



Medical Board of California

# Explanation for Application Question

This form may be used to provide a detailed written explanation for a "yes" response to a question on the Board's application. A separate form is required for each question.

**Licensing Program**  
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## PERSONAL INFORMATION

### Legal Name

Full Last Name	First Name	Middle Name	Suffix
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### Date of Birth

### U.S. SSN or ITIN

### Medical School of Graduation

(mm/dd/yyyy)	(Last 4 digits)	
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## DETAILED WRITTEN EXPLANATION

Application Question Number:  (List corresponding question number from Application)

I hereby declare under penalty of perjury under the laws of the State of California that all information contained on this form is true and correct. Any omission, falsification, or misrepresentation on this attachment hereto is a sufficient basis for denying a license.

**SIGN LEGAL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Applicant's signature and date are required**

Form **EXP**