



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, Suite1200, Sacramento, CA 95815-3831
- If you meet the requirements and would like to apply for an exemption from payment of the renewal fee, complete the application below.
- If you are renewing at the same time as you apply for retired status, you must submit the \$25 mandatory fee for the Physician Loan Repayment Program with the application.
- If the medical license is delinquent, a payment of all accrued renewal fees, delinquent fee, the \$25 mandatory fee, and penalty fee 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 2439 of the Business and Professions Code provides an exemption from payment of the renewal fee if the licensee has applied for a retired license.

RETIRED PHYSICIAN APPLICATION FOR EXEMPTION FROM PAYMENT OF RENEWAL FEE <u>NO PRACTICE PERMITTED</u> <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: _____			
Legal Name:	Last	First	Middle	Suffix	
Address of Record: (Current public/mailling address) THIS ADDRESS WILL BE DISPLAYED ON YOUR PROFILE ON THE BOARD'S WEBSITE. 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
Confidential Street Address: (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
Telephone Numbers:	Cell #	Home #	Work #	FAX #	
Email Address:					
Date of Birth:					
Medical Board of California License/Registration Number:					

BOTH PAGES OF THIS FORM MUST BE COMPLETED.

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 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 in this application may be transferred to other governmental and law enforcement agencies.