



## MEDICAL BOARD OF CALIFORNIA

### LICENSING DETAILS FOR: A 75440

**NAME:** SCHWARZ, ELEANOR BIMLA

**LICENSE TYPE:** PHYSICIAN AND SURGEON A

**ISSUANCE DATE:** JUNE 27, 2001

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

**EXPIRATION DATE:** AUGUST 31, 2020

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

**GRADUATION YEAR:** 1999

**CURRENT DATE/TIME:** JUNE 13, 2019 6:15:44 PM

JUNE 13, 2019

6:15:44 PM

**ADDRESS OF RECORD (REQUIRED)**

UC DAVIS MEDICAL CTR PSSB

4150 V ST STE 2400

SACRAMENTO CA 95817 4400

### 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>	TELEMEDICINE - 1-9 HOURS RESEARCH - 30-39 HOURS ADMINISTRATION - 1-9 HOURS TEACHING - 1-9 HOURS PATIENT CARE - 10-19 HOURS OTHER - NONE
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 15213 COUNTY - YOLO
<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>	INTERNAL MEDICINE - PRIMARY OBSTETRICS AND GYNECOLOGY - SECONDARY PUBLIC HEALTH AND GENERAL PREVENTIVE MEDICINE - SECONDARY
<b>BOARD CERTIFICATIONS</b>	AMERICAN BOARD OF INTERNAL MEDICINE - INTERNAL MEDICINE
<b>POSTGRADUATE TRAINING YEARS</b>	5 YEARS
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	HEBREW SPANISH
<b>GENDER</b>	FEMALE

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