

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: A 161378

**NAME:** FRAZIN, STEPHANIE RAND

**LICENSE TYPE:** PHYSICIAN AND SURGEON A

**PRIMARY STATUS:** LICENSE RENEWED & CURRENT

**SCHOOL NAME:** SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY

**GRADUATION YEAR:** 2015

**ADDRESS OF RECORD**

614 N PAULINA ST  
CHICAGO IL 60622-6062

**ISSUANCE DATE**

MARCH 18, 2019

**EXPIRATION DATE**

MARCH 31, 2021

**CURRENT DATE / TIME**

JANUARY 3, 2020  
12:38:38 PM

## 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

**PATIENT CARE PRACTICE LOCATION** 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