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

APPLICATION FOR VOLUNTARY SURRENDER OF LICENSE

Please print or type.
Illegible applications will be returned.

FOR OFFICE USE ONLY

Date Received

Enforcement Approval: Yes____No____Date_____

Initials:_____

Name (first, middle, last):

Address of record (Current public/mailing address. This is the address that will be displayed on the Medical Board's website. If using a PO Box, you must also provide a confidential street address.)

Confidential street address:

Telephone:

Fax:

Email:

Date of Birth:

California Medical License Number:

Once this form is properly completed and approved, you will be notified of the date your license will be canceled. Once canceled, it may not be renewed, reissued, reinstated or restored. If you later would like to become licensed in the State of California, you will be required to apply for a new license and will be subject to the requirements in effect at the time of application. This may include a written and/or oral examination.

THIS OPTION MAY NOT BE AVAILABLE IF YOU ARE UNDER INVESTIGATION BY THE MEDICAL BOARD OR IF THE MEDICAL BOARD HAS INITIATED DISCIPLINARY ACTION AGAINST YOUR LICENSE.

PLEASE RETURN YOUR ORIGINAL WALL CERTIFICATE AND THE LAST LICENSE ISSUED.

This request for voluntary surrender of license must be accompanied by your original wall certificate and the last license issued. If the wall certificate and/or last license are no longer in your possession, please provide below a brief explanation.

_____

_____

_____

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.

_____ _____

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 the application being rejected as incomplete. The chief of the Licensing Program 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.