

MEDICAL BOARD OF CALIFORNIA

LICENSING DETAILS FOR: G 50897

NAME: SHELTON-PRYOR, RUTH E

LICENSE TYPE: PHYSICIAN AND SURGEON G

PRIMARY STATUS: DELINQUENT - LICENSE RENEWAL FEE HAS NOT BEEN PAID. NO PRACTICE IS PERMITTED.

SCHOOL NAME: UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE

GRADUATION YEAR: 1982

ADDRESS OF RECORD (REQUIRED)

209 SUNFISH CT
VALLEJO CA 94591-7121
SOLANO COUNTY

ISSUANCE DATE

AUGUST 1, 1983

EXPIRATION DATE

SEPTEMBER 30, 2018

CURRENT DATE / TIME

SEPTEMBER 16, 2019
11:09:45 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	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