



MEDICAL BOARD OF CALIFORNIA Licensing Program



- Mail completed form to: Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831
- Section 2441 of the Business and Professions Code provides an exemption from payment of the renewal fee if a licensee demonstrates to the satisfaction of the Board that the licensee is unable to practice medicine due to a disability. This waiver is at the discretion of the Board, may be terminated at any time, and is based on the licensee's inability to practice medicine.
- **The holder of a disabled license may not engage in the practice of medicine.**
- The licensee and his or her attending physician are required to complete the application.
- If you are renewing at the same time as you apply for disabled status, you must submit the \$25 mandatory fee for the Physician Loan Repayment Program with the application.
- If the medical license is delinquent, a payment of all accrued renewal fees, delinquent fee, the \$25 mandatory fee, and penalty fee must be submitted with the application. If the 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.
- The holder of a disabled license must comply with the Continuing Medical Education (CME) requirements, unless the holder has applied for and has been granted a CME Waiver.

DISABLED PHYSICIAN APPLICATION FOR EXEMPTION FROM PAYMENT OF RENEWAL FEE <b style="color: red;"><u>NO PRACTICE PERMITTED</u> <i>Please print or type.</i>		FOR MEDICAL BOARD USE ONLY Fee paid: _____ Receipt #: _____ Date Cashiered: _____ Cashier's Intl.: _____ Management Approval: _____ No: _____ Date: _____ Enforcement Approval: Yes _____ No: _____ Date: _____			
Legal Name:	Last	First	Middle	Suffix	
Address of Record: (Current public/mailling address) THIS ADDRESS WILL BE DISPLAYED ON YOUR PROFILE ON THE BOARD'S WEBSITE. If listing a PO Box, you also must provide a confidential street address.		Mailing Address (40 characters maximum per line, including spaces)			
		Mailing Address continued (40 characters maximum per line, including spaces)			
		City	State/Province	Zip/Postal Code	Country
Confidential Street Address: (Only required if Address of Record is a P.O. Box)		Confidential Address (40 characters maximum per line, including spaces)			
		Confidential Address continued (40 characters maximum per line, including spaces)			
		City	State/Province	Zip/Postal Code	Country
Telephone Numbers:	Cell #	Home #	Work #	FAX #	
Email Address:					
Medical Board of California License/Registration Number:					
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.					
Applicant's Signature: _____				Date: _____	

THE FOLLOWING SECTION MUST BE COMPLETED BY YOUR ATTENDING PHYSICIAN.

Description of disability and explanation as to how the disability prevents the applicant from practicing medicine safely.

Approximate date disability began: _____

The disability is: Temporary Permanent

If "Temporary," approximate date applicant will be able to return to practicing medicine: _____

Attending Physician's Name: _____

Telephone Number: _____

Attending Physician's Address: _____

City: _____

State: _____

Zip: _____

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

Attending Physician's Signature

Date

Attending Physician's License Number

Attending Physician's State of Licensure

FOR MEDICAL BOARD USE ONLY

Applicant's License Verification:

License Number: _____

Issue Date: _____

Expiration Date: _____

Enforcement Date: _____

Attending Physician License Verification:

License Number: _____

Issue Date: _____

Expiration Date: _____

Enforcement Date: _____

Medical Consultant: Approved Denied

If denied, please provide reason:

INFORMATION

When a licensee desires to return to practicing medicine, the licensee and attending physician will be required to complete an application to have the licensee removed from disabled status and returned to "active" licensure. It must be established to the satisfaction of the Board on a form prescribed by the Board and signed under penalty of perjury that the licensee's disability either no longer exists or does not affect the licensee's ability to practice medicine safely, or the licensee may agree to limit his or her practice in the manner prescribed by the reviewing physician. At the time of application, the licensee must also submit payment of the current (active license) renewal fee.

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 2441 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.