Osteopathic Medical Board of California

Application for Osteopathic Physician's and Surgeon's Certificate

1300 National Drive, Suite 150, Sacramento CA 95834-1991 | P (916) 928-8390 | F (916) 928-8392 | www.ombc.ca.gov

PRIORITY REVIEW AND EXPEDITED LICENSURE

Review additional requirements on qualifying for Priority Review and Expedited Licensure. The Board will NOT expedite review of your application nor the licensure process if any of the required documents are missing or the documentation does not verify qualification under the requirements. See the License Information & Checklist on the Board's website for details.

OMBC USE ONLY

PRIORITY REVIEW ○

- ☐ **Honorably Discharged Veterans of the United States Armed Forces**
- ☐ **Practice in Medically Underserved Area or Population**
- ☐ **Provide Abortions Within the Scope of Practice of Their Medical License**
- ☐ **Spouse or a Domestic Partner of an Active-Duty Member of the United States Armed Forces**
  NOTE: If the supporting documents are not received and/or you do not qualify for the fee waiver, then you must submit the required fees by check for the Board to continue to process your application.
- ☐ **Temporary License for Spouse or Domestic Partner of Active-Duty Member of the United States Armed Forces**
- ☐ **Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status**

PERSONAL INFORMATION

OMB. 1

Full Legal Name (You must enter your full legal name including middle name(s) and suffix if applicable.)

LEGAL NAME ○

Full Last Name	First Name	Middle Name	Suffix

DOB ○

Other Names/Alias	Date of Birth

SSN/ITITN ○

GENDER ○

Social Security Number -or- Individual Taxpayer Identification Number	Gender
	☐ Female ☐ Male ☐ Nonbinary

Telephone Numbers

Primary	Cell	Work

Email Address

EMAIL ○

Primary	Alternate

Address of Record

This address will be used for all correspondence during the review process and will be posted on the Board's website upon issuance of a license. ***If you are using a P.O. Box, you are also required to list a confidential street address.***

AOR ○

Line 1 (40 characters per line, including spaces)	*Line 2 (40 characters per line, including spaces)*

City	State/Province	Zip/Postal Code	Country

Confidential Address

This address recommended but not required and **will not** be disclosed to the public

CONF. ADDRESS ○

Line 1 (40 characters per line, including spaces)	*Line 2 (40 characters per line, including spaces)*

City	State/Province	Zip/Postal Code	Country

ELIGIBILITY

ELIGIBILITY

1. Do you hold a permanent unrestricted fulltime license in another state? ☐ Yes ☐ No ○
2. Are you currently enrolled in an AOA/ACGME accredited postgraduate training program in the United States ☐ Yes ☐ No ○
3. Will your 36 AOA/ACGME accredited postgraduate training be completed within the next two years? ☐ Yes ☐ No ○
   - If 'No' will the 36 AOA/ACGME accredited postgraduate training be completed within the next four years? ☐ Yes ☐ No ○

PREVIOUS APPLICATION OR LICENSE

PREVIOUS LICENSE

4. Do you currently hold an osteopathic postgraduate training license (PTL) in California? ☐ Yes ☐ No ○
   - If 'Yes' please provide your license number
5. Have you ever filed an application for an osteopathic physician's and surgeon's certificate or other license in California that has been withdrawn, abandoned, or denied? ☐ Yes ☐ No ○
6. Have you previously held an osteopathic physician's and surgeon's certificate in California? ☐ Yes ☐ No ○
   - If 'Yes' please provide your license number

EXAMINATIONS

EXAMINATIONS

To meet the licensure requirement, applicants must have taken and passed the National board of Osteopathic Medical Examiners (NBOME) COMLEX USA Level 1, Level 2 Comprehensive Evaluation (CE), and Level 3.

LIST ALL WRITTEN EXAMINATION PASSED	DATE PASSED	
		○
		○
		○

BOARD CERTIFICATION

Name of Certifying Board	Date Certified	
		○
		○

MEDICAL EDUCATION

MED EDUCATION ○

You must have received all your medical education and graduated from a medical school approved by the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA)

Pre-Osteopathic College

Address	City	State	Zip

Dates of Attendance	Start Date:	End Date:	○

Osteopathic Medical School

Address	City	State	Zip

Dates of Attendance	Start Date:	End Date:	○

Issuance date of Degree Awarded	

AOA/ ACGME POSTGRADUATE TRAINING PROGRAM

(Internship, Residency and Fellowship Programs)
List every program (internship, residency, and fellowship) in which you have or are currently participating in, regardless of whether the program was completed or if you received any partial credit or no credit.

AOA/ACGME

Facility Name	Specialty		
Address	**City**	**State**	**Zip**
Dates of Attendance	**Start Date:**	**End Date:**	

Facility Name	Specialty		
Address	**City**	**State**	**Zip**
Dates of Attendance	**Start Date:**	**End Date:**	

Facility Name	Specialty		
Address	**City**	**State**	**Zip**
Dates of Attendance	**Start Date:**	**End Date:**	

A "Yes" response to any of the questions below requires written explanation from you.

7. Have you ever received partial or no credit for a postgraduate training program? ☐ Yes ☐ No
8. Have you ever taken a leave of absence or break from a postgraduate training program? ☐ Yes ☐ No
9. Have you ever been terminated or dismissed from a postgraduate training program? ☐ Yes ☐ No
10. Have you ever been placed on probation for any reason by a postgraduate training program? ☐ Yes ☐ No
11. Have you ever been disciplined or placed under investigation by a postgraduate training program? ☐ Yes ☐ No
12. Have you ever had any limitations or special requirements placed upon you for clinical performance professionalism, medical knowledge, discipline, or for any other reason, which may include, but is not limited to, a corrective action plan, performance improvement plan, remediation plan, individual development plan, and any type of informal or progressive disciplinary or non-disciplinary action? ☐ Yes ☐ No
13. Have you ever had a postgraduate training program contract not be renewed or offered for a following year? ☐ Yes ☐ No

MEDICAL LICENSE

List medical license information for all license(s) ever held below, including temporary, training, or provisional licenses regardless of license status.
(If additional space is needed, please provide the required information on a separate sheet of paper)

MED LICENSE ○

State	Unrestricted	Date Licensed	Method of Issuance*	License Number	
					○
					○
					○
					○
					○

*** Written examination, Reciprocity, National Boards, etc.**

ENFORCEMENT HISTORY

These questions refer to discipline by any hospital, military or public health service, state board, or other governmental agency of any U.S. state, U.S. territory, Canadian province, or federal or international jurisdiction. If in doubt as to whether discipline should be disclosed, it is best to disclose the information on the application.

ENF HISTORY ○

SEX OFFENDER ○

14. Are you a registered sex offender? ☐ Yes ☐ No

15. Has a claim or action for damages ever been filed against you in the course of the practice of medicine or any other healing art which resulted in a malpractice settlement, judgment, or arbitration award of over $30,000.00? ☐ Yes ☐ No ○

16. Has there ever been any peer group or professional association inquiry or action involving your practice or relationship with patients alleging unprofessional conduct, wrongdoing or negligence? ☐ Yes ☐ No ○

17. Have you ever withdrawn an application from any hospital, public entity, or licensing agency? ☐ Yes ☐ No ○

18. Have you ever had staff privileges in a hospital denied, suspended, limited, revoked, or not renewed for medical disciplinary case, resigned from a medical staff in lieu of disciplinary or administrative action, or is any such action pending? ☐ Yes ☐ No ○

19. Have you ever had a medical or any healing art license restricted, suspended, revoked, surrendered, disciplined, or denied in any state? ☐ Yes ☐ No ○

20. Have you ever been denied permission to practice medicine or any healing art in any state? ☐ Yes ☐ No ○

21. Do you have any condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety, including but not limited to, any of the following? ☐ Yes ☐ No ○

    IF YES, PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW:
    - ☐ A condition which required admission to an inpatient psychiatric treatment facility
    - ☐ Alcohol or chemical substance dependency or addiction
    - ☐ Emotional, mental or behavioral disorder
    - ☐ Other (explain)

For any of the boxes checked above, please submit complete official inpatient treatment records, evidence of ongoing rehabilitation treatment, and a personal written explanation.

DISCIPLINARY HISTORY

These questions refer to discipline by any hospital, military or public health service, state board, or other governmental agency of any U.S. state, U.S. territory, Canadian province, or federal or international jurisdiction. If in doubt as to whether discipline should be disclosed, it is best to disclose the information on the application.

DISCIPLINARY HISTORY

22. Have you ever had any certificate or license to practice medicine subjected to any disciplinary action or is any disciplinary action pending against any of your licenses to practice medicine? ☐ Yes ☐ No ○

23. Have you ever surrendered a certificate or license to practice medicine, or have you ever had any certificate or license to practice medicine revoked, suspended, or place on probation? ☐ Yes ☐ No ○

24. Have you ever had any certificate or license to practice medicine subjected to any action including, but not limited to, informal or confidential discipline, consent orders, letters of warning, letters of reprimand, or citation? ☐ Yes ☐ No ○

25. Have you ever been charged with, or been found to have committed unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts by any medical licensing board or hospital? ☐ Yes ☐ No ○

26. Have you ever resigned from a medical staff position in lieu of disciplinary or administrative action or is any disciplinary action pending against your hospital or staff privileges? ☐ Yes ☐ No ○