

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: A 81404

**NAME:** CALLEGARI, LISA SUSANNE  
**LICENSE TYPE:** PHYSICIAN AND SURGEON A  
**PRIMARY STATUS:** LICENSE CANCELED  
**SCHOOL NAME:** HARVARD MEDICAL SCHOOL  
**GRADUATION YEAR:** 2001  
**ADDRESS OF RECORD (REQUIRED)**  
3624 DELTA FAIR BLVD BLDG E  
ANTIOCH CA 94509  
CONTRA COSTA COUNTY

**ISSUANCE DATE**

DECEMBER 13, 2002

**EXPIRATION DATE**

N/A

**CURRENT DATE / TIME**JUNE 10, 2019  
7:51:32 AM

## 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)

## PUBLIC DOCUMENTS

- › DOCUMENTS (NO RECORDS)

## SURVEY INFORMATION

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

**ARE YOU RETIRED?**

NOT IDENTIFIED

**ACTIVITIES IN MEDICINE**

PATIENT CARE - 40+ HOURS  
ADMINISTRATION - 1-9 HOURS  
RESEARCH - 1-9 HOURS  
TEACHING - 1-9 HOURS

<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 94509 COUNTY - NOT IDENTIFIED
<b>PATIENT CARE SECONDARY PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>TELEMEDICINE PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>TELEMEDICINE SECONDARY PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>CURRENT TRAINING STATUS</b>	NOT IN TRAINING
<b>AREAS OF PRACTICE</b>	OBSTETRICS AND GYNECOLOGY - PRIMARY
<b>BOARD CERTIFICATIONS</b>	NO BOARD CERTIFICATIONS IDENTIFIED
<b>POSTGRADUATE TRAINING YEARS</b>	4 YEARS
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	DECLINED TO DISCLOSE
<b>GENDER</b>	FEMALE