



MEMORANDUM

DATE	November 13, 2025
TO	Board Members, Osteopathic Medical Board of California
FROM	Terri Thorfinnson, J.D. Legislative and Regulatory Specialist
RE:	Agenda Item 14 -- Discussion and Possible Action to Consider Initiation of a Rulemaking to Amend Sections 1630, 1636, 1646, 1647, 1656, 1658, and 1690, and to Adopt Section 1648 in Division 16 of Title 16 of the California Code of Regulations (CCR) (Retired License, Petitions and Fees)

Overview of Proposed Revisions to Rulemaking Text

The Board approved proposed language related to items in this rulemaking at the August 14, 2025, Board meeting. Since that meeting, the Board's Regulations Counsel and staff identified more issues that would need to be addressed in the proposal, which would further delay the rulemaking. The original focus of the rulemaking was fee increases—specifically to raise fees to the statutory maximums authorized by law. However, along the way, we became perhaps overly zealous in adding various updates to the package which in hindsight was overly ambitious and diverted the attention from the fees and priority of the increase of these fees. The Board's Executive Director does not want further delays to this critical fee rulemaking and recommends removing amendments that did not otherwise relate to fee increases or address the Board's long-standing goal of establishing a retired license. This proposed language is the result of that recommendation.

The timing for this rulemaking was to be completed in time for the Board's next joint sunset review oversight and hearing before the California Legislature, a process which begins next year. The Board must prepare the Oversight Report during the summer of 2026 for submission in December 2026 with hearings to be scheduled around March 2027. The Board must approve the Oversight Report prior to submission to the Legislature.

The Board plans to request fee increases as part of the Board's Oversight Report so having this rulemaking package moving forward is critical to that timing. As a reminder, historically, boards are not successful in requesting fee increases from the Legislature if their current fees are not currently set at the statutory maximums authorized by law. The Board does need fee increases to bring the Board's budget into alignment—so fees generate enough revenue to cover expenditures for a sustainable balanced budget. Consistent with this objective, the staff and Regulations Counsel recommend the Board consider making the text and form changes set forth in **Attachments 1-5**. The remainder of the licensing updates discussed at prior meetings

would be addressed in a future package anticipated to be brought back to the Board for consideration next year.

Summary of Revised Amendments

Article 8. Active Practice Requirements

§ 1630. Good Standing Requirements.

This is the section that details the requirements for renewal and remaining in “good standing.” The Board is proposing to repeal the outdated OMB.2 and OMB.2a (Rev. 11/94) renewal form cited in CCR section 1646 and propose new language that details the requirements for the renewal application. The underlined language in CCR section 1630 is the content of the new proposed renewal application language for applicants seeking to renew their license as active. This proposed language not only replaces the repealed forms referenced in CCR section 1646, but it updates the Board’s current renewal requirements consistent with statutory and other program changes that have been enacted since the renewal requirements were last formally updated.

Clarifying wording is added to indicate applicants are only eligible for renewal in active status if they apply for renewal “on or before the expiration date of their license or within five (5) years after the expiration date of their license,” submit a completed application as set forth in this section, submit satisfactory documentation of compliance with CME Rules and pay any applicable renewal fees. Further clarifying language is added to indicate that that requirements in this section only apply to those renewing their license in “active” status. CCR Section 1646 provides the requirements for renewing in an “inactive” status and restoring the license to “active” status (see below).

Article 9. Continuing Medical Education

§ 1636. Continuing Medical Education Documentation.

This is the newly implemented continuing medical education (CME) section that became effective October 1, 2025. The minor amendments to this section clarify that this section only applies to applicants applying for renewal in “active” status as distinguished from “inactive,” which are not required to complete CMEs. It also adds clarifying language to cross-reference to the renewal requirements in CCR section 1630. There are no further proposed amendments to this section.

Article 10. Inactive ~~Practice~~ and Retired Licenses

§ 1646. Procedure for Obtaining an Inactive Certificate or for Restoration to Active Status.

One of the key changes to this section is repealing the outdated OMB.2 and OMB.2a (Rev. 11/94) form which was the renewal form that also included provisions for renewing both “active” and “inactive” status. This section’s amendments add new language that details the requirements for applicants seeking to renew

their license in an inactive status. While much of the underlined language mirrors language amended into above CCR section 1630, it differs with respect to the fact that licensees with inactive status licenses are prohibited from practicing medicine and there is no continuing medical education requirement for those applying for an inactive license. This proposed language not only replaces the repealed form, but it updates the Board's inactive renewal requirements consistent with statutory and other program changes occurring since the renewal requirements were last formally updated.

A minor amendment is to delete "practice" from the title because inactive certificates do not authorize any "practice" of medicine so that current title is misleading.

§ 1647. Inactive Certificate Issuance, Renewal and Fees.

This section provides additional requirements for inactive license status renewal but also details requirements for fees and the deadlines for renewal. You will note that this section cross- references to CCR section 1646 that provides the inactive renewal application requirements. The important amendments include adding that the application fee is non-refundable and includes the "delinquent inactive certificate renewal fee" (proposed to be added to CCR section 1690) for failure to renew the license prior to its expiration. This section clarifies that the fee for an inactive renewal fee is set in CCR section 1690. Additionally, there is a separate fee amount for delinquent inactive certificates set forth in section 1690. Both of those fee amounts were approved by the Board at the August meeting; no change to those fee amounts is proposed here.

This section also specifies the deadline for the license expiration that mirrors the language related to the license expiration timeframes discussed above in CCR section 1630. This language is necessary to distinguish between those licensees who are currently able to renew their license in an inactive status from those who are not eligible (those licenses who have not been renewed for 5 years).

§ 1648. Retired License Status.

The proposed language in this section is similar to what the Board approved at the August meeting. There are minor changes to the new forms OMB. 31 and OMB.32 which are proposed regulatory language to be incorporated by reference. In addition, cross-references to the Board's new fingerprinting authority in Business and Professions Code (BPC) section 2042 have been added at subsection (f)(4) and the Note.

Article 12. Substantial Relationship and Rehabilitation Criteria; Petitions for Modification of Penalty or Reinstatement

§ 1656. Petition for Reinstatement or Modification of Penalty.

There are new amendments to this section. The staff recommended a change in timeframe for petitions to be filed prior to any Board meeting to increase review time to 120 days (currently set at 30 days) -- citing insufficient time for the staff to gather the required documents and follow-up on additional documents. There is clarifying language requirements that "at least" two verified recommendations are required to subsection (c) (1). Subsection (c) has been expanded to include new subsections (2) (A) – (E) and additional subsections (d), (e), (f), (g) that specify the requirements for completing fingerprinting (if seeking reinstatement), paying required application and adjudication fees, the methods of paying such fees, receiving a written notice of approval of petition, and specifying the "reasonable costs" required to be paid to adjudicate a petition. There are also amendments to the OMB.7 form that include the regulatory requirements for petitioning for reinstatement or modification of penalty or early termination of probation and additional instructions to ensure that petitioners are fully notified of all fee and qualifying requirements prior to submitting a petition.

Also new is the addition of an adjudication fee to be charged once the Board has accepted the petition application as complete. BPC section 2307.5 (enacted by Senate Bill 815 -- Stats. 2023, Ch. 294) authorizes the Board to "establish a fee to be paid by a person seeking a license reinstatement or modification of penalty pursuant to Section 2307; and "(b) [t]he fee established shall not exceed the Board's reasonable costs to process and adjudicate a petition."

The prior draft from August only covered the staff costs to process a petition, but staff forgot to add in the Board's other adjudicative costs that the Board incurs from the Attorney General's Office and the Office of Administrative Hearings, including costs for the Administrative Law Judge and court reporter(s). This fee would be charged upfront once the petition application (Form OMB.7) is approved.

The fee is proposed to be set at \$20,000, which is the current average cost (calculated as provided in Attachment 6(H)) for a petition hearing within the last two years. Under this proposal, the Board would be required to provide each petitioner (within 120 days of their hearing) with an itemized fee payment statement detailing the reasonable costs (as defined, see p. 14, subsection (f)(2)) in adjudicating their petition. If the costs incurred by the Board are less than initially required to be paid to adjudicate the petition, the Board would be required to provide the petitioner a statement detailing the refund that will be provided and the anticipated date when the refund will be issued.

§ 1658. Petitions for Reinstatement of Certificates Restricted or Revoked Due to Mental or Physical Illness.

There are new amendments to this section that mirror new amendments to CCR section 1656 as noted above.

Article 17. Fees

§ 1690. Fees.

The amendments to this section include removing the wording “nonrefundable” fees. The “nonrefundable fees” are noted as such in the individual sections that provide for the renewal and various applications for retired license status and for petitions that you have already reviewed. Other amendments include adding clarifying wording that distinguishes “active” from “inactive” license fees including “active” and “inactive” delinquent certificate fees. This proposal would add two new subsections (n) and (o) that specify the “final fee” required to adjudicate a petition for reinstatement or modification of penalty, including how the Board would prepare the itemized invoice and calculate the “final fee” to adjudicate a petition, and the process for providing any potential refund to a petitioner whose hearing costs were less than \$20,000. These provisions would clarify the requirements for paying the fee to adjudicate a petition referenced above in CCR sections 1656 and 1658. With the exception of the fee required to adjudicate the petition and the process for setting a “final fee”, the fee amounts listed in this section have not been changed from those approved by the Board in the August 2025 Board meeting.

Proposed Rulemaking Attachments

Attachment 1: Proposed Regulatory Language

Attachment 2: Adoption of Form “Application for Retired License OMB.31” (New 11/2025)

Attachment 3: Adoption of Form “Application to Restore Retired License to Active Status OMB.32” (New 11/2025)

Attachment 4: Adoption of Form “Petition for Penalty Relief OMB.7” (New 11/2025)

Attachment 5: Repealer of Form OMB.2 and OMB.2a (Rev. 11/94) Application for Renewal of License

Attachment 6: Fiscal Impact Workload Costs (Tables) for:

- (A) Physician and Surgeon Original or Reciprocity Application Fee;
- (B) Physician and Surgeon Biennial License or Renewal Active Fee;
- (C) Physician and Surgeon Biennial Inactive Certificate Fee;
- (D) Physician and Surgeon Retired License Status;
- (E) Physician and Surgeon Application to Restore Retired License to Active;
- (F) Petition for Reinstatement (Application Processing Fee);
- (G) Petitions for Modification of Penalty (Application Processing Fee); and
- (H) Petition for Penalty Relief Costs (Fee to Adjudicate Petition).

Action Requested: The Board should review the proposed regulatory text and the above attachments and consider whether they would support the proposed text as written or if there are suggested changes to the proposed text. After review, the staff requests that the Board consider one of the following motions:

Motion A: (The Board has no suggested changes for the proposed regulatory text or forms.)

Approve the proposed regulatory text in **Attachments 1-5** including the adoption and repeal of the forms incorporated by reference in **Attachments 2-5** and to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Director to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package and set the matter for

a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Director to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for 16 CCR sections 1630, 1636, 1646, 1647, 1648, 1656, 1658, and 1690.

Motion B: (The Board has suggested changes for the proposed regulatory text or forms.)

Approve the proposed regulatory text in **Attachments 1-5** including the adoption and repeal of the forms incorporated by reference in **Attachments 2-5**, with the following changes. (Describe the proposed changes to the noticed proposed text or forms). In addition, submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Director to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Director to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for 16 CCR sections 1630, 1636, 1646, 1647, 1648, 1656, 1658, and 1690.

Attachment 1: Proposed Regulatory Language

DEPARTMENT OF CONSUMER AFFAIRS
Title 16. OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

PROPOSED REGULATORY LANGUAGE

Retired License, Petitions and Fees

The amendment format is as follows: Existing language remains unchanged; proposed additions to regulation text and of new text are indicated in single underline and single ~~strikethrough~~ for deletions.

The Osteopathic Medical Board of California hereby proposes to amend its regulations in Sections 1630 of Article 8, 1636 of Article 9, 1646 and 1647 of Article 10, 1656 and 1658 of Article 12; Section 1690 of Article 17; and to adopt Section 1648 of Article 10 of Division 16 of Title 16 of the California Code of Regulations to read as follows:

Article 8. Active Practice Requirements

§ 1630. Good Standing Requirements.

(a) In order to practice in good standing in California all licensees shall practice in a professional manner and shall comply with both the Continuing Medical Education (CME) Rules set forth in Article 9 and the requirements for renewal set forth in this section ~~pay the biennial renewal fees as set forth in Section 1690.~~

(b) The renewal fee shall be due biennially on or before the expiration date of their license ~~last day of the birth month of the licensee~~. The failure to pay the fee by the licensee's due date will result in the assessment of a nonrefundable delinquent certificate renewal fee as set forth in Section 1690, which must be paid along with the biennial renewal fee at the time of the submission of the application specified in subsection (c) to renew in active status.

(c) As a condition of renewal in active status, on or before the expiration date of their license or within five (5) years after the expiration date of their license, a licensee shall submit a completed renewal application as prescribed by this subsection, satisfactory documentation of compliance with CME Rules as prescribed by Section 1636 and pay any applicable renewal fee(s) specified in subsection (b). "Submit" shall mean delivery by mail or in person at the Board's current physical address listed on its website or through the Board's online portal accessible through the Board's website. A "completed renewal application" shall include all of the following:

(1) The legal name of the licensee. An individual must apply using their full legal name: (Last Name) (First Name) (Middle Name) and/or (Suffix);

(2) License Number and Expiration Date;

- (3) The licensee's address of record (mailing address);
- (4) the licensee's business or residential (street) address unless already provided in response to the question in paragraph (3) of this subsection;
- (5) the licensee's email address;
- (6) the licensee's phone number and any alternate phone numbers;
- (7) for licensees renewing online through the Board's website, the licensee shall provide their individual National Provider Identifier, if they have one;
- (8) the licensee's current license status (active or expired (delinquent)) and whether the licensee is seeking to renew in active status;
- (9) whether the licensee would like to make a voluntary payment contribution per Section 2455.1(b) of the Code for the purposes of the Steven M. Thompson Physician Corps Loan Repayment Program, and, if "yes", the licensee shall submit any contribution in any amount with the application;
- (10) whether there is any financial interest that the licensee or a member of the licensee's immediate family (spouse, child, or parent of a licensee, and spouse of a child of a licensee) may have in a health-related facility. For the purposes of this paragraph, the terms "financial interest", "immediate family" and "health-related facility" have the meanings set forth in Section 2426 of the Code. If "yes," the licensee shall disclose the name(s) and physical address(s) of the health-related facility or facilities;
- (11) A statement indicating whether the licensee, since their last renewal, has been convicted of, pled guilty to, or pled nolo contendere to, any crime including, an infraction, misdemeanor or felony in the United States, any district or territory of the United States, or a foreign country. For the purposes of this paragraph, convictions expunged or dismissed under sections 1000, 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code (or equivalent non-California law) must be disclosed. For the purposes of this paragraph "conviction" does not include any of the following:
- (A) Offenses that were adjudicated in the juvenile court.
- (B) Charges dismissed under Section 1000.3 of the Penal Code.
- (C) Convictions under California Health and Safety Code section 11357, or section 11360(b) which are two years old or older.
- (D) Traffic citations or infractions for which a fine of \$500 or less was imposed and not involving alcohol, dangerous drugs, or controlled substances.

(12) A statement indicating whether the licensee, since their last renewal, has had any disciplinary action against any license, registration, certificate, permit or other means to engage in any practice issued to the licensee by any government agency ("license"). "Government agency" means any regulatory or licensing board in this State (excluding this Board) or any other state, any United States district or territory, federal agency or another country. "Disciplinary action" means an adverse licensure action that resulted in a restriction or penalty being placed on the license, such as revocation, suspension, probation, voluntary surrender or public reprimand or reproval.

(13) A statement acknowledging the applicant has read the following notice: "As a condition of renewal, you are required to comply with the Board's continuing medical education (CME) requirements in Article 9 of Division 16 of the California Code of Regulations, including submission of a written statement documenting compliance as set forth in Title 16, California Code of Regulations section 1636. Your license will not be renewed if you fail to comply with the Board's CME requirements. By signing this application, you acknowledge that you have received and read this notice."

(14) A statement signed and dated by the licensee under penalty of perjury under the laws of the State of California that all statements made in the application and any attachments are true and correct.

(ed) The processing times for renewal are set forth in Section 1691.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018, 2456.1 and 3600-1, Business and Professions Code. Reference: Sections 2190, 2426, 2451, 2455.1, 2456 and 2456.1, 2456.2 and 2456.3, Business and Professions Code; and Section 15374 et seq., Government Code.

Article 9. Continuing Medical Education

§ 1636. Continuing Medical Education Documentation.

(a) Osteopathic physicians and surgeons renewing in active status shall report the total number of continuing medical education (CME) hours as provided in subsection (b) to the Board with the renewal application specified in Section 1630.

(b) For the purposes of Section 1635, satisfactory documentation shall mean a written statement to the Board, signed and dated by the osteopathic physician and surgeon ("licensee"), that includes disclosures of all of the following:

(1) The following personally identifying information:

(A) Licensee's full legal name (first, middle, last, suffix (if any)),

(B) Licensee's license number,

(C) Mailing address,

(D) Telephone number; and,

(E) Email address, if any.

(2) Whether during the two years immediately preceding their license expiration date, the licensee completed a minimum of 50 hours of American Osteopathic Association (AOA) CME, of which at least:

(A) 20 hours were completed in AOA Category 1 CME as defined in Section 2454.5 of the Code, and,

(B) the remaining 30 CME hours were earned for coursework accredited by either the AOA or the American Medical Association (AMA).

(3) Whether within four years of their initial licensure or by their second renewal, the licensee completed a one-time 12-hour CME course in the subjects of pain management and the treatment of terminally ill or dying patients ("pain management course") as specified by Section 1635.

(4) If the licensee has not completed the pain management course referenced in subsection (b)(3), whether the licensee meets any of the following criteria:

(A) The licensee is practicing in pathology or radiology specialty areas,

(B) The licensee is not engaged in direct patient care as defined in Section 1635,

(C) The licensee does not provide patient consultations regarding a patient located in California,

(D) The licensee completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients, including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders; or,

(E) The licensee meets one of the conditions listed in paragraph (5) of subsection (f) of Section 1635 for a "qualifying physician."

(5) Whether during the two years immediately preceding their license expiration date, the licensee completed a course on the risks of addiction associated with the use of Schedule II drugs as specified in Section 1635, including a course in pain management as referenced in subsection (b)(3).

(6) Whether the licensee obtained a waiver from the Board for all or any portion of the current CME requirements specified in Section 1635 for this CME reporting period in accordance with Section 1637.

(7) A certification by the licensee under penalty of perjury under the laws of the State of California that all statements made in response to disclosures required by subsections (b)(1)-(6) are true and correct.

(c) Licensees who have reported CME compliance as specified in this section shall be subject to random audit of their CME hours. Within 65 days of the date of the Board's written request, those licensees selected for audit shall be required to document their compliance with the CME requirements of this article and shall be required to respond to any inquiry by the Board regarding compliance with this article and/or provide to the Board the records retained pursuant to subsection (d).

(d) Each licensee shall retain documents demonstrating compliance as provided in this subsection for each CME requirement period for six years from the completion date of the course(s) or condition(s) claimed as credit towards satisfaction of, or exemption from, the requirements of Section 1635. Those licensees selected for audit shall be required to submit documentation of their compliance with the CME requirements as specified by this article. Documents demonstrating compliance include any of the following:

(1) A copy of their individual CME Activity Summary report as compiled from documents submitted to the AOA's Continuing Medical Education Program by both sponsors and the licensee, which includes, at a minimum, all of the following on official AOA letterhead or other document issued by the AOA bearing an AOA insignia:

(A) Licensee's name,

(B) Licensee's license number and,

(C) All CME course credits reported to the AOA during the relevant CME reporting requirement period, including: 1. CME course or activity name, 2. CME sponsor/provider name, 3. CME credit type (e.g., Category type, such as Category 1A or 1B), 4. CME credit hours earned on each course or activity by the licensee and submitted by the licensee for AOA approval, 5. all credits applied or accepted by the AOA by course or activity, and, 6. completion dates for each CME course or activity.

(2) Copies of any transcripts or certificates of completion from a CME course provider accredited by the AOA or AMA, which list, at a minimum, all of the following:

- (A) the name of the licensee,
- (B) the title of the course(s)/program(s) attended,
- (C) the amount of CME credit hours earned,
- (D) the dates of attendance,
- (E) the name of the CME provider; and,
- (F) For AOA accredited courses, CME credit type (e.g., Category type, such as Category 1A or 1B).

(3) For AMA accredited CME course hours earned, reports from any CME course provider accredited by AMA, to be furnished by the licensee, and listing at a minimum:

- (A) the name of the licensee,
- (B) the title of the course(s)/program(s) attended,
- (C) the amount of CME credit hours earned,
- (D) the dates of attendance; and,
- (E) the name of the CME provider.

(4) For any exemptions from CME requirements claimed by the licensee in paragraph (4) of subsection (b), the following documentation, as applicable:

(A) For claims of practice exemption per (b)(4)(A)-(C), copies of employment records or letters or other documents from an employer showing the licensee's name, dates of practice, and confirming the type of practice claimed as represented by the licensee on their report;

(B) For claims of completion of alternative CME coursework as specified in (b)(4)(D) or (E), any of the documents specified in paragraphs (1)-(3) of this subsection.

(C) 1. For claims of exemption as a "qualifying physician" based on specialty certification as specified in (b)(4)(E), certification received directly from the applicable certifying body of the licensee's certification in a specialty that includes a document containing, at minimum, the following:

- a. Licensee's name;
- b. Licensee's address,
- c. Name of the specialty board,
- d. Name of specialty,
- e. Date certification in the specialty was issued,
- f. Date certification in the specialty expires, and,
- g. on official letterhead or other document issued by the specialty organization bearing their insignia.

Submission of a licensee's Official Physician Profile Report from the American Osteopathic Association directly to the Board electronically that lists the specialty certifications claimed by the licensee shall be deemed compliant with the requirements of this paragraph.

2. For claims of exemption as a "qualifying physician" due to the licensee being an investigator in one or more clinical trials leading to the approval of a narcotic drug as specified by Section 1635, a copy of a letter or other document, signed and dated by the sponsor showing submission of a statement from the sponsor to the U.S. Secretary of Health and Human Services that includes the licensee's name and that the licensee was an investigator in one or more clinical trials leading to the approval of a specified narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018, 2451 and 3600-1, Business and Professions Code. Reference: Sections 2190.5, 2190.6, 2452 and 2454.5, Business and Professions Code.

Article 10. Inactive Practice and Retired Licenses

§ 1646. Procedure for Obtaining an Inactive Certificate or for Restoration to Active Status.

(a) Any physician and surgeon desiring an inactive certificate shall submit an completed application to the Board in compliance with subsection (b) ~~(License Renewal OMB.2 or OMB.2a Rev.11/94).~~

(b) As a condition of renewal in inactive status, on or before the expiration date of their license or within five (5) years after the expiration date of their license, a licensee shall

submit a completed inactive renewal application as prescribed by this subsection, and pay the applicable renewal fee(s) required by Section 1647. "Submit" shall mean delivery by mail or in person at the Board's current physical address listed on its website or through the Board's online portal accessible through the Board's website. A "completed inactive renewal application" shall include all of the following:

(1) The legal name of the licensee. An individual must apply using their full legal name: (Last Name) (First Name) (Middle Name) and/or (Suffix);

(2) License Number and Expiration Date;

(3) The licensee's address of record (mailing address);

(4) the licensee's business or residential (street) address unless already provided in response to the question in paragraph (3) of this subsection;

(5) the licensee's email address;

(6) the licensee's phone number and any alternate phone numbers;

(7) for licensees renewing online through the Board's website, the licensee shall provide their individual National Provider Identifier, if they have one;

(8) the licensee's current license status (active, inactive or expired (delinquent)) and whether the licensee is seeking to renew in inactive status;

(9) whether the licensee would like to make a voluntary payment contribution per Section 2455.1(b) of the Code for the purposes of the Steven M. Thompson Physician Corps Loan Repayment Program, and, if "yes", the licensee shall submit any contribution in any amount with the application;

(10) whether there is any financial interest that the licensee or a member of the licensee's immediate family (spouse, child, or parent of a licensee, and spouse of a child of a licensee) may have in a health-related facility. For the purposes of this paragraph, the terms "financial interest", "immediate family" and "health-related facility" have the meanings set or forth in Section 2426 of the Code. If "yes," the licensee shall disclose the name(s) and physical address(s) of the health-related facility or facilities;

(11) A statement indicating whether the licensee, since their last renewal, has been convicted of, pled guilty to, or pled nolo contendere to, any crime including, an infraction, misdemeanor or felony in the United States, any district or territory of the United States, or a foreign country. For the purposes of this paragraph, convictions expunged or dismissed under sections 1000, 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code (or equivalent non-California law) must be disclosed. For the purposes of this paragraph "conviction" does not include any of the following:

(A) Offenses that were adjudicated in the juvenile court.

(B) Charges dismissed under Section 1000.3 of the Penal Code.

(C) Convictions under California Health and Safety Code section 11357, or section 11360(b) which are two years old or older.

(D) Traffic citations or infractions for which a fine of \$500 or less was imposed and not involving alcohol, dangerous drugs, or controlled substances.

(12) A statement indicating whether the licensee, since their last renewal, has had any disciplinary action against any license, registration, certificate, permit or other means to engage in any practice issued to the licensee by any government agency ("license"). "Government agency" means any regulatory or licensing board in this State (excluding this board) or any other state, any United States territory, federal agency or another country. "Disciplinary action" means an adverse licensure action that resulted in a restriction or penalty being placed on the license, such as revocation, suspension, probation, voluntary surrender or public reprimand or reproval.

(13) A statement signed and dated by the licensee under penalty of perjury under the laws of the State of California that all statements made in the application and any attachments are true and correct.

(b) In order to restore an inactive certificate to an active status, the licensee shall have completed a minimum of 20 hours of Category 1 CME as defined by the American Osteopathic Association (AOA) during the 12-month period immediately preceding the licensee's completed application for restoration, submit a completed application for restoration, pay the nonrefundable biennial renewal fee set forth in Section 1690 of this Division and the nonrefundable Controlled Substance Utilization Review and Evaluation System (CURES) fee currently required by Section 208 of the Code. A completed application for restoration includes the following:

(1) Licensee's Full Name (First), (Middle), (Last), (Suffix, if any),

(2) Licensee's License (Certificate) Number,

(3) Licensee's Address,

(4) Licensee's Email Address,

(5) Licensee's Telephone Number,

(6) An affirmative statement that during the 12-month period immediately preceding the date of the filing of this application, the licensee completed a minimum of 20 hours in AOA Category 1 CME; and,

(7) The following statement, signed and dated by the licensee: "I am requesting that the Osteopathic Medical Board of California activate my license."

(c) The inactive status of a certificate holder shall not deprive the Board of its authority to institute or continue a disciplinary proceeding against the licensee on any ground provided by law or to enter an order suspending or revoking the certificate or otherwise taking disciplinary action against the licensee on any ground.

(d) The processing times for obtaining an inactive certificate or reactivating an inactive certificate to active status are set forth in Section 1691.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018 and 3600-1, Business and Professions Code. Reference: Sections 701, 704, 2426, and 2454.5 and 2456.3, Business and Professions Code.

§ 1647. Inactive Certificate Issuance, Renewal and Fees.

(a) An inactive certificate shall be issued upon payment of the ~~normal nonrefundable~~ biennial inactive certificate renewal fee as set forth in Section 1690, any applicable nonrefundable delinquency fees that have been assessed by the Board as specified in subsection (b), and, submission of a completed inactive renewal application as set forth in Section 1646.

(b) An inactive certificate shall be renewed biennially on or before the last day of the birth month the expiration date of the licensee. The failure to pay the biennial inactive certificate renewal fee by the licensee's due date will result in the assessment of a delinquent inactive certificate renewal fee as set forth in Section 1690.

(c) The processing times for the biennial renewal of an inactive certificate are set forth in Section 1691.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018, 2456.1 and 3600-1, Business and Professions Code. Reference: Sections 703, 2456.1 and 2456.2, Business and Professions Code; Section 15374 et seq., Government Code.

§ 1648. Retired License Status.

(a) For the purposes of this section, “disciplinary reasons” means that the applicant's practice was restricted by order of the Board for violations of the Act, the Board’s Regulations in this Division, or Section 822 of the Code, including orders resulting from:

(1) an accusation filed pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code seeking to revoke, suspend, or place the license on probation; or,

(2) an interim suspension order filed pursuant to Section 494 of the Code.

(b) An osteopathic physician and surgeon licensee (“applicant”) may apply for and, upon compliance with the requirements in subdivision (d), be issued a license by the Board in retired status (“retired license”).

(c) A holder of a retired license is not required to renew that license or meet the continuing medical education requirements as set forth in Section 2454.5 of the Code and Article 9 of this Division.

(d) In order to be eligible for a retired license, an applicant shall:

(1) Complete and submit a form to the Board titled “Application for Retired License OMB.31 (New 11/2025),” which is hereby incorporated by reference;

(2) Pay the nonrefundable retired license application fee as set forth in Section 1690;

(3) Have an active or inactive license issued by the Board;

(4) Not have been placed on inactive status by the Board due to disciplinary reasons; and,

(5) Not be actively engaged in practice as an osteopathic physician and surgeon or engaged in any activity that requires them to be licensed by the Board.

(e) A holder of a retired license issued pursuant to this section shall not engage in any activity for which an active license is required.

(f) To be eligible to restore a retired license to active status within five years of being issued a retired license, an applicant shall:

(1) Complete and submit a form to the Board titled “Application to Restore Retired License to Active Status OMB.32 (New 11/2025),” which is hereby incorporated by reference;

(2) Pay the nonrefundable biennial renewal fee for an osteopathic physician and surgeon, as set forth in Section 1690;

(3) Have completed a minimum of fifty (50) hours of continuing medical education within the last two years prior to applying to restore the license to active status in compliance with Section 2454.5 of the Code and Article 9 of this Division;

(4) If an electronic record of the submission of fingerprints does not exist in the Department of Justice's criminal offender identification database and on written request of the Board, furnish to the Department of Justice a full set of fingerprints for the purposes of conducting criminal history record checks pursuant to Section 2042 of the Code.

(g) If a licensee who has been in retired status for more than five years seeks an active license, the individual may apply for a new license in accordance with Section 1651.

NOTE: Authority cited: Sections 464 and 2018, Business and Professions Code Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 3600-1. Reference: Sections 118, 144, 464, 703, 2042, 2221, 2427, 2428, 2452, 2454.5 and 2455, Business and Professions Code.

Article 12. Substantial Relationship and Rehabilitation Criteria; Petitions for Modification of Penalty or Reinstatement

§ 1656. Petition for Reinstatement or Modification of Penalty.

(a) A petition for reinstatement of a certificate or the modification of penalty (including written requests for modification of the terms and conditions of probation or early termination of probation) shall be filed at the Board's Sacramento office no later than thirtyone hundred and twenty (30120) days before any meeting of the Board using the form titled "Petition for Penalty Relief OMB.7 (New 11/2025)" (Form OMB.7), which is hereby incorporated by reference, and shall include the nonrefundable petition for reinstatement application fee as specified in Section 1690 or the nonrefundable modification of penalty application fee as set forth in Section 1690, whichever is applicable, and meet the applicable requirements of subsection (c).

(b) Such petition shall not be heard by the Board unless the time elapsed from the effective date of the original disciplinary decision or from the date of the denial meets the requirements of ~~the~~ Business and Professions Code Sections 2307 and 2273(b), as applicable.

(c) (1) The petition shall be accompanied by ~~the~~at least two verified recommendations from physicians and surgeons licensed by the Board as required by Code Section 2307.

(2) All petitioners for reinstatement shall meet the following requirements prior to submission of Form OMB.7 referenced in subsection (a).

(A) Subject to paragraph (C), all petitioners for reinstatement must submit fingerprints through the California Department of Justice's electronic fingerprint submission Live Scan Service ("Live Scan") by completing the California Department of Justice Form "Request for Live Scan Service," and submitting fingerprinting, through Live Scan as described in this subsection.

(B) Each petitioner for reinstatement shall take the completed "Request for Live Scan Service" form to a Live Scan location to have their fingerprints taken by the operator. The petitioners for reinstatement will be required to pay all fingerprint processing fees payable to the Live Scan operator, including the Live Scan operator's "rolling fee," if any, and fees charged by the California Department of Justice and the Federal Bureau of Investigation. For current information about fingerprint background checks, and Live Scan locations, please visit the Attorney General's website at: <https://oag.ca.gov/fingerprints>.

(C) Petitioners for reinstatement residing outside of California who cannot be fingerprinted electronically through Live Scan in California must have their fingerprints taken at a law enforcement agency in their state of residence, using fingerprint cards. Petitioners for reinstatement shall complete and mail two fingerprint cards, together with the California Department of Justice and the Federal Bureau of Investigation fingerprinting fees (either personal check drawn on a U.S. bank, money order or certified check), payable to the "California Department of Justice," to:

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

ATTENTION: LICENSING UNIT

1300 NATIONAL DRIVE, SUITE 150

SACRAMENTO, CA 95834

(D) Resubmission process. Petitioners for reinstatement will be notified if the first fingerprint card or Live Scan fingerprints are rejected. If rejected, applicants submitting under paragraph (C) will have their second fingerprint card resubmitted to the Department of Justice on their behalf by the Board. Petitioners for reinstatement submitting fingerprints through Live Scan as set forth in paragraph (A) must follow the instructions on the Board's rejection letter, and resubmit fingerprints as described under the process in paragraphs (A) and (B).

(E) Each petitioner for reinstatement shall retain a copy of their completed Live Scan form or completed fingerprint cards referenced in paragraphs (A) and (B) or (C), as applicable, and submit it with their Form OMB.7 and all other required information referenced in subsection (a).

(d) The processing times for a petition for reinstatement of a certificate or modification of penalty are set forth in Section 1691.

(e) Fees paid to the Board for the processing and adjudication of a petition as required by this section 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. Processing of any Form OMB.7 application shall commence only after the fee specified in subsection (a) 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.

(f) If payment is made in accordance with subsection (e), the petition is not withdrawn by the petitioner or rejected by the Board for failing to meet the requirements set forth in Sections 2307 of the Code or this section, the petitioner shall be provided written notice that the Board has accepted the petition to be set for a hearing.

(1) Written notice shall include that: (A) the petition has been accepted by the Board to be set for a hearing, (B) the matter will be set for a petition hearing before an administrative law judge (ALJ) assigned by OAH upon payment to the Board of the applicable fee required to adjudicate a petition for reinstatement or modification of penalty as set forth in Section 1690; and (C) payment must be made and cleared for deposit of funds with the Board within 90 days of the date the Board sent the written notification of acceptance of the petition to be set for hearing.

(2) For the purposes of this section "reasonable costs" include the costs charged by the Office of the Attorney General and the Office of Administrative Hearings (OAH) for reviewing, preparing for, and participating in the hearing, and any certified shorthand reporter services related to the preparation of the transcript on the hearing for either a petition for reinstatement or a petition for modification of penalty, as applicable, and costs charged by OAH for the preparation and transmission of the petition decision to the Board after the hearing.

(3) Within 120 days of the date of a petitioner's hearing on their petition, the Board shall provide the petitioner a fee payment statement detailing the following:

(A) The reasonable costs incurred by the Board in adjudicating their petition calculated in accordance with Section 1690; and

(B) If the costs incurred by the Board are less than initially required to be paid to adjudicate the petition as specified in subsection (f)(1), a statement detailing the refund that will be provided and the anticipated date when the refund will be issued.

(g) 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.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018 and 3600-1, Business and Professions Code. Reference: Sections 2042, 2273, 2307, 2451 and 2452, Business and Professions Code; and Section 15374 et seq., Government Code.

§ 1658. Petitions for Reinstatement of Certificates Restricted or Revoked Due to Mental or Physical Illness.

(a) A petition for reinstatement of a certificate restricted, surrendered or revoked for mental or physical illness shall be filed at the Board's Sacramento office no later than one hundred and ~~twentysixty~~ (60) ¹²⁰ days prior to any meeting of the Board using the form titled "Petition for Penalty Relief OMB.7 (New 11/2025)" (Form OMB.7) incorporated by reference in Section 1656, and shall include the nonrefundable petition for reinstatement application fee as specified in Section 1690 or the nonrefundable modification of penalty application fee as set forth in Section 1690, whichever is applicable. ~~and shall delineate the evidence of the absence or control of the condition which led to the revocation or restriction.~~

(b) The processing times for a petition for reinstatement of a certificate restricted or revoked due to mental or physical illness are set forth in Section 1691.

(c) All petitioners for reinstatement shall meet the following requirements prior to submission of Form OMB.7 referenced in subsection (a).

(1) Subject to paragraph (3), all petitioners for reinstatement must submit fingerprints through the California Department of Justice's electronic fingerprint submission Live Scan Service ("Live Scan") by completing the California Department of Justice Form "Request for Live Scan Service," and submitting fingerprinting, through Live Scan as described in this subsection.

(2) Each petitioner for reinstatement shall take the completed "Request for Live Scan Service" form to a Live Scan location to have their fingerprints taken by the operator. The petitioners for reinstatement will be required to pay all fingerprint processing fees payable to the Live Scan operator, including the Live Scan operator's "rolling fee," if any, and fees charged by the California Department of Justice and the Federal Bureau of Investigation. For current information about fingerprint

background checks, and Live Scan locations, please visit the Attorney General's website at: <https://oag.ca.gov/fingerprints>.

(3) Petitioners for reinstatement residing outside of California who cannot be fingerprinted electronically through Live Scan in California must have their fingerprints taken at a law enforcement agency in their state of residence, using fingerprint cards. Petitioners for reinstatement shall complete and mail two fingerprint cards, together with the California Department of Justice and the Federal Bureau of Investigation fingerprinting fees (either personal check drawn on a U.S. bank, money order or certified check), payable to the "California Department of Justice," to:

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

ATTENTION: LICENSING UNIT

1300 NATIONAL DRIVE, SUITE 150

SACRAMENTO, CA 95834

(4) Resubmission process. Petitioners for reinstatement will be notified if the first fingerprint card or Live Scan fingerprints are rejected. If rejected, applicants submitting under paragraph (3) will have their second fingerprint card resubmitted to the Department of Justice on their behalf by the Board. Petitioners for reinstatement submitting fingerprints through Live Scan as set forth in paragraph (1) must follow the instructions on the Board's rejection letter, and resubmit fingerprints as described under the process in paragraphs (1) and (2).

(E) Each petitioner for reinstatement shall retain a copy of their completed Live Scan form or completed fingerprint cards referenced in paragraphs (1) and (2) or (3), as applicable, and submit it with their Form OMB.7 and all other required information referenced in subsection (a).

(d) Fees paid to the Board for the processing and adjudication of the petition as required by this section 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. Processing of any Form OMB.7 application shall commence only after the fee specified in subsection (a) 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.

(e) If payment is made in accordance with subsection (d), 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, the petitioner shall be provided written notice that the Board has accepted the petition to be set for a hearing.

(1) Written notice shall include that: (A) the petition has been accepted by the Board to be set for a hearing, (B) the matter will be set for a petition hearing before an administrative law judge (ALJ) assigned by OAH upon payment to the Board of the applicable fee required to adjudicate a petition for reinstatement or modification of penalty as set forth in Section 1690; and (C) payment must be made and cleared for deposit of funds with the Board within 90 days of the date the Board sent the written notification of acceptance of the petition to be set for hearing.

(2) For the purposes of this section “reasonable costs” include the costs charged by the Office of the Attorney General and the Office of Administrative Hearings (OAH) for reviewing, preparing for, and participating in the hearing, and any certified shorthand reporter services related to the preparation of the transcript on the hearing for either a petition for reinstatement or a petition for modification of penalty, as applicable, and costs charged by OAH for the preparation and transmission of the petition decision to the Board after the hearing.

(3) Within 120 days of the date of a petitioner’s hearing on their petition, the Board shall provide the petitioner a fee payment statement detailing the following:

(A) The reasonable costs incurred by the Board in adjudicating their petition calculated in accordance with Section 1690; and

(B) If the costs incurred by the Board are less than initially required to be paid to adjudicate the petition as specified in subsection (e)(1), a statement detailing the refund that will be provided and the anticipated date when the refund will be issued.

(f) 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.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 820 and 3600-1, Business and Professions Code. Reference: Sections 822 and 823, 2042, 2307 and 2307.5, Business and Professions Code; and Section 75374 et seq., Government Code.

Article 17. Fees

§ 1690. Fees.

The fees charged by the Board are as follows:

- (a) Physician and surgeon's original certificate application fee: ~~\$200~~400 (\$100 shall be returned if applicant's credentials are insufficient).
- (b) Physician and surgeon's reciprocity certificate application fee: ~~\$200~~400 (\$100 shall be returned if applicant's credentials are insufficient).
- (c) Physician and surgeon's postgraduate training license non-refundable application and processing fee: \$491.
- (d) Duplicate certificate, name change, certification endorsement fee: \$25.
- (e) Biennial Renewal fee: \$400.
- (f) Biennial Inactive Certificate Renewal fee: ~~\$300~~399.
- (g) Delinquent Certificate Renewal fee: ~~\$100~~200.
- (h) Delinquent Inactive Certificate Renewal fee: \$199.50.
- (~~h~~i) Fictitious Name Permit fee: \$100; Renewal fee: \$50.
- (j) Retired License application fee: \$200.
- (k) Application to Restore Retired License to Active Status \$400.
- (l) Petition for Reinstatement application fee: \$2800.
- (m) Petition for Modification of Penalty application fee: \$1500.
- (n) Fee Required to Adjudicate a Petition for Reinstatement or Modification of Penalty per Sections 1656 or 1658: \$20,000 unless the petitioner is entitled to a decrease in fees as provided in subsection (o), in which case the final fee required to adjudicate a petition shall be calculated as provided in that subsection.
- (o) In accordance with sections 1656 and 1658, the Board shall provide each petitioner an itemized invoice that shows the initial determination by the Board of the reasonable costs for adjudicating their petition expressed in a total dollar value number. If the total dollar value number for the Board's reasonable costs is less than the amount set forth in

subsection (n), then the final fee required to adjudicate a petition shall be reduced to that total value number and reflected in the invoice provided to the petitioner pursuant to sections 1656 or 1658, as applicable.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018, 2064.5, 2307.5, 2452, 2456.1 and 3600-1, Business and Professions Code. Reference: Sections 2064.5, 2307.5, 2452, 2451, and 2455, 2456, 2456.1 and 2456.2, Business and Professions Code; Section 13143, Government Code.

Attachment 2: Adoption of Form “Application for Retired License OMB.31” (New 11/2025)



Application for Retired License

To be eligible for a retired license, you must have an active or inactive license issued by the Board, complete this form, and submit it to the Board by mail to the above address with a check or money order payable to the Osteopathic Medical Board of California for \$200. Failure to provide any requested information or fee may prevent, or significantly delay, the processing of your request. Upon approval, your current license will be replaced with a retired license. You can verify your updated license status on the OMBC's website under "Verify a License." Licensees who are inactive for disciplinary reasons do not qualify for a retired license.

Licensees issued a retired license are prohibited from engaging in the practice of medicine. Such licensees are exempt from the renewal fee and continuing medical education (CME) requirements. For full information on retired license status requirements, refer to Section 1648 of Title 16 of the California Code of Regulations (CCR).

SECTION A: Personal Information

License Type:		License Number	
First Name	Middle Name	Last Name	
Last Four Digits of SSN/ITIN		Date of Birth	
Work Phone	Best Available Telephone Number	Email Address	
*ADDRESS OF RECORD (include City, State, Zip):			
Confidential Street Address:			

* Current public / mailing address. If using a P.O. Box, you must also provide a confidential street address.

SECTION B: Qualification for Retired License Status

Are you actively engaged in the practice of medicine or engaged in any activity that requires you to be licensed by the Board?

☐ Yes

☐ No

SECTION C: Declaration (See Attachment A before signing)

By signing below, I am requesting Retired License Status.

I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct, and that I am the person who was issued the license number listed on this application by the Osteopathic Medical Board of California.

Signature: _____ Date: _____

ATTACHMENT A

PERSONAL INFORMATION COLLECTION NOTICE:

The information provided in this form will be used by the Osteopathic Medical Board of California ("Board") to process your request to change your license status to retired. Section 464 of the Business and Professions Code and Section 1648 of Title 16 of the California Code of Regulations authorizes the collection of this information. Failure to provide any of the required information (except the email address) is grounds for rejection of the form as being incomplete. While we make every effort to keep personal information confidential, including telephone numbers, information provided on this application may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency, or pursuant to court order, discovery or subpoena or otherwise in accordance with Civil Code section 1798.24. Your address of record will be posted on the Internet and be made available to the public. Each individual has the right to review their file, except as otherwise provided by the Information Practices Act. The Custodian of Records of the Board is responsible for maintaining the information in this form, and may be contacted at 1300 National Drive, Suite 150, Sacramento, CA 95834, telephone number (916) 928-8390, regarding questions about this notice or access to records.

FOR OMBC USE ONLY

Date: _____ Initials: _____ RECEIPT #: _____ ATS#: _____ Amount: \$ _____ Check #: _____

Attachment 3: Adoption of Form “Application to Restore Retired License to Active Status OMB.32”
(New 11/2025)



Application to Restore Retired License to Active Status

To restore your retired license to active within five years of your retired license being issued, complete this form and submit it to the Board at the address above by mail with a check or money order for the renewal fee made payable to the Osteopathic Medical Board of California for \$400.

Failure to provide any requested information may prevent or significantly delay the processing of your request. You can verify your updated license status on the OMBC's website under "Verify a License." You are not authorized to practice as an Osteopathic Physician and Surgeon until your license has been restored to active status.

For full information on requirements to restore a retired license to active, refer to Section 1648 of Title 16 of the California Code of Regulations (CCR).

SECTION A: Personal Information

License Type:		License Number	
First Name	Middle Name	Last Name	
Last Four Digits of SSN/ITIN		Date of Birth	
Work Phone	Best Available Telephone Number	Email Address	
*ADDRESS OF RECORD (include City, State, Zip):			
Confidential Street Address:			

* Current public / mailing address. If using a P.O. Box, you must also provide a confidential street address.

SECTION B: Mandatory Conviction and License Disciplined Disclosure Question

1. Since you placed your license in Retired status, have you had any license disciplined by a licensing board in or outside of California, another state, agency of the federal government, or a foreign country? For the purposes of this question, "disciplined" means revoked, suspended, placed on probation, reprovved, reprimanded, or otherwise restricted from practicing medicine or another business or profession.

☐ *Yes ☐ No

*If you answered yes to this question please provide details. If you have had a license disciplined, provide copies of the disciplinary order and any documentation of rehabilitation you would like to submit to the OMBC. If you had a license disciplined, list the state(s) in which your license was disciplined:

2. Have you been convicted of or pled guilty or *nolo contendere* to any felony, misdemeanor, or other criminal offense under the laws of any state, the United States, or a foreign country, including any conviction which has been dismissed under Section 1203.4 of the Penal Code? If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you must still disclose the conviction.

☐ *Yes ☐ No

*If you answered yes to this question please provide details. If you have been convicted, please provide CERTIFIED TRUE COPIES of the court and arrest records for each criminal offense to the OMBC.

Mail all documents within 30 days of the date you submitted this application to: OMBC 1300 National Drive, Suite 150, Sacramento, CA 95834.

SECTION C: Continuing Medical Education (CME) Requirements:

Physician and Surgeon licensees must certify they have completed all continuing medical education (CME) requirements required to restore a Retired license to Active. CME must be completed within the last two years prior to application and must be in compliance with Article 9 (commencing with Section 1635 of Title 16, of the California Code of Regulations). Do not submit proof of completion of CME with this request. Retain proof of CME completion for your records and provide to the OMBC only if requested.

CME Compliance Statement:

By signing below, I certify that I have completed at least 50 hours of the Board's continuing medical education requirements within the last two years.

SECTION D: Declaration (See Attachment A before signing)

By signing below, I am requesting Restoration of my Retired License to Active License Status.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Signature: _____ Date: _____

ATTACHMENT A

PERSONAL INFORMATION COLLECTION NOTICE:

The information provided in this form will be used by the Osteopathic Medical Board of California ("Board") to evaluate your request to change your retired license status to active. Section 464 of the Business and Professions Code and Section 1648 of Title 16 of the California Code of Regulations authorizes the collection of this information. Failure to provide any of the required information (except the email address) is grounds for rejection of the form as being incomplete. While we make every effort to keep personal information confidential, including telephone numbers, information provided on this application may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency, or pursuant to court order, discovery or subpoena or otherwise in accordance with Civil Code section 1798.24. Your address of record will be posted on the Internet and be made available to the public. Each individual has the right to review their file, except as otherwise provided by the Information Practices Act. The Custodian of Records of the Board is responsible for maintaining the information in this form, and may be contacted at 1300 National Drive, Suite 150, Sacramento, CA 95834, telephone number (916) 928-8390, regarding questions about this notice or access to records.

FOR OMBC USE ONLY

Date: _____ Initials: _____ RECEIPT #: _____ ATS#: _____ Amount: \$ _____ Check #: _____

Attachment 4: Adoption of Form “Petition for Penalty Relief OMB.7” (New 11/2025)

PETITION FOR PENALTY RELIEF

INSTRUCTIONS: Please read all instructions prior to completing this application.

1. Prior to completing this form, check that you qualify to submit a Petition at this time. Review the time frames and eligibility requirements for the different types of Petitions in "Attachment A" below prior to completing this application and submitting it as specified in paragraphs 2-6.

2. **Complete all form requirements.** If you meet the eligibility requirements set forth in **Attachment A**, please complete all blanks on this form; if any section on this form is not applicable, enter N/A. **Please type or print neatly.** If more space is needed attach additional sheets.

3. **Submit Narrative Statement.** In addition to completing the blanks on this form, please provide a written "Narrative Statement" with this form that includes responses to any directives listed on this form.

4. **Submit letters of recommendation.** Attach to this form **at least two** verified letters of recommendation, signed and dated by and from physicians and surgeons licensed in any state, district or territory who have a current, active and unrestricted license to practice medicine, and personal knowledge of your activities since the effective date of the disciplinary order. The letters shall include the name, title, license number, the name of the state, district or territory of the physician's licensing jurisdiction and the physician's direct contact information. The "direct contact information" shall include the physician's physical address (business or residence), a working phone number and email address.

Letters dated more than six months before the date you sign your Petition will not be accepted. Instruct your recommending physicians to verify their letters of recommendation by including the following declaration above the signature line:

"I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct."

Letters of recommendation without the above declaration will not be admitted as evidence during the administrative hearing on your Petition. Be sure to submit the original letters; copies will not be accepted. Letters must be submitted with the original Petition application and not submitted separately. All letters are subject to verification by the Board, the Board's staff or representatives.

5. **Submit proof of compliance with fingerprinting requirements (reinstatements only).** For persons seeking reinstatement of their certificate, please get fingerprinted and include a copy of your completed Live Scan form or the completed fingerprint cards (if you reside outside of California) as required by Title 16, California Code of Regulations sections 1656 or 1658, as applicable, with your Petition application.

6. **Mail completed application and fee.** Once the requirements in paragraphs 2-5 have been met, submit the completed Petition to the Board by mail to the above address with a money order, certified check, cashiers' check, or preprinted personal or company check payable to the Osteopathic Medical Board of California for \$2800 for a reinstatement petition or \$1500 for modification of penalty petition (either modification of the terms and conditions of probation or early termination of probation, or both. No additional fee is required if petitioning for both modification or early termination of probation).

After completion of the Board's review, you will be notified in writing whether your Petition has been accepted for processing or whether it has been rejected as incomplete. If accepted for processing, the matter will be set for a petition hearing before an administrative law judge (ALJ) assigned by the Office of Administrative Hearings (OAH) upon payment to the Board of \$20,000, which is required to recover the Board's costs to hold an administrative hearing and formulate a decision on your Petition (see 16 CCR §§ 1656 and 1658 for specific definition of all "reasonable costs"). Payment of the \$20,000 fee must be made and cleared for deposit of funds with the Board within 90 days of the date the Board sends the written notification of acceptance of the Petition.

Within 120 days of the date of your Petition hearing, the Board will provide you a fee payment statement detailing the following:

(A) The reasonable costs incurred by the Board in adjudicating your petition calculated in accordance with 16 CCR Section 1690; and

(B) If the costs incurred by the Board are less than \$20,000, a statement detailing the refund that will be provided to you and the anticipated date when the refund will be issued.

For questions regarding this form or the petition process, please contact the Board's Enforcement Unit at (916) 928-8390.

I. TYPE OF PETITION (Reference Business and Professions Code (BPC) sections 2221(b) and 2307)

☐ Reinstatement of Revoked/Surrendered Certificate ☐ Modification of Probation ☐ Early Termination of Probation

NOTE: A Petition for Modification and/or Termination of Probation can be filed together. If you are only seeking either modification of your probation terms or conditions or early termination of probation, check the applicable box. If you are requesting early termination of probation or, in the alternative, modification of probation, check both the modification of probation and early termination of probation boxes (there is no additional fee required when checking both boxes).

Narrative Statement: Please provide the following in your Narrative Statement:

A description of the penalty relief you want and the reasons your request should be granted. If you are requesting Modification of Probation, you must specify which terms and conditions of your probation you want reduced or modified and provide an explanation for your request(s).

II. PERSONAL INFORMATION

NAME:		First	Middle	Last		
HOME ADDRESS:		Number & Street		City	State	Zip Code
EMAIL ADDRESS:						
BEST AVAILABLE TELEPHONE NUMBER:				WORK TELEPHONE NUMBER:		
CA Physician and Surgeon Certificate Number:				Driver's License Number and State of Issuance:		
Current or prior medical licenses in other states or countries (please include license number(s), issue date(s), and status of license(s)):						

III. ATTORNEY INFORMATION (If Applicable)

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

NAME:

ADDRESS:

PHONE:

IV. DISCIPLINARY INFORMATION

Narrative Statement: Provide a brief explanation in your "Narrative Statement" as to the effective dates and cause for the Board's disciplinary action against you (revocation, suspension, probation) (e.g., prescribing without prior exam, gross negligence, self-use of drugs, sexual misconduct, conviction of a crime, etc.) and, if applicable, give a description of your history of any prior disciplinary action(s) with the Board and the history of any prior petitions you have submitted to the Board.

V. MEDICAL BACKGROUND

Total number of years in medical practice:

Medical specialty, if applicable:

Board certified? ☐ No ☐ Yes If "Yes," insert year certified and the name of the certifying board:

Note: A board-certified osteopathic physician is a licensed Doctor of Osteopathic Medicine (DO) who has completed specialized residency training in a medical specialty and passed rigorous exams to demonstrate expertise in that area. This certification is awarded by organizations such as American Osteopathic Association (AOA), American Medical Association (AMA) and American Board of Medical Specialties (ABMS).

Current field of medical practice: (e.g., General Practice (GP), OB/GYN (Obstetrics and Gynecology), ENT (Ear, Nose and Throat), Internal Medicine (IM), etc.)

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

Name and location of medical practice:

List hospital memberships:

VI. CURRENT OCCUPATION OTHER THAN PHYSICIAN AND SURGEON

(Complete this section only if currently not practicing medicine.)

Narrative Statement: If you are petitioning for **Reinstatement**, include in your Narrative Statement responses to these questions:

- A. During the period of time that your certificate (license) has been revoked or surrendered, how have you earned a living?
- B. What aspect of your rehabilitation do you feel will protect against the recurrence of your prior conduct?
- C. What are your plans if your license is reinstated?
- D. Where will you practice (e.g., at a particular hospital, medical group, clinic, urgent care facility, HMO, etc.)?
- E. What type of medical practice?

For your current occupation, please list the name of the employer, address, e-mail address, phone number, job title, duties and dates of employment:

VII. EMPLOYMENT HISTORY AS A PHYSICIAN AND SURGEON ("current" - list for the past 5 years only)

Narrative Statement: Please attach a copy of the following to your narrative statement:

- A. Any supervisor's performance evaluations pertaining to your current assignments in the medical field, laboratory studies, and teaching assignments; and
- B. A copy of your current resume/curriculum vitae.

Provide the company name, address, phone number, contact person, and dates of employment. If any of these dates of employment include periods of solo practice, please write "solo practice" and list the dates you were self-employed below:

VIII. REHABILITATION

Describe any rehabilitative or corrective measures you have taken since your license was revoked, surrendered, or placed on probation. This includes a list of any training or education you have received since the most recent disciplinary action was taken, including names of schools, class names, credit hours, certificates earned, dates of attendance, and copies of certificates of completion of any continuing medical education, training programs, seminars, or educational courses. You may also provide a list of any medical journals you have read and describe how often you read these journals.

For any rehabilitation programs attended, psychotherapy completed, or medical treatments received, list the name of any rehabilitation program or course of treatment received, dates of attendance or duration of treatment, nature of programs or courses of therapy or treatment, and current status (e.g., enrolled, treatment or therapy is ongoing, or completed). You may also include a description of any community service or volunteer work ("work") you have done that includes the type of work, location of work, and dates of work.

For petitioners who have had their certificates restricted or revoked for mental or physical illness affecting competency, please also describe any evidence of the absence or control of the condition which led to the revocation or restriction.

If additional space is needed to respond to this section, please include additional information in your Narrative Statement.

IX. CURRENT COMPLIANCE

1. Been placed on criminal probation or parole? ☐ Yes ☐ No

2. Been charged in any pending criminal action? ☒ Yes ☐ No

3. Been convicted of any crime, including an infraction, misdemeanor, or felony in the United States, any district or territory of the United States, or a foreign country? For the purposes of this paragraph, convictions expunged or dismissed under sections 1000, 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code (or equivalent non-California law) must be disclosed. For the purposes of this paragraph, "conviction" does not include any of the following:

☐ Yes ☐ No

(A) Offenses that were adjudicated in the juvenile court.

(B) Charges dismissed under Section 1000.3 of the Penal Code.

(C) Convictions under California Health and Safety Code section 11357, or section 11360(b), which are two years old or older.

(D) Traffic citations or infractions for which a fine of \$500 or less was imposed and not involving alcohol, dangerous drugs, or controlled substances.

4. Been required to register as a sex offender in any state? (Attach the court order.) ☐ Yes ☐ No

5. Been charged or disciplined by any other state or country's medical board? ☐ Yes ☐ No

6. Surrendered your license to any other medical board in any other state or country? ☐ Yes ☐ No

7. Had your staff privileges disciplined or denied by any hospital? ☐ Yes ☐ No

8. Had any civil malpractice or arbitration claims filed against you? ☐ Yes ☐ No

9. Do you have any medical condition which currently impairs or limits your ability to practice medicine with reasonable skill and safety? ☐ Yes ☐ No

NOTE: If your answer is "Yes" to any of the above questions, please explain the dates of occurrence and the facts and circumstances surrounding the event in your "Narrative Statement" submitted with this form.

X. DECLARATION

Executed on _____ 20 _____, at _____, _____
(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 (Board) pursuant to Business and Professions Code (BPC) sections 2221(b) and 2307 and Title 16, California Code of Regulations sections 1656 and 1658. In carrying out its licensing or disciplinary responsibilities, the Board requires this information to make a determination on your Petition for Penalty Relief. Failure to provide any of the required information is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24. Each individual has the right to review their file, except as otherwise provided by the Information Practices Act. The Custodian of Records of the Board is responsible for maintaining the information in this form, and may be contacted at 1300 National Drive, Suite 150, Sacramento, CA 95834, telephone number (916) 928-8390, regarding questions about this notice or access to records.

Attachment A - Notice of Eligibility Requirements

A person may file their Petition with the Board after a period of not less than the following minimum periods have elapsed from the effective date of the surrender of their certificate or the decision ordering their disciplinary action:

I. Petition for Reinstatement: At least five years for reinstatement of a certificate surrendered or revoked for unprofessional conduct, unless your disciplinary order specifies that you can file a Petition sooner or your disciplinary order is based in whole or in part upon any findings of violations set forth in BPC section 2273(b) (which requires a mandatory 10-year revocation or surrender penalty). For disciplinary orders based upon findings of violations set forth in BPC section 2273(b) and for which the Board imposed the penalty of outright revocation or surrender for a minimum of 10 years, the Board has no discretion to reinstate a certificate prior to the expiration of this 10-year period.

II. Petition for Early Termination of Probation (for probation term of 3 years or greater): At least two years for early termination of probation or after more than one-half of the probation term has elapsed, whichever is greater.

III. Petition for Modification of Probation (Modify a Condition or Early Termination of Probation Term of less than 3 years): At least one year.

IV. Petition for Reinstatement of a Certificate surrendered or revoked for mental or physical illness: At least one year.

In addition to the foregoing criteria, no Petition shall be considered under the following circumstances per BPC section 2307:

(1) You are under sentence for any criminal offense, including any period during which you are on court-imposed probation or parole.

(2) There is an Accusation or Petition to Revoke Probation pending against you from the Board.

(3) The Board shall automatically reject any Petition for Early Termination or Modification of Probation if the

Board files a Petition to Revoke Probation while your Petition for Early Termination or Modification of the Probation is pending.

(4) Your Petition is filed within a period of three years from the effective date of a prior decision following a hearing on your prior Petition.

(5) Your certificate has been surrendered because you committed an act of sexual abuse, misconduct, or relations with a patient pursuant to BPC section 726 or sexual exploitation as defined in subdivision (a) of BPC section 729.

(6) Your certificate has been revoked based on a finding by the Board that you committed an act of sexual abuse, misconduct, or relations with a patient pursuant to BPC section 726 or sexual exploitation as defined in BPC section 729(a).

(7) You were convicted in a court in or outside of this state of any offense that, if committed or attempted in this state, based on the elements of the convicted offense, would have been punishable as one or more of the offenses described in Penal Code section 290(c) of Section 290, and you engaged in the offense with a patient or client, or with a former patient or client if the relationship was terminated primarily for the purpose of committing the offense.

(8) You have been required to register as a sex offender pursuant to the provisions of Section 290 of the Penal Code, regardless of whether the conviction has been appealed, and you engaged in the offense with a patient or client, or with a former patient or client if the relationship was terminated primarily for the purpose of committing the offense.

For further information on the Board's regulatory requirements for petitions for penalty relief, please review Title 16, California Code of Regulations sections 1656, 1658 and 1690.

Attachment 5: Repealer of Form OMB.2 and OMB.2a (Rev. 11/94) Application for Renewal of License

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

444 NORTH THIRD STREET, SUITE A-200
SACRAMENTO, CA 95814
TELEPHONE: (916) 322-4306
FAX: (916) 327-6119



1995-1997 TWO-YEAR LICENSE RENEWAL

Pursuant to Section 2456.1 of the California Business and Professions Code, all Osteopathic Physicians and Surgeons Certificates shall expire twelve midnight on the last day of his/her birth month of a two-year term. Biennial Tax and Registration Fees are due on or before the expiration date. Failure to pay the license fees by the expiration date, will result in a delinquency fee of \$150; (\$75 for inactive license).

\$600 ACTIVE LICENSE

_____ CME Required (Attach all CME documentations for 1/92 thru 12/94 unless previously submitted)
_____ Residency/Fellowship (Attach verification from program director)

\$300 INACTIVE LICENSE

_____ No Practice Privileges in California -- No CME Required.
Available to In-State and Out-of-State Practitioners.

Physician's Printed Name: _____

Business Address: _____ Phone: _____
(Public Information)

City: _____ State: _____ Zip: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Specialty: _____ Board Certified? Yes _____ No _____

Certifying Board: _____ Date: _____

SINCE YOUR LAST RENEWAL:

- (a) Have you been convicted of a misdemeanor or felony?
Yes _____ No _____ (If yes, please provide details.)
- (b) Has any state taken administrative action against any medical license?
Yes _____ No _____ (If yes, please provide details.)
- (c) Have you had health, legal or occupational problems associated with alcohol or drug use or been charged or convicted of any act related to alcohol or drugs?
Yes _____ No _____ (If yes, please provide details.)
- (d) Is an investigation or litigation now pending against you involving your hospital privileges, medical practice, or membership in state societies?
Yes _____ No _____ (If yes, please provide details.)

Please provide your DEA number. _____ Is it current and unrestricted? Yes _____ No _____ (If NO, please provide details.)

I acknowledge I have read and understand the rules pertaining to CME. I am aware my license will not be renewed if the requirement is not met.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE OSTEOPATHIC MEDICAL BOARD SHOULD A CHANGE OCCUR.

Physician's Signature: _____

Date: _____

PLEASE MAKE CHECK PAYABLE TO: OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

444 NORTH THIRD STREET, SUITE A-200
SACRAMENTO, CALIFORNIA 95814
TELEPHONE: (916) 322-4306
FAX: (916) 322-6119



1995 ANNUAL LICENSE RENEWAL

Pursuant to Section 2456.1 of the California Business and Professions Code, all Osteopathic Physicians and Surgeons Certificates shall expire twelve midnight on the last day of his/her birth month. Annual Tax and Registration Fees are due on or before the expiration date. Failure to pay the license fees by the expiration date, will result in a delinquency fee of \$150; (\$75 for inactive license).

\$300 ACTIVE LICENSE

_____ CME Required (Attach all CME documentations for 1/92 thru 12/94 unless previously submitted)
_____ Residency/Fellowship (Attach verification from program director)

\$150 INACTIVE LICENSE

_____ No Practice Privileges in California -- No CME Required.
Available to In State and Out-of-State Practitioners.

Physician's Printed Name: _____

Business Address: _____ Phone: _____
(Public Information)

City: _____ State: _____ Zip: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Specialty: _____ Board Certified? Yes _____ No _____

Certifying Board: _____ Date: _____

SINCE YOUR LAST RENEWAL:

- (a) Have you been convicted of a misdemeanor or felony?
Yes _____ No _____ (If yes, please provide details.)
- (b) Has any state taken administrative action against any medical license?
Yes _____ No _____ (If yes, please provide details.)
- (c) Have you had health, legal or occupational problems associated with alcohol or drug use or been charged or convicted of any act related to alcohol or drugs?
Yes _____ No _____ (If yes, please provide details.)
- (d) Is an investigation or litigation now pending against you involving your hospital privileges, medical practice, or membership in state societies?
Yes _____ No _____ (If yes, please provide details.)

Please provide your DEA number. _____ Is it current and unrestricted? Yes _____ No _____ (If NO, please provide details.)

I acknowledge I have read and understand the rules pertaining to CME. I am aware my license will not be renewed if the requirement is not met.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE OSTEOPATHIC MEDICAL BOARD SHOULD A CHANGE OCCUR.

Physician's Signature: _____ ate: _____

PLEASE MAKE CHECK PAYABLE TO: OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

Attachment 6: Fiscal Impact Workload Costs (Tables) for:

- (A) Physician and Surgeon Original or Reciprocity Application Fee;
- (B) Physician and Surgeon Biennial License or Renewal Active Fee;
- (C) Physician and Surgeon Biennial Inactive Certificate Fee;
- (D) Physician and Surgeon Retired License Status;
- (E) Physician and Surgeon Application to Restore Retired License to Active;
- (F) Petition for Reinstatement (Application Processing Fee);
- (G) Petitions for Modification of Penalty (Application Processing Fee); and
- (H) Petition for Penalty Relief Costs (Fee to Adjudicate Petition)

Osteopathic Medical Board of California
Physician and Surgeon Original or Reciprocity Certificate Application Fee - Title 16 CCR 1690(a)
Fiscal Impact (Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	OT	SSA
Application received, processed & distributed	1	30	30	-
Cashiering - Input into IT systems & prepare trial balance	1	40	30	10
Initial review of application & identify deficiencies	1	60	-	60
Deficiency letters sent, if applicable	1	30	-	30
Fingerprint clearance	1	15	-	15
Communication - email, phone, etc.	1	60	-	60
Mailing receipts upon request	1	15	-	15
Prepare & issue license	1	15	-	15
Minutes per Classification			60	205
Hours by Classification			1.0	3.4
Costs by Classification			\$85	\$328
Enforcement-Rate Allocation:			\$105	
Total Costs:			\$518	

OT - Office Technician Typing (\$85/hr - includes DCA Distributed Admin)

SSA- Staff Services Analyst (\$96/hr - includes DCA Distributed Admin)

Osteopathic Medical Board of California Physician and Surgeon Biennial License or Renewal Active Fee - Title 16 CCR 1690(d) Fiscal Impact (Workload Costs)				
Workload Tasks	Per Application	Minutes Per Application	OT	AGPA
Application received, processed & distributed	1	30	30	-
Cashiering - Input into IT systems & prepare trial balance	1	40	30	10
Initial review of application & identify deficiencies	1	50	-	50
Deficiency letters sent, if applicable	1	30	-	30
Communication - email, phone, etc.	1	60	-	60
Mailing receipts upon request	1	15	-	15
Prepare & issue license	1	15	-	15
Minutes per Classification			60	180
Hours by Classification			1.0	3.0
Costs by Classification			\$85	\$315
Enforcement-Rate Allocation:			\$105	
Total Costs:			\$505	

OT - Office Technician Typing (\$85/hr - includes DCA Distributed Admin)

AGPA - Associate Governmental Program Analyst (\$105/hr - includes DCA Distributed Admin)

Osteopathic Medical Board of California
Physician and Surgeon Biennial Inactive Certificate Fee - Title 16 CCR 1690(e)
Fiscal Impact (Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	OT	AGPA
Application received, processed & distributed	1	30	30	-
Cashiering - Input into IT systems & prepare trial balance	1	40	30	10
Initial review of application & identify deficiencies	1	50	-	50
Deficiency letters sent, if applicable	1	30	-	30
Communication - email, phone, etc.	1	60	-	60
Mailing receipts upon request	1	15	-	15
Prepare & issue license	1	15	-	15
Minutes per Classification			60	180
Hours by Classification			1.0	3.0
Costs by Classification			\$85	\$315
Total Costs:			\$400	

OT - Office Technician Typing (\$85/hr - includes DCA Distributed Admin)

AGPA - Associate Governmental Program Analyst (\$105/hr - includes DCA Distributed Admin)

Osteopathic Medical Board of California
Physician and Surgeon Retired License Status - Title 16 CCR 1690(i)
Fiscal Impact (Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	OT	AGPA
Application received, processed & distributed	1	30	30	-
Cashiering - Input into IT systems & prepare trial balance	1	40	30	10
Initial review of application & identify deficiencies	1	15	-	15
Deficiency letters sent, if applicable	1	15	-	15
Communication - email, phone, etc.	1	15	-	15
Mailing receipts upon request	1	15	-	15
Prepare & issue license	1	15	-	15
Minutes per Classification			60	85
Hours by Classification			1.0	1.4
Costs by Classification			\$85	\$149
Total Costs:			\$234	

OT - Office Technician Typing (\$85/hr - includes DCA Distributed Admin)

AGPA - Associate Governmental Program Analyst (\$105/hr - includes DCA Distributed Admin)

Osteopathic Medical Board of California
Physician and Surgeon Application to Restore Retired License to Active - Title 16 section 1690(j)
Fiscal Impact (Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	OT	SSA
Application received, processed & distributed	1	30	30	-
Cashiering - Input into IT systems & prepare trial balance	1	30	30	-
Initial review of application & identify deficiencies	1	60	-	60
Deficiency letters sent, if applicable	1	30	-	30
Fingerprint clearance	1	15	-	15
Communication - email, phone, etc.	1	60	-	60
Mailing receipts upon request	1	15	-	15
Prepare & issue license	1	15	-	15
Minutes per Classification			60	195
Hours by Classification			1.0	3.3
Costs by Classification			\$85	\$312
Enforcement-Rate Allocation:			\$105	
Total Costs:			\$502	

OT - Office Technician Typing (\$85/hr - includes DCA Distributed Admin)

SSA- Staff Services Analyst (\$96/hr - includes DCA Distributed Admin)

Osteopathic Medical Board of California Petition for Reinstatement - Title 16 CCR section 1690(k) Fiscal Impact (Workload Costs)				
Workload Tasks	Per Application	Minutes Per Application	AGPA	SSMI
Receive & process petition, create case record in IT system & license certification, download NPDB report, and refer to Probation Unit	1	30	30	-
Review Petition for Reinstatement/original discipline file	1	180	180	-
Contact & conduct interviews (letters of reference)	1	120	120	-
Verify information in the petition package	1	180	180	-
Contact petitioner & conduct interview	1	165	165	-
Draft report and Attorney General memo	1	300	300	-
Prepare final transmittal packet for management review	1	240	240	-
Update IT systems & tracking	1	90	90	-
Management review and signature	1	60	-	60
Copy Petition for Reinstatement Packet, prepare packet to ship & transmit to Attorney General/OAH/Legal Counsel/Board Members	1	60	60	-
Schedule hearing for upcoming Board Meeting/Notify all parties of hearing date and time	1	120	120	-
Send final decision to stakeholder & update case record in IT system	1	60	60	-
Minutes per Classification			1545.0	60.0
Hours by Classification			25.8	1.0
Costs by Classification			\$2,704	\$113
Total Costs:			\$2,817	

AGPA - Associate Governmental Program Analyst (\$105/hr - includes DCA Distributed Admin)

SSMI-Staff Services Manager I (\$113/hr-includes DCA Distributed Admin)

Osteopathic Medical Board of California Petitions for Modification of Penalty - Title 16 CCR 1690(I) Fiscal Impact (Workload Costs)				
Workload Tasks	Per Application	Minutes Per Application	AGPA	SSMI
Receive & process petition, create case record in IT system & license certification, download NPDB report, and refer to Probation Unit	1	30	30	-
Copy probation file	1	90	90	-
Review petition packet and probation file	1	240	240	-
Conduct interview of Petitioner and supporters	1	60	60	-
Draft Petition for Penalty Relief report	1	120	120	-
Prepare packet for management review	1	15	15	-
Review Petition for Penalty Relief report & packet	1	60	-	60
Update IT systems & tracking	1	10	10	-
Copy Petition for Penalty Relief Packet, prepare packet to ship & transmit to Attorney General/OAH/Legal Counsel/Board Members	1	60	60	-
Schedule hearing for upcoming Board Meeting/Notify all parties of hearing date and time	1	120	120	-
Send final decision to stakeholder & update case record in IT system	1	60	60	-
Minutes per Classification			805	60
Hours by Classification			13.4	1.0
Costs by Classification			\$1,409	\$113
Total Costs:			\$1,522	

AGPA - Associate Governmental Program Analyst (\$105/hr - includes DCA Distributed Admin)

SSMI - Staff Services Manager I (\$113/hr-includes DCA Distributed Admin)

Osteopathic Medical Board
Petition for Penalty Relief Costs
Fiscal Years 2023-24 — 2025-26

Type	Petitions	Total Costs	Ave Costs
Attorney General	4	\$51,220	\$12,805
Office of Administrative Hearings	4	\$26,055	\$6,514
Court Reporters	4	\$4,500	\$1,125
Totals:		\$81,774	\$20,444