

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: G 42637

**NAME:** SIEGFRIED, VIRGINIA ANN

**LICENSE TYPE:** PHYSICIAN AND SURGEON G

**PRIMARY STATUS:** LICENSE RENEWED & CURRENT

**SCHOOL NAME:** COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS

**GRADUATION YEAR:** 1979

**ADDRESS OF RECORD**

1416  
FOOTHILL RD  
OJAI CA 93023  
VENTURA COUNTY

**ISSUANCE DATE**

JULY 21, 1980

**EXPIRATION DATE**

SEPTEMBER 30, 2021

**CURRENT DATE / TIME**

APRIL 24, 2020  
1:11:32 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**

TELEMEDICINE - NONE  
TEACHING - 1-9 HOURS  
PATIENT CARE - 10-19 HOURS  
OTHER - NONE  
RESEARCH - NONE  
ADMINISTRATION - 10-19 HOURS

<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 93101 COUNTY - SANTA BARBARA
<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>	4 YEARS
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	DECLINED TO DISCLOSE
<b>GENDER</b>	DECLINED TO DISCLOSE