PHOTO AREA PASTE A PASSPORT TYPE PHOTO HERE. PHOTO MUST BE RECENT AND MUST BE OF YOUR HEAD AND SHOULDER AREAS ONLY WITH A CLEAR VIEW OF FACE. ALTERED PHOTOS ARE NOT ACCEPTABLE.	**NOTICE: All ITEMS IN THIS APPLICATION ARE MANDATORY, NONE ARE VOLUNTARY unless specified otherwise.** Failure to provide any of the requested information may result in a delay in processing, or the application may be rejected as incomplete. The information provided will be used to verify and identify the applicant per Section 118 and 2081 of the Business & Professions Code. Applicant's have the right to review their application, subject to the provisions of the Information Practices Act. The Chief, Division of Licensing, is the Custodian of Records. Disclosure of your Social Security Number (SSN) or Federal Employer Identification Number (FEIN) is MANDATORY. Section 30 of the Business & Professions Code and Public Law 94 445 (42 USC 405(c)(2)(C) authorizes the collection of your SSN. Your SSN or FEIN will be used for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code Section 17520, or for verification of licensure or examination status by a licensing examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a $100 penalty against you. This application and the information contained therein may be disclosed pursuant to California Public Records Act Request.

APPLICANT DECLARATION, SIGNATURE & NOTARY

State of _____

County of_____

The applicant, _____, being first duly sworn upon his/her oath, disposes and says, that I am the person herein named and subscribing to this application; that I have read the complete application, know the full content thereof, and declares that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; were not procured with fraud or misrepresentation or any mistake of which the applicant is aware. Further, I hereby authorize all institutions or organization, my references, and all government agencies (local, state, federal or foreign) to release to the Medical Board of California or its successors any information, files, or records required by that Board in connection with this application; or my ability to safely engage in the practice of polysomnography. I further authorize the Medical Board of California or its successors to release to the organizations, individuals, or groups listed above any information which is material to this application or any subsequent registration. I FURTHER UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING OR REVOKING A REGISTRAION, IF ISSUED.

Signature of Applicant _____

Subscribed and sworn (or affirmed) before me on this _____day of _____, 20 _____ by (applicant's name) _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

NOTARY SEAL HERE

_____
SIGNATURE OF NOTARY PUBLIC