

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: G 72643

**NAME:** HASTINGS, JENNIFER LYNNE  
**LICENSE TYPE:** PHYSICIAN AND SURGEON G  
**PRIMARY STATUS:** LICENSE RENEWED & CURRENT  
**SCHOOL NAME:** UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE  
**GRADUATION YEAR:** 1990  
**ADDRESS OF RECORD**  
716 OCEAN STREET STE 200  
SANTA CRUZ CA 95060  
SANTA CRUZ COUNTY

### ISSUANCE DATE

OCTOBER 8, 1991

### EXPIRATION DATE

SEPTEMBER 30, 2021

### CURRENT DATE / TIME

JUNE 23, 2021  
10:46:36 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>	TEACHING - 1-9 HOURS ADMINISTRATION - 20-29 HOURS PATIENT CARE - 10-19 HOURS
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 95060 COUNTY - SANTA CRUZ
<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>	OTHER - NOT LISTED - PRIMARY FAMILY MEDICINE - SECONDARY
<b>BOARD CERTIFICATIONS</b>	AMERICAN BOARD OF FAMILY MEDICINE - FAMILY MEDICINE
<b>POSTGRADUATE TRAINING YEARS</b>	3 YEARS
<b>CULTURAL BACKGROUND</b>	WHITE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	SPANISH
<b>GENDER</b>	DECLINED TO DISCLOSE