



MEDICAL BOARD OF CALIFORNIA

LICENSING DETAILS FOR: A 66341

NAME: CURINGTON, JOHN GIBSON

LICENSE TYPE: PHYSICIAN AND SURGEON A

ISSUANCE DATE: AUGUST 21, 1998

PRIMARY STATUS: LICENSE RENEWED & CURRENT ⓘ

EXPIRATION DATE: FEBRUARY 28, 2022

SCHOOL NAME: UNIVERSITY OF CALIFORNIA, DAVIS SCHOOL OF MEDICINE

GRADUATION YEAR: 1997

CURRENT DATE/TIME: JANUARY 30, 2020
7:28:01 AM

ADDRESS OF RECORD

VASECTOMY CENTER OF FLORIDA
288 CRYSTAL GROVE BLVD
LUTZ FL 33548

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	PATIENT CARE - 40+ HOURS TELEMEDICINE - NONE RESEARCH - 1-9 HOURS TEACHING - 1-9 HOURS ADMINISTRATION - 10-19 HOURS OTHER - 1-9 HOURS
PATIENT CARE PRACTICE LOCATION	ZIP - 33548 COUNTY - NOT IDENTIFIED
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 - PRIMARY
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	DECLINED TO DISCLOSE



[Back To Top](#)

[Conditions Of Use](#)

[Privacy Policy](#) [Accessibility](#)

[Contact Us](#) [F.A.Q.](#)

[Disclaimer](#)

©2017 DEPARTMENT OF CONSUMER
AFFAIRS

