



## MEDICAL BOARD OF CALIFORNIA Licensing Program



- Mail completed form to: Medical Board of California, 2005 Evergreen Street, Suite1200, Sacramento, CA 95815-3831
- If you meet the requirements and would like to apply for an exemption from payment of the renewal fee, complete the application below.
- Section 2440 of the Business and Professions Code provides an exemption from payment of the renewal fee for physicians and surgeons while engaged in full-time training or active service in the Army, Air Force, Marines, Navy, or the United States Public Health Service (federal health service only, not state or county service).
- If you are renewing at the same time as you apply for military status, you must submit the \$25 mandatory fee for the Physician Loan Repayment Program and the \$12 mandatory fee for the Controlled Substance Utilization Review and Evaluation System / Prescription Drug Monitoring Program (CURES / PDMP) with the application.
- If the medical license is delinquent, a payment of all accrued renewal fees, delinquent fee, the \$25 and \$12 mandatory fees, and penalty fee must be submitted with the application. If your license is current no fee is required.
- Make certified checks, cashier's checks, money orders or personal checks payable to the Medical Board of California.
- All applicants must submit proof of service. Please submit a copy of your current military orders or a copy of both the front and back of your military identification card with the application.

<p style="text-align: center;"><b>ARMED FORCES PERSONNEL APPLICATION FOR EXEMPTION FROM PAYMENT OF RENEWAL FEE</b></p> <p style="text-align: center;"><i>Please print or type. Illegible applications will be returned.</i></p>	<p><b>FOR MEDICAL BOARD USE ONLY</b></p> <p>Fee paid: _____ Receipt #: _____</p> <p>Date Cashiered: _____ Cashier's Intl.: _____</p> <p>Date Approved: _____ Date Denied: _____</p> <p>Enforcement Approval: Yes ___ No: ___ Date: _____</p>
<p><b>Name (first, middle, last):</b></p>	
<p><b>Address of record (Current public/mailling address. If using a PO Box, you must also provide a confidential street address.)</b>  <span style="color: red;">This is the address that will be displayed on the Medical Board's website.</span></p>	
<p><b>Confidential street address:</b></p>	
<p><b>Telephone Number:</b></p>	<p><b>California Medical License Number:</b></p>
<p><b>Fax Number:</b></p>	<p><b>E-mail:</b></p>
<p>I certify under penalty of perjury under the laws of the State of California that I read and understand the continuing medical education (CME) requirements, have completed and can document no less than 50 hours of approved CME for the two-year period immediately preceding the expiration date of my license, or I hold a CME waiver from the Medical Board of California.</p>	
<p><b>Applicant's Signature:</b> _____ <b>Date:</b> _____</p>	

**ARMED FORCES PERSONNEL APPLICATION FOR EXEMPTION FROM PAYMENT OF RENEWAL FEE**

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**Business and Professions Code section 2440. Renewal fee exemption while in military**

(a) Every licensee is exempt from the payment of the renewal fee while engaged in full-time training or active service in the Army, Navy, Air Force, or Marines, or in the United States Public Health Service. (b) Every person exempted from the payment of the renewal fee by this section shall not engage in any private practice and shall become liable for payment of such fee for the current renewal period upon his or her discharge from full-time active service and shall have a period of 60 days after becoming liable within which to pay the renewal fee before the delinquency fee is required. Any person who is discharged from active service within 60 days of the end of a renewal period is exempt from the payment of the renewal fee for that period. (c) The time spent in full-time active service or training shall not be included in the computation of the five-year period for renewal and reinstatement of licensure provided in Sections 2427 and 2428 (d). Nothing in this section shall exempt a person, exempt from renewal fees under this section, from meeting the requirements of Article 10 (commencing with Section 2190).

(Note: Subsection (d) refers to the continuing medical education requirements contained in Article 10 commencing with Section 2190.)

**All applicants are reminded that a licensee who receives an exemption from payment of the renewal fee under section 2440 or section 2987.5 cannot engage in any private practice in the State of California. At the time of discharge, you will need to notify the Board in writing and request that your license be restored to "active" status.**

**MILITARY SERVICE INFORMATION**

*Please provide all information requested below.*

<b>Indicate which branch of service.</b> (Check one box only.)	<input type="checkbox"/> Air Force	<input type="checkbox"/> Army
	<input type="checkbox"/> Marines	<input type="checkbox"/> Navy
	<input type="checkbox"/> U.S. Public Health Service	
<b>Type of Service:</b>	<input type="checkbox"/> Active Service/Full-Time Training	<input type="checkbox"/> Voluntary (Peace Corps or Vista) Sec 2987.5
<b>Dates of Service or Training:</b>	From:(mm/dd/yy)	To:(mm/dd/yy)
<b>Expected Date of Discharge:</b> Note: Cannot accept indefinite or N/A	(mm/dd/yy)	

**THE FOLLOWING SECTION MUST BE COMPLETED BY  
YOUR MILITARY SUPERIOR OFFICER OR PUBLIC HEALTH SERVICE SUPERVISOR**

Please indicate if the "Service Information" above is correct.  Yes  No

**Name (first, middle, last):**

**Title:**  Military Superior Officer  
 Public Health Service Supervisor

**Address:**

**Telephone Number:** **Fax Number:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## FINANCIAL INTEREST

California's Financial Interest Disclosure law (Business and Professions Code section 2426) requires you to disclose any financial interest that you or your immediate family have in specified health-related facilities located in or outside the State of California. Immediate family means a spouse, child or parent of a licensee, and a spouse of a child of a licensee.

Financial interest includes any type of ownership interest including share or stock ownership, limited partnership interest, debt, loan, lease, compensation, remuneration, general or limited partnership interest, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment of money or anything else of value to a licensee or the licensee's immediate family from a health-related facility.

Health-related facility means any facility that provides clinical laboratory services, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, diagnostic imaging, or outpatient surgery centers. Diagnostic imaging includes all X-ray, computed axial tomography, magnetic resonance imaging, nuclear medicine, positron emission tomography, mammography and ultrasound goods and services.

A financial interest does not include the ownership of corporate investment securities, including shares, bonds, or other debt instruments that (1) are purchased from a licensed securities broker on terms available to the general public through a licensed securities exchange or NASDAQ, (2) do not base any profit distributions or other transfers of value on the licensee's referral of patients, (3) do not have a separate class or accounting for any persons or licensees who may make patient referrals to the corporation, and (4) are in a corporation that has total gross assets exceeding \$100,000,000.

Do you have financial interest to report?     NO     YES\* (please list the name(s) and address(es) in the space below.)

If you answered "yes" to having financial interest to report, please list the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest.

Health-Related Facility Name(s)	Facility's Address

I certify under penalty of perjury under the laws of the State of California that I read and understand the information defining financial interest and that either I have disclosed on this application the names of those health-related facilities in which I or my family have a financial interest, or I do not have any financial interest to disclose.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

You must disclose, if since your last renewal, you have had any license disciplined by a government agency, or have been convicted of, or pled guilty, to any crime. Do not list charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code Sections 11357(b), (c), (d), (e), or section 11360(b).

"Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Penal Code section 1000 or 1203.4, including infractions, misdemeanor, and felonies.

You do not need to report a conviction for an infraction with a fine of less than \$300.00 unless the infraction involved alcohol or controlled substances. You must, however, disclose any conviction which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Penal Code sections 1000 or 1203.4.

"License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation, or any other restrictions.

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A., and its territories, military court or a foreign country?     NO     YES

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING SUPPORTING DOCUMENTS, IS TRUE AND CORRECT AND THAT I AM LICENSED TO PRACTICE IN THE STATE OF CALIFORNIA.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*All items in this application are mandatory. This information is requested by the Licensing Program of the Medical Board of California. Failure to provide any of the requested information will result in this application being rejected as incomplete. The information provided will be used to determine your eligibility for waiver of renewal fees, under section 2440 of the Business and Professions Code. The Licensing Program Chief is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act by contacting the custodian of records at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815. Information in this application may be transferred to other governmental and law enforcement agencies.*