



MEDICAL BOARD OF CALIFORNIA

LICENSING DETAILS FOR: G 50897

NAME: SHELTON-PRYOR, RUTH E

LICENSE TYPE: PHYSICIAN AND SURGEON G

ISSUANCE DATE: AUGUST 1, 1983
PRIMARY STATUS: DELINQUENT - LICENSE RENEWAL FEE HAS NOT BEEN PAID. NO PRACTICE PERMITTED.

SCHOOL NAME: UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE

EXPIRATION DATE: SEPTEMBER 30, 2018
CURRENT DATE / TIME: SEPTEMBER 16, 2019 11:09:45 AM
GRADUATION YEAR: 1982

ADDRESS OF RECORD (REQUIRED)

209 SUNFISH CT
 VALLEJO CA 94591-7121

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	RESEARCH - NONE PATIENT CARE - 20-29 HOURS TELEMEDICINE - NONE ADMINISTRATION - NONE TEACHING - NONE OTHER - NONE
PATIENT CARE PRACTICE LOCATION	ZIP - 94589 COUNTY - SOLANO
PATIENT CARE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED

TELEMEDICINE PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
CURRENT TRAINING STATUS	NOT IN TRAINING
AREAS OF PRACTICE	FAMILY MEDICINE - SECONDARY
BOARD CERTIFICATIONS	AMERICAN BOARD OF FAMILY MEDICINE - FAMILY MEDICINE
POSTGRADUATE TRAINING YEARS	3 YEARS
CULTURAL BACKGROUND	DECLINED TO DISCLOSE
FOREIGN LANGUAGE PROFICIENCY	DECLINED TO DISCLOSE
GENDER	FEMALE



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