## MEDICAL BOARD OF CALIFORNIA LICENSING DETAILS FOR: A 124503

NAME: ALTSHULER, ANNA LEA

LICENSE TYPE: PHYSICIAN AND SURGEON A

**PRIMARY STATUS: LICENSE RENEWED & CURRENT** 

SCHOOL NAME: UNIVERSITY OF CALIFORNIA, IRVINE COLLEGE OF MEDICINE

**GRADUATION YEAR: 2009 ADDRESS OF RECORD** 

1580 VALENCIA ST STE 508 CPMC ST. LUKE'S WOMEN'S CENTER SAN FRANCISCO CA 94110-4415 SAN FRANCISCO COUNTY

**ISSUANCE DATE** 

**FEBRUARY 8. 2013** 

**EXPIRATION DATE** 

FEBRUARY 28, 2021

**CURRENT DATE / TIME** 

APRII 29, 2020 4:47:31 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.

ARE YOU RETIRED? NO

**ACTIVITIES IN MEDICINE** TEACHING - 1-9 HOURS

**RESEARCH - 1-9 HOURS** 

ADMINISTRATION - 10-19 HOURS PATIENT CARE - 30-39 HOURS

**TELEMEDICINE - NONE** 

OTHER - NONE

PATIENT CARE PRACTICE

**LOCATION** 

ZIP - 94110

**COUNTY - SAN FRANCISCO** 

PATIENT CARE SECONDARY

PRACTICE LOCATION

**NOT IDENTIFIED** 

TELEMEDICINE PRACTICE

**LOCATION** 

**NOT IDENTIFIED** 

TELEMEDICINE SECONDARY

PRACTICE LOCATION

**NOT IDENTIFIED** 

**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** 

6 YEARS

CULTURAL BACKGROUND DECLINED TO DISCLOSE

**FOREIGN LANGUAGE** 

**PROFICIENCY** 

SPANISH RUSSIAN

**GENDER** FEMALE