MEDICAL BOARD
OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

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Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

EXPLANATION FOR APPLICATION QUESTION

This form may be used to provide a detailed written explanation for a "yes" response to a question on the Application. Please use as many forms as necessary to provide a detailed explanation. A separate form is to be used for each question.

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

DETAILED WRITTEN EXPLANATION

Application Question Number: #_____ (List corresponding question number from the Application)

SIGN LEGAL NAME: _____ DATE: _____

Applicant's signature and date are required.