# MEDICAL BOARD OF CALIFORNIA

LICENSING DETAILS FOR: A 95290

NAME: STUART, GRETCHEN SAUER

LICENSE TYPE: PHYSICIAN AND SURGEON A

**PRIMARY STATUS: LICENSE RENEWED & CURRENT** 

**SECONDARY STATUS: INACTIVE** 

SCHOOL NAME: TULANE UNIVERSITY SCHOOL OF MEDICINE

GRADUATION YEAR: 1994 ADDRESS OF RECORD 100 CROSS CREEK DR CHAPEL HILL NC 27514-1497

**ORANGE COUNTY** 

#### **ISSUANCE DATE**

MAY 3, 2006

**EXPIRATION DATE** 

MAY 31, 2022

**CURRENT DATE / TIME** 

JANUARY 24, 2022 4:26:46 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.

**ARE YOU RETIRED?** NO

**ACTIVITIES IN MEDICINE TELEMEDICINE - NONE** 

OTHER - 1-9 HOURS

**ADMINISTRATION - 10-19 HOURS** 

**TEACHING - 1-9 HOURS** 

PATIENT CARE - 20-29 HOURS **RESEARCH - 1-9 HOURS** 

PATIENT CARE PRACTICE

**LOCATION** 

ZIP - 27599

**COUNTY - ORANGE** 

PATIENT CARE SECONDARY

PRACTICE LOCATION

**NOT IDENTIFIED** 

TELEMEDICINE PRACTICE

LOCATION

**NOT IDENTIFIED** 

**TELEMEDICINE SECONDARY** 

PRACTICE LOCATION

**NOT IDENTIFIED** 

**CURRENT TRAINING STATUS** 

**NOT IN TRAINING** 

**AREAS OF PRACTICE OBSTETRICS AND GYNECOLOGY - SECONDARY** 

**BOARD CERTIFICATIONS** AMERICAN BOARD OF OBSTETRICS AND

GYNECOLOGY - OBSTETRICS AND GYNECOLOGY

**POSTGRADUATE TRAINING** 

**YEARS** 

4 YEARS

**CULTURAL BACKGROUND DECLINED TO DISCLOSE** 

**FOREIGN LANGUAGE** 

**PROFICIENCY** 

**DECLINED TO DISCLOSE** 

**GENDER DECLINED TO DISCLOSE**