



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

Governor Edmund G. Brown Jr., 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.							