

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: C 55562

**NAME:** CANSINO, CATHERINE DIANE

**LICENSE TYPE:** PHYSICIAN AND SURGEON C

**PRIMARY STATUS:** LICENSE RENEWED & CURRENT

**SCHOOL NAME:** MEDICAL COLLEGE OF OHIO

**GRADUATION YEAR:** 2002

**ADDRESS OF RECORD**

DEPT OF OB/GYN UC DAVIS

4860 Y ST # 2500

SACRAMENTO CA 95817-2307

SACRAMENTO COUNTY

**ISSUANCE DATE**

OCTOBER 17, 2012

**EXPIRATION DATE**

JANUARY 31, 2022

**CURRENT DATE / TIME**

APRIL 29, 2020

4:59:58 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.

<b>ARE YOU RETIRED?</b>	NO
<b>ACTIVITIES IN MEDICINE</b>	ADMINISTRATION - 1-9 HOURS RESEARCH - 1-9 HOURS OTHER - NONE PATIENT CARE - 30-39 HOURS TELEMEDICINE - NONE TEACHING - 1-9 HOURS
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 95817 COUNTY - SACRAMENTO
<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>	OBSTETRICS AND GYNECOLOGY - PRIMARY
<b>BOARD CERTIFICATIONS</b>	AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY - OBSTETRICS AND GYNECOLOGY
<b>POSTGRADUATE TRAINING YEARS</b>	6 YEARS
<b>CULTURAL BACKGROUND</b>	FILIPINO
<b>FOREIGN LANGUAGE PROFICIENCY</b>	TAGALOG
<b>GENDER</b>	FEMALE