

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: G 86493

**NAME:** PAUL, MAUREEN ELIZABETH

**LICENSE TYPE:** PHYSICIAN AND SURGEON G

**PRIMARY STATUS:** LICENSE CANCELED

**SCHOOL NAME:** TUFTS UNIVERSITY SCHOOL OF MEDICINE

**GRADUATION YEAR:** 1979

**ADDRESS OF RECORD**

PLANNED PARENTHOOD OF NYC

26 BLEECKER STREET

NEW YORK NY 10012

NEW YORK COUNTY

**ISSUANCE DATE**

MAY 3, 2002

**EXPIRATION DATE**

N/A

**CURRENT DATE / TIME**

JANUARY 29, 2020  
11:27:45 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.

<b>ARE YOU RETIRED?</b>	NOT IDENTIFIED
<b>ACTIVITIES IN MEDICINE</b>	PATIENT CARE - 10-19 HOURS ADMINISTRATION - 10-19 HOURS RESEARCH - 1-9 HOURS OTHER - 1-9 HOURS TEACHING - 1-9 HOURS
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 10012 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 PREVENTIVE MEDICINE - OCCUPATIONAL MEDICINE
<b>POSTGRADUATE TRAINING YEARS</b>	8 YEARS
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	DECLINED TO DISCLOSE
<b>GENDER</b>	FEMALE