



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 CHECKLIST FOR FICTITIOUS NAME PERMIT

For all applications, did you:

- include a check for \$50?
- indicate if you have additional practice locations? (Box 1)
- indicate the name for which you are applying? (Box 3)
- provide a translation or explanation of any foreign or non-standard English word to appear in the permit name?
- include **ORIGINAL** signatures? (Box 5 or Box 7)

In addition, please be sure to complete the rest of the steps as listed below, depending on what kind of business is applying:

- If applying as a **Corporation**, did you:
 - include a copy of your original endorsed Articles of Incorporation?
 - include a copy of any endorsed Amended Articles of Incorporation?
 - list all shareholders **AND** the percentage of the corporation they own? (Boxes 6a and 6b)
 - fully fill out the signature block, leaving no blanks? (Box 7)
- If applying as a **Partnership**, did you:
 - list your FEIN number? (Box 4)
 - include a signature from each partner?
 - fully fill out the signature block for each partner, leaving no blanks? (Box 5)
- If applying as a **Partnership of Corporations**, did you:
 - complete all the steps for a regular Partnership?
 - include a copy of your original endorsed Articles of Incorporation for each partner corporation?
 - include a copy of any endorsed Amended Articles of Incorporation for each partner corporation?
 - include a letter stating this is a sole shareholder professional medical corporation (**letter must be signed by the shareholder**)
- If applying as a **Medical Group**, did you:
 - also fill out the application as either a CORPORATION or PARTNERSHIP?
- If applying as a **Sole Proprietorship**, did you:
 - list your SSN number? (Box 4)
 - fully fill out the signature block for the MD/DPM applying, leaving no blanks? (Box 5)



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FICTITIOUS NAME PERMIT APPLICATION

| FOR OFFICE USE ONLY | |
|---------------------|--------------|
| Fee Paid: | Receipt No.: |

INSTRUCTIONS:

Please print or type. **ALL INCOMPLETE OR COPIED APPLICATIONS WILL BE RETURNED.**

For Individuals (Sole Proprietor) or Partnerships*: fill out items 1, 2, 3, 4, and 5 and mail with the \$50 fee.

For Corporations**: fill out items 1, 2, 3, 6a or 6b and 7 and mail with a copy of the **endorsed** Articles of Incorporation (articles that were originally filed with the Secretary of State and any amendments) and the \$50 fee.

* For Partnerships comprised of corporations, submit endorsed Articles of Incorporation for each corporation.

** In California you may only practice medicine as a corporation if you are a California Professional Medical Corporation (Business and Professions Code §2402, Corporations Code §13401.5).

Mail application to: Medical Board of California
Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-3831

Fee: \$50 (non-refundable) check, money order or cashier's check
Payable to: Medical Board of California

| | | | | |
|--|--|---|---------------|---------------|
| 1. | Practice Address (must be a physical address in California) | | | |
| | Physician or Corporation Name | | | |
| | Street Address (P.O. Boxes are not acceptable) | | | |
| | City | State | Zip Code | Telephone No. |
| | | CA | | |
| | Additional Practice Locations: Yes <input type="checkbox"/> No <input type="checkbox"/> (List additional practice address(es) and telephone number(s) on a separate attachment) | | | |
| | Mailing Address for the Fictitious Name Permit (if different than the practice address) | | | |
| Name | | | | |
| Address | | | | |
| City | | State | Zip Code | |
| Person to be contacted regarding this application | | | | |
| Name | | | Telephone No. | |
| Address | | City | State | Zip Code |
| 2. | Business Type | | | |
| | The applicant is applying as: <i>(check only one)</i> | | | |
| | <input type="checkbox"/> Professional Medical Corporation* | <input type="checkbox"/> Individual (Sole Proprietor) | | |
| | <input type="checkbox"/> Professional Podiatry Corporation | <input type="checkbox"/> Partnership | | |
| <input type="checkbox"/> Medical Group | | | | |
| *The corporation must be a California professional medical corporation incorporated under California Corporations Code §13400 et. seq. | | | | |

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| 3. | <p>Fictitious Name Choices</p> <p>Enter your fictitious name choices in order of preference. If the name is an acronym or includes abbreviations, foreign words or a name other than your own, please provide an explanation of its meaning. Names of current Fictitious Name Permits are on the Medical Board of California web site, www.mbc.ca.gov. Please review the site to determine if your name is available. Business and Professions Code §2285 prohibits practicing under a fictitious name until the Board has issued a Fictitious Name Permit.</p> |
| | 1. |
| | 2. |
| | 3. |

FOR INDIVIDUALS (SOLE PROPRIETORS) AND PARTNERSHIPS ONLY

| | |
|-----------|--|
| 4. | <p>If applying as an Individual (Sole Proprietor), enter your Social Security Number: _____</p> <p>If applying as a Partnership, enter your Federal Employer Identification Number (FEIN): _____</p> |
|-----------|--|

| | | |
|-----------|--|-------------------|
| 5. | Owners | |
| | <p>Those with an ownership interest in the applicant must be listed and must sign below. Attach additional sheet(s) if necessary.</p> <p>The undersigned and each of the undersigned hereby certifies under penalty of perjury under the laws of the State of California that statements made on this Fictitious Name Permit Application, and all attachments thereto, are true and correct.</p> | |
| | Type/Print Name | Medical License # |
| | Signature | Date |
| | Type/Print Name | Medical License # |
| | Signature | Date |
| | Type/Print Name | Medical License # |
| | Signature | Date |
| | Type/Print Name | Medical License # |
| | Signature | Date |
| | Type/Print Name | Medical License # |
| | Signature | Date |
| | Type/Print Name | Medical License # |
| | Signature | Date |
| | Type/Print Name | Medical License # |
| | Signature | Date |

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals. Agency Name: Medical Board of California, Licensing Program, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831; Telephone (916) 263-2382. The official responsible for information maintenance is the Program Manager for Licensing Operations. The authority which authorizes the maintenance of the information is the Business and Professions Code. Publ.L 94-445(42 U.S.C.A.405c(2)(C)) authorizes collection of your social security number (SSN) and/or federal employer identification number (FEIN). Your SSN and/or FEIN will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare & Institutions Code. If you fail to disclose your SSN or FEIN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Failure to provide all or any part of the requested information will result in this form being rejected as incomplete. The principal purpose(s) for which the information is to be used is to determine your eligibility for a Fictitious Name Permit pursuant to Section 2415 of the Business and Professions Code. Any known or foreseeable interagency or intergovernmental transfer that may be made of the information, when necessary, is to other federal, state and local law enforcement agencies. Each individual has the right to review the files or records maintained on him or her by the agency, except for information exempt from disclosure pursuant to Section 6254 of the Government Code or Section 1798.40 of the Civil Code.

Section 2415 of the Business and Professions Code states in pertinent part:

(a) Any physician and surgeon or any doctor of podiatric medicine, as the case may be, who as a sole proprietor, or in a partnership, group, or professional corporation, desires to practice under any name that would otherwise be a violation of Section 2285 may practice under that name if the proprietor, partnership, group, or corporation obtains and maintains in current status a fictitious name permit issued by the Division of Licensing, or, in the case of doctors of podiatric medicine, the California Board of Podiatric Medicine, under the provisions of this section.

(b) The division or the board shall issue a fictitious name permit authorizing the holder thereof to use the name specified in the permit in connection with his, her, or its practice if the division or the board finds to its satisfaction that:

- (1) The applicant or applicants or shareholders of the professional corporation hold valid and current licenses as physicians and surgeons or doctors of podiatric medicine, as the case may be.
- (2) The professional practice of the applicant or applicants is wholly owned and entirely controlled by the applicant or applicants.
- (3) The name under which the applicant or applicants propose to practice is not deceptive, misleading, or confusing.