

# MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM 2005 Evergreen Street, Suite 1200

RECEIVED MEDICAL BOARD GI CALIFORNIA

Sacramento, CA 95815 (800) 633-2322 (916) 263-2382 FAX (916) 263-2487 Maintiperes don

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

Application for (please c	heck one): A License	D PTAL	or PROBRAGA	ón
1. NAME: Last MCNEL	Flist	SARAH	Middle ELLEN	MBC Use Only
Other names you have used (include maid	len name):	2. U.S. Social S	ecurity Number	HOSE Only
3. Place of Birth	ida e dispuessa a nonces que para se appril de la despris de la despris de la despris de la despressa en la gr			
a may or pitti	•	4. Date of Birth	and the second s	(MINTOLE)
5. Gender: D Male	M Female			
6. Public/Mailing Address: 25.00 A. (Please note: this information is public)	, и ф. Комуний и подвети подвети подвети и подвети подвети подвети подвети подвети подвети подвети подвети под	o) hannamen paggar kun erman gast kun nermangan kun napag Land	ernelde erneppen peter damik der delt eine deltak deltak bei de telegreichen geleichen geleichen deut der dem Bei der ernelde geleiche der deltak der deltak deltak bei der deltak deltak deltak deltak deltak deltak deltak	
(30 characters maximum per line, including spaces) Marti	MZ CA 945	53	,	
City Martine 2 State/P	rovince CA	Zip/Postal Code 94553	Country	·
7. Telephone Numbers: How (include area code)	WAR COLUMN TO A SAME PARTY OF THE PARTY OF T	Work	U6a Call	Herinexam
8. California Driver's License Number (op	otional): 10, Hav	e vou ever filed an A	oplication for Physician's	Personal Data
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	and	ontasou s mosuse,	or PTAL, in California?	
9. E-mail Address (ontional)	Previous	Yes A	No	X
		ALMANA A.		
11. LIST EACH MEDICAL SCHOOL THAT Y				
School Name	City, State/Prov	ince, Country	Dates of Attendance	Company days
Dartmouth	Hanover NH		8/04-6/09	1.2 Trenscript
	Control of the state of the sta	and the second s	ng 100,50 km ng 16 km ng 16 km 16 km na na ping sa katabanan (masawan na 1906).	
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12. School of Graduation Hamitton College.	Degree A	warded	Date of Graduation	Olphond W
13. LIST ALL OF THE FOLLOWING EXAMIN	ATIONS YOU HAVE TAK	INNELSA SE	ANDRE, ECFMG, SPEX,	
Examination	W. P. Silver and Antice area (Additional Section 2017) and the control of the con	STATE BOAR	DS and/or QME in Canada	<b>ब्ला</b> र्थ
USMLE Step 1	6/23/3	Date	Result (Pass/Fall	Exams
USMLE STEPZ CK	121321	THE RESERVE THE PARTY OF THE PA	and the second section of the second section of the second	
USMLE Step 2 CS	11/2-6/2	a Maria de la companya de mante de la California de la companya de la companya de la companya de la companya d	and an opening the party of the contract the	
919 9 000086	JWA			
Cashjering Use (	JMY	Scho	iol Code	

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

Facility Name	-440	ress	Specialty Are	a	Dates of A	ttendance .
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POSTGRADUATE 7 Did vou ever take o	RAINING: (These atlesston)	a are to be answered by	/ ALL applicants)			,
r	eave of absence or bi			YES		NO
	terminated, dismisse		from a program'	? YES		NO .
lave you ever resigr	ned from a training pro	ogram?		YES		NO
Vere you ever placed	d on probation?			YES		NO ·
Vere you ever disc ip	lined or placed under	· investigation	?	YES		NO ,
Vere any incident rej	ports ever filed by ins	tructors?		YES		NO
Vere any limitations	or special requirements, or for any other re	te planad usa	n you for clinice	l Yes		NO .
lave you ever had a	postaraduoto trainina		ifract not be			
enewed or offered fo	r a following year?			YES	Militar annus assus paraires.	NO
	i i IV	EDICAL LIC	ENSURE			
<ol><li>Please list all m any state or terr</li></ol>	edical licenses (oth itory in the United S	er than train! States or Can	ng licenses) th adlan province	at have ev	er been is	sued by
Jurisdiction	License Number	Trepantalitation or make their	Issuance		ectice in the	t Jurisdiction
And white Comments of the second seco	manage and the same same and the same and th	and the same of th	144 A		COURT MANAGEMENT AND	r out to tip (191)
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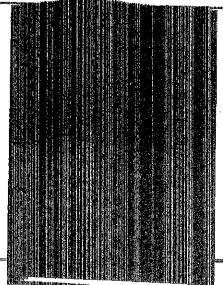
ABMS CERTIFICATIONS			MBC
16. Are you currently certified by a Member Board of the American Board of	Medical Spe	cialties?	ABMS!
Manggar Braud Expligition Cataly	YES	NO 🕅	, D
	Certificatelli		
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17. Has a claim or an action ever been filed against you for the practice of min a malpractice settlement, judgment or arbitration and action and action ever been filed against your for the practice of min a malpractice settlement.			Meloractice
in a malpractice settlement, judgment, or arbitration award of \$30,000 or	tedicine which more?	resulted	
PRACTICE IMPAIRMENT OR LIMITATIONS	YES	NO LES ES	
18. Have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program?	YES	NO	Limilations
19. Have you been treated for or had a recurrence of a diagnosed addictive disorder?	YES	NO ;	D.
20. Have you been diagnosed with an emotional, a mental, or behavioral disorder which impairs your ability to practice medicine safely?	, YE8	NO §	n K
21. Have you ever been diagnosed with a neurological or other physical condition that would impair your ability to practice medicine safety?	YES	NO S	
22. Do you have any other condition which in any way impairs or limits your ability to practice medicine safely?	YES	NO 3	
If you do receive ongoing treatment or participate in a monitoring program, the individualized assessment of the nature, the severity and the duration of the rongoing medical condition to determine whether an unrestricted license should be imposed, or whether you are not eligible for licensure.	e Board will r risks associat ld be issued,	nake an ed with an whether	
CRIMINAL RECORD HISTORY			Orleanal : Recard
23. Have you ever been convicted of, or pled guilty or noto contendere to AN the United States or foreign country?	Y offense in a	ny state in	
This includes a citation, infraction, misderneamor and/or felony, etc. If "YES" attach a list of each offer dates, violation, and court of jurisdiction (name and address). Matters in which you were diverted, deferred or if the court of which you were diverted, deferred are awaiting judgment and sentencing following entry of a plea or jury verdict, you MUST disclose the convex are awaiting judgment and sentencing following entry of a plea or jury verdict, you MUST disclose the convex artifle convictions such as reckless driving, driving under ungs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revol is not all-inclusive. If in doubt as to whether a conviction should be disclosed, it is better to disclose the conformation and conviction disclosed, you must submit with the new leads.	i, pardoned, pied i 1203.4 MUST be i lotion; you are ent er the influence of ked MUST be rep	note contendere, disclosed, if you iffed to submit alcohol and/or orted. This list	
court documents, and a descriptive explanation of the discussances surrounding the conviction of disciplin arresting agency of incident and all circumstances surrounding the incident). This letter must accompany the application. If a arresting agency and/or court, a letter of explanation from these secondary letters are the company the application. If a	report, certified co ary action (i.e., da documents were c	oples of the tes and location ourged by	
Applicants who answer "NO" to the question but have a previous conviction or plea, may have their revoked for knowingly falsifying the application.	application deni	od or license	
APPLICANT:	YES	NO	
Saran Ellen Meneil Sarah Ellen hin DATE OF BIR	( 1 <del>11  </del> 1		^

07A-100 (Rov. 12/05)

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16	3. Are you currently certified to	ABIMS CERTIFICATIONS  by a Member Board of the American	Board of Medical Spe	cialties?	MBC Use Only	
ļ	Member Board	Expiration Date	Certificate No	ımber		
s seed meteory	MANAGEMENT STATEMENT STATEM	n negative statement pour se é é access su établique dissi la minima é é en a une dompronça i des accessé de p		th desired sement merchanist applications is the sement and the	th ca	
17	. Has a claim or an action ev	er been filed against you for the pra	ctice of medicine which	n resulted	Maipractica	
	in a maipractice settlement,	judgment, or arbitration award of \$3	30,000 or more? YES TIONS	NO	p	,
18	<ul> <li>Have you been enrolled in, drug or alcohol recovery pro</li> </ul>	required to enter into, or participated ogram or impaired practitioner progr	in any <sub>YES</sub> ;	NO,	Limitations 5	
19		or had a recurrence of a diagnosed	YES	NO	C D	
20	. Have you been diagnosed w	vith an em otional, a mental, or beha ability to practice medicine safely?	vioral <sub>YES</sub>	NO	9	
21	Have you ever been diagnost condition that would Impair	sed with a neurological or other phy your ability to practice medicine safe	ely?	NO .	ZÍ	
22	Your sourty to historice Medic		100	МО	ø	
or co	ngoing medical condition to de inditions should be imposed, of the large state of the lar	ent or participate in a monitoring presenture, the severity and the duration termine whether an unrestricted lice or whether you are not eligible for the continuous presentation and the continuous presentations.	on of the risks associa onse should be issued, ensure.	ted with an whether	Criminal Record	
This date or if are evid drug	s includes a citation, infraction, misde es, violation, and court of jurisdiction (nan the conviction was later expunged from awaiting judgment and sentencing follow lence that you have been rehabilitated. E gs, hit and run, evading a peace officer, for of all-inclusive. If in doubt as to whether	meanor and/or felony, etc. If "YES" attach a list to and address). Matters in which you were diver the record of the court or set aside under Penal Cing entry of a plea or jury verdict, you MUST disc serious traffic convictions such as reckless driving while the license is suspeas conviction should be disclosed, it is better to discovered.	t of each offense by arrest and rted, deferred, pardoned, pted Code Section 1203.4 MUST be lose the conviction; you are eng, driving under the influence or anded or revoked MUST be reported to the conviction; and the conviction and the convi	conviction noto contendere, disclassed. If you titled to submit of alcohol and/or ported. This list		
cour of in arre	rt documents, and a descriptive explanat icident and all circumstances surrounding ating agency and/or court, a letter of exp	mit with the application certified copies of the arra ion of the circumstances surrounding the convicti I the incident). This letter must accompany the a anation from these apencies is required.	ssting agency report, certified c on of disciplinary action (i.e., d pplication. If documents were	copies of the ates and location purged by		
App	ilicants who answer "NO" to the quest aked for knowingly falsifying the appli	ion but have a previous consistion or stonger	ay have their application der YES			
Charlest Among co.	PLICANT:		100	OИ	Jenis	

	GRIMINAL RECORD HISTORY (cont'd)			MBC		
24.	Is any criminal action pending against you?	YES	NO	Use On? Criminal Record		
	Are you required to register as a Sex Offender?	YES	NO '	1/		
	DISCRIMARY ESTORY			L		
i gazana				Disciplina		
	These questions refer to discipline by any U.S. military or public health or other governmental agency of any U.S. state, territory, Canadian p	service, sta rovince, or c	te board oun try.			
26.	Have you ever been denied a licens e to practice medicine?	YES	NO '	ar		
27.	Is any denial pending against you?	YES	NO			
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	NO ·	2		
29.	Have you ever had any license to practice medicine revoked, suspended, or placed on probation?	YES	NO	۵		
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 .	9		
31.	Have you ever had any license to practice medicine subjected to any other disciplinary action?	YES	NO	<b>p</b> í		
32.	Is any disciplinary action pending against any of your licenses to practice medicine?	YES	NO	z		
33.	Have you ever had staff privileges in a hospital terminated, denied, suspended, limited, revoked, or not renewed?	YES	NO,	9″		
34.	Have you ever resigned from a m edical staff in lieu of disciplinary or administrative action?	YES	NO;	Ø		
35.	Is any disciplinary action pending against your hospital staff privi leges?	, YES	NO	in/		
	Have you ever surrendered a license to practice medicine?	, YES	NO	<b>9</b>		
37.	Have your DEA privileges ever been dealed, suspended, restricted, or YES NO terminated?					
38.	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?	YES	, NO	7 7		
4	BLICANT:  DATE OF BIRTH  (Fig., 1200)	OPERAR MORE TRANSPORT SUPER STATE SCAR				



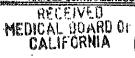
Notice: All items in this application, except #8 and #9, are mandatory. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualifications for licensure per Section 2080 of the California Business and 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.

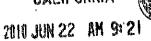
And the state of t
The applicant, D. MALE FEW MCNOT being first duty sworn upon his/her (PLEASE PRINT FULL NAME) (DATE OF BIRTH)  cath deposes and says: that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that It, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business and professional associates (past, present, and future), and all government agencies (local, state, federal, or foreign) to release to the Medical Foodral of California or its successors any information, files or records, including medical records, educational records, and connection with this application; or any further or future investigation by that Board necessary to determine any medical authorize the Medical Board of California or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.
ONDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE. (PLEASE INITIAL BOX)
SIGNATURE OF APPLICANT: Sarah Ellen Wines
State of California (Please sign full name)
County of Contra Costa
Subscribed and sworn to (or affirmed) before me on
this 1/74 day of June 2011
by: (applicant's name to be printed here) Sqrah Ellen Mc Nei'l proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
Commission of 1479000 House Commission of 1479000 Signature of Notary Public Commission of 14790000 Signature of Notary Public Commission of 147900000 Signature of Notary Public Commission of 14790000 Signature of Notary Public Commission of 1479000 Signature of Notary Public Commission of 147900 Signature of Notary Public Commission of Notar

ARNOLD SCHWARZENEGGER, Governor



MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM
2005 Evergreen Street, Sulte 1200
Sacramento, CA 95815
(800) 633-2322 (916) 263-2382 FAX (916) 263-2487
WWW.mbc.ca.spy





	CERTIFICATE OF ME	EDICAL EDUCATION	d	1	
MEDICALSCH	OOLDEEASE COMPLETE	THIS FORM IN THE ENG		Sei	
This certifies that So	arah Ellen Ma	Nel			_/
The reason with the paper	Full Name of Applicant	The state of the s	U.S. Social Security N	umber	12
Contraction of the Contraction o	enrolled in Darty	with Modical	School		-   '
Date of Birth	- prostate and out of the control of	Name of Medical School	WILLIAM WAS A STATE OF THE STAT	THE SALES OF THE PARTY OF THE P	12
located in	State/Province Country	on	0 & 1 <u>/ 6</u>   6	2004.	ľ
The undersigned forther ce	orthres that the records of this	institution show that the a	nolicant attended	in thic	1
Language AGSIR	ui resident instruction - combi	lating of loost 4 000 house	afushlah at lana	4 OA maammak	
2089.7,2090, 2091.1,2091.2) ar	su ur ure sudiecis sei iniin ne	ereunder (Busin ess and Profe	ssions Code Section	is 2089,2089.5,	'
Anatomy Otolaryngology	Embryelogy Histology	Physical M		•	
Obstatrice and Gynecology Radiology, Including Radiatio	blitman Commilia	Therapeuti Neuroanate	omy	•	
Tropical Medicine Physiology	Surgery, including Orthopo	Child Abus dic Surgery Gerlatric M	e Detection and Treatmo edicine	ent	
Blochemistry Pathology, Bacteriology, and I	Urplogy Psychiatry	Pediatrics Pharmacol	ody		1
Ophthalmology Dermalology	Alcoholism and Chemical o	Anesthesia		Trankment*	
s of this land &	Preventative Medicine, inch	iding Nutrition Family Med	ficine** Jement and End-of-Life-		
* ONLY applicable to media. ** ONLY applicable to media.	al students who enrolled in medical schoo				
*** ONLY applicable to medic	al students who graduate from medical sc al students who enrolled in medical school	hool on or after May 1, 1998. I on or after June 1, 2008.		,	ş
1	ee of Bachelor/Doctor of Me		any france	4	
The second secon	vs or pacheint/Doctor of Me	edicine on the ZZ_ day	of clume	, <u>200</u> 4	•
withdrew from medica	il school on day of	CONTRACTOR OF THE PROPERTY OF	O CONTRACTOR OF THE PROPERTY O		
Unusual Circumstances			Respo	nses	
Did this individual ever take	a leave of absence from the	ir medical education?	Yes		
I was not nichtonal eact bis	iced on probation?		Yes	No No	
Was this individual ever dis	ciplined or under investigation	n?	Yes	No	1))X
Were any limitations or and	egarding this Individual ever	filed by Instructors?	V.	No	
questions of academic or di	cial requirements imposed or	n this individual because o	of		
•	sciplinary problems, or for an		Yes i	·No, ຼ	
A "Yes" response to ANY of the	above questions requires the madic	al school to provide a written exp	danation on elsepara	te attachment.	1
2000年1000年100日 1000日	[1555] [1855] [1855] [1855] [1855] [1855] [1855] [1855] [1855] [1855] [1855] [1855] [1855] [1855] [1855] [1855]				
Medical School Seal Attention Must Be Imprinted Below being d	on Medical School: Only the President, De	an, or Registrar may sign this form, 1	f the signature is		
	elegated to another person, evidence of the ppy). Such delegation must be on official i			•	
			<b>A</b>		
Signe	d and the school seal affixed this	day of June	,2010 .		1 /
By:	slow m no	ata Pa			
	Printed Name a	nd Title of School Official	mar.		
<i>a</i> 1		The state of the s			
Signat	iure:	. Unous lawy	and the same of th		

07A-100-L2 (Rev. 12/05)

MEDICAL HJARD OF CAMOLE OCHWAIZENEGGER, GOVERNOR

STATE OF CALIFORNIA - STATE AND CONSUMER SURVICES AGENCY



# MEDICAL BOARD OF GALIFORN | JUL 12 PM 2: 00 LICENSING PROGRAM 2005 Everymon Street, Butto 1290 Secremonto, CA 93815 (600) 633-2322 (916) 263-2322 Fax (916) 263-2487 LICENSING PROGRAM



## 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.

NAME: Last	ADE MEDIEMAN	e applicant	Firet			Middle	
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U.S. Social Security Numb	ier Date o	f Birth		Telephone Num	ber	The same of the sa	
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Public/Mailing Address	ontra Costa	Regional	Medica	1 Center		and the state of t	
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Dartmouth Med						141	
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Contra Costa Re Address of Facility	gional Medic	al Center			0 5 3 1 0	<u> </u>	
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Categorical Specially Area	of Training	Start Date of Tra		925-370		РЕГИОЛ ПОВ БЛИМО В БИНЕ В В В В В В В В В В В В В В В В В В В	*******
Family Medicine		O 7 O I		0 6 / 3		pletion date) of Traini	ing
-UNUSUA BIRCUMS	ANCES				0 2 0 1 2		
Did the trainee ever ta	ike a leave of abs	ence or break	from his/h	er training?	YES	NO	LATER OF THE PARTY
Was the trainee ever t	erminated, dismi:	ssed or exacile	a12		, <del></del>		
Did the trainee ever re		, arragasinta			YES	NO 1	
	_				YES	NO	
Was the trainee ever					YES	NO ·	Ι.
Was the trainee ever	disciplined or plac	ed under inves	stigation?		YEŞ	NO	办区
Were any incident rep	orts regarding thi	s traineo ever i	filed by ins	tructors?	YES	NO	W.
Were any limitations of olinical incompetence,	disciplinary prob	lems or for any	/ other rea	son?	YES	., NO	
Did the program decling program contract for a	3e to renew or off	er the trainee a	a postgrad	uate training	YES	Ю	
A "Yes" response to A a written explanation o	NY of the above on a separate attac	ilygar enoileau	res the pro	gram director	to provide		

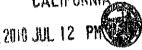


07A-100-L4 (Rev. 12A

#### MEDICAL BOARD OF CALIFORNIA

Licensing Program 2006 Evergreen Street, Suite 1200 Sacramento, CA 95815 (800) 683-2322

(916) 263-2382 Fax (916) 263-2487 Manual Carrier



#### LICENSING CERTIFICATE OF CURRENT POSTGRADUATE TRAINING ENROLLMENT

At the time of licensure, you may be entitled to a reduced initlal license fee if you are actively participating in a slotted position in an ACGME/RCPSC accredited postgraduate training program.

NOTE: This form may not be used in lieu of the Form L3A-B, "Certificate of Completion of ACGME/RCPSC Postgraduate Training." NAME: Last First McNeil Sarah Ellen U.S. Social Security Number Date of Birth Medical School of Graduation Dartmouth Medical School This is to certify that the above applicant is actively participating in an ACGME or RCPSC accredited postgraduate training position that started on \_\_\_ July 2009/ and is expected to be completed on ... 30 Family Medicine Categorical Specially Area of Fraining at Contra Costa Regional Medical Center Martinez, located at 2500 Alhambra Avenue 94553 Address of Facility The 10 digit ACGIME Program # : I hereby declare under penalty of perjury under the laws of the State of California that the above statements are true and correct and the above program is accredited by the ACGME or the RCPSC to offer the type and level of training completed by the applicant and that the applicant is being trained in an accredited ACGME or RCPSC postgraduate training position. Jeremy Fish, MD AME OF PROGRAM DIRECTOR Rockan director — Signapie Stump in Not Accountible DATE TELEPHONE NUMBER <u>Attricted program invector</u>. The person who signs this form <u>may not</u> be related to the applicant by blocks, marriage, or adoption. Only the Program Director may eign this form. If that signature authority is being delegated to another person, evidence of that delegation must be attached to this form (may be a photocopy). Such delegation must be on official letterhead and must be detert within the last 12 months. State of County of Subscribed and sworn to (or affirmed) before me on this (Notary to print Program Director's name here.) atisfactory evidence to be the person(s) who appeared before me. SIGNATURE OF NOTARY PUBLIC

> OFFICIAL HOSPITAL SEAL OR NOTARY SEAL (WITH JURAT COMPLETED ABOVE) INUST BE

AFFIXED IN THE BOX AT THE LEFT





## Department of Consumer Affairs

#### RECEIPT

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

Name:

MCNEIL, SARAH ELLEN

Transaction Date:

06/02/2014 10:36

**Application Number:** 

Complaint Number:

License Type:

8002

License Number:

114180

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	on Summary
6/2/14 10:35 AM	Page 1 of 3
License Type:	Physician and Surgeon A
License Number:	114180
File Number:	
Application:	Physician's and Surgeon's Renewal
Application Number:	
Application Date:	06/02/2014 (mm/dd/yyyy)
Personal Detail	
First Name:	SARAH
Middle Name:	ELLEN
Last Name:	MCNEIL
Birthdate:	
Gender:	Female
Addresses License Related Addresses Confidential Address (Optional) Name: Address:	
License Specific Public/Mailing Addres Name: Address:	MCNEIL, SARAH ELLEN 2500 ALHAMBRA AVE MARTINEZ, CA
	94553
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	No ·

crime in any state, the U.S.A. and its

territories, military court or a foreign country?

6/2/14 10:35 AM Page 2 of 3

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 - 1-9 Hours

Patient Care - 10-19 Hours

Research - None

Teaching - 1-9 Hours

Telemedicine - 1-9 Hours

Patient Care Practice Location

Zip: 94553 County: CONTRA COSTA

Telemedicine Practice Location

Zip: 94553 County: CONTRA COSTA

Patient Care Secondary Practice Location

Zip:

County:

Telemedicine Secondary Practice Location

Zip: County:

**Current Training Status** 

**Not in Training** 

Areas of Practice

**Family Medicine - Primary** 

Family Medicine - Secondary

**Board Certifications** 

American Board of Family Medicine - Family

Medicine

Cultural Background

White

Web Site Profile

Cultural Background - Yes

Foreign Language Proficiency - Yes

Gender - Yes

Fees

Biennial Renewal Fee \$783.00

DUE TO CURES FUND \$12.00

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:





## Department of Consumer Affairs

#### RECEIPT

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

Name:

MCNEIL, SARAH ELLEN

**Transaction Date:** 

03/15/2016 11:33

Application Number:

Complaint Number:

License Type:

8002

License Number:

114180

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 3/15/16 11:33 AM Page 1 of 3 License Type: Physician and Surgeon A License Number: 114180 File Number: Application: Physician's and Surgeon's Renewal Application Number: Application Date: 03/15/2016 (mm/dd/yyyy) Application Questions Have you served or are you currently serving Ν in the military? Personal Detail First Name: SARAH Middle Name: **ELLEN** Last Name: MCNEIL \*\*/\*\*/\*\*\* 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. **Confidential Address** 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?

No

Yes

3/15/16 11:33 AM

Page 2 of 3

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

Teaching - 10-19 Hours

Telemedicine - None

Patient Care Practice Location Zip: 94553 County:

Telemedicine Practice Location Zip: County:

Patient Care Secondary Practice Location Zip: 94553 County:

Telemedicine Secondary Practice Location Zip: County:

Current Training Status Not in Training

Areas of Practice Family Medicine - Primary

Obstetrics and Gynecology - Secondary

Board Certifications American Board of Family Medicine - Family

Medicine

Postgraduate Training Years 3 Years

Cultural Background White

Web Site Profile Cultural Background - Yes

Foreign Language Proficiency - Yes

Gender - Yes

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

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: