# MEDICAL BOARD OF CALIFORNIA

LICENSING DETAILS FOR: A 121045

NAME: THARAYIL, MITHU MARY

LICENSE TYPE: PHYSICIAN AND SURGEON A

PRIMARY STATUS: LICENSE RENEWED & CURRENT

SCHOOL NAME: TULANE UNIVERSITY SCHOOL OF MEDICINE

GRADUATION YEAR: 2010 ADDRESS OF RECORD

DALY CITY YOUTH HEALTH CENTER 350 90TH ST FL 3 DALY CITY CA 94015 SAN MATEO COUNTY

#### **ISSUANCE DATE**

APRIL 20, 2012

**EXPIRATION DATE** 

OCTOBER 31, 2021

**CURRENT DATE / TIME** 

JULY 14, 2020 2:08:21 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 ADMINISTRATION - 10-19 HOURS

RESEARCH - NONE OTHER - NONE

PATIENT CARE - 20-29 HOURS TELEMEDICINE - 1-9 HOURS

**TEACHING - NONE** 

PATIENT CARE PRACTICE

**LOCATION** 

ZIP - 94015

**COUNTY - SAN MATEO** 

PATIENT CARE SECONDARY

PRACTICE LOCATION

ZIP - 94062

**COUNTY - SAN MATEO** 

TELEMEDICINE PRACTICE

LOCATION

ZIP - 94015

**COUNTY - SAN MATEO** 

TELEMEDICINE SECONDARY

PRACTICE LOCATION

ZIP - 94062

**COUNTY - SAN MATEO** 

**CURRENT TRAINING STATUS** 

**NOT IN TRAINING** 

**AREAS OF PRACTICE** 

FAMILY MEDICINE - SECONDARY

**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