



MEDICAL BOARD OF CALIFORNIA Licensing Program

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.							