



## MEDICAL BOARD OF CALIFORNIA

### LICENSING DETAILS FOR: A 128990

**NAME:** AVERBACH, SARAH HELENE

**LICENSE TYPE:** PHYSICIAN AND SURGEON A

**ISSUANCE DATE:** MARCH 5, 2014

**PRIMARY STATUS:** LICENSE RENEWED & CURRENT ⓘ

**EXPIRATION DATE:** JUNE 30, 2021

**SCHOOL NAME:** UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE

**GRADUATION YEAR:** 2009

**CURRENT DATE/TIME:** JUNE 18, 2019 4:18:16 PM

JUNE 18, 2019  
4:18:16 PM

**ADDRESS OF RECORD (REQUIRED)**

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8910 VILLA LA JOLLA DR  
UC SAN DIEGO HEALTH  
LA JOLLA, CA 92037-1704

### PUBLIC RECORD ACTIONS

- > [ADMINISTRATIVE DISCIPLINARY ACTIONS](#) (NO INFORMATION TO MEET THE [CRITERIA FOR POSTING](#))
- > [COURT ORDER](#) (NO INFORMATION TO MEET THE [CRITERIA FOR POSTING](#))
- > [MISDEMEANOR CONVICTION](#) (NO INFORMATION TO MEET THE [CRITERIA FOR POSTING](#))
- > [PROBATIONARY LICENSE](#) (NO INFORMATION TO MEET THE [CRITERIA FOR POSTING](#))
- > [FELONY CONVICTION](#) (NO INFORMATION TO MEET THE [CRITERIA FOR POSTING](#))
- > [MALPRACTICE JUDGMENT](#) (NO INFORMATION TO MEET THE [CRITERIA FOR POSTING](#))

- > [HOSPITAL DISCIPLINARY ACTION \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
  - > [LICENSE ISSUED WITH PUBLIC LETTER OF REPRIMAND \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
  - > [ADMINISTRATIVE CITATION ISSUED \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
  - > [ADMINISTRATIVE ACTION TAKEN BY OTHER STATE OR FEDERAL GOVERNMENT \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
  - > [ARBITRATION AWARD \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
  - > [MALPRACTICE SETTLEMENTS \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
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## PUBLIC DOCUMENTS

- > [DOCUMENTS \(NO RECORDS\)](#)
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## SURVEY INFORMATION

THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

<b>ARE YOU RETIRED?</b>	NO
<b>ACTIVITIES IN MEDICINE</b>	TEACHING - 1-9 HOURS PATIENT CARE - 10-19 HOURS RESEARCH - 20-29 HOURS ADMINISTRATION - 1-9 HOURS
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 92037 COUNTY - NOT IDENTIFIED
<b>PATIENT CARE SECONDARY PRACTICE LOCATION</b>	ZIP - 92103 COUNTY - NOT IDENTIFIED
<b>TELEMEDICINE PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>TELEMEDICINE SECONDARY PRACTICE</b>	NOT IDENTIFIED

**LOCATION**

**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**

6 YEARS

**CULTURAL BACKGROUND**

DECLINED TO DISCLOSE

**FOREIGN LANGUAGE PROFICIENCY**

DECLINED TO DISCLOSE

**GENDER**

DECLINED TO DISCLOSE

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