



## MEDICAL BOARD OF CALIFORNIA Licensing Program



### 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

<b>Date of Birth</b> (mm/dd/yyyy)	<b>U.S. SSN or ITIN</b>	<b>Medical School of Graduation</b>

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.**