

**State of California
Office of Administrative Law**

In re:
Medical Board of California

Regulatory Action:

Title 16, California Code of Regulations

Adopt sections: 1352.3

Amend sections: 1359

Repeal sections:

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3

OAL Matter Number: 2025-1015-01

OAL Matter Type: Regular (S)

In this rulemaking action, the Board adopts a regulation to establish an initial nonrefundable fee to process a petition for modification or termination of probation, an initial nonrefundable fee to process a petition for reinstatement of a revoked or surrendered certificate, and a remaining fee required to cover reasonable costs to process and adjudicate a petition for penalty relief. The Board also amends a regulation to describe the process for filing a petition for penalty relief.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 4/1/2026.

Date: December 1, 2025


Thanh Huynh
Senior Attorney

**For: Kenneth J. Pogue
Director**

**Original: Reji Varghese, Executive
Director**

Copy: Kerrie Webb

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 10/2019)

REGULAR

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2024-1105-02	REGULATORY ACTION NUMBER 2025-1015-015	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
OFFICE OF ADMINISTRATIVE LAW Electronic Submission		OFFICE OF ADMIN. LAW 2025 OCT 15 AM 11:20	
RECEIVED DATE 11/05/2024	PUBLICATION DATE 11/15/2024		
NOTICE		REGULATIONS	

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

DEC 01 2025

1:55 PM
[Signature]

AGENCY WITH RULEMAKING AUTHORITY
Medical Board of California

AGENCY FILE NUMBER (If any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE Fees for Petitions for Penalty Relief		TITLE(S) 16	FIRST SECTION AFFECTED 1352.3	2. REQUESTED PUBLICATION DATE November 15, 2024
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON Kerrie Webb	TELEPHONE NUMBER (916) 263-2389	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Fees for Petitions for Penalty Relief		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)		
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.) TITLE(S) 16	ADOPT 1352.3 AMEND 1359 REPEAL	

3. TYPE OF FILING

<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify) _____		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

March 13, 2025 - April 1, 2025; September 2, 2025 - September 17, 2025

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input checked="" type="checkbox"/> Department of REGULATORY REQUEST (Gov. Code §399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input checked="" type="checkbox"/> Other (Specify) Kimberly Kirchmeyer, Director, Department of Consumer Affairs		

7. CONTACT PERSON Kerrie Webb	TELEPHONE NUMBER (916) 263-2389	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) kerrie.webb@mbc.ca.gov
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a. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

Reji Varghese

(Reji Varghese) (Gov. Code §11346.1(d))

TYPED NAME AND TITLE OF SIGNATORY

Reji Varghese, Executive Director, Medical Board of California

DATE

10/06/2025

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

DEC 01 2025

Office of Administrative Law

Department of Consumer Affairs
TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 13.

Medical Board of California

Fees for Petitions for Penalty Relief

ORDER OF ADOPTION

§ 1352.3. Fees for Petitions for Penalty Relief.

(a) "Petitions for penalty relief" include petitions for modification or termination of probation and petitions for reinstatement of a revoked certificate or a certificate surrendered pursuant to a stipulation to settle a disciplinary action.

(b) The initial nonrefundable fee required to process a petition for modification or termination of probation is \$1,242.

(c) The initial nonrefundable fee required to process a petition for reinstatement of a revoked certificate, or a certificate surrendered pursuant to a stipulation to settle a disciplinary action, is \$2,962.

(d) The remaining fee required to cover the reasonable costs to process and adjudicate a petition for penalty relief shall be proposed by an administrative law judge (ALJ) from the Office of Administrative Hearings (OAH) and approved by the Board. The maximum fee that may be proposed by the ALJ and approved by the Board, or that may be otherwise determined or ordered pursuant to this section, is \$22,000, less the initial fee already paid. The Board may remand the matter back to an ALJ for a finding on the fee where the proposed decision fails to make a finding on the fee. The Board may approve, reduce, or eliminate the remaining fee award. The Board may increase the fee award up to \$22,000, less the initial fee already paid, based on the evidence, but only in a decision after non-adoption of the ALJ's proposed decision.

(e) When determining the remaining fee, a certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the designee for the Office of the Attorney General (OAG) and OAH for their agency's respective services shall be prima facie evidence of a reasonable fee to impose to cover the costs of processing and adjudicating the petition for penalty relief. It shall include the OAG and OAH costs for reviewing, preparing for, and participating in the hearing on the petition for penalty relief. The fee to be paid by the petitioner shall not include the ALJ or OAH cost for preparing and transmitting the proposed decision to the Board after the hearing. When determining the amount of the remaining fee pursuant to subdivision (d), the ALJ and Board shall consider evidence of the petitioner's ability to pay the

remaining fee, with or without entering into a payment plan with the Board, as well as the reasonableness of the fee. The ALJ and Board may reduce or waive the remaining fee where financial hardship is demonstrated. Granting or denying a petition for penalty relief shall not be the sole basis for reducing or waiving the fee.

(f) Where the Board orders a petitioner to pay a fee for penalty relief and timely payment is not made as directed in the Board's decision or pursuant to a payment plan approved by the Board or its designee, the Board may pursue administrative action against the individual for unprofessional conduct, enforce the order for payment in any appropriate court, and take any other action allowed by law.

(g) In any action for recovery of the fee, proof of the Board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment. If the petitioner was permitted to enter into a payment plan approved by the Board or the Board's designee, a certified copy of the signed payment plan shall be conclusive evidence of the terms.

(h) This section shall apply only to petitions for penalty relief on disciplinary decisions ordered after the effective date of this section.

Note: Authority cited: Sections 2018 and 2307.5, Business and Professions Code.
Reference: Section 2307 and 2307.5, Business and Professions Code.

§ 1359. Petitions for Penalty Relief Reinstatement or Modification of Probation.

(a) A petition for penalty relief as defined under Section 1352.3, subdivision (a) ~~modification or termination of probation or a petition for reinstatement of a revoked certificate~~ shall be filed by mail or other courier service on a form provided by the ~~division~~ Board (Petition for Penalty Relief, Form PPR-1, New (08/2025)), which is incorporated by reference. The petitioner shall complete the form and provide the required documentation under penalty of perjury, along with the applicable initial nonrefundable fee required by Section 1352.3, subdivision (b) or (c), for processing the petition for penalty relief.

~~(b) Consideration shall be given to a petition for reinstatement of license or modification or termination of probation only when a formal request for such has been filed in the division's office in Sacramento at least thirty (30) days before a regular meeting of the division or appropriate medical quality review panel.~~

(b) Fees paid to the Board as required by this section shall be submitted in the form of a money order, certified check, cashiers' check, preprinted personal or company check, which shall clearly indicate the name of the petitioner to whom it applies. Processing of any petition shall commence only after the applicable initial fee specified in Section 1352.3, subdivision (b) or (c) has been received, the payment clears the petitioner's bank, and the funds are deposited in the Board's account within 30 days of

the check or money order being deposited.

(c) If payment is received in accordance with subdivision (b), the petition is not withdrawn by the petitioner or rejected by the Board for failing to meet the requirements set forth in Section 2307 of the Code or this section, and the petition is eligible to be set for hearing through the Office of Administrative Hearings (OAH), the petitioner shall be provided written notice that the Board has accepted the petition to be set for a hearing. Written notice shall include that: (1) the petition has been accepted by the Board to be set for a hearing; (2) the proposed decision issued by the ALJ may include an order for the Board's consideration and approval for the petitioner to pay the remaining fee to cover the reasonable costs to process and adjudicate a petition for penalty relief up to \$22,000, less the initial fee already paid; (3) the petitioner may submit evidence at the hearing on the petition regarding their ability to pay the remaining fee or may challenge the amount of the remaining fee being requested, proposed, or determined, based on the reasonableness of the amount; (4) the petitioner may be ordered to pay the remaining fee regardless of whether their petition is granted or denied; and (5) if petitioner is ordered to pay all or a portion of the remaining fee, petitioner may request a payment plan. Additionally, the Board shall include a copy of Section 1352.3 with the notice.

(d) Failure to comply with the requirements of this section shall result in the petition being rejected by the Board as incomplete. Written notice of such rejection and the reasons therefore shall be provided to the petitioner upon the Board's determination that the petitioner has not met the requirements of this section.

(e) The provisions of this section requiring payment of fees and notice thereof shall apply only to petitions for penalty relief on disciplinary decisions ordered after the effective date of this section.

NOTE: Authority cited: Section 2018 and 2307.5, Business and Professions Code.
Reference: Section 2307 and 2307.5, Business and Professions Code.

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 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.

<u>I. TYPE OF PETITION</u>			
Reinstatement of Revoked/Surrendered Certificate <input type="checkbox"/> Termination of Probation <input type="checkbox"/> Modification of Probation <input type="checkbox"/>			
<u>NOTE:</u> 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.			
<u>II. PERSONAL INFORMATION</u>			
<u>NAME:</u>			
	<u>First</u>	<u>Middle</u>	<u>Last</u>
<u>HOME ADDRESS:</u>			
	<u>Number & Street</u>	<u>City</u>	<u>State</u> <u>Zip Code</u>
<u>EMAIL ADDRESS:</u>			
<u>HOME TELEPHONE NUMBER:</u>		<u>WORK TELEPHONE NUMBER:</u>	<u>CELL NUMBER:</u>
<u>Current or prior CA Physician and Surgeon Certificate Number:</u>		<u>Driver's License Number and State of Issuance:</u>	

Current and prior medical licenses in other states or countries (please include license number(s), issue date(s), and status of each medical license ever issued to you):

III. ATTORNEY INFORMATION

Will you be represented by an attorney? ☐ No ☐ Yes (If "Yes," please provide the following information)

NAME:

ADDRESS:

PHONE:

IV. MEDICAL PRACTICE BACKGROUND

Total number of years in medical practice:

Medical specialty:

Board certified? ☐ No ☐ Yes If "Yes," year last certified:

If "Yes," do you engage in maintenance of certification? ☐ No ☐ Yes

Current field of medicine (e.g., GP, OB/GYN, ENT, IM, etc.):

Current type of practice (e.g., solo, group, HMO, Gov't, etc.):

Name and location of practice:

List of hospitals where you have privileges:

V. EMPLOYMENT HISTORY (list for the past 5 years only)

Provide the company name, address, phone number, contact person and dates of employment, job title, and duties:

VI. DISCIPLINARY HISTORY

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

NOTE: If your answer is "Yes" to any of the above questions, please explain in your Narrative Statement.

VII. CRIMINAL HISTORY

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

NOTE: If your answer is "Yes" to any of the above questions, please explain in your Narrative Statement.

VIII. PRACTICE IMPAIRMENT OR LIMITATIONS

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

NOTE: If your answer is "Yes" to the above question, please explain in your Narrative Statement.

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).

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.
- Additionally, you may include a description of your ability to pay the remaining fee of up to \$22,000, less the initial fee, to cover the reasonable costs to process and adjudicate your Petition, and whether you seek to have the remaining fee reduced or waived, and the reasons that support your request.
- 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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?

☐ Yes ☐ No ☐ N/A

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.