



## PUBLIC VERIFICATION / PHYSICIAN PROFILE

### PHYSICIAN

**NAME:** CHICHI JUNDA WOO MD

**DATE:** 05/11/2016

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED  
BY THE TEXAS MEDICAL BOARD**

**Date of Birth:** 1967

**License Number:** L9019 Full Medical License

**Issuance Date:** 06/04/2004

**Expiration Date of Physician's Registration Permit:** 02/28/2017

**Registration Status:** ACTIVE

**Registration Date:** 06/24/2004

**Disciplinary Status:** NONE

**Disciplinary Date:** NONE

**Licensure Status:** NONE

**Licensure Date:** NONE

#### **Medical School of Graduation:**

At the time of licensure, TMB verified the physician's graduation from medical school as follows:  
STATE UNIV OF NEW YORK, BUFFALO SCH OF MED, BUFFALO

**Medical School Graduation Year:** 2002

#### **TMB Filings, Actions and License Restrictions**

The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

NONE

#### **Investigations by TMB of Medical Malpractice**

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

NONE

#### **Status History**

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or [verific@tmb.state.tx.us](mailto:verific@tmb.state.tx.us)

**Status Code:** AC

**Effective Date:** 06/24/2004

**Description:** ACTIVE

**Status Code:** LI

**Effective Date:** 06/04/2004

**Description:** LICENSE ISSUED

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND  
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

**Gender:** FEMALE

**\*Ethnicity:** ASIAN OR PACIFIC ISLANDER

**Race:** ASIAN

\* We are in the process of transitioning from the current ethnic origin values to federal standards for race and Hispanic origin. The transition period will allow time for individuals to submit updated race and Hispanic origin data to the TMB.

**Current Primary Practice Address:**

512 E HIGHLAND  
SAN ANTONIO , TX 78210

**Years of Active Practice in the U.S. or Canada:**

The physician reports that he/she has actively practiced medicine in the United States or Canada for **8** year(s).

**Years of Active Practice in Texas:**

The physician reports that, of the above years he/she has actively practiced in the State of Texas for **8** year(s).

**Specialty Board Certification**

The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

NONE

**Primary Specialty**

The physician reports his/her primary practice is in the area of PUBLIC HEALTH.

**Secondary Specialty**

The physician reports his/her secondary practice is in the area of OBSTETRICS AND GYNECOLOGY.

### Name, Location and Graduation Date of All Medical Schools Attended

**Name:** SUNY AT BUFFALO

**Location:** BUFFALO, N.Y.

**Graduation Date:** 06/2002

### Graduate Medical Education In The United States Or Canada

**Program Name:** BAYLOR COLLEGE OF MEDICINE

**Location:** HOUSTON, TEXAS

**Begin Date:** 07/2002

**Type:** INTERNSHIP

**End Date:** 07/2003

**Specialty:** OB-GYN

**Program Name:** NONE

**Location:** HOUSTON, TEXAS

**Begin Date:** 07/2003

**Type:** RESIDENCY

**End Date:** 07/2006

**Specialty:** OB-GYN

### Hospital Privileges

The physician reports that he/she has hospital privileges in the following in the State of Texas:

**Hospital:** METROPOLITAN METHODIST

**Location:** SAN ANTONIO

### Utilization Review

The physician did not report whether he/she provides utilization review.

NONE REPORTED

### Patient Services

**Accessibility:** The physician reports that the patient service area **is** accessible to persons with disabilities as defined by federal law.

**Language Translation Services:** The physician reports that the following language translation services are provided for patients: SPANISH TRANSLATOR ON-SITE; ALL OTHER LANGUAGES THROUGH AT&T

**Medicaid Participant:** The physician reports that he/she **does** participate in the Medicaid program.

### Awards, Honors, Publications and Academic Appointments

#### Optional Information

The physician may optionally report descriptions of up to five such honors and has reported the following:

**Description:** PGY1 RESIDENT OF THE YEAR, 2003; PGY2 RESIDENT OF THE YEAR, 2004; PGY4 RESIDENT OF THE YEAR, 2006

### Malpractice Information

Section 154.006(b)(16) of the Act requires that: a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

**Description:** NONE

### Criminal History

**Self-Reported Criminal Offenses:**The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

The physician has reported the following:

**Description:** NONE

**Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.**

### Disciplinary Actions By Other State Medical Boards

The physician has reported the following:

**Description:** NONE

### Physician Assistant Supervision

**Description:** NONE

To obtain  
primary source  
verifications,  
click name

To obtain  
primary source  
verifications,  
click name

## Advanced Practice Nurse Delegation

**APN Name:** [EVANS, KATHLEEN APN](#)

**APN License Number:** AP126003

**Delegation Location Type:** Practice Site

**Approve Date:** 4/20/2015

**Hours Supervised:** 40

**Dangerous Drugs:** YES

**Controlled Substances:** NO

## Summary of all License/Permit Types

Issue Date:	Type:
06/24/2002	<a href="#">PHYSICIAN IN TRAINING PERMIT</a>
08/25/2003	<a href="#">PHYSICIAN IN TRAINING PERMIT</a>
06/04/2004	<a href="#">LICENSED PHYSICIAN</a>
06/24/2002	<a href="#">PHYSICIAN IN TRAINING PERMIT</a>

[Contact Us](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Compact with Texans](#) | [Website Linking Policy](#)  
Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.