

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: A 20549

**NAME:** BARKE, MORTON WAYNE

**LICENSE TYPE:** PHYSICIAN AND SURGEON A

**PRIMARY STATUS:** LICENSE RENEWED & CURRENT

**SECONDARY STATUS:** PROBATION COMPLETED

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

**GRADUATION YEAR:** 1962

**ADDRESS OF RECORD**

13347 A WASHINGTON BLVD  
CULVER CITY CA 90066  
LOS ANGELES COUNTY

**ISSUANCE DATE**

JULY 1, 1963

**EXPIRATION DATE**

JANUARY 31, 2021

**CURRENT DATE / TIME**

MARCH 19, 2020  
9:37:58 AM

## 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:** 05 1976500330
- **DESCRIPTION:** PROBATION COMPLETED.
- **EFFECTIVE DATE:** OCTOBER 16, 1980

- › 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

› DECISION (2)

**DOCUMENT:** DECISION **DATE:** OCTOBER 16, 1978 **PAGES:** 21

**DOCUMENT:** DECISION **DATE:** MARCH 27, 1974 **PAGES:** 5

# 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>	PATIENT CARE - 10-19 HOURS ADMINISTRATION - 1-9 HOURS
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 90094 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>	GENERAL PRACTICE - PRIMARY OBSTETRICS AND GYNECOLOGY - SECONDARY
<b>BOARD CERTIFICATIONS</b>	NO BOARD CERTIFICATIONS IDENTIFIED
<b>POSTGRADUATE TRAINING YEARS</b>	4 YEARS
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	DECLINED TO DISCLOSE
<b>GENDER</b>	DECLINED TO DISCLOSE