



# 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

## TIMELINE OF ACTIVITIES

**A complete timeline of activities from graduation of medical school to present is required.** Provide the Board with a written chronological description of all your professional and non-professional activities. Please include a detailed description of your duties and responsibilities for any externship, observership, or volunteer activity in California. Dates shall be reported in chronological order in month/year (mm/yyyy) format. *Please use as many forms as necessary to provide a complete timeline of activities.*

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

Start Date	End Date	Location (Provide Facility Name, Address, and Supervisor)	Activities	MBC Use Only
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

SIGN LEGAL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Applicant's signature and date are required.**