

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: A 28653

**NAME:** KENNEALLY, LEO F

**LICENSE TYPE:** PHYSICIAN AND SURGEON A

**PRIMARY STATUS:** LICENSE CANCELED

**ISSUANCE DATE**

MARCH 21, 1975

**EXPIRATION DATE**

N/A

**CURRENT DATE / TIME**

MARCH 26, 2020  
8:44:28 AM

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.

**SECONDARY STATUS:** PROBATION COMPLETED

**SCHOOL NAME:** UNIVERSITY OF CALIFORNIA, IRVINE COLLEGE OF MEDICINE

**GRADUATION YEAR:** 1962

**ADDRESS OF RECORD**

2700 S FIGUEROA STREET  
LOS ANGELES CA 90007  
LOS ANGELES COUNTY

## PUBLIC RECORD ACTIONS

### › ADMINISTRATIVE DISCIPLINARY ACTIONS (1)

**DESCRIPTION:** The Medical Board's public disclosure screens are updated periodically as new information becomes available. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of public documents at a minimal charge.

- **CASE NUMBER:** 06 1978600402
- **DESCRIPTION:** PROBATION COMPLETED.
- **EFFECTIVE DATE:** JUNE 17, 1985

- › 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

## 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 - 10-19 HOURS PATIENT CARE - 1-9 HOURS
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 90007 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>	OTHER - NOT LISTED - PRIMARY
<b>BOARD CERTIFICATIONS</b>	NO BOARD CERTIFICATIONS IDENTIFIED
<b>POSTGRADUATE TRAINING YEARS</b>	2 YEARS
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	DECLINED TO DISCLOSE
<b>GENDER</b>	DECLINED TO DISCLOSE