

MEDICAL BOARD OF CALIFORNIA LICENSING DETAILS FOR: G 66149

NAME: WATSON, EDWARD RAY
LICENSE TYPE: PHYSICIAN AND SURGEON G
PRIMARY STATUS: LICENSE RENEWED & CURRENT
FEE EXEMPTION: RETIRED
SCHOOL NAME: UNIVERSITY OF OKLAHOMA COLLEGE OF
MEDICINE
GRADUATION YEAR: 1978
ADDRESS OF RECORD
5640 E MESQUITE LN
PHOENIX AZ 85018-2011
MARICOPA COUNTY

ISSUANCE DATE

JUNE 26, 1989

EXPIRATION DATE

FEBRUARY 28, 2021

CURRENT DATE / TIMEFEBRUARY 17, 2020
5:19:55 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?	YES
ACTIVITIES IN MEDICINE	OTHER - NONE TELEMEDICINE - NONE RESEARCH - NONE ADMINISTRATION - NONE PATIENT CARE - NONE TEACHING - NONE
PATIENT CARE PRACTICE LOCATION	ZIP - 85018 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	OBSTETRICS AND GYNECOLOGY - PRIMARY
BOARD CERTIFICATIONS	AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY - OBSTETRICS AND GYNECOLOGY
POSTGRADUATE TRAINING YEARS	NOT IDENTIFIED
CULTURAL BACKGROUND	WHITE
FOREIGN LANGUAGE PROFICIENCY	SPANISH
GENDER	MALE