



## MEDICAL BOARD OF CALIFORNIA

### LICENSING DETAILS FOR: A 73208

**NAME:** DUNN, TAYLOR MICHAEL

**LICENSE TYPE:** PHYSICIAN AND SURGEON A

**ISSUANCE DATE:** OCTOBER 5, 2000

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

**EXPIRATION DATE:** MARCH 31, 2020

**SCHOOL NAME:** UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

**GRADUATION YEAR:** 1999

**CURRENT DATE/TIME:** JULY 8, 2019 7:20:11 AM

JULY 8, 2019  
7:20:11 AM

**ADDRESS OF RECORD (REQUIRED)**

PO BOX 22209

JUNEAU AK 99802-2209

JUNEAU 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.

ARE YOU RETIRED?	NO
ACTIVITIES IN MEDICINE	OTHER - 1-9 HOURS ADMINISTRATION - 1-9 HOURS TEACHING - 1-9 HOURS TELEMEDICINE - NONE
PATIENT CARE PRACTICE LOCATION	ZIP - 99801 COUNTY - NOT IDENTIFIED
PATIENT CARE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE SECONDARY PRACTICE	NOT IDENTIFIED

**LOCATION**

**CURRENT TRAINING STATUS**

NOT IN TRAINING

**AREAS OF PRACTICE**

NO AREAS OF PRACTICE IDENTIFIED

**BOARD CERTIFICATIONS**

AMERICAN BOARD OF FAMILY MEDICINE -  
FAMILY MEDICINE

**POSTGRADUATE TRAINING YEARS**

4 YEARS

**CULTURAL BACKGROUND**

WHITE

**FOREIGN LANGUAGE PROFICIENCY**

DECLINED TO DISCLOSE

**GENDER**

MALE

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