

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: A 111903

**NAME:** PRICE, JORDANA WEIL

**LICENSE TYPE:** PHYSICIAN AND SURGEON A

**PRIMARY STATUS:** LICENSE CANCELED

**ISSUANCE DATE**

APRIL 7, 2010

**EXPIRATION DATE**

N/A

**CURRENT DATE / TIME**

MARCH 13, 2020  
12:00:25 PM

LICENSE HAS BEEN VOLUNTARILY CANCELED, OR THE LICENSE HAS BEEN EXPIRED FOR AT LEAST FIVE YEARS AND HAS NOT BEEN RENEWED. NO PRACTICE IS PERMITTED.

**SCHOOL NAME:** TEMPLE UNIVERSITY SCHOOL OF MEDICINE

**GRADUATION YEAR:** 2008

**ADDRESS OF RECORD**

PO BOX 351394  
LOS ANGELES CA 90035  
LOS ANGELES COUNTY

## 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>	ADMINISTRATION - 1-9 HOURS OTHER - 1-9 HOURS PATIENT CARE - 30-39 HOURS RESEARCH - 1-9 HOURS TEACHING - 1-9 HOURS
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 90038 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>	FAMILY MEDICINE - PRIMARY
<b>BOARD CERTIFICATIONS</b>	NO BOARD CERTIFICATIONS IDENTIFIED
<b>POSTGRADUATE TRAINING YEARS</b>	3 YEARS
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	SPANISH
<b>GENDER</b>	FEMALE