



MEDICAL BOARD OF CALIFORNIA Licensing Program



ADDENDUM TO QUESTION #24

This form may be used to provide medical license information if you require additional space in response to question #24 on Form L1C.

Type or Print Legibly				PERSONAL INFORMATION			
LEGAL NAME:		Last	First	Middle	Suffix		
Date of Birth (mm/dd/yyyy)		U.S. SSN or ITIN		Medical School of Graduation			

ADDITIONAL MEDICAL LICENSES		
U.S. State, U.S. Territory or Canadian Province	License Number	Dates of Practice (mm/yyyy to mm/yyyy)
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to
		to

SIGN LEGAL NAME: _____ DATE: _____

Applicant's signature and date are required.