



## MEDICAL BOARD OF CALIFORNIA

### LICENSING DETAILS FOR: A 132905

**NAME:** HENNEBERG, CHRISTINE MARGARET

**LICENSE TYPE:** PHYSICIAN AND SURGEON A

**ISSUANCE DATE:** OCTOBER 20, 2014

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

**EXPIRATION DATE:** OCTOBER 31, 2020

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

**GRADUATION YEAR:** 2013

**CURRENT DATE/TIME:** JUNE 14, 2019  
12:56:14 PM

#### ADDRESS OF RECORD (REQUIRED)

2185 PACHECO ST

CONCORD CA 94520-2309

CONTRA COSTA COUNTY

### 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 - NONE OTHER - NONE TELEMEDICINE - NONE PATIENT CARE - 10-19 HOURS RESEARCH - NONE ADMINISTRATION - 1-9 HOURS
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 94596 COUNTY - CONTRA COSTA
<b>PATIENT CARE SECONDARY PRACTICE LOCATION</b>	ZIP - 94558 COUNTY - NAPA

<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>	FAMILY MEDICINE - SECONDARY OBSTETRICS AND GYNECOLOGY - PRIMARY
<b>BOARD CERTIFICATIONS</b>	AMERICAN BOARD OF FAMILY MEDICINE - FAMILY MEDICINE
<b>POSTGRADUATE TRAINING YEARS</b>	3 YEARS
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	DECLINED TO DISCLOSE
<b>GENDER</b>	DECLINED TO DISCLOSE

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