

## MEDICAL BOARD OF CALIFORNIA LICENSING DETAILS FOR: A 137697

**NAME:** SCHIVONE, GILLIAN BRIT  
**LICENSE TYPE:** PHYSICIAN AND SURGEON A  
**PRIMARY STATUS:** LICENSE RENEWED & CURRENT  
**SCHOOL NAME:** UNIVERSITY OF MINNESOTA MEDICAL SCHOOL  
**GRADUATION YEAR:** 2011  
**PREVIOUS NAMES:** SCHIVONE, GILLIAN  
**ADDRESS OF RECORD (REQUIRED)**  
4901 FOREST PARK AVE  
MS 8064-37-1005  
SAINT LOUIS MO 63108-1495  
SAINT LOUIS CITY (CITY) COUNTY

**ISSUANCE DATE**

JULY 31, 2015

**EXPIRATION DATE**

MARCH 31, 2021

**CURRENT DATE / TIME**SEPTEMBER 29, 2019  
6:37:27 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.

<b>ARE YOU RETIRED?</b>	NO
<b>ACTIVITIES IN MEDICINE</b>	OTHER - 1-9 HOURS TELEMEDICINE - NONE RESEARCH - NONE TEACHING - 10-19 HOURS ADMINISTRATION - 1-9 HOURS PATIENT CARE - 20-29 HOURS
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 63108 COUNTY - NOT IDENTIFIED
<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>	OBSTETRICS AND GYNECOLOGY - PRIMARY
<b>BOARD CERTIFICATIONS</b>	AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY - OBSTETRICS AND GYNECOLOGY
<b>POSTGRADUATE TRAINING YEARS</b>	6 YEARS
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	DECLINED TO DISCLOSE
<b>GENDER</b>	DECLINED TO DISCLOSE