



# 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

**Section 701 of the Business and Professions Code permits a licensee who is not actively engaged in the practice of his or her profession in the State of California to maintain licensure in a non-practicing status. This status is provided with the issuance of an “inactive” license.**

**If your California Midwifery license is currently suspended, revoked, or otherwise restricted by the Board, an “inactive” license cannot be issued to you.**

<p><b>MIDWIFE APPLICATION FOR INACTIVE LICENSE</b></p> <p><i>Please print or type. Illegible applications will be returned.</i></p>	<b>FOR OFFICE USE ONLY</b>	
	Fee Paid: _____	Receipt #: _____
	Date Cashiered: _____	Cashier's Intl.: _____
	Date Approved: _____	Date Denied: _____
	Enforcement Approval: ___ Yes ___ No Date: _____	
Name (first, middle, last):		
Address of Record (current public/mailling address). This is the address that will be displayed on the Medical Board's website. If listing a PO Box, you must also provide a confidential street address.		
Confidential Street Address:		
Telephone:	Email:	
Fax:		
California Midwifery License Number:		
<p><b>INACTIVATING A LICENSE DOES NOT CHANGE ITS EXPIRATION DATE, AND THE RENEWAL FEE IS THE SAME AS THE FEE FOR AN ACTIVE LICENSE.</b></p> <p><b>THERE ARE NO FEE EXEMPTIONS OR REDUCTIONS FOR INACTIVE LICENSES.</b></p> <p>If you are renewing at the same time as you apply for an inactive license, you must submit the full renewal fee with this application.</p> <p>If the license is in delinquent status, a payment of all accrued renewal fees, a delinquent fee, and penalty fee must be submitted.</p> <p>If your license has not expired, no fee is required at this time.</p> <p>If your application is approved, you will be exempt from complying with the Continuing Education (CE) requirements.</p> <p>To restore an inactive license to active status, you must complete the required CE for a single renewal period. You will be required to document compliance with those requirements <u>before</u> an active license can be issued.</p> <p><b><u>REMEMBER: If you hold an “inactive” license, you cannot engage in any activity in California for which an active license is required.</u></b></p>		

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; none is voluntary. 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 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.*