



# MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

**Licensing Program**  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815-5401  
Phone: (916) 263-2382  
Fax: (916) 263-2487  
www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

- **Mail completed form to: Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831**
- **If you provide only voluntary, unpaid services, meet the requirements below, and want to apply for a waiver of the initial license or renewal fee, complete this application.**
- **If you are renewing at the same time as you apply for voluntary service 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 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.**
- **It is important to remember that a licensee who is in voluntary service status must comply with the continuing medical education (CME) requirements.**
- **Note: Applicants for initial licensure must pay the initial application, and fingerprint processing fees and complete the "Physician's and Surgeon's License Application" in addition to this Voluntary Service Physician Application.**

<b>VOLUNTARY SERVICE PHYSICIAN APPLICATION FOR WAIVER FROM PAYMENT OF INITIAL LICENSE OR RENEWAL FEE</b>  <i>Please print or type</i>		FOR MEDICAL BOARD USE ONLY			
		Fee paid: _____		Receipt #: _____	
		Date Cashiered: _____		Cashier's Intl.: _____	
		Date Approved: _____		Date Denied: _____	
		Enforcement Approval: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____			
<b>Legal Name:</b>	Last	First	Middle	Suffix	
<b>Address of Record:</b> (Current public/mailling address)  <b>THIS ADDRESS WILL BE DISPLAYED ON YOUR PROFILE ON THE BOARD'S WEBSITE.</b>  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
<b>Confidential Street Address:</b> (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
<b>Telephone Numbers:</b>	Cell #	Home #	Work #	FAX #	
<b>Email Address:</b>					
<b>Medical Board of California License/Registration Number:</b>					
<b>Section 2083 of the Business and Professions Code:</b> (a) Except as provided in subdivision (b), each application for a certificate shall be accompanied by the fee required by this chapter and shall be filed with the Division of Licensing. (b) The license fee shall be waived for a physician and surgeon who certifies to the Medical Board of California that the issuance of the license or the renewal of the license is for the sole purpose of providing voluntary, unpaid service.  Section 2442 of the Business and Professions Code: The renewal fee shall be waived for a physician and surgeon who certifies to the Medical Board of California that license renewal is for the sole purpose of providing voluntary, unpaid service.					
<b>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.</b>					
<b>Applicant's Signature:</b> _____				<b>Date:</b> _____	

## 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 2442 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.*