



MEDICAL BOARD OF CALIFORNIA
Executive Office



July 8, 2016

Ben Livewright
Sent via email to
abovetheclouds@gmx.co.uk

RE: California Public Records Act Request
Kenneth L. Wright (A19953)

Dear Mr. Liveright:

I am responding on behalf of the Medical Board of California to your Public Records Act request dated July 6, 2016.

Attached please find a copy of the medical license application and available renewal information for Dr. Wright.

There is no record of any disciplinary action taken against his medical license.

I trust this is responsive to your request.

Sincerely,

Christine Valine
Public Information Analyst

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 02/19/2012 To Date: 02/19/2012

ATRISUPPINF

06-JUL-16 11:16:12

Person Id : 519877

Name : Wright,Kenneth

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 : 519877

8

Medical Board of California – Physician's and Surgeon's Initial Renewal

1-41100/820.00

2/8/16 BS

AMOUNT DUE IF POSTMARKED AFTER MAY 30, 2016 \$898.00

LICENSEE NAME
 WRIGHT, KENNETH L

1/19

LICENSE NO.
 A19953

EXPIRATION DATE
 04/30/16

AMOUNT DUE NOW
 \$820.00

LICENSEE MUST CHECK CORRECT BOXES

"H" Completed Continuing Education

"E" Change of Address (fill in reverse side)

"I" Conviction Disclosure – Yes N/A

"J" Conviction Disclosure – No N/A

"F" Family Physician Training Program (\$25) N/A

"G" Financial Interest Statement-Read instructions above

"D" SIGNATURE REQUIRED

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

Signature Kenneth L Wright, M.D. Date 1-15-2016

ENTER YOUR PHONE NUMBER FOR REFERENCE:

63010100000100002000199539010430160008200000089800

CHANGE OF MAILING ADDRESS

WRIGHT, KENNETH L

A19953

Street Address (this address is public information **except** when a PO Box is used for the public address of record; this address then becomes confidential)

2 7 5 3 0 H I G H W A Y 4 1

City
 C O A R S E G O L D

State
 C A

Zip
 9 3 6 1 4

PO Box (if used, must provide a confidential physical street address, above)

City

State

Zip