



# 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

- If you meet the requirements and would like to apply for an exemption from payment of the renewal fee, complete the application below.
- If the midwifery license is in delinquent status, a payment of all accrued renewal and delinquent fees must be submitted with the application. If your 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.
- Section 2518 of the Business and Professions Code provides an exemption from payment of the renewal fee if the licensee has applied for and been issued, a retired license.

<b>RETIRED MIDWIFE APPLICATION FOR EXEMPTION FROM PAYMENT OF RENEWAL FEE AND CONTINUING EDUCATION REQUIREMENT NO PRACTICE ALLOWED Please print or type. Illegible applications will be returned.</b>	FOR OFFICE USE ONLY	
	Fee Paid: _____ Date Cashiered: _____ Date Approved: _____ Enforcement Approval: Yes No	Receipt #: _____ Cashier's Intl.: _____ Date Denied: _____ 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: _____ Fax: _____	Email: _____	
California Midwifery License Number: _____	Date of Birth: _____	
<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).</p> <p>"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.</p> <p>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.</p> <p>"License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation, or any other restrictions.</p> <p><b>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?</b></p> <p style="text-align: right;">NO YES</p>		
<b>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.</b>		
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 information provided will be used to determine your eligibility for waiver of renewal fees, pursuant to section 2439 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 contained in this application may be transferred to other governmental or law enforcement agencies.*