# MEDICAL BOARD OF CALIFORNIA LICENSING DETAILS FOR: G 82282

NAME: GOODMAN, SUZAN R

LICENSE TYPE: PHYSICIAN AND SURGEON G

**PRIMARY STATUS: LICENSE RENEWED & CURRENT** 

SCHOOL NAME: STANFORD UNIVERSITY SCHOOL OF MEDICINE

GRADUATION YEAR: 1993 ADDRESS OF RECORD 1300 BROADWAY STE 1100 OAKLAND CA 94612-2501 ALAMEDA COUNTY

#### **ISSUANCE DATE**

APRIL 24, 1996

#### **EXPIRATION DATE**

FEBRUARY 28, 2022

**CURRENT DATE / TIME** 

APRIL 25, 2020 9:03:12 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.

**ARE YOU RETIRED?** NO

**ACTIVITIES IN MEDICINE** PATIENT CARE - 20-29 HOURS

**RESEARCH - 1-9 HOURS** 

**ADMINISTRATION - 1-9 HOURS TEACHING - 10-19 HOURS TELEMEDICINE - NONE** OTHER - 1-9 HOURS

PATIENT CARE PRACTICE

**LOCATION** 

ZIP - 94038

**COUNTY - SAN MATEO** 

PATIENT CARE SECONDARY

**PRACTICE LOCATION** 

ZIP - 94596

**COUNTY - CONTRA COSTA** 

TELEMEDICINE PRACTICE

**LOCATION** 

**NOT IDENTIFIED** 

TELEMEDICINE SECONDARY NOT IDENTIFIED

PRACTICE LOCATION

**CURRENT TRAINING STATUS** NOT IN TRAINING

**AREAS OF PRACTICE EMERGENCY MEDICINE - SECONDARY** 

**OBSTETRICS AND GYNECOLOGY -**

**PRIMARY** 

**BOARD CERTIFICATIONS** AMERICAN BOARD OF FAMILY MEDICINE -

**FAMILY MEDICINE** 

POSTGRADUATE TRAINING

**YEARS** 

**NOT IDENTIFIED** 

**CULTURAL BACKGROUND DECLINED TO DISCLOSE** 

**FOREIGN LANGUAGE** 

**PROFICIENCY** 

**SPANISH** 

**GENDER FEMALE**