## MEDICAL BOARD OF CALIFORNIA

LICENSING DETAILS FOR: A 152150

NAME: SCHNEIDER, ALLISON NAOMI

LICENSE TYPE: PHYSICIAN AND SURGEON A

**PRIMARY STATUS: LICENSE RENEWED & CURRENT** 

SCHOOL NAME: UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF

**MEDICINE** 

GRADUATION YEAR: 2016 ADDRESS OF RECORD

DEPT OF GRADUATE EDUCATION OBGYN 275 W MACARTHUR BLVD OAKLAND CA 94611-5641 ALAMEDA COUNTY **ISSUANCE DATE** 

OCTOBER 10, 2017

**EXPIRATION DATE** 

MAY 31, 2021

**CURRENT DATE / TIME** 

DECEMBER 10, 2019 6:25:00 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** OTHER - NONE **TELEMEDICINE - NONE TEACHING - 1-9 HOURS** PATIENT CARE - 40+ HOURS **ADMINISTRATION - 1-9 HOURS RESEARCH - 1-9 HOURS** PATIENT CARE PRACTICE ZIP - 94611 LOCATION **COUNTY - ALAMEDA** PATIENT CARE SECONDARY **NOT IDENTIFIED** PRACTICE LOCATION TELEMEDICINE PRACTICE **NOT IDENTIFIED** LOCATION **TELEMEDICINE SECONDARY NOT IDENTIFIED** PRACTICE LOCATION **CURRENT TRAINING STATUS** RESIDENCY **AREAS OF PRACTICE OBSTETRICS AND GYNECOLOGY - PRIMARY BOARD CERTIFICATIONS** NONE

POSTGRADUATE TRAINING 2 YEARS
YEARS

CULTURAL BACKGROUND DECLINED TO DISCLOSE

FOREIGN LANGUAGE SPANISH PROFICIENCY

**GENDER** FEMALE