

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: A 150575

**NAME:** BOURNE, CHRISTINA MARIE

**LICENSE TYPE:** PHYSICIAN AND SURGEON A

**PRIMARY STATUS:** LICENSE RENEWED & CURRENT

**SCHOOL NAME:** UNIVERSITY OF KANSAS SCHOOL OF MEDICINE

**GRADUATION YEAR:** 2016

**PREVIOUS NAMES:** BOURNE, CHRISTINA M

**ADDRESS OF RECORD**

FAMILY MEDICINE

4860 Y ST

SACRAMENTO CA 95817-2307

SACRAMENTO COUNTY

**ISSUANCE DATE**

JULY 25, 2017

**EXPIRATION DATE**

MAY 31, 2021

**CURRENT DATE / TIME**

JANUARY 29, 2021

9:11:51 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>	TELEMEDICINE - NONE ADMINISTRATION - 20-29 HOURS OTHER - 1-9 HOURS RESEARCH - 1-9 HOURS PATIENT CARE - 40+ HOURS TEACHING - 1-9 HOURS
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 95817 COUNTY - SACRAMENTO
<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>	RESIDENCY
<b>AREAS OF PRACTICE</b>	PSYCHIATRY - SECONDARY FAMILY MEDICINE - PRIMARY
<b>BOARD CERTIFICATIONS</b>	NONE
<b>POSTGRADUATE TRAINING YEARS</b>	3 YEARS
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	DECLINED TO DISCLOSE
<b>GENDER</b>	DECLINED TO DISCLOSE