


Application Summary

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License Type: **Physician and Surgeon A**
License Number: **77883**
File Number: **65841**
Application: **Physician's and Surgeon's Renewal**
Application Number: **14699407**
Application Date: **02/12/2020 (mm/dd/yyyy)**

Application Questions

Have you served or are you currently serving in the military? 

Personal Detail

First Name: **MICHELE**
Middle Name: **ALLEGRA**
Last Name: **GOMEZ**
Birthdate: ****/**/******
Gender: **Female**

Addresses

License Related Addresses


Address of Record

Warning: **In order to protect your privacy and identity, address will not be displayed.**

Confidential Address

Warning: **In order to protect your privacy and identity, address will not be displayed.**

Questions

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A. and its territories, military court or a foreign country? 

Have you successfully completed, and can document, the mandatory courses and hours of CME within the last two years, or you meet the conditions which would exempt you from all or part of the CME requirements, or you hold a permanent CME waiver?

Yes

I certify under penalty of perjury, under the laws of California, that I have disclosed the names of those health-related facilities in which I or my family have a financial interest OR I declare under penalty of perjury I have no financial interests to disclose.

Yes

Family Physician Training Program Voluntary Fee

Would you like to contribute? ██████████

Attachments

Physician Survey

Are you retired?

No

Activities in Medicine

Administration - 10-19 Hours

Other - None

Patient Care - 10-19 Hours

Research - None

Teaching - 1-9 Hours

Telemedicine - None

Patient Care Practice Location

Zip: 94010 County: SAN MATEO

Telemedicine Practice Location

Zip: County:

Patient Care Secondary Practice Location

Zip: 95126 County: SANTA CLARA

Telemedicine Secondary Practice Location

Zip: County:

Current Training Status

Not in Training

Areas of Practice

Family Medicine - Primary

Other - Not Listed - Secondary

Board Certifications

American Board of Family Medicine - Family Medicine

Postgraduate Training Years

3 Years

Cultural Background

Mexican

White

Foreign Language Proficiency

Spanish

Web Site Profile

Cultural Background - Yes

Foreign Language Proficiency - Yes

Gender - Yes

E-mail: ██

Fees

Biennial Renewal Fee

\$783.00



DUE TO CURES FUND	\$12.00
StephenM.ThompsonLRP	\$25.00
Total Amount Due:	\$820.00

Applications are not considered submitted for processing until payment is received.

Attestation

I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations provided, including supplementary attached hereto, are true, complete and accurate.

Signature:

Date: