

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: September 1, 2012
ATTENTION: Special Faculty Permit Review Committee
SUBJECT: Review of the Current Statutes and Regulations
Regarding Special Faculty Permits
STAFF CONTACT: Curtis J. Worden, Chief of Licensing

RECOMMENDED ACTION:

The Special Faculty Permit Review Committee (SFPRC) review and discuss the current Special Faculty Permit statutes and regulations to determine if the current statutes, regulations and Board policies pertaining to the initial application and renewal processes are adequate or if changes are needed to improve the current Special Faculty Permit Program to ensure that the public has adequate consumer protection. If the SFPRC determines that changes to current statutes and regulations are necessary, the SFPRC should then direct staff to bring back the needed changes to statute and regulation such that they can be reviewed and a final recommendation made to the Board.

BACKGROUND:

Under Article 8.5 of the Medical Practice Act commencing with Section 2168 of the Business and Professions Code (Section 2168), the Board is authorized to issue a Special Faculty Permit (permit) to a person who: 1) is deemed to be academically eminent under the provisions of the statute and meets the other eligibility requirements for issuance of a permit, or; 2) is clearly outstanding in a specific field of medicine or surgery and has been offered by the dean of a medical school in this state a full-time academic appointment at the level of full professor or associate professor, and a great need exists to fill that position. This permit authorizes the holder to practice medicine only within the facilities of the applicable medical school and any formally affiliated institutions.

The SFPRC was created to review applications and make recommendations to the full Board on the approval of such permits. The SFPRC consists of one representative from each of the eight medical schools in California and two Board members for a total of ten members.

California currently has eight medical schools that are eligible to submit applications for permit applicants, as follows:

- Loma Linda University
- Stanford University
- University of California - Davis
- University of California - Irvine
- University of California - Los Angeles
- University of California - San Diego
- University of California - San Francisco
- University of Southern California

Special Faculty Permits Stats (Attachment 4 – SFP Chart):

Number of Current SFPs:	16
Number of Approved Pending SFPs:	2
Number of Canceled Permits:	4

OVERVIEW:

At the January 2012 SFPRC meeting some members expressed that they would like to review the current requirements in statute and regulations regarding the issuance of Special Faculty Permits (SFP). In addition, some members have requested to review the application process and clarify the necessary supporting documents and the renewal requirements for a SFP holder. Included for your reference is a detailed history and summary of the current Business and Professions Code (B&P) and California Code of Regulations regarding the SFP (Attachment 1). Please note that the application and renewal processes for a SFP applicant/holder are very similar to that of a physician and surgeon applicant/licensee. SFP holders must meet continuing education requirements.

CONSIDERATIONS FOR COMMITTEE:

- 1) Are the current statutes meeting the current needs of the sponsoring medical schools and at the same time providing adequate consumer protection?
- 2) Are the current regulations meeting the current needs of the sponsoring, medical schools, are they clear enough, and do they provide an adequate level of consumer protection?
- 3) What documentation does the committee need to accurately determine if the SFP applicant meets the minimum criteria for a SFP pursuant to current statutes and regulations, or pursuant to revisions in these sections?
- 4) Is the current renewal process adequate to ensure compliance with the provisions the Special Faculty Permit Program?

ISSUES FOR CONSIDERATION:

- 1) Consider new statutes and/or regulations to further define affiliated institutions as only teaching hospitals that the sponsoring medical school has a formal affiliation agreement with that has been reviewed by the Board to ensure the affiliation agreement specific to the SFP holder, meets the requirements pursuant to the appropriate B&P and CCR sections.
- 2) Consider new statutes and/or regulations to require that the SFP applicant and the dean of the sponsoring medical school submit proof at the time of renewal that the SFP holder still meets the minimum requirements to be eligible, e.g., current unrestricted licensure in another country, proof of CME courses, written statement by the dean identifying the

SFP holder's current duties at the time of renewal and expected duties during the next two years. Current list of where the SFP holder will be teaching and providing clinical instruction and clinical services.

Note: Effective January 1, 2012, staff will require primary source verification of SFP applicants medical school education and postgraduate training. This change is necessary to provide consistency with physician and surgeon applicants who are applying for a Postgraduate Training Authorization Letter or licensure. In addition, the Board is required to certified that we obtain primary source verification from medical schools and postgraduate training programs.

ATTACHMENTS:

1. Special Faculty Permit Review Committee Meeting , September 6, 2012
Overview – Detailed History
2. Special Faculty Permit Statutes: Business and Professions Code Sections
3. Special Faculty Permit Regulations: California Code of Regulations, Title 16,
Division 13, Sections
4. Current 2168 Application
5. Current 2168 Renewal Form
6. Excel Spreadsheet of 2168 Special Faculty Permits - Status
7. Special Faculty Permit – Report to the Legislature – December 9, 2011

ATTACHMENT 1

SPECIAL FACUTLY PERMIT REVIEW COMMITTEE MEETING
SEPTEMBER 6, 2012
OVERVIEW – DETAILED HISTORY

California Business and Professions Code (B&P) Sections: 2168; 2168.1; 2168.2; 2168.3; 2168.4; 2168.5; and 2169 are the statutes that are specific to a SFP (Attachment 2).

California Code of Regulations, Title 16, Division 13, (CCR) Sections: 1315.01; 1315.2; and 1315.3 are the regulations that are specific to a SFP (Attachment 3).

The current SFP application has been included for your reference (Attachment 4).

Note: The current Physician's and Surgeon's application is currently being revised. Once the Physician's and Surgeon's application revision is finalized, board staff will review the SFP application for possible revisions.

The current SFP renewal form, renewal survey (same survey as licensees) and a Physician's and Surgeon's renewal form (Attachment 5).

An Excel spreadsheet of current and previous SFP holders is attached for your reference (Attachment 6).

In addition to the B&P sections and CCR sections that are specific to SFPs, the B&P authorizes the Board to require applicants to provide any documentation that the Board deems necessary in the review of applications to ensure applicants meet the minimum requirements and that the applicant has not done anything that would be grounds for denial.

HISTORY - BUSINESS AND PROFESSIONS CODE - SPECIAL FACULTY PERMIT:

B&P Section 2168 - Special Faculty Permit: Was added to the B&P Code in 1997 and was amended in 2006 with a January 1, 2007 effective date; adding subsection 2168(c).

B&P Section 2168.1 - Eligibility Requirements; Review Committee: Was added to the B&P Code in 1997 and was amended in 2006 with a January 1, 2007 effective date; adding subsections 2168.1(a)(1)(A), 2168.1(a)(1)(B), and 2168.1(a)(c)(1). Section 2168.1 was amended in 2007 with a January 2008 effective date, adding subsection 2168.1(c)(1).

B&P Section 2168.2 - Information on Application Form: Was added to the B&P Code in 1997 and was amended in 2006 with a January 1, 2007 effective date; changing subsection 2168.2(b) from an oral examination to a written statement from the dean of the medical school listing affiliated institutions and justifying any clinical activities.

B&P Section 2168.3 - Violations: Was added to the B&P Code in 1997 with a January 1, 2007 effective date.

B&P Section 2168.4 - Expiration and Renewal: Was added to the B&P Code in 1997 and was amended in 2009 with a January 2010 effective date.; adding subsection 2168.4(e).

B&P Section 2168.5 - Report: Was added to the B&P Code in 1997 and was amended in 2006 with a January 1, 2007 effective date. Note: This B&P Section has been completed.

B&P Section 2169 – Continuing Medical Education Requirements: Was added to the B&P Code in 2009 with a January 1, 2010 effective date.

SUMMARY OF CURRENT BUSINESS AND PROFESSIONS CODES (SPECIAL FACULTY PERMIT):

B&P Section 2168 - Special Faculty Permit: This B&P section states where a SFP holder may practice medicine. It specifies the time spent in a SFP position will not count towards the postgraduate training requirement for licensure and shall not qualify the SFP holder for a waiver of any examination requirements for licensure. In addition, the medical school shall not appoint a SFP holder as a division chief or head of a department without express written consent from the Board.

B&P Section 2168.1 - Eligibility Requirements; Review Committee: This B&P section specifies the minimum requirements the SFP applicant must meet to be eligible for a SFP.

B&P Section 2168.2 - Information on Application Form: This B&P section states the Board shall provide an application form for the SFP. The application shall include, but is not limited to, the written statement from the dean of the medical school describing the applicant's qualifications and justifying the dean's determination that the applicant meets the requirements of B&P 2168.1 (a). The statement by the dean will include a listing of every affiliated institution the applicant will be providing instruction and justifying any clinical activities at each of the institutions listed by the dean.

B&P Section 2168.3 – Violations: This Section of the B&P states that a SFP may be denied, suspended or revoked for any violation that would be grounds for denial, suspension or revocation of a physician's and surgeon's certificate or for any provision of the SPF.

B&P Section 2168.4 - Expiration and Renewal: This Section of the B&P identifies the expiration date of the SFP and the renewal requirements. The SFP expires on the last day of the SFP holder's birth month during the second year of a two-year term, if not renewed. The dean must sign the renewal form stating the SFP holder meets the requirements of a SFP. In addition, the SFP holder is required to comply with continuing medical education requirements for licensed physicians and surgeons.

B&P Section 2168.5 - Report: The Section of the B&P requires the Board to submit a report to the Legislature by December 31, 2011. The Board did submit this report.

B&P Section 2169 – Continuing Medical Education Requirements: This B&P section states the SFP holder is required to meet the CME requirements of a California licensed physician and surgeon.

HISTORY - CALIFORNIA CODE OF REGULATIONS - SPECIAL FACULTY PERMIT:

CCR Section 1315.01- Definitions: Became operative February 7, 1999.

CCR Section 1315.02 - Notification of Change in Employment Status: Became operative February 7, 1999.

CCR Section 1315.03 - Criteria for Eligibility to Participate in Review Committee: Became operative February 7, 1999.

SUMMARY OF CURRENT CALIFORNIA CODE OF REGULATIONS (SPECIAL FACULTY PERMIT):

CCR Section 1315.01- Definitions: This regulation defines the “Dean of the medical school” or that person’s designee to whom the dean has given written authorization to provide the certifications required by B&P Sections 2168.1 and 2168.2. In addition, CCR Section 1315.01 defines Special Faculty Permit.

CCR Section 1315.02 - Notification of Change in Employment Status: This regulation states the dean of the medical school that employs a SFP holder shall notify the Board in writing of any change in the employment status that renders the SFP holder ineligible within 30 days.

CCR Section 1315.03 - Criteria for Eligibility to Participate in Review Committee: This regulations defines the minimum requirements for a medical school representative to be eligible to be appointed to the SFPRC.

ATTACHMENT 2

CALIFORNIA CODES
BUSINESS AND PROFESSIONS CODE
SECTION 2168-2169
August 2012

2168. (a) A special faculty permit authorizes the holder to practice medicine only within the medical school itself and any affiliated institution in which the permitholder is providing instruction as part of the medical school's educational program and for which the medical school has assumed direct responsibility. The holder of a special faculty permit shall not engage in the practice of medicine except as provided above.

(b) Time spent in a faculty position under a special faculty permit shall not be counted toward the postgraduate training required for licensure and shall not qualify the holder of the permit for waiver of any written examination required for licensure.

(c) The medical school shall not appoint the holder of a special faculty permit to a position as a division chief or head of a department without express written authorization from the division.

2168.1. (a) Any person who meets all of the following eligibility requirements may apply for a special faculty permit:

(1) Is academically eminent. For purposes of this article, "academically eminent" means the applicant meets either of the following criteria:

(A) He or she holds or has been offered a full-time appointment at the level of full professor in a tenure track position, or its equivalent, at a California medical school approved by the Division of Licensing.

(B) He or she is clearly outstanding in a specific field of medicine or surgery and has been offered by the dean of a medical school in this state a full-time academic appointment at the level of full professor or associate professor, and a great need exists to fill that position.

(2) Possesses a current valid license to practice medicine issued by another state, country, or other jurisdiction.

(3) Is not subject to denial under Section 480 or any provision of this chapter.

(4) Pays the fee prescribed for application for, and initial licensure as, a physician and surgeon.

(5) Has not held a position under Section 2113 for a period of two years or more preceding the date of the application. The Division of Licensing may, in its discretion, waive this requirement.

(b) The Division of Licensing shall exercise its discretion in determining whether an applicant satisfies the requirements of paragraph (1) of subdivision (a).

(c) (1) The division shall establish a review committee comprised of two members of the division, one of whom shall be a physician and surgeon and one of whom shall be a public member, and one representative from each of the medical schools in California. The committee shall review and make recommendations to the division regarding the applicants applying pursuant to this section, including those applicants that a medical school proposes to appoint as a division chief or head of a department or as nontenure track faculty.

(2) The representative of the medical school offering the applicant an academic appointment shall not participate in any vote on the recommendation to the division for that applicant.

2168.2. An application for a special faculty permit shall be made on a form prescribed by the Division of Licensing and shall include any information that the Division of Licensing may prescribe to establish an applicant's eligibility for a permit. This information shall include, but is not limited to, the following:

(a) A statement from the dean of the medical school at which the applicant will be employed describing the applicant's qualifications and justifying the dean's determination that the applicant satisfies the requirements of paragraph (1) of subdivision (a) of Section **2168.1.**

(b) A statement by the dean of the medical school listing every affiliated institution in which the applicant will be providing instruction as part of the medical school's educational program and justifying any clinical activities at each of the institutions listed by the dean.

2168.3. A special faculty permit may be denied, suspended, or revoked for any violation that would be grounds for denial, suspension, or revocation of a physician and surgeon's certificate, or for violation of any provision of this article. The holder of a special faculty permit shall be subject to all the provisions of this chapter applicable to the holder of a physician's and surgeon's certificate.

2168.4. (a) A special faculty permit expires and becomes invalid at midnight on the last day of the permitholder's birth month during the second year of a two-year term, if not renewed.

(b) A person who holds a special faculty permit shall show at the time of license renewal that he or she continues to meet the eligibility criteria set forth in Section **2168.1.** After the first renewal of a special faculty permit, the permitholder shall not be required to hold a full-time faculty position, and may instead be employed part-time in a position that otherwise meets the requirements set forth in paragraph (1) of subdivision (a) of Section **2168.1.**

(c) A person who holds a special faculty permit shall show at the time of license renewal that he or she meets the continuing medical education requirements of Article 10 (commencing with Section 2190).


(d) In addition to the requirements set forth above, a special faculty permit shall be renewed in accordance with Article 19 (commencing with Section 2420) in the same manner as a physician's and surgeon's certificate.

(e) Those fees applicable to a physician's and surgeon's certificate shall also apply to a special faculty permit and shall be paid into the State Treasury and credited to the Contingent Fund of the Medical Board of California.

2168.5. The Medical Board of California shall report to the Legislature by December 31, 2011, on the status of the special faculty permit program.


2169. A person who holds a special faculty permit shall meet the continuing medical education requirements set forth in Article 10 (commencing with Section 2190).

ATTACHMENT 3



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16 CA ADC § 1315.01

§ 1315.01. Definitions.

16 CCR § 1315.01


Cal. Admin. Code tit. 16, § 1315.01

Barclays Official California Code of Regulations [Currentness](#)

Title 16. Professional and Vocational Regulations

Division 13. Medical Board of California [\[FNA1\]](#)

Chapter 1. Division of Licensing

 [Article 4.1. Special Faculty Permits \(Refs & Annos\)](#)

[\[FNA1\]](#) For disposition of former Sections 1370-1375.45, see Table of Parallel Reference, Chapter 13.2, Title 16, California Code of Regulations.

➔§ 1315.01. Definitions.

(a) "Dean of the medical school" means the dean of the overall medical school or that person's designee to whom the dean has given written authorization to provide the certifications required by Sections 2168.1 and 2168.2 of the code.

(b) "Special faculty permit" means the permit to practice medicine described in Article 8.5 of Chapter 5 of Division 2 (commencing with Section 2168) of the code.

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2168.1 and 2168.4, Business and Professions Code.

HISTORY

1. New article 4.1 (sections 1315.01-1315.02) and section filed 1-8-99; operative 2-7-99 (Register 99, No. 2).

16 CCR § 1315.01, 16 CA ADC § 1315.01

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16 CA ADC § 1315.02

§ 1315.02. Notification of Change in Employment Status.

16 CCR § 1315.02

Cal. Admin. Code tit. 16, § 1315.02

Barclays Official California Code of Regulations [Currentness](#)

Title 16. Professional and Vocational Regulations

Division 13. Medical Board of California [\[FNA1\]](#)

Chapter 1. Division of Licensing

[Article 4.1. Special Faculty Permits \(Refs & Annos\)](#)

[\[FNA1\]](#) For disposition of former Sections 1370-1375.45, see Table of Parallel Reference, Chapter 13.2, Title 16, California Code of Regulations.

➔§ 1315.02. Notification of Change in Employment Status.

The dean of a medical school that employs a specialty faculty permit holder shall notify the division of any change in employment status that would render the permit holder ineligible for the permit. This notification shall be signed and dated by the dean and shall be made no later than 30 days after the date on which the permit holder becomes ineligible for the permit.

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2168, 2168.1 and 2168.4, Business and Professions Code.

HISTORY

1. New section filed 1-8-99; operative 2-7-99 (Register 99, No. 2).

16 CCR § 1315.02, 16 CA ADC § 1315.02

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16 CA ADC § 1315.03

§ 1315.03. Criteria for Eligibility to Participate in Review Committee.

16 CCR § 1315.03

Cal. Admin. Code tit. 16, § 1315.03

Barclays Official California Code of Regulations [Currentness](#)

Title 16. Professional and Vocational Regulations

Division 13. Medical Board of California [\[FNA1\]](#)

Chapter 1. Division of Licensing

[Article 4.1. Special Faculty Permits \(Refs & Annos\)](#)

[\[FNA1\]](#) For disposition of former Sections 1370-1375.45, see Table of Parallel Reference, Chapter 13.2, Title 16, California Code of Regulations.

➔§ 1315.03. Criteria for Eligibility to Participate in Review Committee.

(a) In order to be considered for appointment to the review committee required by Section 2168.1 of the code, a medical school representative shall:

- (1) Be a senior administrator designated by the dean of the medical school;
- (2) Possess a current valid physician's and surgeon's certificate in California;
- (3) Be involved in and knowledgeable about graduate medical education and the academic review process; and
- (4) Submit a current curriculum vitae.

(b) The committee members shall serve at the pleasure of the Division.

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2005 and 2168.1, Business and Professions Code.

HISTORY

1. New section filed 8-28-2007; operative 9-27-2007 (Register 2007, No. 35).

16 CCR § 1315.03, 16 CA ADC § 1315.03

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ATTACHMENT 4



MEDICAL BOARD OF CALIFORNIA

Licensing Program



REQUIREMENTS FOR REGISTRATION PURSUANT TO SECTION 2168.1 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE (Practice in a Sponsoring Medical School)

You may not engage in the practice of medicine in California until a Special Faculty Permit has been granted by the Medical Board of California pursuant to Section 2168.1 of the California Business and Professions Code. A Section 2168.1 permit is valid only at the medical school sponsoring the applicant, and any affiliated institution in which the permitholder is providing instruction as part of the medical school's education program and for which the medical school has assumed direct responsibility. The Medical Board must be notified of all changes in the applicant's employment status.

Requirements and Required Documentation To Apply for a Section 2168.1 Special Faculty Permit:

- You must not be otherwise eligible for medical licensure in California
 - You must be licensed to practice medicine in another state, Canadian province, foreign country or other jurisdiction
 - All medical license(s) issued to you must be in good standing
 - The application forms, Pages 1-9, must be completed in full and signed by you and the dean of the sponsoring medical school Sixteen (16) copies of the complete application and supporting documents must be submitted with the original package
 - (A) You must hold, or be offered, a full-time, tenure-track clinical faculty appointment at the full professor level (or its equivalent) by a California medical school approved by the Board
- OR**
- (B) You must be clearly outstanding in a specific field of medicine or surgery and be offered by the dean of a medical school in this state, a full-time academic appointment at the level of full professor or associate professor, and a great need exists to fill that position
 - You must not be subject to denial under Section 480 of the California Business and Professions Code.
 - You must not have held a position under Section 2113 of the California Business and Professions Code within the two years immediately preceding the date of the application for a Special Faculty Permit. The Board may, in its discretion, waive this requirement. If you are seeking a waiver, please include a request by the dean for waiver and clearly state why you believe a waiver is appropriate.
 - The completed and signed application must be accompanied by:
 - A detailed Curriculum Vitae noting all of your academic and professional career achievements
 - A signed statement from the dean of the medical school at which you will be employed that includes the following: (a) certification that your qualifications and credentials have been evaluated; (b) a statement that the dean has deemed you academically eminent and that you meet the criteria of Section 2168.1; (c) a listing of every affiliated institution in which you will be providing instruction as part of the medical school's education program and justification of any clinical activities at each of those institutions; and (d) a statement confirming that the permit holder will not be appointed to a position as a division chief or head of a department without express written authorization from the Medical Board of California
 - A signed statement from the department chair of the medical school at which you will be employed that addresses the following: (a) your international and national prominence in a specific field; (b) your unique clinical expertise and skills that you bring to the institution; (c) your scholarly and creative activities specific to the skills you are bringing to the institution; and (d) a description of the job duties and functions you will be performing at your sponsoring medical school
 - A copy of the signed employment contract between you and the institution
 - Official documentation of your academic appointment to the sponsoring medical school

- The initial application fees of \$493.00 (includes the application fee of \$442.00 and the fingerprint fees of \$51.00)
- Page Two of the “Request for Live Scan Service” fingerprint forms or two completed fingerprint cards
- A Letter of Good Standing dated within one year of the application submission, directly from the appropriate licensing agency for each medical license that you hold
- A copy of your medical school diploma
- Copies of all official documentation of abundant and strong evidence of your academic eminence, clinical skills, and your importance to the mission of the medical school. This should include, but not be limited to, information from the dean, the department chair, and not less than two, nor more than four outside referee letters, independent of you or your sponsoring medical school, that directly address the qualifications and credentials essential to the proposed appointment (*sample provided*). All letters should be relevant and directly supportive of the applicant’s appointment, similar in content to letters submitted to a university’s academic committee in support of an academic appointment.
- The initial license fee of \$805.00 may be submitted with the application or upon written notice that the application has been approved

Once Special Faculty Permit Has Been Approved by the Division of Licensing:

- You and your sponsoring medical school are responsible for ensuring that you timely renew the Special Faculty Permit to ensure no break in your appointment pursuant to Section 2168.1 of the California Business and Professions Code. A break in the renewal of the Special Faculty Permit will result in the permit holder’s unlawful practice of medicine.
- You may engage in the practice of medicine only within the parameters of Section 2168.1 and strictly under the jurisdiction of the sponsoring medical school and its formally affiliated institutions.
- **Private practice is prohibited by this statute.**



MEDICAL BOARD OF CALIFORNIA

Licensing Program



APPLICATION FOR SPECIAL FACULTY PERMIT PURSUANT TO SECTION 2168.1

Complete the entire application. All items in this application are mandatory. Failure to provide complete and accurate information will result in the application being rejected as incomplete. The information provided is used to determine your qualifications for appointment as a Section 2168.1 permit holder under the relevant statutes. This application may be disclosed pursuant to the California Public Records Act. Authority to provide the Board within information requested on this application is established pursuant to Section 2000 of the Business and Professions Code. This information is mandatory and will be used to determine if the applicant meets the requirements for the requested licensing exemption. **Failure to provide the mandatory information will result in denial of the permit.** The Executive Officer of the Medical Board of California is the official responsible for records and who shall, upon request, inform an individual regarding the location of his/her records and the categories of any persons who use the information in those records. Each individual has a right to access of his/her records under the Information Practices Act. Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 1752 of the Family Code. If you fail to disclose your social security number, your application for initial permit will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

PERSONAL DATA

1. Name: (Last) (First) (Middle)			
2. Other names you have used (including maiden name):			3. U.S. Social Security Number
4. Public/Mailing Address			5. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
City	State/Province	Zip/Postal Code	Country
6. Telephone Number: Home: () Work: () Cell: () Pager: ()		7. Date of Birth (mo/day/yr): Place of Birth:	8. E-mail Address:

SPECIAL FACULTY PERMIT DATA

9. Have you ever served in a clinical faculty appointment in a California medical school pursuant to Section 2113? If yes, list sponsoring medical school and dates of registration.			YES <input type="checkbox"/> NO <input type="checkbox"/>
10. List the full-time, professor or associate professor clinical faculty appointment on which this application is based. Include position title, rank, medical school, department and start date:			
<u>ACADEMIC TITLE:</u>	<u>RANK:</u>	<u>START DATE</u>	
<u>MEDICAL SCHOOL</u>		<u>DEPARTMENT</u>	
A. I am applying for appointment under Section 2168.1 (A): As I hold or have been offered a full-time appointment at the level of full professor in a tenure track position, or its equivalent, at a California medical school approved by the Division of Licensing. <div style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></div>			
OR			
B. I am applying for appointment under Section 2168.1 (B): As I am clearly outstanding in a specific field of medicine or surgery and have been offered by the dean of a medical school in this state, a full-time academic appointment at the level of full professor or associate professor, and a great need exists to fill that position. <div style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></div>			
Receipt #:	Date:	Amount:	ATS #:

EDUCATION BACKGROUND

LIST EACH MEDICAL SCHOOL THAT YOU HAVE ATTENDED

School Name	Address	Dates of Attendance
School of Graduation	Degree Awarded	Date of Graduation

POSTGRADUATE TRAINING HISTORY

Facility Name	Specialty Area	Address	Dates of Attendance

LICENSING HISTORY

List all professional licenses that you have ever held in any U.S. state or territory, Canadian province, country or other jurisdiction.

Jurisdiction	License Number	Date of Issuance	Dates of Practice

EXAMINATION HISTORY

List all of the licensing examinations that you have taken:

Examination	Date	Result(Pass/Fail)

HISTORY OF MALPRACTICE

11. Has a claim or an action ever been filed against you for the practice of medicine which resulted in a malpractice settlement, judgment or arbitration award of \$30,000 (U.S. dollars or equivalent) or more?

YES ☐ NO ☐

Applicant Name

Date of Birth

DISCIPLINARY HISTORY

These questions refer to discipline by any U.S. military or public health service, state board, or other governmental agency of any U.S. state, territory, Canadian province, or country. If you answered "yes" to any of these questions, please provide a detailed explanation.

12. Have you ever been denied a license to practice medicine?	YES <input type="checkbox"/> NO <input type="checkbox"/>
13. Is any denial pending against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
14. Have you ever been charged with, or been found to have committed, unprofessional conduct, professional incompetence, gross negligence, repeated negligent acts or malpractice by any medical licensing board, other agency, or hospital?	YES <input type="checkbox"/> NO <input type="checkbox"/>
15. Have you ever had any license to practice medicine revoked, suspended, or placed on probation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
16. Have you ever had any license to practice medicine subjected to any action including but not limited to informal or confidential discipline, consent orders, letters of warning, letters of reprimand, or citation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
17. Have you ever had any license to practice medicine subjected to any other disciplinary action?	YES <input type="checkbox"/> NO <input type="checkbox"/>
18. Is any disciplinary action pending against any of your licenses to practice medicine?	YES <input type="checkbox"/> NO <input type="checkbox"/>
19. Have you ever had staff privileges in a hospital terminated, denied, suspended, limited, revoked, or not renewed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
20. Have you ever resigned from a medical staff in lieu of disciplinary or administrative action?	YES <input type="checkbox"/> NO <input type="checkbox"/>
21. Is any disciplinary action pending against your hospital staff privileges?	YES <input type="checkbox"/> NO <input type="checkbox"/>
22. Have you ever surrendered a license to practice medicine?	YES <input type="checkbox"/> NO <input type="checkbox"/>
23. Have your United States Drug Enforcement Agency privileges ever been denied, suspended, restricted, or terminated?	YES <input type="checkbox"/> NO <input type="checkbox"/>
24. Have you ever entered into any arrangement or plea or agreement in lieu of a federal prosecution for a drug violation regulated by the United States Drug Enforcement Agency?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Applicant Name

Date of Birth

PRACTICE IMPAIRMENT OR LIMITATION

25. Have you ever been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program?	YES <input type="checkbox"/> NO <input type="checkbox"/>
26. Have you ever been diagnosed with a mental disorder or impairment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
27. Have you ever been diagnosed with a neurological or other physical condition that would impair your ability to practice medicine safely?	YES <input type="checkbox"/> NO <input type="checkbox"/>
28. Have you ever been treated for or had a recurrence of a diagnosed addictive disorder?	YES <input type="checkbox"/> NO <input type="checkbox"/>
29. Do you have any other condition which in any way impairs or limits your ability to practice medicine safely?	YES <input type="checkbox"/> NO <input type="checkbox"/>

CRIMINAL RECORD HISTORY

<p>30. Have you ever been convicted of, or pled guilty or nolo contendere to ANY offense in any state in the United States or foreign country?</p> <p>This includes a citation, infraction, misdemeanor and/or felony, etc. If "YES" attach a list of each offense by arrest and conviction dates, violation, and court of jurisdiction (name and address). Matters in which you were diverted, deferred, pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4 MUST be disclosed. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you MUST disclose the conviction; you are entitled to submit evidence that you have been rehabilitated. Serious traffic convictions such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked MUST be reported. <u>This list is not all-inclusive.</u> If in doubt as to whether a conviction should be disclosed, it is better to disclose the conviction on the application.</p> <p>For each conviction disclosed, you must submit with the application certified copies of the arresting agency report, certified copies of the court documents, and a descriptive explanation of the circumstances surrounding the conviction (i.e., dates and location of incident and all circumstances surrounding the incident). This letter must accompany the application. If documents were purged by arresting agency and/or court, a letter of explanation from these agencies is required.</p> <p>Applicants who answer "NO" to the question but have a previous conviction or plea, may have their application denied or license exemption revoked for knowingly falsifying the application.</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>
31. Is there any criminal action pending against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
32. Are you required to register as a Sex Offender?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Applicant Name	Date of Birth
----------------	---------------

STATEMENT OF LIMITATIONS

I understand that I am applying for a Special Faculty Permit pursuant to Section 2168.1 of the Business and Professions Code. I understand that if I am issued a Special Faculty Permit, my clinical practice will be restricted to the sponsoring medical school and any affiliated institutions in which I am providing instruction as part of the medical school's education program and for which the medical school has assumed direct responsibility and which are listed on the application. I shall not engage in the practice of medicine except as provided above.

I understand that the time in a faculty position under Section 2168.1 will not be counted toward the postgraduate training required for licensure and does not qualify me for waiver of any written examination required for licensure.

I understand that if I should apply for a full and unrestricted license to practice medicine in California, I will be required to meet all licensing requirements that are in effect at the time of such application.

I understand that a Special Faculty Permit becomes invalid if I resign from or am terminated from the qualifying faculty appointment upon which the permit was issued. The dean of the sponsoring medical school must notify the Board of any change in my employment status, such as retirement, resignation or termination in accordance with Title 16, California Code of Regulations, Section 1315.02

2168 (a) A special faculty permit authorizes the holder to practice medicine only within the medical school itself and any affiliated institution in which the permitholder is providing instruction as part of the medical school's educational program and for which the medical school has assumed direct responsibility. The holder of a special faculty permit shall not engage in the practice of medicine except as provided above.

(b) Time spent in a faculty position under a special faculty permit shall not be counted toward the postgraduate training required for licensure and shall not qualify the holder of the permit for waiver of any written examination required for licensure.

(c) The medical school shall not appoint the holder of a special faculty permit to a position as a division chief or head of a department without express written authorization from the division.

2168.1 (a) Any person who meets all of the following eligibility requirements may apply for a special faculty permit:

(1) Is academically eminent. For purposes of this article, "academically eminent" means the applicant meets either of the following criteria:

(A) He or she holds or has been offered a full-time appointment at the level of full professor in a tenure track position, or its equivalent, at a California medical school approved by the Board.

(B) He or she is clearly outstanding in a specific field of medicine or surgery and has been offered by the dean of a medical school in this state, a full-time academic appointment at the level of full professor or associate professor, and a great need exists to fill that position.

(2) Possesses a current valid license to practice medicine issued by another state, country, or other jurisdiction.

(3) Is not subject to denial under Section 480 or any provision of this chapter.

(4) Pays the fee prescribed for application for, and initial licensure as, a physician and surgeon.

(5) Has not held a position under Section 2113 for a period of two years or more preceding the date of the application. The Board may, in its discretion, waive this requirement.

(b) The Board shall exercise its discretion in determining whether an applicant satisfies the requirements of paragraph (1) of subdivision (a).

(c)(1) The Board shall establish a review committee comprised of two members of the Board, one of whom shall be a physician and surgeon and one of whom shall be a public member, and one representative from each of the medical schools in California. The committee shall review and make recommendations to the Board regarding the applicants applying pursuant to this section, including those applicants that a medical school proposes to appoint as a division chief or head of a department or as nontenure track faculty.

(2) The representative of the medical school offering the applicant an academic appointment shall not participate in any vote on the recommendation to the division for that applicant.

2168.2 An application for a special faculty permit shall be made on a form prescribed by the Board and shall include any information that the Board may prescribe to establish an applicant's eligibility for a permit. This information shall include, but is not limited to, the following:

(a) A statement from the dean of the medical school at which the applicant will be employed describing the applicant's qualifications and justifying the dean's determination that the applicant satisfies the requirements of paragraph (1) of subdivision (a) of Section 2168.1.

(b) A statement by the dean of the medical school listing every affiliated institution as part of the medical school's educational program and justifying any clinical activities at each of the institutions listed by the dean.

Signature of Applicant: _____ Date: _____

PHOTO AREA
PASTE A 2" x 3"
PHOTO HERE

PHOTO MUST BE RECENT
(WITHIN SIX MONTHS)
AND MUST BE OF YOUR
HEAD AND SHOULDER
AREAS ONLY.

SCANNED, ALTERED, OR
POLAROID PHOTOS ARE
NOT ACCEPTABLE

I hereby declare under penalty of perjury under the laws of the State of California that the attached photograph was taken on or about (date) _____, my age then being _____ years; color of hair _____; color of eyes _____; height _____; weight _____; identification marks _____

Signature of Applicant:

Date:

The applicant, _____, _____ being first duly sworn upon
(PLEASE PRINT FULL NAME) (DATE OF BIRTH)

his/her oath deposes and says: that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business and professional associates (past, present and future), 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, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by that Board in connection with this application; or any further or future investigation by that Board necessary to determine any medical competence, professional conduct, or physical or mental ability to safely engage in the practice of medicine. 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 licensure.

I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO OR FAILURE TO DISCLOSE A CONVICTION IS A SUFFICIENT BASIS FOR DENYING OR REVOKING APPROVAL OF YOUR SPECIAL FACULTY PERMIT.

(PLEASE PLACE YOUR INITIALS IN BOX)

Signature of Applicant: (Please sign full name)

State of California

County of _____

Subscribed and sworn to (or affirmed) before me on

this _____ day of _____, 20 _____,

by _____

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



SIGNATURE OF NOTARY PUBLIC

SECTION 2168.1 -----DEAN'S CERTIFICATION STATEMENT

(Applicant's Last Name)

(First Name)

(Middle Name)

(Qualifying Faculty Appointment)

(Anticipated Beginning Date of Appointment)

List all locations at which applicant may be providing instruction as part of the medical school's educational program, including affiliated locations where the medical school has assumed responsibility for providing instruction as part of the medical school's educational program. Please describe and justify all clinical activities at each location. Attach additional pages if necessary.

I have reviewed the qualifications and credentials of the above-named applicant for employment in the above-listed faculty position. I have determined that the applicant is academically eminent and that the faculty position complies with the requirements of Section 2168.1 of the California Business and Professions Code.

I understand the limitations in scope and practice of a Special Faculty Permit issued pursuant to Section 2168.1. If the applicant is granted a Special Faculty Permit pursuant to Section 2168.1, I will ensure that the applicant practices within the scope of the permit within _____. I will notify the Board within 30 days of any change in the applicant's status that may invalidate the permit, such as retirement, death, resignation, termination or dismissal from the faculty position.

I certify under penalty of perjury under the laws of the State of California that the above statements are true and correct to the best of my knowledge.

(Date)

(Signature, Dean)

(Printed Name, Dean)

(California License Number, Dean)

(University or Medical School Seal Must Be
Affixed or Stamped Below)

(Medical School)

(Medical School Address)

(Telephone Number)

ATTACHMENT 5

DISCLOSURE OF FINANCIAL INTERESTS

PLEASE PRINT OR TYPE CLEARLY THE NAME(S) AND ADDRESS(ES) OF EACH HEALTH-RELATED FACILITY IN WHICH YOU OR YOU IMMEDIATE FAMILY HAVE A FINANCIAL INTEREST. IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL LISTINGS. IF YOU HAVE NO INTERESTS TO DECLARE, PLEASE WRITE "NONE" IN THE AREA BELOW AND SIGN YOUR NAME IN SECTION "G" OF PART 3, ON THE FRONT OF THIS FORM.

HEALTH-RELATED FACILITY NAME(S)	ADDRESS
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

SM
11/

02/04/12	<p>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? PLEASE READ INSTRUCTIONS BEFORE ANSWERING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>Renewal Application Special Faculty Permit</p>								
02/06/12	<p><input type="checkbox"/> YES, I WISH TO CONTRIBUTE \$25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM</p>	<p>Sponsoring Medical School Dean's Certification CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THIS PERMIT HOLDER CONTINUES TO MEET THE ELIGIBILITY CRITERIA SET FORTH IN SECTION 2168, IS STILL EMPLOYED SOLELY AT THE SPONSORING INSTITUTION, CONTINUES TO POSSESS A CURRENT MEDICAL LICENSE IN ANOTHER STATE OR COUNTRY, AND IS NOT SUBJECT TO PERMIT DENIAL UNDER SECTION 480 OF THE BUSINESS AND PROFESSIONS CODE.</p> <p>D. DEAN'S SIGNATURE REQUIRED HERE: _____ DATE: _____</p>								
<p>PERMIT NO SFP 4</p> <p>PERMIT EXPIRES 05/31/12</p> <p>ACTIVE</p>	<table border="1"> <tr> <th>AMOUNT DUE NOW</th> <th>DELINQ. FEE IF POSTMARKED AFTER 06/30/12</th> </tr> <tr> <td>\$808.00</td> <td>\$886.00</td> </tr> <tr> <td>VOLUNTARY FEE = \$</td> <td>\$</td> </tr> <tr> <td>TOTAL ENCLOSURE = \$</td> <td>\$</td> </tr> </table>	AMOUNT DUE NOW	DELINQ. FEE IF POSTMARKED AFTER 06/30/12	\$808.00	\$886.00	VOLUNTARY FEE = \$	\$	TOTAL ENCLOSURE = \$	\$	<p>E. FOR ADDRESS CHANGE ONLY IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW</p> <p>STREET _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>PHONE NUMBER (____) _____</p>
AMOUNT DUE NOW	DELINQ. FEE IF POSTMARKED AFTER 06/30/12									
\$808.00	\$886.00									
VOLUNTARY FEE = \$	\$									
TOTAL ENCLOSURE = \$	\$									
<p>G. FINANCIAL INTEREST STATEMENT I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM, THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST.</p> <p>SIGNATURE REQUIRED HERE _____</p>										

OVER

63011906161906162000000042010531120008080000088600

RENEWAL APPLICATION (CONTINUED)

CONTINUING MEDICAL EDUCATION - Read each statement carefully and mark the appropriate answer. Your signature is required in Box D on the reverse side of this form.

- ☐ Yes ☐ No I have completed and can document not less than 50 hours of approved CME for the two-year period immediately preceding the expiration date of my license.
- ☐ Yes ☐ No I have completed 12 hours of pain management and end-of-life care.
- ☐ Yes ☐ No I am exempted from the completion of 12 hours of pain management and end-of-life care continuing education requirement because I am a radiologist or pathologist.

ONLY for general internists and family physicians who have 25% of their patient population aged 65 years or older:

☐ Yes ☐ No I have completed at least 20% of the required CME in geriatric medicine or the care of older patients.

PHYSICIAN SURVEY

The Medical Board requires completion of Sections 1, 2, 3, and 4 of this survey pursuant to B&P Code sections 2425.1 and 2425.3. The survey information collected will be publicly available in accordance with state law.

1. ACTIVITIES IN MEDICINE

Indicate hours per week for each of the following activities. Fill in one circle on each line:

	None	1-9	10-19	20-29	30-39	40+
Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. PRACTICE LOCATION

--	--	--	--	--	--	--	--	--	--

If you provide patient care, indicate the zip code of your primary practice location (U.S. only).

3. CURRENT TRAINING STATUS

- ☐ Resident
☐ Fellow
☐ Not in Training

4. MEDICAL PRACTICE/SPECIALTY and BOARD CERTIFICATIONS

Mark all specialty classifications in your: primary practice area (1°); secondary practice area (2°), if applicable; and board certifications (Bd Cert) by an American Board of Medical Specialties' board or by the American Board of Facial Plastic & Reconstructive Surgery, the American Board of Pain Medicine, the American Board of Sleep Medicine, or the American Board of Spine Surgery. (Please take the time to be accurate and complete, as this information will be posted on your profile on the Medical Board's Web site.)

1°	2°	Bd	Cert	1°	2°	Bd	Cert	1°	2°	Bd	Cert
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Aerospace Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	General Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pathology
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Allergy & Immunology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Geriatric Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pediatrics
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Anesthesiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hematology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical Medicine & Rehabilitation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cardiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Infectious Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plastic Surgery
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Colon & Rectal Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Internal Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Psychiatry
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Complementary & Alternative Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medical Genetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Public Health & General Preventive Med
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cosmetic Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neonatal Perinatal Med.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pulmonology
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Critical Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nephrology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Radiation Oncology
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neurological Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Radiology
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Emergency Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neurology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rheumatology
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Endocrinology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nuclear Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sleep Medicine
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Facial, Plastic & Reconstructive Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Obstetrics & Gynecology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Spine Surgery
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Occupational Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sports Medicine
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gastroenterology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oncology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Surgical Oncology
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	General Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ophthalmology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thoracic Surgery
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Orthopedic Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urology
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Otolaryngology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vascular Surgery
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pain Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other



MEDICAL BOARD OF CALIFORNIA

2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-3831
(916) 263-2382 / 1-800-633-2322
www.mbc.ca.gov



RMBC
12/24/08

LICENSE RENEWAL APPLICATION

BE GREEN, SAVE TIME, RENEW ONLINE
NO CHARGE TO RENEW ONLINE AT WWW.MBC.CA.GOV
ONLINE RENEWALS PROCESSED IN 48 - 72 HOURS

TYPE NUMBER EXPIRES
10/31/09

07/04/05

07/06/05

IMPORTANT NOTE

If not renewing online, please return the entire renewal application to the address on the reverse side of this form with a check or money order made payable to the Medical Board of California. Required information is contained on the front and back of this form. Please allow 8 weeks for processing of your renewal if not renewing online.

- SECTIONS 1, 2, 3, AND 4 OF THE PHYSICIAN SURVEY ON THE REVERSE OF THIS FORM MUST BE COMPLETED.
- THE INFORMATION COLLECTED WITH THIS SURVEY WILL BE PUBLICLY AVAILABLE IN ACCORDANCE WITH STATE LAW.
- THIS APPLICATION MUST BE COMPLETED IN BLACK OR BLUE INK.
- YOUR SIGNATURE IS REQUIRED IN BOXES D AND G IN PART 3 BELOW.
- CONTINUING MEDICAL EDUCATION (CME) INFORMATION MUST BE COMPLETED ON THE REVERSE SIDE OF THIS FORM.
- READ EACH CME STATEMENT ON THE BACK OF THIS FORM CAREFULLY AND MARK THE APPROPRIATE ANSWER.
- FAILURE TO COMPLETE BOTH SECTIONS D AND G WILL RESULT IN A DELAY OF YOUR LICENSE RENEWAL.
- The laws of the State of California require certification to the following:
 - Completion of not less than 50 hours of approved continuing medical education during each two-year period immediately preceding the expiration date of the license. If an initial license was issued for less than 13 months, only 25 hours of continuing medical must be completed.
 - For all general internists and family physicians who have a patient population of which over 25% are 65 years or older, completion of at least 20% of all mandatory continuing education in a course in the field of geriatric medicine or the care of older patients.
 - All physicians licensed on or after January 1, 2002, must complete 12 hours of pain management end-of-life care within four years of initial license or by their second renewal date, whichever comes first. Physicians engaged solely in the practice of radiology or pathology are exempt.
 - Disclosure of the names of health-related facilities in which you have a personal interest or family members have a financial interest.
- BOX F - \$25 FAMILY PHYSICIAN TRAINING FEE - Please CHECK BOX "F" BELOW IN PART 3 & ADD \$25 TO YOUR LICENSE RENEWAL CHECK. (SEE BOOKLET FOR ADDITIONAL INFORMATION.)
- BOX G - FINANCIAL INTEREST STATEMENT - YOUR SIGNATURE IS REQUIRED AT BOX G.
- In accordance with California Business and Professions Code section 2436.5, effective January 1, 2009 incorporated into your total renewal fee is a \$25.00 mandatory fee for the Physician Loan Repayment Program. See the enclosed booklet for additional information.
- Monies paid over the total renewal amount due will be applied to the voluntary Family Physician Training Program.

ATTENTION

I have read my profile on the Medical Board Web site at www.mbc.ca.gov/licenses.htm and acknowledge the information contained therein as current and accurate (signature)

If any information contained in the physician profile is inaccurate, please send your written changes to the Medical Board of California, Consumer Information Unit, 2005 Evergreen St., Suite 1200, Sacramento CA 95815-3831. IF YOU HAVE AN ADDRESS OF RECORD CHANGE, BOX E MUST BE COMPLETED BELOW.

DO NOT SEND THE DELINQUENT FEE AMOUNT UNLESS YOUR RENEWAL WILL BE POSTMARKED 30 DAYS AFTER THE EXPIRATION DATE OF YOUR LICENSE.

YOU MAY NOT ENGAGE IN THE PRACTICE OF MEDICINE AFTER THE EXPIRATION DATE UNLESS THE LICENSE IS RENEWED.

Check the box next to "YES" if, since your last renewal, you have had any license disciplined by a government agency or have you been convicted or pled guilty to any crime. "Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. You do not need to report a conviction for an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Sections 1000 or 1203.4 of the Penal Code. "License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation, or any other restriction.

Check the box next to "NO" if since your last renewal you have not had a license disciplined by another government agency and you have not been convicted of a crime.

RETURN THE ENTIRE FORM TO THE RETURN ADDRESS ON THE BACK, MAKE A PHOTOGRAPHY FOR YOUR RECORDS

PART 3

Since you last renewed your license, have you had any license disciplined by a government agency or other discipline? Or, have you been convicted of any crime in any state, the U.S.A. and in territories, military court or a foreign country? PLEASE READ INSTRUCTIONS BEFORE ANSWERING. ☐ YES ☐ NO

License Renewal Application
Physician and Surgeon

☐ YES, I WISH TO CONTRIBUTE
\$25 FOR THE FAMILY PHYSICIAN
TRAINING PROGRAM

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.

SIGNATURE REQUIRED HERE

DATE

LICENSE NO. EXPIRES
10/31/09

VOLUNTARY FEE \$
TOTAL ENCLOSED \$

ACTIVE

AMOUNT DUE
NOW
\$808.00

DELINQ FEE IF
POSTMARKED AFTER
11/30/09
\$886.00

E. FOR ADDRESS CHANGE ONLY
IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET
CITY STATE ZIP
PHONE NUMBER ()

G. FINANCIAL INTEREST STATEMENT

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.

Signature required here

OVER

63010700000700006000372441011031090008080000088600

ATTACHMENT 6

Last Name	First Name	School	Title	Department	Permit #	Original Issue Date	Expiration Date	Status
Ratib	Osman	UC Los Angeles	Professor in Residence	Radiology	SFP 1	8/18/1999	N/A (6/30/2005)	Canceled
Tarin	David	UC San Diego	Professor	Pathology	SFP 2	10/4/1999	N/A (8/31/2007)	Canceled
Abbas	Abul	UC San Francisco	Chair	Pathology	SFP 3	1/4/2000	6/30/2013	Current
Muizelaar	Jan	UC Davis	Professor	Neurosurgery	SFP 4	8/10/2000	5/31/2014	Current
Whybrow	Peter	UC Los Angeles	Professor	Neurology	SFP 5	9/19/2001	6/30/2013	Current
Jiala	Ishwarlal	UC Davis	Professor	Pathology	SFP 6	10/9/2002	10/31/2014	Current
Rachmilewitz	Daniel	UC Irvine	Professor	Gastroenterology	SFP 7	5/21/2004	N/A (5/31/2006)	Canceled
Goadsby	Peter	UC San Francisco	Professor	Neurology	SFP 8	11/16/2007	9/30/2013	Current
Medeiros	Felipe	UC San Diego	Associate Professor	Ophthalmology	SFP 9	3/7/2008	2/28/2014	Current
Bydder	Graeme	UC San Diego	Professor	Radiology	SFP 10	3/7/2008	5/31/2013	Current
Horgan	Santiago	UC San Diego	Professor	Surgery	SFP 11	4/11/2008	9/30/2013	Current

Last Name	First Name	School	Title	Department	Permit #	Original Issue Date	Expiration Date	Status
Everall	Ian	UC San Diego	Professor	Psychiatry	SFP 12	4/11/2008	N/A (8/31/2011)	Canceled
McGovern	Dermot	UC Los Angeles	Associate Professor	Gastroenterology	SFP 14	11/14/2008	8/31/2014	Current
Shiota	Takahiro	UC Los Angeles	Professor	Cardiology	SFP 15	11/25/2008	8/31/2014	Current
Tylen	Ulf	UC Davis	Professor	Radiology	SFP 16	12/4/2008	12/31/2012	Current
Ukimura	Osama	University of Southern California	Professor	Urology	SFP 17	2/3/2010	8/31/2013	Current
Yoshioka	Hiroshi	UC Irvine	Professor	Radiology	SFP 18	2/24/2010	4/30/2013	Current
Wieselthaler	Georg	UC San Francisco	Professor	Surgery	SFP 19	12/7/2011	3/31/2013	Current
Hommes	Daniel	UC Los Angeles	Professor	Medicine	SFP 20	12/7/2011	6/30/2013	Current
Cilio	Maria	UC San Francisco	Professor	Neurology	SFP 21	8/16/2012	4/30/2014	Current
Yersiz	Hasan	UC Los Angeles	Professor	Surgery				Pending
Galassetti	Pietro	UC Irvine	Associate Professor	Pediatrics				Pending

ATTACHMENT 7



MEDICAL BOARD OF CALIFORNIA
Executive Office



December 9, 2011

The Honorable Curren Price, Chair
Senate Business, Professions and Economic Development
State Capitol, Room 2053
Sacramento, CA 95814

The Honorable Mary Hayashi, Chair
Assembly Business, Professions and Consumer Protection Committee
State Capitol, Room 3013
Sacramento, CA 95814

Re: Business and Professions Code 2168.5

Dear Senator Price and Assembly Member Hayashi,

The Medical Board of California is pleased to provide the following report in compliance with Business and Professions Code 2168.5, relating to the Special Faculty Permit Program. The section states:

The Medical Board of California shall report to the Legislature by December 31, 2011, on the status of the special faculty permit program.

Assembly Bill 523 (Lempert, Chapter 332, Statutes of 1997) established the Special Faculty Permit Program in section 2168 of the Business and Professions Code. The program allows academically eminent physicians who are not otherwise eligible for licensure in California to obtain a limited license to practice medicine within a specific medical institution. This license does not allow for the unrestricted practice of medicine outside the sponsoring institution.

The intent of this statute was to ensure that California's medical schools could continue to attract eminent physicians who were not immediately eligible for licensure and who would otherwise be lost to institutions in other states if they were required to defer their work while taking the steps needed to qualify for a full and unrestricted medical license. These international physicians have outstanding credentials in their field of specialty and are recognized throughout the world as experts.

Regulations to enact this section were adopted by the Division of Licensing (currently known as the Licensing Program) in late 1998 and became effective in February 1999.

Since the inception of the program, the Board has received and processed 20 applications on behalf of California medical schools for the issuance of Special Faculty Permits. Out of the 20 applications, 19 of the applicants satisfied the requirements and were issued a permit. The other application is currently awaiting review by the Special Faculty Permit Review Committee to determine if the applicant is eligible for issuance of the 2168 permit.

The Special Faculty Permit physicians are practicing within the following medical schools and their affiliated hospitals in California: University of California, Davis; University of California, Los Angeles; University of California, San Diego; University of California, San Francisco; University of California, Irvine and University of Southern California.

Below is a table of the physicians who have been granted permits, their specialties, date of original permit, and renewal dates.

PERMITS ISSUED

Last Name	First Name	Title	Department	School	Original Issue Date	Permit Expired	Permit Renewed	Renewal Expires
RATIB	Osman	Prof. in Res.	Radiology	UCLA	8/18/1999	6/30/2005		
TARIN	David	Professor	Pathology	UCSD	10/4/1999	8/31/2005	6/30/2005	8/30/2007
ABBAS	Abul	Chair	Pathology	UCSF	12/21/1999	6/30/2001	6/30/2009	6/30/2013
MUIZELAAR	Jan Paul	Professor	Neurosurgery	UCD	8/10/2000	5/31/2002	5/31/2010	5/31/2012
WHYBROW	Peter	Professor	Neurology	UCLA	9/19/2001	6/30/2009	6/30/2009	6/30/2013
JIALAL	Ishwarlal	Professor	Pathology	UCD	10/9/2002	10/31/2004	10/31/2008	10/31/2012
RACHMILEWITZ	Daniel	Professor	Gastroenterology	UCI	5/21/2004	5/31/2006		
GOADSBY	Peter	Professor	Neurology	UCSF	11/16/2007	9/30/2009	9/30/2009	9/30/2013
MEDEIROS	Felipe	Assoc. Prof.	Ophthalmology	UCSD	3/7/2008	2/28/2010	2/28/2010	2/28/2012
BYDDER	Graeme	Professor	Radiology	UCSD	3/7/2008	5/31/2009	5/31/2009	5/31/2013
HORGAN	Santiago	Professor	Surgery	UCSD	4/11/2008	9/30/2009	9/30/2009	9/30/2013
EVERALL	Ian	Professor	Psychiatry	UCSD	4/11/2008	8/31/2009	8/31/2009	8/31/2011
McGOVERN	Dermot	Assoc. Prof.	Gastroenterology	UCLA	11/14/2008	8/31/2010	8/31/2010	8/31/2012
SHIOTA	Takahiro	Professor	Cardiology	UCLA	11/25/2008	8/31/2010	8/31/2010	8/31/2012
TYLEN	Ulf	Professor	Radiology	UCD	12/4/2008	12/31/2010	12/31/2012	
UKIMURA	Osama	Professor	Urology	USC	2/3/2010	8/31/2011	8/31/2013	
YOSHIOKA	Hiroshi	Professor	Radiology	UCI	2/24/2010	4/30/2011	4/30/2013	
WIESELTHALER	Georg	Professor	Surgery	UCSF	12/7/2011	12/7/2013		
HOMMES	Daniel	Professor	Medicine	UCLA	12/7/2011	12/7/2013		

Price/Hayashi B&P Code 2168.5
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Please note consumers have the ability to look up the doctor's information on our Web site at www.mbc.ca.gov under the home page, on the "Check Your Doctor" tab. An example for Dr. Medeiros is attached.

If you require additional information or have specific questions or concerns regarding the Special Faculty Permit Program, please do not hesitate to contact me at (916) 263-2389.

Sincerely,



Linda K. Whitney
Executive Director

cc: E. Dotson Wilson, Chief Clerk of the Assembly
Gregory Schmidt, Secretary of the Senate

Attachment



MEDICAL BOARD OF CALIFORNIA

LICENSE LOOKUP SYSTEM

License Information:

The following information is maintained by the Medical Board of California. For more information, click on the blue tabs above.

License:	SFP 9 Special Faculty Permit under Section 2168 of the Business and Professions Code: An internationally trained physician, who is sponsored by the dean of a California medical school and has been recognized as academically eminent in their field of specialty by the Medical Board of California, may be issued a Special Faculty Permit under Section 2168 of the Business and Professions Code. This permit authorizes the physician to practice, with all the rights and privileges of a California medical license, only in the sponsoring medical school and its formally affiliated hospitals. For more information, contact the program analyst by telephone at (916) 263-2343 or by e-mail at Phil.Egeston@mbc.ca.gov .
License Type:	Special Faculty Permit
Name:	FELIPE D MEDEIROS, M.D.
Address of Record:	5210 FIORE TERRACE # L416 SAN DIEGO, CA 92122
Address of Record County:	SAN DIEGO
License Status:	License Renewed & Current Licensee meets requirements for the practice of medicine in California.
Public Record Action(s):	No Public Record Actions available
Original Issue Date:	March 7, 2008
Expiration Date:	February 28, 2012
School Name:	UNIVERSITY OF SAO PAULO FACULTY OF MEDICINE
Year Graduated:	1997

Survey Information:

The following information is self-reported by the licensee and has not been verified by the Board.

Activities In Medicine:	No activities identified
Primary Practice Location Zip Code:	Not identified
Board Certification(s):	No board certifications identified
Primary Practice Area(s):	No primary practice areas identified
Secondary Practice Area(s):	No secondary practice areas identified
Post Graduate Training Years:	Not identified
Ethnic Background:	Declined to Disclose
Foreign Language(s):	Declined to Disclose
Gender:	Declined to Disclose

Public Record Action(s):

Please select the **Public Record Documents** tab to view the public document database. If information is posted in the Administrative Disciplinary Actions, Court Order, Administrative Citation Issued, or License Issued with Public Letter of Reprimand categories below, documents may be available for review. To find out what information is and is not available, please click [here](#).

Administrative Disciplinary Actions:

The Medical Board's public disclosure screens are updated periodically as new information becomes available. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of public documents at a minimal charge.

No Administrative Disciplinary Actions found.

Court Order:

This information would be provided if a physician's practice has been temporarily restricted or suspended pursuant to a court order. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of the public documents.

No Court Orders found.

Administrative Action Taken by Other State or Federal Government:

This information is provided by another state/federal government agency. The Medical Board of California may take administrative action based on the action imposed by another state/federal government agency. For more information or verification, contact the agency listed below that imposed the action.

No Administrative Actions Taken by Other State or Federal Government found.

Felony Conviction:

The information provided only includes felony convictions that are known to the Board. All felony convictions known to the Board are reviewed and administrative action is taken only if it is determined that a violation of the Medical Practice Act occurred. For more information regarding felony convictions, contact the court of jurisdiction listed below.

No Felony Convictions found.

Misdemeanor Conviction: