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MEMORANDUM

DATE	August 25, 2026
TO	Board Members, Osteopathic Medical Board of California
FROM	Terri Thorfinnson, J.D. Legislative & Regulatory Specialist
RE:	Agenda Item 14 - Discussion and Possible Action on 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 (Retired License, Petitions and Fees)

Overview of Proposed Revisions to Rulemaking Text

At the November 13, 2025, Board meeting, the Board discussed and voted to approve the proposed regulatory language in **Attachments 1-5** and authorized the Executive Director, Erika Calderon, to proceed with the rulemaking and adopt the language if no adverse comments were received and no hearing was requested. The 45-day comment period began May 29, 2026, when the Board's Notice of Regulatory Action, Initial Statement of Reasons and the Proposed Regulatory Language were posted on the Board's website (https://www.ombc.ca.gov/laws_regulations/pending_regulations.shtml) and notice was mailed and emailed to interested parties. Notice of the proposed regulatory action was published by the Office of Administrative Law (OAL) on May 29, 2026.

All comments received as of July 13, 2026, have been summarized with recommended Board responses. Board Staff and Regulations Counsel recommend the Board approve the following proposed responses to the comments summarized below.

A. Consideration of Public Comments Received During the Public Comment Period and Proposed Responses Thereto

In accordance with Government Code section 11346.9, subdivision (a)(3), the Board, in its Final Statement of Reasons supporting the rulemaking, must summarize each objection or recommendation and the reasons for making or not making a change. Summaries of the comments received and proposed responses developed by staff in consultation with Regulations Counsel are provided below for Board consideration and approval.

Comment in General Support of Rulemaking Proposals

Commenter #1. Joseph J. Provenzano, D.O. comment received by email 6/10/2026.

Comment Summary:
The retirement of DO physicians came up about 12 years ago. Finally, we can retire without the stigma. Also cost recovery also came up. If you were to send accusations of the Medical Practice act to the DOJ you would lose much control. Look what happened to the CA MD board. I was on the OMBC back then with my last year as President of the OMBC. Also do we have to send in proof of ID. I heard that is was a federal law??

Board Response to Commenter #1:
The Board has considered this comment regarding the retired license status proposal, and welcomes the support for the proposed rulemaking package and acknowledgement that the update and proposed changes are needed. As a result, no changes are necessary in response to this particular comment.

With respect to the other comments regarding cost recovery, warnings about sending Medical Practice Act accusations to the Department of Justice, losing control over how cases are handled similar to the California Medical Board and his personal experiences while serving as prior OMBC Board President, these comments appear unrelated to the current regulatory proposal.

With respect to the question about sending in "proof of ID" and it being required under federal law, the current proposal at California Code of Regulations, title 16, section 1648 requires disclosure of all of the personally identifying information that the Board, in its experience, would need to identify the applicant and verify eligibility for retired status or restoration to active status as explained in the Initial Statement of Reasons. The Board has not identified any federal law that would establish differing "proof" of identification requirements for the Board to adopt. On the contrary, requirements for maintaining, reinstating, or retiring a license are set by each state board under Business and Professions Code section 464, not by any federal mandate. As a result, no changes were made in response to these comments.

Comments Adverse to the Rulemaking Proposals

Commenter #2. Dr. Denis J. Yoshii, D.O. comment received by email 5/29/2026 (with email address listed as "Denis Andy").

Comment Summary:
Re: Opposition to Proposed Fee Increases and Regulatory Amendments – Division 16, Title 16 CCR Sections 1630, 1636, 1646, 1647, 1648, 1656, 1658, and 1690

To Members of the Osteopathic Medical Board of California:

Thank you for offering public comment for the pending regulation changes. I respectfully oppose the proposed fee increases contained within the Notice of Proposed Regulatory Action.

As a practicing osteopathic physician in California, I recognize the importance of maintaining a financially stable regulatory board that protects the public and ensures professional standards. However, the proposed fee increases place an additional financial burden on physicians who are

already facing escalating practice expenses, including increased staffing costs, rising malpractice premiums, higher facility expenses, electronic health record requirements, insurance contracting challenges, and growing administrative demands.

California physicians are experiencing unprecedented economic pressures. Many independent and small-group practices are struggling to remain financially viable while reimbursement rates from insurers and government programs have failed to keep pace with inflation and operational costs. Additional licensing fees further contribute to these challenges and may discourage physicians from maintaining licensure or continuing practice in California.

I am particularly concerned that the fee increases may disproportionately affect:
• Solo practitioners and small medical groups
• Physicians serving rural and underserved communities
• Physicians approaching retirement who may choose to leave practice earlier rather than absorb additional costs
• Newly licensed physicians facing substantial educational debt

Before implementing fee increases, I encourage the Board to fully evaluate alternative measures, including operational efficiencies, cost-containment strategies, modernization of administrative processes, and careful review of expenditures. The Board should provide clear justification demonstrating that all reasonable cost-saving measures have been exhausted prior to transferring additional financial burdens to licensees.

While I support the creation of a retired license status and reasonable administrative updates to Board regulations, I do not support increasing fees without compelling evidence that such increases are necessary and unavoidable.

California continues to face physician shortages in many communities. Regulatory actions that increase the cost of maintaining licensure may inadvertently worsen access-to-care challenges by encouraging physicians to reduce clinical hours, retire earlier, relocate to other states, or decline licensure altogether.

For these reasons, I respectfully request that the Osteopathic Medical Board reconsider the proposed fee increases, pursue alternative cost-management strategies, and limit any fee adjustments to the minimum amount necessary to maintain essential Board operations.

Thank you for your consideration of these comments.

Respectfully submitted,

Denis J. Yoshii, DO
California Osteopathic Physician

Board Response to Commenter #2: The Board has considered these comments and makes no changes to the language of the regulation based thereon for the following reasons.

The proposed regulations would increase fees to better reflect the actual costs of processing applications, renewals, and providing regulatory oversight. They would also shift the costs of petitions

for penalty modification or license reinstatement (CCR sections 1656 and 1658) to the licensees who file these petitions, rather than spreading those costs across all licensees in the form of renewal fees.

The Board acknowledges that alternative cost-saving measures are being implemented, including cost containment strategies; however, the anticipated revenue savings is neither immediate, nor sufficient to eliminate the budget's structural imbalance. Further, the Board's application fees should reflect the recovery of the actual costs to the Board for processing the applications filed with the Board, and not subsidize the actual costs associated with the processing of applications and renewals. (See the State of California's State Administrative Manual section 9210, which provides that it is state policy for departments to **recover full costs** whenever goods or services are provided to others.)

As explained in the Initial Statement of Reasons, the Board has conducted a cost analysis of the Board's current fee structure and program administration to justify the increases to the application and renewal fees and the setting of fees for new applications (see Underlying Data -- Fiscal Impact Workload Costs (Tables)). The Board's current operating costs exceed the revenue being collected and the Board is using its reserve fund to meet its structural imbalance.

The Board is proposing these increases to continue operations for the near future. These proposed regulatory changes will ensure the Board will be able to meet future expenses while incrementally replenishing the reserve fund. The proposed amendments to the Board's fee schedule will help to reduce the Board's structural budget imbalance in the near future, recover costs, and allow the Board additional time to continue operations and analyze future operational needs.

Additionally, the Board has not raised fees since 1996. It is not only reasonable to propose raising fees after 30 years, but also fiscally necessary to maintain operations and regulate osteopathic physicians and surgeons. If this regulatory proposal is not adopted, the Board may need to restrict its core operations, including slowing its ability to process applications, curtailing investigations, closing offices intermittently, and limiting the Board's ability to adjudicate violations of the laws it administers in an expedient manner. These restrictions to the operational functions of the Board could result in licensing backlogs and compromise the Board's ability to achieve its mission and statutory mandate of consumer protection.

Commenter #3 Dr. David Lyon, PA, DSc, DO, retired, comment received by email 5/29/2026.

Comment Summary:

There should be no fee for retired licenses since they are essentially non-functional.
Also, I know it's not a State issue but retired physicians should retain emeritus board certification without re-testing…which is an absolute unnecessary burden.

Thank you,
David Lyon, PA, DSc, DO
Retired

Board Response to Commenter #3:
The Board has considered these comments and makes no changes to the language of the regulation based thereon for the following reasons:

Issue 1 (no fee for retired license):
The Board does not propose charging a fee to retain the retired license status; renewal of the retired license is not required. Rather, the Board proposes to recover the Board's one-time costs for processing the application for retired status. There are staffing costs required to review, follow-up on applications, and prepare and issue a new license type, all of which cost the Board money to offer and maintain as set forth in the Fiscal Impact Workload Costs (Tables) in the Underlying Data. These fee amounts are justified and based on costs to the Board. Cost recovery ensures financial fairness by making everyone applying for retired status pay their share of administrative and service costs; and supports consistent legal and policy compliance through required full-cost recovery practices.

Issue 2 (emeritus board certification without retesting): It is the Board's understanding that the commonly understood definition of emeritus status is not a default retirement status rather it is an honorary status conferred upon the individual for their distinguished service in typically the military or academia. The Board is a regulatory agency that regulates licensees and whose core mission is to protect public safety; the Board is only authorized to issue a retired status to those who qualify in accordance with Business and Professions Code section 464. Thus, the Board is not authorized to confer any honorary status on licensees for their service. Under this proposal and in accordance with Business and Professions Code section 464, physicians in retired status are not required to maintain competency nor are they allowed to practice medicine with this retired status. If they choose to return to active status, they need to demonstrate competency and safe practice by completion of 50 hours of CME completed within five years of being issued a retired license and meet the other requirements for restoration to active status to ensure safe practice for the protection of the public as further explained in the Initial Statement of Reasons.

Commenter #4 Dr. Benson, Yong, DO comment received by email 5/30/2026.

Comment Summary:

I am delighted to hear that OMBC is in discussion to add Retired Status Licensure and in full support of such.

After retiring from 30 years of a proud Osteopathic practice, only to discover that OMBC has only a "Delinquent" status available to me post retirement, I find it insulting, libelous, and potentially detrimental to one's respectable career of practice (potentiating medical legal actions that would otherwise be unlikely).

I do hope this common sense change is voted in.

I recommend this:

1. Requirements qualifying retirement status, set by OMBC if in good standing.
2. A simple online application process.
3. If processing fee required, a nominal sum, i.e. $25.
4. Resulting a "Retired in good standing" reported status on OMBC license search.

Thank you for your consideration,
Dr. Benson Yong

Board Response to Commenter #4: For the comments in support of adopting a retired status, the Board has considered these comments and welcomes support for the proposed retired license status and acknowledgement that this new license status is overdue and needed. No modified language is required for this support comment.

Recommendation 1: Add Qualifying and Good Standing Requirements. The Board has considered this recommendation but rejects recommendation 1 for the following reasons:

The Board has already set qualifications for obtaining a retired status in this proposal, consistent with the requirements in Business and Professions Code (BPC) section 464. "Good standing" is not an authorized criteria to qualify for retired status under the law specified in Section 464. BPC section 464(b) mandates that the Board include all of the following in this regulatory proposal when determining eligibility for retired status:

> (1) A retired license shall be issued to a person with either an active license or an inactive license that was not placed on inactive status for disciplinary reasons.
>
> (2) The holder of a retired license issued pursuant to this section shall not engage in any activity for which a license is required, unless the board, by regulation, specifies the criteria for a retired licensee to practice his or her profession or vocation.
>
> (3) The holder of a retired license shall not be required to renew that license.
>
> (4) The board shall establish an appropriate application fee for a retired license to cover the reasonable regulatory cost of issuing a retired license.

The Board has complied with this statutory mandate by proposing to adopt the criteria specified in Section 464(b)(1)-(4) at CCR section 1648, subsections (d)(1)-(5). The proposed text also includes language about a licensee having an active or inactive license that was not placed on inactive status for disciplinary reasons . "Disciplinary reasons", as defined in this proposal, would mean 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.

Any applicant meeting the above "disciplinary reasons" criteria would not qualify for a retired status. So, the Board believes the commenter's concerns are addressed with the text as originally noticed, and without any further modification of language.

Recommendation 2: Simple online application process. The Board has considered your recommendation but rejects recommendation 2 for the following reasons:

The Board's retired license (OMB.31) and active-status restoration (OMB.32) applications must currently be mailed to the Board with a check or money order, as specified. Due to the Board's current

Fund condition and anticipated IT costs associated with making this application available online, the process remains mail-in for now. The Board may consider an online option in the future if it becomes economically feasible and interest in a retired status online application warrants it.

Recommendation 3: Only charge nominal processing fee of $25. The Board has considered this recommendation 3 and rejects this recommendation to set the fee for retired license at $25 for the following reasons:

It is not free to offer a retired license and reactivation option and costs the Board more than $25. There are staffing costs required to review, follow-up on applications, and prepare and issue a new license type, all of which cost the Board money to offer and maintain as set forth in the Fiscal Impact Workload Costs (Tables) in the Underlying Data. These fee amounts are justified and based on costs to the Board. Cost recovery ensures financial fairness by making everyone applying for retired status pay their share of administrative and service costs; and supports consistent legal and policy compliance through required full-cost recovery practices.

As noted previously, these costs to the Board well exceed $25. If the Board entertained setting the fee below the cost of offering the new license type, it would lose money, be fiscally irresponsible and need to raise fees as a result. Setting the fee at what it is estimated that it will cost the Board is fiscally responsible and prevents fiscal instability that would compromise its overall operations and mission.

As a result, no changes to the proposed regulatory language are necessary in response to this comment recommendation 3.

Recommendation 4: Add reporting requirement for "Retired in good standing" to license look up status. The Board has considered this recommendation 4 and rejects this recommendation for the following reasons:

Business and Professions Code (BPC) section 464 authorizes the Board to adopt "a system for a retired category of licensure for persons who are not actively engaged in the practice of their profession or vocation." Nowhere in that law does it authorize the Board to assign a "good standing" status to that retired status title. Further, as set forth in BPC section 464 and the Board's proposed requirements at CCR 1648, a physician cannot obtain the status if they are inactive for "disciplinary reasons" (see response to Recommendation 1 above). Finally, the law at BPC section 2027 already requires the Board to post on its website whether a license type is presently in good standing so there is no need to add any additional modified language.

As a result, no changes to the proposed regulatory language were made in response to this comment recommendation 4.

Commenter #5 Lucas Evensen Associate Director, Strategic Engagement, California Medical Association comment received by email July 13, 2026

Comment Summary:

On behalf of its over 50,000 medical student and physician members, California Medical Association (CMA) submits the following comments on the regulations proposed by the Osteopathic Medical Board of California (Board) related to Retired License, Petitions and Fees. The Board's proposed regulations, in

part, establish fees for petitions for penalty relief pursuant to Business and Professions Code (BPC) section 2307.5. CMA opposes the Board's proposal to establish these fees at a combined cost of over $21,000 to petition for early termination of probation or over $22,000 to reinstate a license.

A fee this high to petition for penalty relief places a severe burden on individuals who, by nature of their status as disciplined professionals, often face financial and career challenges. For many, these fees will be prohibitive, effectively denying access to relief mechanisms established by the Legislature in Business and Professions Code Section 2307. Additionally, no provision is offered which seeks to alleviate the burden created by this fee such as fee waivers, sliding scales, or payment plans based on an applicant's ability to pay. Instead, the Board seems to have simply opted to identify the highest amount it believed it had the legal authority for and ignored all other considerations to generate as much revenue as possible.

The Board's current proposal effectively punishes all petitioners rather than attempting to address inefficiencies in the petition review process. Contrary to the Board's assertion, the proposed fees also conflict with the public interest by discouraging rehabilitated professionals from returning to practice. California already faces significant physician workforce shortages, particularly in underserved areas. By creating extreme financial barriers to reinstatement, the Board risks delaying or preventing qualified physicians from resuming their roles, thereby exacerbating workforce challenges. Furthermore, the proposal undermines confidence in the Board's commitment to fairness and rehabilitation, replacing it with a perception of revenue generation at the expense of equity.

CMA acknowledges that the Board's proposal includes a possible fee reduction following the conclusion of the petition process. However, this does not resolve the core problem. The proposal still requires physicians to bear the full burden of a $20,000 fee upfront in order to access a statutory mechanism for seeking penalty relief. For many petitioners, the possibility of a later reduction will provide little practical benefit if they cannot afford to initiate the process in the first place. This structure still creates a significant barrier to access and effectively conditions the availability of relief on a petitioner's ability to pay.

CMA believes there is a middle ground between charging petitioners no fee and requiring that they pay the Board's full costs to process and adjudicate petitions upfront. That middle ground has already been recognized by the Medical Board of California (MBC), and osteopathic physicians should not face a more burdensome or less flexible process than similarly situated allopathic physicians seeking the same type of statutory penalty relief. For this reason, CMA opposes these proposed regulations and urges the Board to revise the proposed text to align with the MBC's approach.

Last year, the MBC adopted regulations (see attached) that established a more flexible process allowing petitioners to pay a lower initial filing fee, similar to the one proposed by the Board, while preserving the Board's ability to recover additional reasonable costs after the petition is heard. Importantly, those regulations expressly allow the administrative law judge and the Board to consider evidence of the petitioner's ability to pay the remaining fee, the reasonableness of the fee, and whether a payment plan, reduction, or waiver is appropriate. The MBC's approach demonstrates that a board can seek to recover reasonable costs without requiring petitioners to pay the maximum amount upfront or ignoring their financial circumstances.

CMA urges the Board to adopt a similarly balanced approach rather than imposing a rigid $20,000 barrier at the outset of the petition process.

CMA also recommends that the Board delete Section 1658. As revised, Section 1658 does not appear to establish a materially different process for petitions involving licenses surrendered, revoked, or restricted due to mental or physical illness. These petitioners are subject to the same general petition process, including use of the same form, filing deadline, fee structure, and procedures for processing and adjudicating the petition. Maintaining a separate regulatory section for this category of petitioners therefore appears unnecessary and may create confusion by suggesting that a distinct process applies when, in substance, the Board has not established one.

This concern is reinforced by the fact that Section 1658 does not appear to include provisions comparable to subdivisions (b) and (c)(1) of Section 1656, which address when a petition may be heard and the requirement for submission of verified recommendations from physicians and surgeons licensed by the Board. Because those requirements should apply equally to petitions brought under Section 1658, this omission illustrates the potential for confusion and unintended inconsistencies when substantively similar petition processes are maintained in separate regulatory sections.

Maintaining a separate section dedicated to mental or physical illness may also have unintended stigmatizing effects. Where the Board has not identified any meaningful procedural distinction, singling out petitions involving mental or physical illness risks reinforcing the perception that these applicants are categorically different from other petitioners seeking reinstatement or modification of penalty.

For these reasons, CMA recommends that the Board delete Section 1658 and consolidate any necessary provisions into Section 1656 so that all petitioners are subject to a single, clear, and non-stigmatizing petition process. CMA thanks the Board for taking the time to review and consider our comment. If any further information is needed, please do not hesitate to contact me at levensen@cmadocs.org.
Sincerely,

Lucas Evensen
Associate Director, Strategic Engagement
California Medical Association
Attachment: California Code of Regulations, Title 16, Sections 1352.3 and 1359.

Board Response to Commenter #5:

Recommendation 1: Opposes fee amounts proposed for petitions for penalty relief pursuant to Business and Professions Code (BPC) section 2307.5 as too high at a "combined cost of over $21,000 to petition for early termination or over $22,000 to reinstate a license."

Recommendation #1 Board Response: The Board has considered this recommendation #1 and rejects this recommendation for the following reasons:

Similar to other application processes covered by this proposal where the applicant pays the actual administrative costs for processing the item requested, the Board simply seeks to recover its actual costs from the people choosing to request modifications to their existing disciplinary order in accordance with existing law. BPC section 2307.5 authorizes the Board to set these fees in amounts that "shall not exceed the board's reasonable costs to process and adjudicate a petition." The Board's

position is that these costs as proposed are the "reasonable costs" for processing and adjudicating these types of petitions because they are what it costs the Board in staff time to process these petitions and what the Board is actually being charged by the Office of the Attorney General, the Office of Administrative Hearings (OAH) and certified shorthand reporters to conduct these types of hearings. The Board has no authority to direct any of the outside entities (OAG, OAH, or court reporters) to reduce their fees and therefore cannot change the reality of what these costs entail.

The Fiscal Impact Workload Costs (Tables) provided as Underlying Data in this rulemaking detail these costs and the corresponding services provided. With respect to adjudication costs; each of those tables show the Board's costs based on two years of actual data for these petitions. Currently, there is no fee for processing or adjudicating these types of petitions. As a result, these costs to the Board result in fiscal loss to the Board each year that is not otherwise offset by a direct reimbursement or revenue source. Since the Board's primary funding source comes from licensing fees charged to applicants and licensees, this revenue loss is currently subsidized by licensees who have not filed petitions and who are compliant ("compliant licensees"). Petitions are costly to the Board and by extension compliant licensees, and neither the Board nor compliant licensees should bear the cost of these petitions. As a result, the public policy behind the authority in BPC section 2307.5 is to recover costs for the services the Board provides, which provides transparency and accountability to consumers and the regulated community.

As a result, no changes to the proposed regulatory language were made in response to this issue #1.

Recommendation 2: Fee amount is burden on licensee and will be prohibitive, effectively denying access to relief mechanisms provided in BPC section 2307.

Recommendation #2 Board Response: The Board has considered this recommendation #2 and rejects this recommendation for the following reasons:

The Board incorporates its response to Issue No. 1 as part of this response. As indicated previously, the Board's position is that this fee is consistent with the policy enacted by BPC section 2307.5. The Board's proposed fees are based on reasonable costs and shift the financial burden on to the licensee being disciplined. Overall, these rules ensure that regulatory proceedings are funded equitably: those who benefit from the process pay for it, while licensees who do not petition are not unfairly charged.

In the Board's opinion, it is presumed that the Legislature was aware of the petition process in BPC section 2307 (first enacted in 1980) when it enacted this fee authority for this board and the Medical Board of California and was therefore aware of how enactment of cost recovery would impact licensees seeking penalty relief. The Legislature's enactment of Section 2307.5 through SB 815 (Roth, Stats. 2023, Ch. 294) reflects a clear awareness of the significant administrative and legal costs associated with adjudicating petitions for reinstatement or penalty modification. During the Medical Board's sunset review leading up to enactment of SB 815, it is this Board's understanding that the Medical Board presented detailed fiscal information demonstrating substantial enforcement-related expenditures, and SB 815 was crafted in part to address these documented resource strains. By authorizing a fee tied to the Board's reasonable costs to process and adjudicate such petitions, the Legislature signaled its understanding and intent that these expenses would be borne by the petitioning licensees rather than subsidized by the broader licensing population. This statutory framework demonstrates a deliberate policy choice to promote fiscal sustainability, fairness, and

accurate cost recovery within the Board's enforcement system; this proposal is consistent with that legislative intent.

As a result, no changes to the proposed regulatory language were made in response to this issue #2.

Recommendation 3: No provision offered to alleviate burden on licensee, such as fee waivers, sliding scales, or payment plans based on an applicant's ability to pay. The commenter also notes that there is a "core problem" in requiring the physician to bear the costs upfront, which creates a significant barrier to access and conditions the requested relief on the ability to pay.

Recommendation #3 Board Response: The Board has considered this recommendation #3 and rejects these recommendations for the following reasons:

This allegation that the Board is not proposing anything to alleviate the burden on the licensee subject to discipline is factually inaccurate. As part of the fee proposal, the Board is proposing to provide the petitioner with an accounting of the actual costs of their petition with the proposal to refund any unspent money to the petitioner. This proposal would provide full transparency of the costs for each petition and the provision to refund any excess funds to the petitioner. This fee proposal addresses concerns that petitioners are being overcharged and authorizes the Board to provide a refund if the actual costs fall below the petition fee.

Providing fee waivers, sliding scales or payment plans would not address the problem that BPC section 2307.5 was attempting to solve: the inability for the Board to receive complete reimbursement for the costs associated with these petitions. In particular, billing petitioners after the adjudication of a petition would force the Board to front all petition-related costs — including Attorney General time, ALJ hearing time, court reporters, and staff time —without any guarantee of reimbursement. Because these costs can be significant and unpredictable, the Board would have to absorb them in its operating budget, straining existing resources and reducing funds available for core enforcement responsibilities. Delayed billing also increases the risk of nonpayment or partial payment, requiring additional collection efforts and creating administrative inefficiencies. By contrast in this proposal, establishing an upfront fee and adjusting it downward later (if actual costs are lower) allows the Board to maintain financial stability and avoid budget shortfalls that could impair its ability to process petitions and perform its other regulatory duties.

Also, the upfront payment is a temporary placeholder—not a true cost—and petitioners ultimately pay only what their individual petition actually costs to be processed and adjudicated. The structure is designed this way because the Board cannot know the precise cost of a petition until the process concludes.

Moreover, the upfront fee is necessary to prevent the Board from being forced to absorb substantial hearing-related expenses—Attorney General hours, ALJ time, court reporters, investigation preparation, records processing—without assurance of reimbursement. When the Board has to carry these costs until the end of the process, it contributes to fiscal instability, which threatens the Board's ability to adjudicate petitions at all, creating far greater barriers for petitioners.

Finally, petitioners retain the existing statutory right to seek penalty modification or reinstatement, and the fee structure simply ensures cost recovery from those who trigger the process rather than shifting those costs onto the entire licensing population. Because fees must reflect only actual costs, and

because reductions are built into the process, the proposal improves fairness and transparency rather than restricting access.

As a result, no changes to the proposed regulatory language were made in response to this issue #3.

Recommendation 4: Comments about the Board's methods and perception of fairness and reasonableness in setting the fees. The commenter argues that the current proposal punishes all petitioners rather than addressing inefficiencies in the review process, discourages rehabilitated professionals from returning to practice, undermines public confidence in the Board's commitment to fairness and rehabilitation, and provides a perception of "revenue generation at the expense of equity."

Recommendation #4 Board Response: The Board incorporates by reference its responses to comments 1-3 above. In addition, the commenter's claim that the proposal "punishes all petitioners" overlooks that the fee structure is specifically designed not to impose excessive costs. Petitioners pay only the Board's *actual, reasonable costs*, as verified through an itemized invoice and subject to reduction whenever the Board's costs fall below the regulatory fee charged. Because fees are tied directly to the resources required to adjudicate each individual petition, the proposal does not penalize petitioners but instead ensures that costs are allocated fairly and transparently.

The assertion that the proposal discourages rehabilitated professionals from returning to practice is also misplaced. The fee framework supports rehabilitation by creating a predictable, transparent, and cost-based process. It prevents compliant licensees from subsidizing the enforcement-related costs caused by those who seek reinstatement or penalty modification, while at the same time protecting petitioners from inflated or arbitrary fees.

Likewise, concerns about undermining public confidence or creating a perception of "revenue generation" are unfounded. The proposal prohibits fees from exceeding the Board's actual costs and requires disclosure of those costs upfront through an itemized invoice. These safeguards reinforce fairness, accountability, and trust by demonstrating that the fees are cost-recovery tools, not revenue-raising mechanisms.

As a result, no changes to the proposed regulatory language were made in response to these comments.

Recommendation #5: Adopt MBC proposal at 16 CCR sections 1352.3 and 1359, which "established a more flexible process allowing petitioners to pay a lower initial filing fee, similar to the one proposed by the Board, while preserving the Board's ability to recover additional reasonable costs" including using an Administrative Law Judge (ALJ) to propose the total fee charged after the petition is heard.

Recommendation #5 Board Response: The Board has considered these issues and rejects this recommendation for the following reasons:

The commenter's reliance on the Medical Board's approach overlooks key differences in workload, cost structure, and petition volume between boards. The MBC's model is not directly transferable because each board must adopt procedures that reflect its own operational realities and fiscal needs. The Board's proposal ensures that it can recover the substantial and unavoidable costs associated with adjudicating petitions without destabilizing its enforcement budget. Requiring the maximum fee upfront is necessary to prevent the Board from having to absorb large hearing-related expenses, such

as Attorney General work, ALJ time, court reporters, and staff time, before reimbursement. Unlike the Medial Board, this Board does not have comparable enforcement resources or budget capacity to front those costs. Further, delayed billing also increases the risk of nonpayment or partial payment, requiring additional collection efforts and creating administrative inefficiencies and additional costs to pay the ALJ to review and analyze bills that the Board would have to pay no matter what the ALJ decides.

Additionally, the commenter's suggestion that petitioners' financial circumstances are "ignored" is incorrect. The Board's proposal already includes a built-in mechanism to ensure fairness: petitioners pay only the Board's actual reasonable costs, and those costs are automatically reduced whenever the Board's calculated amount is lower than the maximum. This protects petitioners from overpayment without requiring the Board to carry financial risk. The Board's approach balances fiscal responsibility with fairness and transparency, and it is specifically tailored to the Board's statutory authority, existing processes, and budget structure.

As a result, no changes to the proposed regulatory language are necessary in response to this recommendation 5.

Recommendation #6: Delete CCR section 1658 (Petitions for Reinstatement of Certificates Restricted or Revoked Due to Mental or Physical Illness) because it is not necessary and may create confusion by suggesting that a distinct process applies (from the process set forth in CCR section 1656), when, in substance, the Board has not established one. The commenter also notes that 1658 does not include provisions comparable to CCR section 1656, which addresses when a petition may be heard and the requirement for submission of verified recommendations, which illustrates the potential for confusion.

Recommendation #6 Board Response: The Board has considered this recommendation 6 and rejects this recommendation for the following reasons:

The recommendation to delete section 1658 reflects a fundamental misunderstanding of the law. Each type of petition has different statutorily set eligibility requirements and, in this rulemaking, the Board is proposing text that has separate codes sections and one form (OMB.7) with separate sections discussing each type of petition within the single form to be incorporated by reference. The Board has drafted the proposed sections 1656 and 1658 to group petitions that are similar in type and requirements. The statutory time frames that impact eligibility are different and for, that among others reasons set forth below, are set forth in separate sections of the code.

The commenter's assertion that Section 1658 is unnecessary overlooks the distinct statutory purpose it serves. Section 1658 applies specifically to petitions involving licenses surrendered, revoked, or restricted due to mental or physical illness. Although the procedural framework resembles that of Section 1656, maintaining a separate section is essential because these petitions arise from different underlying statutory grounds and involve different evidentiary considerations tied to the licensee's fitness to practice. Consolidating these petitions into Section 1656 would obscure these distinctions and undermine the clarity of the regulatory scheme.

In addition, the claim that Section 1658 creates confusion because it does not replicate subdivisions (b) and (c)(1) of Section 1656 is misplaced and does not reflect the Board's experience in administering these existing regulatory sections. Those provisions are not omitted due to oversight; they are unnecessary because the statutory and practical requirements governing petitions connected to illness differ from those involving disciplinary violations. Further, proposed amendments to Section 1658

already incorporates the core procedural obligations required for these petitions, including the same form, and itemized cost disclosure, ensuring consistency where appropriate while preserving separation where necessary.

Far from creating confusion, maintaining Section 1658 improves clarity by signaling to petitioners and stakeholders that petitions involving mental or physical illness remain a distinct category under the Board's authority. It prevents misinterpretation about the applicability of certain requirements and ensures that the Board can continue applying criteria tailored to evaluating a licensee's current health status and ability to safely resume practice. Eliminating Section 1658 would not streamline the process—it would collapse important statutory distinctions and create ambiguity about how petitions grounded in illness are to be evaluated.

With respect to the comments that CCR section 1658 does not include provisions comparable to CCR section 1656, which addresses when a petition may be heard and the requirement for submission of verified recommendations, those items are very thoroughly covered on the Form OMB.7 for both types of petitions. Specifically, Page 1, paragraph 4 covers verified recommendations requirements and Page 6 "Attachment A - Notice of Eligibility Requirements" on OMB.7 lists the timeframes for filing a petition for licenses revoked due to mental or physical illness affecting competency and all the other timeframes.

As a result, no changes to the proposed regulatory language were made in response to this recommendation 6.

Recommendation #7: Delete CCR section 1658 because "Maintaining a separate section dedicated to mental or physical illness may also have unintended stigmatizing effects… singling out petitions involving mental or physical illness risks reinforcing the perception that these applicants are categorically different from other petitioners…"

Recommendation #7 Board Response: The Board has considered this recommendation 7 and rejects this recommendation for the following reasons:

CCR section 1658 simply follows the statutory authority and timeframes for petitions involving mental or physical illness affecting competency. Section 1658 provides the pathway for disciplined licensees that have been found to not be able to practice medicine safety to petition to modify terms or terminate their disciplinary order. The focus is on safety, not mental or physical health. Not providing a specific pathway in regulations to petition to have the terms of their disciplinary order modified or terminated would be an injustice and noncompliant with governing laws. For this reason, the Board currently has a separate section related to discipline based on findings that the mental and or physical condition of the licensee does not allow the licensee to practice medicine safely; this proposal would not change that. Protecting public safety is the primary intention of CCR section 1658. As mentioned in response to comment #6, Section 1658 is needed to provide the Board with the authority and detailed requirements for petitions involving mental and/or physical illness affecting competency.

The Board is not "singling out" these petitioners or implying they are categorically different; rather, the Board is complying with the statutory framework, which treats petitions related to illness as a distinct legal category. Keeping CCR Section 1658 ensures clarity by aligning the regulations with the underlying statutory provisions and signaling that these petitions arise from different statutory grounds

than those in CCR Section 1656. Removing the section would erase that statutory distinction, create ambiguity about the governing standard, and risk confusing petitioners and decision-makers alike.

As a result, no changes to the proposed regulatory language were made in response to this comment.

Commenter #6 Eman Abdallah, D.O. comment received by email July 9, 2026.

Dear Ms. Thorfinnson and Members of the Osteopathic Medical Board of California,

I respectfully submit the following comments regarding the proposed amendments to 16 CCR Sections 1656, 1658, and 1690 concerning petitions for modification of penalty and the adoption of new petition application and adjudication fees.

I appreciate the Board's commitment to protecting the public and understand the financial challenges described in the Notice of Proposed Rulemaking. I recognize the Board's need to recover reasonable administrative costs and maintain sufficient resources to fulfill its consumer protection mission.

However, I respectfully request that the Board reconsider how these proposed petition fees would apply to physicians whose disciplinary matters were resolved through stipulated settlements **before** these regulations become effective.

I am a California osteopathic physician currently serving probation pursuant to a stipulated settlement that became final several years ago. Like other physicians in this position, I accepted the probationary terms, monitoring requirements, educational obligations, and financial responsibilities that existed under the statutes and regulations in effect at that time.

After becoming eligible under my stipulated settlement, I exercised my right to petition the Board for early termination of probation. In doing so, I incurred significant expenses, including attorney's fees, travel, lodging, and time away from my medical practice in order to personally appear before the Board. I continue to comply with every condition of probation and anticipate petitioning again after demonstrating additional compliance.

When my settlement was negotiated, and when I filed my previous petition, there was no petition application fee and no requirement to prepay the Board's adjudication costs. Under the proposed regulations, however, physicians seeking modification of penalty would be required to pay a **$1,500 non-refundable petition application fee** together with an **initial adjudication fee of $20,000**, subject to later adjustment based on actual costs.

Respectfully, I believe applying these newly created financial obligations to physicians whose disciplinary matters have already been resolved raises important fairness and reliance concerns.

Stipulated settlements are negotiated resolutions entered into under the laws and regulations existing at the time they become final. Physicians make significant decisions in reliance on those negotiated terms. Imposing substantial new financial obligations years later in order to exercise an existing statutory right to petition for modification changes the practical consequences of agreements that neither party could reasonably have anticipated when they were executed.

I therefore respectfully request that the Board amend the proposed regulations to provide that the new petition application fee and adjudication fee apply **only to disciplinary matters that become final on or after the effective date of the regulations.**

Alternatively, I respectfully request that physicians serving probation under stipulated settlements that became final before the effective date be grandfathered under the petition procedures and financial obligations that existed when their settlements were entered.

If the Board determines that neither approach is appropriate, I respectfully encourage the Board to consider establishing a separate fee structure for petitions seeking **early termination of probation after demonstrated compliance**, rather than applying the same fee structure used for more complex reinstatement proceedings. Physicians who have successfully completed years of probation and demonstrated rehabilitation present a substantially different procedural posture than individuals seeking reinstatement following revocation.

Finally, I respectfully note that physicians on probation already bear substantial financial obligations through compliance with Board orders, including monitoring, continuing education, legal representation, travel to Board proceedings, and time away from practice. The proposed increases in licensing and renewal fees will also be borne by these physicians, along with every other California licensee. While I understand that petition fees are intended to recover the costs of individual adjudications, I respectfully ask the Board to consider whether applying these new fees to existing probationers creates an unintended and disproportionate financial burden.

Nothing in this comment is intended to oppose the Board's efforts to recover its reasonable administrative costs. Rather, I respectfully request that those costs be allocated in a manner that is prospective, equitable, and consistent with the reasonable expectations of licensees who entered into stipulated settlements before these regulations were proposed.

Thank you for your consideration of these comments and for your continued service to the people of California.
Respectfully,
Eman Abdallah, D.O.

Board Response to Commenter #6

Recommendation 1: The Board should reconsider how these proposed petition fees would apply to physicians whose disciplinary matters were resolved through stipulated settlements **before** these regulations become effective. The commenter asserts they accepted the probationary terms, monitoring requirements, educational obligations, and financial responsibilities that existed under the statutes and regulations in effect at that time per their stipulated settlement. The commenter also provided their experience in exercising their rights to petition the Board for early termination when there was no petition application fee or requirement to prepay the Board's adjudication costs. The commenter stresses that when they petitioned previously, they incurred significant expenses including attorneys' fees, travel, lodging, and time away from their medical practice to personally appear before the Board.

Board Response to Recommendation 1: The Board has considered this recommendation 1 and rejects this recommendation for the following reasons:

The comment suggests that because their disciplinary matter was resolved through a stipulated settlement prior to the potential effective date of these regulations, the Board should reconsider applying petition fees to similarly situated individuals. This interpretation is inconsistent with current law.

Business and Professions Code (BPC) section 2307.5 authorizes the Board to charge fees "to be paid by a person seeking a license reinstatement or modification of penalty pursuant to Section 2307." The statute further requires that such fees "not exceed the board's reasonable costs to process and adjudicate a petition" and be implemented through regulations under the Administrative Procedure Act (APA). The Board is proposing fees that are in fact based on the costs of petitions as set forth in the Underlying Data in Fiscal Impact Workload Costs (Tables). These costs are based on two years of data on the expenditures the Board made over the past two years for petitions. Currently, the entire cost of processing and hearing petitions and final disposition are borne by the Board and these costs are substantial and currently not reimbursable. The purpose of this proposed rulemaking is to create a fee based on reasonable costs of processing, hearing and final disposition of petitions in accordance with BPC section 2307.5 that is consistent across all petitions for modification of penalty.

The nature of stipulations are that there is mutual agreement to the terms by both the respondent and the Board. Typically, the stipulation specifies the time frame for probation and all terms are known at the time of this agreement. For example, a 5-year term for probation applies to the length of time of the probation and the adherence to the terms of probation. The stipulation sets the mutually agreed upon timeframe for probation and does not include any agreement related to its modification or termination.

While the Board recognizes that this new law may not have existed at the time of the commenter's stipulated settlement, that does not somehow transmit into a vested right in the prior law's practices or a contractual right to fee-free petitions. The Board is obligated to implement Section 2307.5 prospectively and uniformly and there is currently no "savings" clause in the statute that would exempt petitioners who settled cases prior to the effective date of the statute from paying these costs. Therefore, the Board cannot exempt individuals based on the date their disciplinary matters were originally resolved. The fees would apply only to <u>future petitions</u>, not past settlements. Any petition filed after the effective date of the regulations would be subject to the new fee schedule. This ensures consistency, fairness, and compliance with the statutory framework created by the Legislature.

Under Section 2307.5, the Board may recover only its reasonable costs, which the proposed regulations accomplish through fee schedules adopted pursuant to the APA. These include application and adjudication fees set forth in CCR section 1690, all supported by documented historical expenditures as explained in the Initial Statement of Reasons and Underlying Data. The commenter's personal costs, while meaningful, do not impact the Board's statutory duty to recoup its own petition-related expenses.

However, the Board's proposed fee language does require the Board to provide the petitioner with an accounting of the costs and authorizes the Board to refund any amount is less than the fees paid. This provision is designed to be fair to petitioners and only charge the actual costs of the petition, which are capped at average historical costs for adjudication at $20,000 and further explained in the Initial Statement of Reasons. This provision does not accord reciprocal fairness to the Board if the costs

exceed the petition fees. For this reason, the Board has been as fair as it can be to petitioners in setting these fees while recovering its reasonable costs for processing and adjudicating these petitions.

As a result, no changes to the proposed regulatory language were made in response to this recommendation.

Recommendation 2: The commenter believes that applying these newly created financial obligations to physicians whose disciplinary matters have already been resolved raises important fairness and reliance concerns. Stipulated settlements are negotiated resolutions entered into under the laws and regulations existing at the time they become final. Physicians make significant decisions in reliance on those negotiated terms. Imposing substantial new financial obligations years later in order to exercise an existing statutory right to petition for modification changes the practical consequences of agreements that neither party could reasonably have anticipated when they were executed.

Board Response to Recommendation 2: The Board has considered this recommendation 2 and rejects this recommendation for the following reasons:

The Board incorporates the response provided to Recommendation 1 above as part of this response. Stipulated settlements resolve disciplinary matters under the law in effect at the time of execution, but they do not guarantee perpetual protection from future statutory or regulatory changes affecting the procedures or requirements for subsequent petitions. The stipulations include specific terms that dictate what the probationer must perform as a condition of probation. The terms in the stipulation which must be approved by the Board members before it becomes a final order are based on unprofessional conduct and/or violation(s) of the statutes. Violations of the statutes are based on current law at the time of the violation.

In contrast, BPC section 2307 provides that probationers **may** petition the Board to terminate or modify their terms of probation. This provision does not confer an absolute, unconditional right to petition, it simply affords the probationer the opportunity to petition, i.e. petitions are not mandatory, they are optional and subject to the timeframes set forth in BPC section 2307. Further, the Legislature may revise the conditions for exercising that statutory privilege at any time and the Board can similarly change its regulations implementing statutes in accordance with the APA. Statutes and regulations can change every year. Thus, applying newly established petition fees to petitions filed after the regulations take effect does not retroactively alter the terms of past settlements. It simply requires all petitioners to comply with the Legislature's updated statutory framework in BPC section 2307.5, as implemented in this proposal.

As a result, no changes to the proposed regulatory language were made in response to this recommendation.

Recommendation 3: The commenter recommends the Board amend the proposed regulations to provide that the new petition application fee and adjudication fee apply **only to disciplinary matters that become final on or after the effective date of the regulations.** Alternatively, the commenter requests that physicians serving probation under stipulated settlements that became final before the effective date be grandfathered under the petition procedures and financial obligations that existed when their settlements were entered.

Board Response to Recommendation 3: The Board has considered this recommendation 3 and rejects this recommendation for the following reasons:

The Board incorporates the response provided to Recommendations 1 and 2 above as part of this response. As noted in prior responses above, the commenter's suggestion to limit petition fees only to disciplinary matters finalized after the regulations take effect—or to "grandfather" earlier stipulated settlements—is inconsistent with established legal principles governing statutory change and the Board's authority in this area. Substantial amendments to the law like cost recovery authority in Section 2307.5 are understood as altering the law going forward, not preserving outdated procedures for select groups based on prior perceived reliance. Since the authority to impose petition fees under Business and Professions Code section 2307.5 did not exist until enacted by the Legislature in 2023, petitioners cannot claim entitlement to continue operating under earlier rules simply because their petitions were not resolved before the new statute and the Board's regulations take effect. As noted previously, there was no "savings clause" grandfathering petitioners who have not yet completed their probation as part of Section 2307.5. Therefore, the Board cannot lawfully "grandfather" probationers or exempt earlier matters from fees that must apply uniformly to all petitions filed after the regulations become effective.

As a result, no changes to the proposed regulatory language were made in response to this recommendation 3.

Recommendation: 4: If the Board determines that neither approach is appropriate, I respectfully encourage the Board to consider establishing a separate fee structure for petitions seeking **early termination of probation after demonstrated compliance**, rather than applying the same fee structure used for more complex reinstatement proceedings. Physicians who have successfully completed years of probation and demonstrated rehabilitation present a substantially different procedural posture than individuals seeking reinstatement following revocation.

Board Response to Recommendation 4: The Board has considered this recommendation 4 and rejects this recommendation for the following reasons:

Discipline is inherently different than a permissive opportunity for petitioners to petition to modify their terms of probation. Disciplinary orders based on approved and mutually agreed upon stipulations only set disciplinary terms not the ability to petition to modify terms or terminate the disciplinary probation.

The commenter's proposal to create a reduced, separate fee structure for probation-termination petitions is not supported by the governing statute. Business and Professions Code section 2307.5 authorizes the Board to establish fees that reflect its reasonable costs to process and adjudicate petitions submitted under section 2307—without distinguishing between types of petitions or creating separate cost-recovery categories. The statute directs the Board to recover actual administrative and adjudicatory expenses, and the Board's documented costs show that all petition types, including those seeking early termination of probation, require significant Board, Attorney General, and OAH resources. While probation-termination petitions may differ procedurally from reinstatement matters, both require formal review, legal analysis, preparation of hearing materials, and adjudication. These resource demands do not vary in a way that would justify separate fee structures under the cost-recovery mandate of section 2307.5. For this reason, the Board must apply a uniform fee structure that reflects

its documented expenses and cannot create reduced fees based on the petitioner's disciplinary posture or degree of rehabilitation.

As a result, no changes to the proposed regulatory language were made in response to this recommendation.

Issue 5: The commenter notes that physicians on probation already bear substantial financial obligations through compliance with Board orders. The commenter requests the Board to consider whether applying these new fees to existing probationers creates an unintended and disproportionate financial burden. The commenter also requests that those costs be allocated in a manner that is prospective, equitable, and consistent with the reasonable expectations of licensees who entered into stipulated settlements before these regulations were proposed.

Board Response to Recommendation 5: The Board has considered this recommendation 5 and rejects this recommendation for the following reasons:

The Board incorporates by reference responses to Recommendations 1-4 above. The Board recognizes that probationers already incur financial obligations under stipulated settlements. However, such reliance does not prohibit the Legislature from amending statutory framework and authorizing cost-recovery under Business and Professions Code § 2307.5. BPC section 2307.5 authorizes the Board to set fees for petitions based on reasonable costs to the Board. This rulemaking proposal does exactly that (see Underlying Data and Initial Statement of Reasons).

Moreover, the fees in question are not punitive or duplicative of settlement-related costs; they are strictly administrative cost-recovery measures tied to Board, Attorney General, and hearing expenses incurred when reviewing petitions under Section 2307.5. The Legislature expressly authorized these fees so that petitioners—not the Board or other licensees—bear the costs of petition adjudication. Applying them uniformly ensures fairness, consistency, and compliance with legislative intent, without imposing an inequitable or unintended financial burden on probationers.

As a result, no changes to the proposed regulatory language were made in response to this recommendation.

<u>Proposed Rulemaking Attachments</u>

Attachment 1: Proposed Regulatory Language (with Modified Text)
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).
Attachment 7: Proposed Modified Text mark-up with modified text highlighted
Attachment 8: Copy of Public comments received by the Board

Action Requested: The Board should review the proposed regulatory public comments and board responses 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 (If there are **no changes** to the proposed responses by members):

Direct staff to proceed as recommended to reject the adverse comments as specified and provide the responses to all comments as indicated in the staff recommended responses as set forth in the meeting materials.

Motion B (If there are **changes** to the proposed responses by members):

Direct staff to accept the following comment(s) and make the following edits to the text [identify comments to accept or reject and text to change here], but otherwise proceed as recommended to acknowledge or reject the other comments and provide the responses to the comments as set forth in the meeting materials.

B. Discussion and Possible Action to Consider Modified Text and Adoption of Proposed Amendments to 16 CCR 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 (Retired License, Petitions and Fees)

Summary of Revised Amendments

In reviewing the rulemaking text, staff and Regulations Counsel are recommending the following updates that were inadvertently left out of the November 13, 2025 approved text and, which are consistent with the Board's past policy for renewal applications.

(1) **Amendments to 16 CCR 1630(c)(11) and 1646(c)(11)** (Active or Inactive Renewal Requirements Conviction Question): The existing proposal requires the licensee at the time of renewal to state whether they have been convicted of any crime since their last renewal.

Proposed Modified text: This new proposal would add the requirement that if their answer is "yes", they must provide key details about the conviction—such as dates, agencies involved, case information, laws violated, an explanation of the offense, and any rehabilitation or mitigating information they wish to submit.

(2) **Amendments to 16 CCR 1630(c)(12) and 1646(c)(12)** (Active or Inactive Renewal Requirements Discipline Question): The existing proposal requires the licensee to state whether any government agency has taken disciplinary action against any of their licenses since the last renewal.

Proposed Modified text: This new proposal would add the requirement that if their answer is "yes," they must provide details about the action, including the type of discipline, effective date, license information, agency involved, an explanation of the violations, and any rehabilitation or mitigating information they wish to submit.

(3) **Repeal existing requirements for petitions for modification at 16 CCR section 1656 (c)** that requires that the petition be accompanied by two verified recommendations from physicians and surgeons "licensed by the Board as required by Code Section 2307." BPC section 2307 currently permits verified recommendations to be submitted by physicians "licensed in any state" and the current proposed OMB.7. form accurately explains this distinction.

Proposed Modified text: This new proposal would strike 1656(c) and any associated cross-references to this subsection as inconsistent with current law and unnecessary considering the Board's adoption of Form OMB.7.

(4) Make other technical clean-up changes to the fingerprinting submission processes set forth in CCR sections 1656 and 1658 and a petition type to CCR section 1658. These changes are technical and would further specify that the Board is responsible for notifying applicants if their fingerprint card or Live Scan submission is rejected. The amendments further clarify the rejection of fingerprint cards or Live Scan submissions originate from the Department of Justice (DOJ) to ensure transparency of the process for applicants. Finally, the proposed modified text would add the words "or modification of penalty" to CCR section 1658 to fully cover all types of petitions that may be filed with the Board.

For ease of reference, staff are providing the changes in ~~double strikethrough~~ for proposed deletions to prior text, double underline for new additions to prior text and highlighting. Only the sections which have proposed revisions are included below. Other sections with no proposed modified text remain unchanged from the text the Board approved at the November 13, 2025, board meeting. The entire proposal is provided in **Attachment 1** to these meeting materials.

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(es) 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. If “yes,” the licensee shall disclose the following information, as applicable: plea/conviction date, incarceration date, incarceration release date, probation/parole release date, arresting agency, court name/location, name of the case and case/docket number, list of codes or laws violated, explanation of the offense(s)/details of the crime(s), and, a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit.

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. If "yes," the licensee shall disclose the following information: the type of disciplinary action taken (e.g., revocation, suspension, probation),the effective date of the disciplinary action, the license type, the license number, the name and location of the government agency, an explanation of the violations found by the government agency, and, a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit.

(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.

(~~c~~d) 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 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 a~~n~~ 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;

(5) 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. If "yes," the licensee shall disclose the following information, as

applicable: plea/conviction date, incarceration date, incarceration release date, probation/parole release date, arresting agency, court name/location, name of the case and case/docket number, list of codes or laws violated, explanation of the offense(s)/details of the crime(s), and, a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit. 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. If "yes," the licensee shall disclose the following information: the type of disciplinary action taken (e.g., revocation, suspension, probation),the effective date of the disciplinary action, the license type, the license number, the name and location of the government agency, an explanation of the violations found by the government agency, and, a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit.

(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~~c) 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~~d) 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~~e) 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.

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 ~~thirty~~one hundred and twenty (~~30~~120) 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~~1) Subject to paragraph (~~C~~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.

(~~B~~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.

(~~C~~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

(~~D~~4) Resubmission process. Petitioners for reinstatement will be notified by the Board if the first fingerprint card or Live Scan fingerprints are rejected by the Department of Justice. If the Department of Justice reject~~ed~~s the first fingerprint card, ~~applicants~~petitioners submitting under paragraph (~~C~~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 (~~A~~1) must follow the instructions on the Board's rejection letter, and resubmit fingerprints as described under the process in paragraphs (~~A~~1) and (~~B~~2).

(~~E~~5) Each petitioner for reinstatement shall retain a copy of their completed Live Scan form or completed fingerprint cards referenced in paragraphs (~~A~~1) and (~~B~~2) or (~~C~~3), 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.

(3) 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 or modification of penalty ~~of~~ for 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 twenty~~sixty~~ (~~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 by the Board if the first fingerprint card or Live Scan fingerprints are rejected by the Department of Justice. If the Department of Justice reject~~eds~~ the first fingerprint card, ~~applicants~~petitioners 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).

(5) 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.

Action Requested: The Board should review the proposed text including attachments 1-5 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 would be used if the Board **agrees with staff recommendations** to add new modified text presented in section B of this agenda item.

Motion A language:

Approve the proposed modified text in Attachment 1-5 and direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text and notice for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Director to make any non-substantive changes to the proposed regulations and the rulemaking documents, and adopt the proposed text included in 16 CCR Sections 1630, 1636, 1646, 1647, 1656, 1658, and 1690, and Section 1648 in Division 16 of title 16 of the California Code of Regulations as provided in the noticed modified text in Attachments 1-5.

Motion B: If the Board **disagrees with the staff's recommendations** to add modified text or has further changes to the regulatory text in addition to correcting the notice, please entertain a motion to:

Motion B language:

Approve Attachment 1-5 with proposed modified regulatory text that includes the following changes to [describe amendments here]. Further, the Board directs staff to take all steps necessary to complete the rulemaking process, including sending out modified text with these changes and notice for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Director to make any non-substantive changes to the proposed regulations and the rulemaking documents, and adopt 16 CCR 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 as provided in the noticed modified text.

Attachment 1: Proposed Regulatory Language

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

Retired License, Petitions and Fees

MODIFIED TEXT

Legend: Originally proposed amendments to the regulatory language are shown in single underline for text to be added and ~~single strikethrough~~ for text to be deleted.

Modifications to the originally proposed regulatory language are shown in double underline for new text and ~~double strikethrough~~ for newly proposed 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(es) 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. If "yes," the licensee shall disclose the following information, as applicable: plea/conviction date, incarceration date, incarceration release date, probation/parole release date, arresting agency, court name/location, name of the case and case/docket number, list of codes or laws violated, explanation of the offense(s)/details of the crime(s), and, a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit.

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. If "yes," the licensee shall disclose the following information: the type of disciplinary action taken (e.g., revocation, suspension, probation),the effective date of the disciplinary action, the license type, the license number, the name and location of the government agency, an explanation of the violations found by the government agency, and, a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit.

(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.

(~~c~~d) 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 or 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 a~~n~~ 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. If "yes," the licensee shall disclose the following information, as applicable: plea/conviction date, incarceration date, incarceration release date, probation/parole release date, arresting agency, court name/location, name of the case and case/docket number, list of codes or laws violated, explanation of the offense(s)/details of the crime(s), and, a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit. 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. If "yes," the licensee shall disclose the following information: the type of disciplinary action taken (e.g., revocation, suspension, probation),the effective date of the disciplinary action, the license type, the license number, the name and

location of the government agency, an explanation of the violations found by the government agency, and, a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit.

(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~~c) 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~~d) 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~~e) 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, and 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 ~~thirty~~one hundred and twenty (~~30~~120) 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~~1) Subject to paragraph (~~C~~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.

(~~B~~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.

(~~C~~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

(~~D~~4) Resubmission process. Petitioners for reinstatement will be notified by the Board if the first fingerprint card or Live Scan fingerprints are rejected by the Department of Justice. If the Department of Justice rejected~~s~~ the first fingerprint card, ~~applicants~~petitioners submitting under paragraph (~~C~~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 (~~A~~1) must follow the instructions on the Board's rejection letter, and resubmit fingerprints as described under the process in paragraphs (~~A~~1) and (~~B~~2).

(~~E~~5) Each petitioner for reinstatement shall retain a copy of their completed Live Scan form or completed fingerprint cards referenced in paragraphs (~~A~~1) and (~~B~~2) or (~~C~~3), 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 or modification of penalty ~~of~~ for 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 twenty~~sixty~~ (~~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 by the Board if the first fingerprint card or Live Scan fingerprints are rejected by the Department of

Justice. If the Department of Justice rejecteds the first fingerprint card, applicantspetitioners 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).

(5) 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, 2451, 2452, ~~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)

OMBC
Osteopathic Medical Board of California
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
1300 National Drive, Suite 150, Sacramento, CA 95834
P (916) 928-8390 |F (916) 928-8392 | www.ombc.ca.gov

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)

OMBC
Osteopathic Medical Board of California
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
1300 National Drive, Suite 150, Sacramento, CA 95834
P (916) 928-8390 | F (916) 928-8392 | www.ombc.ca.gov

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, reproved, 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)

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
1300 National Drive, Suite 150, Sacramento, CA 95834
P (916) 928-8390 | F (916) 928-8392 | www.ombc.ca.gov

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

Since the effective date of your last Osteopathic Medical Board of California disciplinary action or if you surrendered your license while under investigation or charges pending, have you:

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

Bus. & Prof. Section 1646

STATE OF CALIFORNIA — PETE WILSON, Governor

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: _____

TO BE REPEALED

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

ref. section 1646

STATE OF CALIFORNIA
PETE WILSON, Governor

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
444 NORTH THIRD STREET, SUITE A-200
SACRAMENTO, CALIFORNIA 95814
TELEPHONE: (916) 322 4306
FAX: (916) 327-6119

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: _____

TO BE REPEALED

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

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 clearence	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 clearence	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(l) 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**

II. Attachment 7 Marked up Copy of Proposed Modified Text cover sheet

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

Retired License, Petitions and Fees

MODIFIED TEXT

Legend: Originally proposed amendments to the regulatory language are shown in single underline for text to be added and ~~single strikethrough~~ for text to be deleted.

Modifications to the originally proposed regulatory language are shown in double underline for new text and ~~double strikethrough~~ for newly proposed 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(es) 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. If "yes," the licensee shall disclose the following information, as applicable: plea/conviction date, incarceration date, incarceration release date, probation/parole release date, arresting agency, court name/location, name of the case and case/docket number, list of codes or laws violated, explanation of the offense(s)/details of the crime(s), and, a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit.

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. If "yes," the licensee shall disclose the following information: the type of disciplinary action taken (e.g., revocation, suspension, probation),the effective date of the disciplinary action, the license type, the license number, the name and location of the government agency, an explanation of the violations found by the government agency, and, a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit.

(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.

(~~c~~d) 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 or 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 a~~n~~ 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. If "yes," the licensee shall disclose the following information, as applicable: plea/conviction date, incarceration date, incarceration release date, probation/parole release date, arresting agency, court name/location, name of the case and case/docket number, list of codes or laws violated, explanation of the offense(s)/details of the crime(s), and, a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit. 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. If "yes," the licensee shall disclose the following information: the type of disciplinary action taken (e.g., revocation, suspension, probation),the effective date of the disciplinary action, the license type, the license number, the name and

location of the government agency, an explanation of the violations found by the government agency, and, a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit.

(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~~c) 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~~d) 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~~e) 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, and 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 ~~thirty~~one hundred and twenty (~~30~~120) 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~~1) Subject to paragraph (~~C~~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.

(~~B~~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.

(~~C~~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

(~~D~~4) Resubmission process. Petitioners for reinstatement will be notified by the Board if the first fingerprint card or Live Scan fingerprints are rejected by the Department of Justice. If the Department of Justice reject~~ed~~s the first fingerprint card, ~~applicants~~petitioners submitting under paragraph (~~C~~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 (~~A~~1) must follow the instructions on the Board's rejection letter, and resubmit fingerprints as described under the process in paragraphs (~~A~~1) and (~~B~~2).

(~~E~~5) Each petitioner for reinstatement shall retain a copy of their completed Live Scan form or completed fingerprint cards referenced in paragraphs (~~A~~1) and (~~B~~2) or (~~C~~3), 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 or modification of penalty ~~of~~ for 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 twenty~~sixty~~ (~~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 by the Board if the first fingerprint card or Live Scan fingerprints are rejected by the Department of

Justice. If the Department of Justice rejecteds the first fingerprint card, ~~applicants~~petitioners 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).

(5) 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, 2451, 2452, ~~and~~ 2455, 2456, 2456.1 and 2456.2, Business and Professions Code; Section 13143, Government Code.

Attachment 8: Copy of Public comments received by the Board

From:	Osteopathic Medical Board of California General Information Email List on behalf of Osteopathic Medical Board of California
To:	OMBC-GENERAL@SUBSCRIBE.DCALISTS.CA.GOV
Subject:	Re: NOTICE OF PROPOSED RULEMAKING CONCERNING RETIRED LICENSE, PETITIONS AND FEES
Date:	Friday, May 29, 2026 6:28:05 PM

The Osteopathic Medical Board of California has released a Notice of Proposed Regulatory Action to make changes to Division 16 of Title 16 of the California Code of Regulations (CCR) in Sections 1630, 1636, 1646, 1647, 1648, 1656, 1658, and 1690 related to a new retired license status, petitions for modification of penalty and fees.

Written comments relevant to the action proposed, including those sent by mail, facsimile, or e-mail may be sent beginning on **Friday, May 29, 2026** and must be received by the Board at its office no later than by **Monday, July 13, 2026,** or must be received by the Board at the hearing, should one be scheduled.

Written comments on the proposed text can be submitted to the following:

Contact Person: Terri Thorfinnson, email: Terri.Thorfinnson@dca.ca.gov

Agency Name: Osteopathic Medical Board of California.

Mailing address: 1300 National Drive, Suite 150, Sacramento, CA 95834.

FAX (916) 928-8392.

Telephone number: (916) 928-8390.

To view all documents associated with this proposed regulatory action and other pending regulations, go to https://www.ombc.ca.gov/laws_regulations/pending_regulations.shtml.

CONFIDENTIALITY NOTICE: This email message, including any attachments, is for the

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From: Provenzano, Joseph J
To: Thorfinnson, Terri@DCA
Subject: support of the proposed regulations.
Date: Wednesday, June 10, 2026 1:38:21 PM

The retirement of DO physicians came up about 12 years ago. Finally we can retire without the stigma. Also cost recovery also came up. If you were to send accusations of the Medical Practice act to the DOJ you would lose much control. Look what happened to the CA MD board. I was on the OMBC back then with my last year as President of the OMBC. Also do we have to send in proof of ID. I heard that is was a federal law??

From: David Lyon
To: Thorfinnson, Terri@DCA
Date: Friday, May 29, 2026 8:38:34 PM

There should be no fee for retired licenses since they are essentially non-functional. Also, I know it's not a State issue but retired physicians should retain emeritus board certification without re-testing…which is an absolute unnecessary burden.
Thank you,
David Lyon, PA, DSc, DO
Retired
Sent from my iPhone

From: Denis Andy
To: Thorfinnson, Terri@DCA
Subject: Opposition to Proposed Fee Increases and Regulatory Amendment
Date: Friday, May 29, 2026 6:55:11 PM

Re: Opposition to Proposed Fee Increases and Regulatory Amendments – Division 16, Title 16 CCR Sections 1630, 1636, 1646, 1647, 1648, 1656, 1658, and 1690

To Members of the Osteopathic Medical Board of California:

Thank you for offering public comment for the pending regulation changes. I respectfully oppose the proposed fee increases contained within the Notice of Proposed Regulatory Action.

As a practicing osteopathic physician in California, I recognize the importance of maintaining a financially stable regulatory board that protects the public and ensures professional standards. However, the proposed fee increases place an additional financial burden on physicians who are already facing escalating practice expenses, including increased staffing costs, rising malpractice premiums, higher facility expenses, electronic health record requirements, insurance contracting challenges, and growing administrative demands.

California physicians are experiencing unprecedented economic pressures. Many independent and small-group practices are struggling to remain financially viable while reimbursement rates from insurers and government programs have failed to keep pace with inflation and operational costs. Additional licensing fees further contribute to these challenges and may discourage physicians from maintaining licensure or continuing practice in California.

I am particularly concerned that the fee increases may disproportionately affect:
• Solo practitioners and small medical groups
• Physicians serving rural and underserved communities
• Physicians approaching retirement who may choose to leave practice earlier rather than absorb additional costs
• Newly licensed physicians facing substantial educational debt

Before implementing fee increases, I encourage the Board to fully evaluate alternative measures, including operational efficiencies, cost-containment strategies, modernization of administrative processes, and careful review of expenditures. The Board should provide clear justification demonstrating that all reasonable cost-saving measures have been exhausted prior to transferring additional financial burdens to licensees.

While I support the creation of a retired license status and reasonable administrative updates to Board regulations, I do not support increasing fees without compelling evidence that such increases are necessary and unavoidable.

California continues to face physician shortages in many communities. Regulatory actions that

increase the cost of maintaining licensure may inadvertently worsen access-to-care challenges by encouraging physicians to reduce clinical hours, retire earlier, relocate to other states, or decline licensure altogether.

For these reasons, I respectfully request that the Osteopathic Medical Board reconsider the proposed fee increases, pursue alternative cost-management strategies, and limit any fee adjustments to the minimum amount necessary to maintain essential Board operations.

Thank you for your consideration of these comments.

Respectfully submitted,

Denis J. Yoshii, DO
California Osteopathic Physician

From: Benson Yong
To: Thorfinnson, Terri@DCA
Subject: OMBC Addition of Retired Status Licensure
Date: Saturday, May 30, 2026 10:23:43 AM

Dear Ms Thorfinnson,

I am delighted to hear that OMBC is in discussion to add Retired Status Licensure and in full support of such.

After retiring from 30 years of a proud Osteopathic practice, only to discover that OMBC has only a "Delinquent" status available to me post retirement, I find it insulting, libelous, and potentially detrimental to one's respectable career of practice (potentiating medical legal actions that would otherwise be unlikely).

I do hope this common sense change is voted in.

I recommend this:

1. Requirements qualifying retirement status, set by OMBC if in good standing.
2. A simple online application process.
3. If processing fee required, a nominal sum, i.e. $25.
4. Resulting a "Retired in good standing" reported status on OMBC license search.

Thank you for your consideration,
Dr. Benson Yong

From: Lucas Evensen
To: Thorfinnson, Terri@DCA
Subject: CMA Comments on OMBC Proposed Retired License, Petitions, and Fees Regulations
Date: Monday, July 13, 2026 2:41:24 PM
Attachments: Comment Lettter re. Retired License, Petitions and Fees.pdf

Hello Ms. Thorfinnson,

Please see the attached comment letter from the California Medical Association regarding the Osteopathic Medical Board of California's proposed regulations related to retired licenses, petitions, and fees. Please feel free to reach out to me if you have any questions. Thank you for your time.

Best,

Lucas Evensen
Associate Director, Strategic Engagement
California Medical Association
1201 K Street, Suite 800, Sacramento, CA 95814-2906
O: (916) 551-2571| levensen@cmadocs.org | cmadocs.org |
C: (209) 450-9583

CALIFORNIA MEDICAL ASSOCIATION

July 13, 2026

Terri Thorfinnson
Legislation and Regulatory Specialist
Osteopathic Medical Board of California
1300 National Drive, Suite 150
Sacramento, CA 95834

Sent via e-mail to Terri.Thorfinnson@dca.ca.gov

RE: Proposed Regulatory Action Concerning: Retired License, Petitions and Fees

Dear Ms. Thorfinnson:

On behalf of its over 50,000 medical student and physician members, the California Medical Association (CMA) submits the following comments on the regulations proposed by the Osteopathic Medical Board of California (Board) related to Retired License, Petitions and Fees. The Board's proposed regulations, in part, establish fees for petitions for penalty relief pursuant to Business and Professions Code (BPC) section 2307.5. CMA opposes the Board's proposal to establish these fees at a combined cost of over $21,000 to petition for early termination of probation or over $22,000 to reinstate a license.

A fee this high to petition for penalty relief places a severe burden on individuals who, by nature of their status as disciplined professionals, often face financial and career challenges. For many, these fees will be prohibitive, effectively denying access to relief mechanisms established by the Legislature in Business and Professions Code Section 2307. Additionally, no provision is offered which seeks to alleviate the burden created by this fee such as fee waivers, sliding scales, or payment plans based on an applicant's ability to pay. Instead, the Board seems to have simply opted to identify the highest amount it believed it had the legal authority for and ignored all other considerations to generate as much revenue as possible.

The Board's current proposal effectively punishes all petitioners rather than attempting to address inefficiencies in the petition review process. Contrary to the Board's assertion, the proposed fees also conflict with the public interest by discouraging rehabilitated professionals from returning to practice. California already faces significant physician workforce shortages, particularly in underserved

areas. By creating extreme financial barriers to reinstatement, the Board risks delaying or preventing qualified physicians from resuming their roles, thereby exacerbating workforce challenges. Furthermore, the proposal undermines confidence in the Board's commitment to fairness and rehabilitation, replacing it with a perception of revenue generation at the expense of equity.

CMA acknowledges that the Board's proposal includes a possible fee reduction following the conclusion of the petition process. However, this does not resolve the core problem. The proposal still requires physicians to bear the full burden of a $20,000 fee upfront in order to access a statutory mechanism for seeking penalty relief. For many petitioners, the possibility of a later reduction will provide little practical benefit if they cannot afford to initiate the process in the first place. This structure still creates a significant barrier to access and effectively conditions the availability of relief on a petitioner's ability to pay.

CMA believes there is a middle ground between charging petitioners no fee and requiring that they pay the Board's full costs to process and adjudicate petitions upfront. That middle ground has already been recognized by the Medical Board of California (MBC), and osteopathic physicians should not face a more burdensome or less flexible process than similarly situated allopathic physicians seeking the same type of statutory penalty relief. For this reason, CMA opposes these proposed regulations and urges the Board to revise the proposed text to align with the MBC's approach.

Last year, the MBC adopted regulations (see attached) that established a more flexible process allowing petitioners to pay a lower initial filing fee, similar to the one proposed by the Board, while preserving the Board's ability to recover additional reasonable costs after the petition is heard. Importantly, those regulations expressly allow the administrative law judge and the Board to consider evidence of the petitioner's ability to pay the remaining fee, the reasonableness of the fee, and whether a payment plan, reduction, or waiver is appropriate. The MBC's approach demonstrates that a board can seek to recover reasonable costs without requiring petitioners to pay the maximum amount upfront or ignoring their financial circumstances.

CMA urges the Board to adopt a similarly balanced approach rather than imposing a rigid $20,000 barrier at the outset of the petition process.

CMA also recommends that the Board delete Section 1658. As revised, Section 1658 does not appear to establish a materially different process for petitions involving licenses surrendered, revoked, or restricted due to mental or physical illness. These

petitioners are subject to the same general petition process, including use of the same form, filing deadline, fee structure, and procedures for processing and adjudicating the petition. Maintaining a separate regulatory section for this category of petitioners therefore appears unnecessary and may create confusion by suggesting that a distinct process applies when, in substance, the Board has not established one.

This concern is reinforced by the fact that Section 1658 does not appear to include provisions comparable to subdivisions (b) and (c)(1) of Section 1656, which address when a petition may be heard and the requirement for submission of verified recommendations from physicians and surgeons licensed by the Board. Because those requirements should apply equally to petitions brought under Section 1658, this omission illustrates the potential for confusion and unintended inconsistencies when substantively similar petition processes are maintained in separate regulatory sections.

Maintaining a separate section dedicated to mental or physical illness may also have unintended stigmatizing effects. Where the Board has not identified any meaningful procedural distinction, singling out petitions involving mental or physical illness risks reinforcing the perception that these applicants are categorically different from other petitioners seeking reinstatement or modification of penalty.

For these reasons, CMA recommends that the Board delete Section 1658 and consolidate any necessary provisions into Section 1656 so that all petitioners are subject to a single, clear, and non-stigmatizing petition process.

CMA thanks the Board for taking the time to review and consider our comment. If any further information is needed, please do not hesitate to contact me at levensen@cmadocs.org.

Sincerely,

Lucas Evensen

Lucas Evensen
Associate Director, Strategic Engagement
California Medical Association

Attachment: California Code of Regulations, Title 16, Sections 1352.3 and 1359.

§ 1352.3. Fees for Petitions for Penalty Relief.

16 CA ADC § 1352.3
Barclays Official California Code of Regulations

Barclays California Code of Regulations
Title 16. Professional and Vocational Regulations
Division 13. Medical Board of California (Refs & Annos)
Chapter 1. Licensing
Article 15. Fees (Refs & Annos)

16 CCR § 1352.3

§ 1352.3. Fees for Petitions for Penalty Relief.

Currentness

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

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

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

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

(e) When determining the remaining fee, a certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the designee for the Office of the Attorney General (OAG) and OAH for their agency's respective services shall be prima facie evidence of a reasonable fee to impose to cover the costs of processing and adjudicating the petition for penalty relief. It shall include the OAG and OAH costs for reviewing, preparing for, and participating in the hearing on the petition for penalty relief. The fee to be paid by the petitioner shall not include the ALJ or OAH cost for preparing and transmitting the proposed decision to the Board after the hearing. When determining the amount of the remaining fee pursuant to subdivision (d), the ALJ and Board shall consider evidence of the petitioner's ability to pay the remaining fee, with or without entering into a payment plan with the Board, as well as the reasonableness of the fee. The ALJ and Board may reduce or waive the remaining fee where financial hardship is demonstrated. Granting or denying a petition for penalty relief shall not be the sole basis for reducing or waiving the fee.

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

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

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

Credits

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

HISTORY

1. New section filed 12-1-2025; operative 4-1-2026 (Register 2025, No. 49).

§ 1359. Petitions for Penalty Relief. 16 CA ADC § 1359
Barclays Official California Code of Regulations

Barclays California Code of Regulations
Title 16. Professional and Vocational Regulations
Division 13. Medical Board of California (Refs & Annos)
Chapter 2. Enforcement
Article 3. Probation and Reinstatement of Suspended or Revoked Certificates

16 CCR § 1359

§ 1359. Petitions for Penalty Relief.

Currentness

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

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

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

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

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

Credits

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

HISTORY

1. Repealer of subsection (c) filed 4-11-80; effective thirtieth day thereafter (Register 80, No. 15).

2. Amendment of subsection (b) filed 8-5-81; effective thirtieth day thereafter (Register 81, No. 32).

3. Amendment filed 8-9-83; effective thirtieth day thereafter (Register 83, No. 33).

4. Amendment of section heading, section and NOTE filed 12-1-2025; operative 4-1-2026 (Register 2025, No. 49).

This database is current through 7/3/26 Register 2026, No. 27

Cal. Admin. Code tit. 16, § 1359, 16 CA ADC § 1359

From: Eman Abdallah
To: Thorfinnson, Terri@DCA
Subject: Public Comment – Proposed Amendments to 16 CCR Sections 1656, 1658, and 1690
Date: Thursday, July 9, 2026 2:16:28 PM

Dear Ms. Thorfinnson and Members of the Osteopathic Medical Board of California,

I respectfully submit the following comments regarding the proposed amendments to 16 CCR Sections 1656, 1658, and 1690 concerning petitions for modification of penalty and the adoption of new petition application and adjudication fees.

I appreciate the Board's commitment to protecting the public and understand the financial challenges described in the Notice of Proposed Rulemaking. I recognize the Board's need to recover reasonable administrative costs and maintain sufficient resources to fulfill its consumer protection mission.

However, I respectfully request that the Board reconsider how these proposed petition fees would apply to physicians whose disciplinary matters were resolved through stipulated settlements **before** these regulations become effective.

I am a California osteopathic physician currently serving probation pursuant to a stipulated settlement that became final several years ago. Like other physicians in this position, I accepted the probationary terms, monitoring requirements, educational obligations, and financial responsibilities that existed under the statutes and regulations in effect at that time.

After becoming eligible under my stipulated settlement, I exercised my right to petition the Board for early termination of probation. In doing so, I incurred significant expenses, including attorney's fees, travel, lodging, and time away from my medical practice in order to personally appear before the Board. I continue to comply with every condition of probation and anticipate petitioning again after demonstrating additional compliance.

When my settlement was negotiated, and when I filed my previous petition, there was no petition application fee and no requirement to prepay the Board's adjudication costs. Under the proposed regulations, however, physicians seeking modification of penalty would be required to pay a **$1,500 non-refundable petition application fee** together with an **initial adjudication fee of $20,000**, subject to later adjustment based on actual costs.

Respectfully, I believe applying these newly created financial obligations to physicians whose disciplinary matters have already been resolved raises important fairness and reliance concerns.

Stipulated settlements are negotiated resolutions entered into under the laws and regulations existing at the time they become final. Physicians make significant decisions in reliance on those negotiated terms. Imposing substantial new financial obligations years later in order to

exercise an existing statutory right to petition for modification changes the practical consequences of agreements that neither party could reasonably have anticipated when they were executed.

I therefore respectfully request that the Board amend the proposed regulations to provide that the new petition application fee and adjudication fee apply **only to disciplinary matters that become final on or after the effective date of the regulations.**

Alternatively, I respectfully request that physicians serving probation under stipulated settlements that became final before the effective date be grandfathered under the petition procedures and financial obligations that existed when their settlements were entered.

If the Board determines that neither approach is appropriate, I respectfully encourage the Board to consider establishing a separate fee structure for petitions seeking **early termination of probation after demonstrated compliance**, rather than applying the same fee structure used for more complex reinstatement proceedings. Physicians who have successfully completed years of probation and demonstrated rehabilitation present a substantially different procedural posture than individuals seeking reinstatement following revocation.

Finally, I respectfully note that physicians on probation already bear substantial financial obligations through compliance with Board orders, including monitoring, continuing education, legal representation, travel to Board proceedings, and time away from practice. The proposed increases in licensing and renewal fees will also be borne by these physicians, along with every other California licensee. While I understand that petition fees are intended to recover the costs of individual adjudications, I respectfully ask the Board to consider whether applying these new fees to existing probationers creates an unintended and disproportionate financial burden.

Nothing in this comment is intended to oppose the Board's efforts to recover its reasonable administrative costs. Rather, I respectfully request that those costs be allocated in a manner that is prospective, equitable, and consistent with the reasonable expectations of licensees who entered into stipulated settlements before these regulations were proposed.

Thank you for your consideration of these comments and for your continued service to the people of California.

Respectfully,

Eman Abdallah, D.O.