

MEDICAL BOARD OF CALIFORNIA LICENSING DETAILS FOR: A 133594

NAME: SHAKIR, JAMILAH MALAK

LICENSE TYPE: PHYSICIAN AND SURGEON A

PRIMARY STATUS: DELINQUENT - LICENSE RENEWAL FEE HAS NOT BEEN PAID. NO PRACTICE IS PERMITTED.

SCHOOL NAME: GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE

GRADUATION YEAR: 2008

ADDRESS OF RECORD

5920 CLAY ST NE

WASHINGTON DC 20019-6861

DISTRICT OF COLUMBIA COUNTY

ISSUANCE DATE

DECEMBER 4, 2014

EXPIRATION DATE

JULY 31, 2016

CURRENT DATE / TIME

MARCH 8, 2020
12:27:16 PM

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.

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| ARE YOU RETIRED? | NOT IDENTIFIED |
| 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 |