

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: A 104973

**NAME:** SHIH, GRACE HONG

**LICENSE TYPE:** PHYSICIAN AND SURGEON A

**PRIMARY STATUS:** LICENSE CANCELED

**SCHOOL NAME:** UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE

**GRADUATION YEAR:** 2003

**ADDRESS OF RECORD**

BLDG 83

995 POTRERO AVE

SAN FRANCISCO CA 94110

SAN FRANCISCO COUNTY

**ISSUANCE DATE**

JULY 24, 2008

**EXPIRATION DATE**

N/A

**CURRENT DATE / TIME**

JULY 29, 2020  
11:19:33 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>	NOT IDENTIFIED
<b>ACTIVITIES IN MEDICINE</b>	PATIENT CARE - 10-19 HOURS TEACHING - 10-19 HOURS ADMINISTRATION - 1-9 HOURS RESEARCH - 10-19 HOURS
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 94110 COUNTY - NOT IDENTIFIED
<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>	FAMILY MEDICINE - PRIMARY OBSTETRICS AND GYNECOLOGY - SECONDARY
<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>	SPANISH
<b>GENDER</b>	FEMALE