

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: A 155408

**NAME:** PATEL, JASMINE DEVENDRA

**LICENSE TYPE:** PHYSICIAN AND SURGEON A

**PRIMARY STATUS:** LICENSE RENEWED & CURRENT

**SCHOOL NAME:** STATE UNIVERSITY OF NEW YORK HEALTH SCIENCE CENTER AT BROOKLYN

**GRADUATION YEAR:** 2014

**ADDRESS OF RECORD**

2020 ZONAL AVE  
ROOM 220  
CALIFORNIA  
LOS ANGELES CA 90089-0121  
LOS ANGELES COUNTY

**ISSUANCE DATE**

APRIL 16, 2018

**EXPIRATION DATE**

JUNE 30, 2021

**CURRENT DATE / TIME**

APRIL 10, 2020  
8:34:47 AM

## 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>	PATIENT CARE - 20-29 HOURS TEACHING - 1-9 HOURS ADMINISTRATION - 1-9 HOURS RESEARCH - 20-29 HOURS TELEMEDICINE - NONE
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 90033 COUNTY - LOS ANGELES
<b>PATIENT CARE SECONDARY PRACTICE LOCATION</b>	ZIP - 90033 COUNTY - LOS ANGELES
<b>TELEMEDICINE PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>TELEMEDICINE SECONDARY PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>CURRENT TRAINING STATUS</b>	FELLOW
<b>AREAS OF PRACTICE</b>	OBSTETRICS AND GYNECOLOGY - PRIMARY
<b>BOARD CERTIFICATIONS</b>	NO BOARD CERTIFICATIONS IDENTIFIED
<b>POSTGRADUATE TRAINING YEARS</b>	5 YEARS
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	DECLINED TO DISCLOSE
<b>GENDER</b>	DECLINED TO DISCLOSE