the law es, personal physician and future), and all govicessors any information; or any further or conduct, or physical or dis California or its sud	ein named subscribing to this application; that I have read the complete clare under penalty of perjury, that all of the information contained herein with are true and correct; that I am the lawful holder of the degree of Doctor it the same was procured in the regular course of instruction and lentials submitted, were procured without fraud or misrepresentation or any wful holder thereof. Further, I hereby authorize all hospitals, institutions or s, employers (past, present and future), business and professional remment agencies (local, state, federal, or foreign) to release to the Medical ion, files or records, including medical records, educational records, and drug and/or alcohol abuse or dependency, requested by that Board in future investigation by that Board necessary to determine any medical mental ability to safely engage in the practice of medicine. I further accessors to release to the organizations, individuals or groups listed above on or any subsequent licensure.
I UNDERSTAND THAT I	FALSIFICATION OF	R MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS RETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A
SIGNATURE OF APPLICANT	. Thite	ul & and hum
, , , , , , , , , , , , , , , , , , ,		(Please sign full name – in presence of notary)
State of Fennand	vouir	· · · · · · · · · · · · · · · · · · ·
County of Olle	sens-	This was a second of the secon
Subscribed and sworn to (o	r affirmed) before me	on this 22 day of (Jettebu , 20 10 , by
Mitchell		centin
proved to me on the basis of Signature A below.	of satisfactory evidence	e to be the purecriving specific for the MOTARIAL SEAL DALE A DALEY (MARIN) Public PITTSBURGH CITY, ALLEGHENY COUNTY My Commission Expires Mar 21, 2013



07A-100-L2 (Rev. 08/2010)

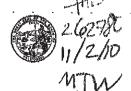
MEDICAL BOARD OF CALIFORNIA LICENSING PROGRAM

2005 Evergreen Street, Suite 1200 Sacramento, CA 95815

www.mbg.ca.gov

(800) 633-2322 (916) 263-2382 Fax (916) 263-2487

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CERTIFICATE OF MEDICAL EDUCATION IN COLUMN AND ASSOCIATION OF THE PROPERTY OF

The state of the s	SCHOOLIKE	EASE COMPLETE THE	S FORIVIN THE EN	VG SHLANGL	IAGE
This certifies that Mit	cheli	David Crein	in ;		
B.008130	e Ful	Name of Applicant	And the state of t	U.S. Social Securi	ty Number
Date of Birth	; enro	led in <u>Northwestern</u>	University Feir Name of Medical School	berg School	of Medicine
located in	Chicago, I	L· Cook	on	0 9 / 2 4	11984
i de la companya de l	State/Prov	lince Country	California de Carrera	Enrollme	nt Date
institution 4	years of resider required in the	t the records of this inst it instruction, completin subjects set forth hereu applicant	g at least 4,000 hou	rs, of which at le	east 80 percent
Anatomy Otolaryngology Obstetrios and Gynec Radiology, Inctuding Tropical Medicine Physiology Biochemistry Pathology, Bacteriolo Ophthalmology Dermatology	Radiation Safety	Embryology Histology Human Sexuality Medicine Surgery, including Orthopedic St Urology Paychiatry Neurology Alcoholism and Chemical Depen Proventative Medicine, including	Therap Neuroa Child A urgery Genetit Pediatr Pharms Anesth dency Spouss Nutrition Family	natomy buse Detection and Tre Ic Medicine Ics Icology	ion & Treatment"
ONLY applicable ONLY applicable	to medical students w to medical students w degree of Bac	ho enrolled in medical school on one of the graduate from medical school on the enrolled in the enrolled i	on or after May 1, 1998. or after June 1, 2000.	ay of JUNE	, 1988
Unusual Circumsta				_	
SPERMINE COLUMN COMPANY	<u>nces</u>			Ke:	sponses
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Did this individual eve Was this individual e Was this individual e	er take a leave ver placed on p ver disciplined o	robation? or under investigation?		Yes Yes Yes	No - No No
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ARNOLD SCHWARZENEGGER.



MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM
2005 Evergreen Street, Suite 1200
Sacremento, CA 95815
(800) 633-2322 (916) 263-2382 Fax (916) 263-2487



CERTIFICATE OF COMPLETION OF ACGME/RCPSC POSTGRADUATE TRAINING To be completed by the facility for every medical school graduate completing postgraduate training in the United States or Canada.

AME: Last	First			David
Creinin S. Social Socurity Number	Mitc Date of Birth	Telephone Numi	oer	Say May 7 Property of the second seco
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Northwestern University		nade Manus and An Street Box Street of the Real Property live for the Street H. Edwird L.		
PART 2: TO BE COMPLET	ED BY THE PROGRAM DIF RECTOR: Do not sign and o	RECTOR: Nate this form before	ne last day of	any postgraduate
J TENTION PROGRAM DI raining year which will be u	RECTOR: Do not sign and o sed by the applicant to qualif	y for idensure. Com pleted a period of as	pletion of this	form will certify th
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ทากรากกรุก โบสดาคร การกร	icine in this state.			mber (www.acgme.or
lame of Facility	Manager	_	roigueragiani nu *	Inda (www.acgma.on
Annersity of Calas	ornia San Trancisco	ZZD Telephone	Marine Ma	
	Wenue, ST CA 94	143 416	476-51	92
Categorical Specialty Area of Tra	ning Start Date of Trainin	ng End'Date (988 D(n 3	4 mm	npletion date) of Traid
UNUSUAL GIRGUMSTAN	v-5:			
Did the trainee ever take a	e ave of absence or break fro	om his/her training?	YES	NO
Was the tra <mark>inee</mark> ever termin	nated, dismissed or expelled	?	YES	NI,
Did the train <mark>ee</mark> ever resign′	?		YES	NO
Was the trainee ever place	d on probation?		YES	NO .
Was the trainee ever discip	lined or placed under investi	gation?	YES	NO_
Were any incident reports i	regarding this trainee ever file	ed by instructors?	YES	Ир
Were any limitations or spe clinical incompetence, disc	ecial requirements placed upo iplinary problems or for any o	on the trainee for other reason?	YES)	N O,
Did the program decline to	renew or offer the trainee a j wing year?	postgraduate training	YES	NO

DEFINITION OF "SATISFACTORY" COMPLETION OF TRAINING

The program director signing this form is formally certifying and documenting under penalty of perjury that the trainee received instruction appropriate for the particular postgraduate level and that he/she satisfectorily completed periods of training in accordance with the accepted standards and the criteria defined as equating to "satisfactory" performance as described below. The program director will personally be attesting to the fact that the trainee has acquired the skill and qualifications necessary to safely assume the unrestricted practice of medicine in this state.

"SATISFACTORY" IS DEFINED AS: THE TRAINEE PERFORMED AT AN ADEQUATE LEVEL BASED ON EVIDENCE OF SATISFACTORY PROGRESSIVE GROWTH INCLUDING DEMONSTRATED ABILITY TO ASSUME GRADED AND INCREASING RESPONSIBILTY FOR PATIENT CARE.

GENERAL MEDICINE TRAINING REQUIREMENT

To qualify for licensure in California, applicants who are graduates of an international medical school must complete at least four months of postgraduate training in GENERAL MEDICINE as part of the requirement. Applicants who are graduates of a U.S. or Canadian medical school, who have not completed postgraduate training required for ficensure by July 1, 1990, must also complete four months of training in GENERAL MEDICINE requirement may be satisfied by actual clinical practice where the applicant has direct patient care responsibilities in any particular specialty or sub-specialty area for at least four months. hereby certify as the program director, that the individual named in Part 1 a minimum of four months of general medicine as part of this postgraduate training program accredited by the ACGME or the RCPSC. SIGNATURE OF PROGRAM DIRECTOR ATTENTION PROGRAM DIRECTOR: THE PERSON WHO SIGNS THIS FORM MAY NOT BE RELATED TO THE APPLICANT BY BLOOD, MARRIAGE, OR ADOPTION. If that signature authority is being delegated to another person, evidence of that delegation must be attached to this form (may be a photocopy). Each delegation must be on official letterhead and must be dated within the last 12 months. FIOSPITAL SEAL OFFICIAL HOSPITAL SEAL MUST BE AFFIXED IN THE BOX TO THE LEFT TO CERTIFY TRAINING The training program is accredited by the ACGME or the RCPSC to offer the type and level of training completed by the applicant, and the applicant was trained in an accredited ACGME of RCPSC program position. I hereby declare under penalty of perjury under the laws of the State of California that the statements are true and correct. AMY (Mea) AU-LY M. SIGNATURE OF PROGRAM DIRECTOR Signature Stump is Not Acceptable If a hospital seal is not available, the program director shall sign this form in the presence of a notary public. SIGNATURE OF PROGRAM DIRECTOR: (Please sign full name – in presence of notary) State of _____ County of Subscribed and sworn to (or affirmed) before me on this ______ day of ______, 20_____, by (Notary to print director's name.) proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Land of the Steel Children

STATE DEPARTMENT OF CONSUMER AFFAIRS INTERNET CASHIERING SYSTEM MEDICAL BOARD OF CALIFORNIA SUPPLEMENTAL INFORMATION REPORT From Date: 08/29/2012 To Date: 08/29/201

To Date: 08/29/2012

ATRISUPPINF 16-MAY-16 09:43:25

Person Id:

Name:

Creinin, Mitchell

Question Ans:	wer
I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The 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. I Have Completed 12 Hours Of Pain Management And End-Of-Life Care.	
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.	The state of the s
Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population A	ged 65 NO
Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or	
Care Of Older Patients. Click No If Not Applicable.	
Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Ty	voe NONE
None I None Held	A second
I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information	on YES
Contained In This Application Is True And Correct.	
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.	WFF CAN COLOR TO THE COLOR TO T
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, Th	ne U S

Total Questions Asked For Person:

A And Its Territories, Military Court Or A Foreign Country?





Department of Consumer Affairs

RECEIPT

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

Name:

CREININ, MITCHELL DAVID

Transaction Date:

08/23/2014 09:13

Application Number:

Complaint Number:

License Type:

8002

License Number:

67491

Payment Description:

Physician's and Surgeon's Renewal

Fee Paid: (US \$)

820.00

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

8/23/14 9:12 AM

Page 1 of 3

License Type:

Physician and Surgeon G

License Number:

67491

File Number:

Application:

Physician's and Surgeon's Renewal

Application Number:

Application Date:

08/23/2014 (mm/dd/yyyy)

Personal Detail

First Name:

MITCHELL

Middle Name:

DAVID

Last Name:

CREININ

Birthdate:

//***

Gender:

Male

Addresses

License Related Addresses

Confidential Address (Optional)

Warning:

In order to protect your privacy and identity,

address will not be displayed.

License Specific Public/Mailing Address (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?

No

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 - 10-19 Hours

Patient Care - 10-19 Hours

Research - 20-29 Hours

Teaching - 1-9 Hours

Telemedicine - None

Patient Care Practice Location

Zip: 95817 County: SACRAMENTO

Telemedicine Practice Location

Zip: County:

Patient Care Secondary Practice Location

Zip: 95817 County: SACRAMENTO

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

Postgraduate Training Years

4 Years

Cultural Background

White

Foreign Language Proficiency

None

Web Site Profile

Cultural Background - Yes

Foreign Language Proficiency - Yes

Gender - Yes

E-mail:

Fees

Biennial Renewal Fee

\$783.00

DUE TO CURES FUND

\$12.00



8/23/14 9:12 AM Page 3 of 3

Steven M. Thompson Physician Corps Loan Repayment Program

\$25.00

Total Amount Due:

\$820.00

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: