

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: G 58419

**NAME:** LONG, JAMES M  
**LICENSE TYPE:** PHYSICIAN AND SURGEON G  
**PRIMARY STATUS:** DELINQUENT - LICENSE RENEWAL FEE HAS NOT BEEN PAID. NO PRACTICE IS PERMITTED.  
**FEE EXEMPTION:** RETIRED  
**SCHOOL NAME:** EASTERN VIRGINIA MEDICAL SCHOOL  
**GRADUATION YEAR:** 1985  
**ADDRESS OF RECORD**  
PO BOX 90072  
SAN DIEGO CA 92169-2072  
SAN DIEGO COUNTY

**ISSUANCE DATE**  
AUGUST 25, 1986  
**EXPIRATION DATE**  
JANUARY 31, 2018  
**CURRENT DATE / TIME**  
MARCH 6, 2020  
6:34:12 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.

|  |                                    |
|--|------------------------------------|
| ARE YOU RETIRED?                         | YES                                |
| ACTIVITIES IN MEDICINE                   | NO ACTIVITIES IDENTIFIED           |
| PATIENT CARE PRACTICE LOCATION           | NOT IDENTIFIED                     |
| PATIENT CARE SECONDARY PRACTICE LOCATION | NOT IDENTIFIED                     |
| TELEMEDICINE PRACTICE LOCATION           | NOT IDENTIFIED                     |
| TELEMEDICINE SECONDARY PRACTICE LOCATION | NOT IDENTIFIED                     |
| CURRENT TRAINING STATUS                  | NOT IDENTIFIED                     |
| AREAS OF PRACTICE                        | NO AREAS OF PRACTICE IDENTIFIED    |
| BOARD CERTIFICATIONS                     | NO BOARD CERTIFICATIONS IDENTIFIED |

|                              |                      |
|------------------------------|----------------------|
| POSTGRADUATE TRAINING YEARS  | NOT IDENTIFIED       |
| CULTURAL BACKGROUND          | DECLINED TO DISCLOSE |
| FOREIGN LANGUAGE PROFICIENCY | DECLINED TO DISCLOSE |
| GENDER                       | DECLINED TO DISCLOSE |