

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: G 45573

**NAME:** SHELTON-GROSS, MARJORIE NELL

**LICENSE TYPE:** PHYSICIAN AND SURGEON G

**PRIMARY STATUS:** LICENSE RENEWED & CURRENT

**SCHOOL NAME:** UNIVERSITY OF UTAH SCHOOL OF MEDICINE

**GRADUATION YEAR:** 1979

**PREVIOUS NAMES:** COLEMAN, MARJORIE SHELTON ❖ SHELTON-GROSS, MARJORIE

**ADDRESS OF RECORD (REQUIRED)**

1469 HUMBOLDT ROAD  
SUITE 200  
CHICO CA 95928-9203  
BUTTE COUNTY

**ISSUANCE DATE**

JULY 21, 1981

**EXPIRATION DATE**

FEBRUARY 28, 2021

**CURRENT DATE / TIME**

JUNE 14, 2019  
11:15:53 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?** NO

**ACTIVITIES IN MEDICINE** NO ACTIVITIES IDENTIFIED

<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 95928 COUNTY - BUTTE
<b>PATIENT CARE SECONDARY PRACTICE LOCATION</b>	ZIP - 96002 COUNTY - SHASTA
<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>	NOT IDENTIFIED
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	DECLINED TO DISCLOSE
<b>GENDER</b>	DECLINED TO DISCLOSE