

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: A 161337

**NAME:** JUNG, CHRISTINA

**LICENSE TYPE:** PHYSICIAN AND SURGEON A

**PRIMARY STATUS:** LICENSE RENEWED & CURRENT

**SCHOOL NAME:** ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIVERSITY

**GRADUATION YEAR:** 2015

**ADDRESS OF RECORD**

DAVID GEFLEN SCHOOL OF MEDICINE  
DEPT OF OB/GYN  
10833 LE CONTE AVE CHS 27139  
LOS ANGELES CA 90095  
LOS ANGELES COUNTY

**ISSUANCE DATE**

MARCH 18, 2019

**EXPIRATION DATE**

MARCH 31, 2021

**CURRENT DATE / TIME**

JANUARY 15, 2020  
11:38:56 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?** NOT IDENTIFIED

**ACTIVITIES IN MEDICINE** NO ACTIVITIES IDENTIFIED

|   |                                    |
|---|------------------------------------|
| <b>PATIENT CARE PRACTICE LOCATION</b>           | 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 IDENTIFIED                     |
| <b>AREAS OF PRACTICE</b>                        | NO AREAS OF PRACTICE IDENTIFIED    |
| <b>BOARD CERTIFICATIONS</b>                     | NO BOARD CERTIFICATIONS IDENTIFIED |
| <b>POSTGRADUATE TRAINING YEARS</b>              | NOT IDENTIFIED                     |
| <b>CULTURAL BACKGROUND</b>                      | DECLINED TO DISCLOSE               |
| <b>FOREIGN LANGUAGE PROFICIENCY</b>             | DECLINED TO DISCLOSE               |
| <b>GENDER</b>                                   | DECLINED TO DISCLOSE               |