DCA - Search Details Page 1 of 2

MEDICAL BOARD OF CALIFORNIA LICENSING DETAILS FOR: A 139653

NAME: REID, JESSICA ALLYN

LICENSE TYPE: PHYSICIAN AND SURGEON A
PRIMARY STATUS: LICENSE RENEWED & CURRENT

SCHOOL NAME: UNIVERSITY OF SOUTHERN CALIFORNIA KECK

SCHOOL OF MEDICINE
GRADUATION YEAR: 2014
ADDRESS OF RECORD

L466 3181 SW SAM JACKSON PARK RD PORTLAND OR 97239-3011 MULTNOMAH COUNTY **ISSUANCE DATE** 

**DECEMBER 8, 2015** 

**EXPIRATION DATE** 

**DECEMBER 31, 2021** 

**CURRENT DATE / TIME** 

FEBRUARY 15, 2021

4:09:47 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)

DCA - Search Details Page 2 of 2

## **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** 

> PATIENT CARE - 30-39 HOURS **TEACHING - 1-9 HOURS**

**RESEARCH - 1-9 HOURS** 

OTHER - NONE

**ADMINISTRATION - 1-9 HOURS** 

PATIENT CARE PRACTICE ZIP - 97239

LOCATION **COUNTY - NOT IDENTIFIED** 

**PATIENT CARE NOT IDENTIFIED** 

**SECONDARY PRACTICE LOCATION** 

**TELEMEDICINE PRACTICE NOT IDENTIFIED** 

**TELEMEDICINE NOT IDENTIFIED** 

SECONDARY PRACTICE

**LOCATION** 

**LOCATION** 

**CURRENT TRAINING** 

**STATUS** 

**AREAS OF PRACTICE OBSTETRICS AND GYNECOLOGY -**

**PRIMARY** 

**FELLOW** 

**BOARD CERTIFICATIONS** NONE

POSTGRADUATE TRAINING

**YEARS** 

5 YEARS

**CULTURAL BACKGROUND DECLINED TO DISCLOSE** 

**FOREIGN LANGUAGE** 

**PROFICIENCY** 

**DECLINED TO DISCLOSE** 

**GENDER FEMALE**