Osteopathic Medical Board of California

Fictitious Name Permit
Partnership Physician Shareholder Declaration

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

DECLARATION

The undersigned and each of the undersigned hereby certify under penalty of perjury under the laws of the State of California that the information listed within the Fictitious Name Permit Application for Osteopathic Physicians and Surgeons is true and correct, and that all attachments thereto are true and correct.

Name (*Last Name, First Name, Middle*)	Title	License Number	Date	Signature	PHYSICIAN SHAREHOLDER SIGNATURE

Please email completed form to: OMBC.FNPRequests@dca.ca.gov