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# Application Summary

1/7/20 3:53 PM

Page 1 of 3

License Type:

Physician and Surgeon G

License Number:

59541

File Number:

67303

Application:

Physician's and Surgeon's Renewal

Application Number:

14722853

Application Date:

01/07/2020 (mm/dd/yyyy)

### **Application Questions**

Have you served or are you currently serving

in the military?



### Personal Detail

First Name:

THOMAS

Middle Name:

**PATRICK** 

Last Name:

MORAN

Birthdate:

\*\*/\*\*/\*\*\*

Gender:

#### Addresses

License Related Addresses Address of Record

Warning:

In order to protect your privacy and identity,

address will not be displayed.

### Confidential Address

Warning:

In order to protect your privacy and identity, address will not be displayed.

### Questions

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A. and its territories, military court or a foreign country?

Have you successfully completed, and can document, the mandatory courses and hours of CME within the last two years, or you meet the conditions which would exempt you from all or part of the CME requirements, or you hold a permanent CME waiver?





1/7/20 3:53 PM Page 2 of 3

I certify under penalty of perjury, under the laws of California, that I have disclosed the names of those health-related facilities in which I or my family have a financial interest OR I declare under penalty of perjury I have no financial interests to disclose.



Family Physician Training Program Voluntary Fee

Would you like to contribute?

**Attachments** 

Physician Survey

Are you retired?

Activities in Medicine Administration - 1-9 Hours

Other - None

No

Patient Care - 40+ Hours

Research - None

Teaching - 1-9 Hours

Telemedicine - None

Patient Care Practice Location Zip: 92101 County: SAN DIEGO

Telemedicine Practice Location Zip: County:

Patient Care Secondary Practice Location Zip: County:

Telemedicine Secondary Practice Location Zip: County:

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 4 Years

Cultural Background

Web Site Profile Cultural Background - No

Foreign Language Proficiency - No

Gender - No

E-mail:

Fees

Biennial Renewal Fee \$783.00

DUE TO CURES FUND \$12.00

StephenM.ThompsonLRP \$25.00

Total Amount Due: \$820.00

Applications are not considered submitted for processing until payment is re-	ceived.
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I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations provided, including supplementary attached hereto, are true, complete and accurate.

Signature:

Date:

# **Application Summary**

2/14/18 9:27 AM

Page 1 of 3

License Type:

Physician and Surgeon G

License Number:

59541

File Number:

67303

Application:

Physician's and Surgeon's Renewal

Application Number:

14499089

Application Date:

02/14/2018 (mm/dd/yyyy)

**Application Questions** 

Have you served or are you currently serving

Yes

in the military?

Personal Detail

THOMAS

Middle Name:

First Name:

PATRICK

Last Name:

MORAN

Birthdate:

\*\*/\*\*/\*\*\*

Gender:

Male

Addresses

License Related Addresses

Address of Record (Required)

Warning:

In order to protect your privacy and identity,

address will not be displayed.

**Confidential Address** 

Warning:

In order to protect your privacy and identity,

address will not be displayed.

License Attributes Selected

Secondary Status

Military

### Questions

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A. and its territories, military court or a foreign country?



Have you successfully completed, and can document, the mandatory courses and hours of CME within the last two years, or you meet the conditions which would exempt you from all or part of the CME requirements, or you hold a permanent CME waiver?



I certify under penalty of perjury, under the laws of California, that I have disclosed the names of those health-related facilities in which I or my family have a financial interest OR I declare under penalty of perjury I have no financial interests to disclose.



# Family Physician Training Program Voluntary Fee

Would you like to contribute?

Patient Care Practice Location

Telemedicine Practice Location

Patient Care Secondary Practice Location

Telemedicine Secondary Practice Location

#### Attachments

## Physician Survey

Areas of Practice

Board Certifications -

Cultural Background

Web Site Profile

Postgraduate Training Years

Foreign Language Proficiency

Activities in Medicine

Administration - 1-9 Hours

Patient Care - 30-39 Hours

Research - None

Teaching - 1-9 Hours

Telemedicine - None

Zip: 92101 County: SAN DIEGO

Zip: County:

Zip: 92123 County: SAN DIEGO

Zip: County:

Obstetrics and Gynecology - Primary

American Board of Obstetrics and Gynecology - Obstetrics and Gynecology

4 Years

Cultural Background - No

Foreign Language Proficiency - No

Gender - Yes

E-mail:

Fees

Biennial Renewal Fee

DUE TO CURES FUND

\$783.00

\$12.00



StephenM.ThompsonLRP

\$25.00

Total Amount Due:

\$820.00

Applications are not considered submitted for processing until payment is received.

# Attestation

I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations provided, including supplementary attached hereto, are true, complete and accurate.

Signature:

Date:

# **Application Summary**

3/3/16 7:28 AM Page 1 of 3

License Type: Physician and Surgeon G

License Number: 59541

File Number: 67303

Application: Physician's and Surgeon's Renewal

Application Number: 14275290

Application Date: 03/03/2016 (mm/dd/yyyy)

**Application Questions** 

Have you served or are you currently serving Y

in the military?

**Personal Detail** 

First Name: THOMAS

Middle Name: PATRICK

Last Name: MORAN

Birthdate: \*\*/\*\*/\*\*\*\*

Gender: Male

Addresses

License Related Addresses

Address of Record (Required)

Warning: In order to protect your privacy and identity,

address will not be displayed.

Confidential Address

Warning: In order to protect your privacy and identity,

address will not be displayed.

**License Attributes Selected** 

Secondary Status Military

Questions

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A. and its territories, military court or a foreign country?



3/3/16 7:28 AM

Have you successfully completed, and can document, the mandatory courses and hours of CME within the last two years, or you meet the conditions which would exempt you from all or part of the CME requirements, or you hold a permanent CME waiver?

I certify under penalty of perjury, under the laws of California, that I have disclosed the names of those health-related facilities in which I or my family have a financial interest OR I declare under penalty of perjury I have no financial interests to disclose.

# Family Physician Training Program Voluntary Fee Voluntary Fee:

### Attachments

### Physician Survey

Are you retired?

Activities in Medicine

Patient Care Practice Location

Telemedicine Practice Location

Patient Care Secondary Practice Location

Telemedicine Secondary Practice Location

Current Training Status

Areas of Practice

**Board Certifications** 

Postgraduate Training Years

Cultural Background

Foreign Language Proficiency

Web Site Profile

E-mail:

No

Administration - 1-9 Hours

Patient Care - 30-39 Hours

Research - 1-9 Hours

Teaching - 1-9 Hours

Telemedicine - None

Zip: 92101 County: SAN DIEGO

Zip:

County:

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County:

Not in Training

Obstetrics and Gynecology - Secondary

American Board of Obstetrics and Gynecology - Obstetrics and Gynecology

4 Years



Cultural Background - No

Foreign Language Proficiency - No

Gender - Yes



Fees Biennial Renewal Fee	\$783.00	
DUE TO CURES FUND	\$12.00	
Steven M. Thompson Physician Corps Loan Repayment Program	\$25.00	
Total Amount Due:	\$820.00	

Applications are not considered submitted for processing until payment is received.

## Attestation

I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations provided, including supplementary attached hereto, are true, complete and accurate.

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Date: