

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: A 121107

**NAME:** CONNOLLY, SHANNON Y.

**LICENSE TYPE:** PHYSICIAN AND SURGEON A

**PRIMARY STATUS:** LICENSE RENEWED & CURRENT

**SCHOOL NAME:** UNIVERSITY OF SOUTHERN CALIFORNIA KECK SCHOOL OF MEDICINE

**GRADUATION YEAR:** 2010

**ADDRESS OF RECORD**

700 S TUSTIN ST  
ORANGE CA 92866-3425  
ORANGE COUNTY

**ISSUANCE DATE**

APRIL 27, 2012

**EXPIRATION DATE**

APRIL 30, 2020

**CURRENT DATE / TIME**

JANUARY 3, 2020  
9:05:02 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>	TELEMEDICINE - NONE ADMINISTRATION - 20-29 HOURS PATIENT CARE - 20-29 HOURS TEACHING - NONE OTHER - NONE RESEARCH - NONE
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 92683 COUNTY - ORANGE
<b>PATIENT CARE SECONDARY PRACTICE LOCATION</b>	ZIP - 92805 COUNTY - ORANGE
<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>	FAMILY MEDICINE - PRIMARY
<b>BOARD CERTIFICATIONS</b>	AMERICAN BOARD OF FAMILY MEDICINE - FAMILY 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