

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: A 31472

**NAME:** BLUE, BRENT ALAN  
**LICENSE TYPE:** PHYSICIAN AND SURGEON A  
**PRIMARY STATUS:** LICENSE RENEWED & CURRENT  
**SCHOOL NAME:** UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE  
**GRADUATION YEAR:** 1976  
**ADDRESS OF RECORD**  
PO BOX 15240  
JACKSON WY 83002-5240  
TETON COUNTY

**ISSUANCE DATE**

AUGUST 29, 1977

**EXPIRATION DATE**

JULY 31, 2024

**CURRENT DATE / TIME**JUNE 26, 2022  
10:37:03 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 - 10-19 HOURS PATIENT CARE - 20-29 HOURS ADMINISTRATION - 1-9 HOURS TEACHING - 1-9 HOURS RESEARCH - NONE
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 83001 COUNTY - NOT IDENTIFIED
<b>PATIENT CARE SECONDARY PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>TELEMEDICINE PRACTICE LOCATION</b>	ZIP - 83001 COUNTY - NOT IDENTIFIED
<b>TELEMEDICINE SECONDARY PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>CURRENT TRAINING STATUS</b>	NOT IN TRAINING
<b>AREAS OF PRACTICE</b>	FAMILY MEDICINE - PRIMARY EMERGENCY MEDICINE - SECONDARY AEROSPACE MEDICINE - SECONDARY
<b>BOARD CERTIFICATIONS</b>	AMERICAN BOARD OF FAMILY MEDICINE - FAMILY MEDICINE AMERICAN BOARD OF EMERGENCY MEDICINE - EMERGENCY MEDICINE
<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