



Petition for Penalty Relief

Business and Professions Code section 2307; 2307.5

INSTRUCTIONS: Please type or print neatly. All fields must be completed; if not applicable enter "N/A" for "not applicable." If more space is needed, please attach additional sheets.

Include the following with this Petition for Penalty Relief:

1. Non-refundable initial fee of \$2,962 for a Petition for Reinstatement or \$1,242 for a Petition to Terminate Probation and/or a Petition to Modify Probation (see Section IX below).
2. A Narrative Statement, supportive documentation, and current curriculum vitae (CV) (see Section X below).
3. At least two verified recommendations from physicians and surgeons (see Section XI below).
4. If this is a Petition to reinstate a revoked or surrendered license, you must submit fingerprints (See section XII below).

Make a copy of the complete package for your records, and submit the original package via mail or courier service to:

MEDICAL BOARD OF CALIFORNIA
Attention: Probation Unit
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

Note: Staple or use a binder clip on the package submitted to the Board (do not bind it).

Direct any questions you have regarding your Petition package to the Petition for Penalty Relief Coordinators by phone at (916) 561-8776 or via our [Contact Form](#).

SECTION I - TYPE OF PETITION

NOTE: If you are petitioning for Termination of Probation and Modification of Probation in the alternative, you may check both boxes and describe your request in your Narrative Statement.

Reinstatement of Revoked/Surrendered Certificate

Termination of Probation

Modification of Probation

SECTION II – PERSONAL INFORMATION

Full Last Name		First Name		Middle Name	Suffix
Street Address					
City			State	Zip Code	
Primary Phone Number	Alternate Phone Number	Email Address			
Current or prior CA Physician and Surgeon License Number			Driver's License Number	State of Issuance	

List all current and prior medical licenses in other states or countries. Include license number(s), issue date(s), and status of each medical license ever issued to you. Attach an additional sheet if necessary.

	License Number	Issuing State or Country	Issue Date	Status
1.				
2.				
3.				

Full Legal Name	Current or prior CA Physician and Surgeon License Number
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SECTION III – ATTORNEY INFORMATION

Will you be represented by an attorney? No Yes (If “Yes” provide the following attorney information)

Attorney Name		Attorney Phone	
Attorney Address	City	State	Zip Code

SECTION IV – MEDICAL PRACTICE BACKGROUND

Total Number of Years in Medical Practice	Current Field of Medicine (e.g., GP, OB/GYN, ENT, IM, etc.)
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Medical Specialty	Current Type of Practice (e.g., solo, group, HMO, Gov't, etc.)
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Name and Street Address of Practice	City	State	Zip Code
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List all hospitals where you have privileges. Attach an additional sheet if necessary.

	Name and Street Address of Hospital	City	State	Zip Code
1.				
2.				
3.				

Are you Board certified? No Yes (If “Yes” provide the following certification information)

Do you engage in maintenance of certification? No Yes Last year certified:

SECTION V – EMPLOYMENT HISTORY *(list for the past 5 years only)*

Provide all information as described below. Attach an additional sheet if necessary.

1.	Company Name	Street Address	City	State	Zip Code
	Phone Number	Contact Person	Dates of Employment	Job Title	
Duties					

2.	Company Name	Street Address	City	State	Zip Code
	Phone Number	Contact Person	Dates of Employment	Job Title	
Duties					

3.	Company Name	Street Address	City	State	Zip Code
	Phone Number	Contact Person	Dates of Employment	Job Title	
Duties					

SECTION VI – DISCIPLINARY HISTORY**NOTE:** If your answer is "Yes" to any of the questions below, please explain in your Narrative Statement.

Since the effective date of your last Medical Board of California administrative action or license surrender, have you:

1. Withdrawn an application for medical licensure in lieu of denial, disciplinary action, or for any other similar reason? No Yes
2. Been denied a license to practice medicine or is any denial pending against you? No Yes
3. Had any license to practice medicine subjected to any disciplinary action or is any disciplinary action pending against any of your licenses to practice medicine? No Yes
4. Surrendered a license to practice medicine or have you had any license to practice medicine revoked, suspended, or placed on probation? No Yes
5. Had any license to practice medicine subjected to any action including, but not limited to, informal or confidential discipline, consent orders, letters of warning, letters of reprimand, or citation? No Yes
6. Been charged with, or been found to have committed unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts by any medical licensing board or hospital? No Yes
7. Resigned from a medical staff in lieu of disciplinary or administrative action or is any disciplinary action pending against your hospital or staff privileges? No Yes
8. Had staff privileges in a hospital terminated, denied, suspended, limited revoked, or not renewed? No Yes
9. Had any healing arts license or certificate disciplined by any state, federal or international jurisdiction? No Yes
10. Had any civil medical malpractice claims filed against you? No Yes

SECTION VII – CRIMINAL HISTORY**NOTE:** If your answer is "Yes" to any of the questions below, please explain in your Narrative Statement.

Since the effective date of your last Medical Board of California administrative action or license surrender, have you:

1. Been placed on criminal probation or parole? No Yes
2. Been charged in any pending criminal action? No Yes
3. Been convicted of any criminal offense? (A conviction includes a no contest plea; disregard traffic offenses with a \$100 fine or less.) No Yes
4. Been required to register as a sex offender in any state? No Yes

SECTION VIII – PRACTICE IMPAIRMENT OR LIMITATIONS**NOTE:** If your answer is "Yes" to the question below, please explain in your Narrative Statement.

1. Are you currently suffering from any condition that impairs your judgment or otherwise adversely affects your ability to practice medicine safely, that is, in a competent, ethical, and professional manner? You may answer "No" if you have any condition which does not impair your ability to practice medicine safely or if you are receiving appropriate treatment for a condition, and due to that treatment, the condition does not impair your ability to practice medicine safely. No Yes

SECTION IX – REQUIRED INITIAL FEE

Include your non-refundable initial fee of:

- \$2,962 for a Petition for Reinstatement; or
- \$1,242 for a Petition to Terminate Probation and/or a Petition to Modify Probation.

The fee shall be submitted in the form of a money order, certified check, cashiers' check, or preprinted personal or company check, which shall clearly indicate the name of the petitioner to whom it applies.

NOTE: The remaining fee of up to \$22,000, less the initial fee, to cover the reasonable costs to process and adjudicate your Petition shall be proposed by an administrative law judge and approved by the Board. You may describe your ability to pay the remaining fee, and whether you believe the remaining fee should be reduced or waived (and, if so, why), in your Narrative Statement, as well as at the hearing).

SECTION X – NARRATIVE STATEMENT, SUPPORTIVE DOCUMENTS, AND CV

- Attach a Narrative Statement and CV in support of your Petition for Penalty Relief that provides, at a minimum, the following:
 - 1) A factual description of the offense(s) that was the basis for the action prompting the disciplinary order or surrender;
 - 2) A description of any prior Petition(s) for Penalty Relief and the outcome(s);
 - 3) The outcome you are seeking with this Petition for Penalty Relief (**NOTE:** if you are seeking to modify the terms of your probation, please describe what modifications you are requesting and why);
 - 4) Details of your rehabilitative efforts and the results, including, but not limited to, continuing medical education and other programs attended, psychotherapy, medical treatment received, community service, etc., as applicable, and their duration; and
 - 5) Your explanation for any affirmative responses to the questions in Sections VI, VII, and VIII above.
- Attach relevant documents to support your Narrative Statement, where applicable.
- Attach a current CV.

Did you attach your Narrative Statement, supportive documents, and current CV? No Yes

SECTION XI – LETTERS OF RECOMMENDATION

Attach at least two original letters of recommendation from physicians and surgeons licensed in any state who have personal knowledge of your activities since discipline was imposed. The letters must be dated within six months of the date of this Petition and shall include the following statement: "I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct."

NOTE: The Board will contact the individuals to verify the letters and confirm their knowledge of your disciplinary history and your activities since that time.

Did you attach at least two letters of recommendation meeting the requirements above? No Yes

SECTION XII – FINGERPRINTS

If this is a Petition for Reinstatement of a revoked or surrendered license, fingerprints must be obtained and submitted as follows:

- If you reside in California, you must complete a “Request for Live Scan Service.” form. California’s Department of Justice (DOJ) provides statewide Live Scan, which is an electronic fingerprinting system. The form must be completed in triplicate, therefore, three copies of the form will be printed automatically. A list of the names and locations of approved fingerprint sites can be accessed at: <https://oag.ca.gov/fingerprints/locations>.
 - **NOTE:** The last section of the Live Scan form requires information from the fingerprint agency. Please ensure this information is completed or the forms will be voided. The petitioner must ensure that the person scanning the fingerprints submits two digital prints, one for DOJ and one for the Federal Bureau of Investigations. After the fingerprint agency has signed and completed the request, a copy must be returned with your Petition.
- If you reside outside of California, you must complete and return two original fingerprint cards. Both cards must be taken to any law enforcement agency for completion. Your Petition cannot be processed without two completed fingerprint cards. **DO NOT STAPLE THE CARDS TO THE PETITION; PLEASE CLIP THEM. DO NOT SUBMIT PHOTOCOPIES OF THE CARDS.**

To obtain the fingerprint cards, please contact the Petition for Penalty Relief Coordinators by phone at (916) 561-8776, or via our [Contact Form](#).

Did you complete the fingerprinting process and include the Live Scan form or fingerprint cards as required above?

No Yes N/A

SECTION XIII – DECLARATION

Executed on _____ 20____, at _____, _____.

(Date) (City) (State)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that all statements and documents attached in support of this Petition are true and correct.

Petitioner (print name)

(Signature)

The information in this document is being requested by the Medical Board (Board) pursuant to Business and Professions Code section 2307. In carrying out its licensing or disciplinary responsibilities, the Board requires this information to make a determination on your Petition for Penalty Relief. You have a right to access our records containing non-confidential information as defined in Civil Code section 1798.3. The Custodian of Records is the Chief of Licensing or Chief of Enforcement at the address shown on the first page.