Osteopathic Medical Board of California

Application for Voluntary Surrender of License

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

LICENSEE INFORMATION

Full Last Name	First Name	Middle Name	Suffix

Date of Birth	License Number

Licensee ○

PUBLIC ADDRESS OF RECORD (Required; do not leave blank)

Facility Name

Street Name	City	State	Zip

Email Address	Phone

AOR ○

CONFIDENTIAL ADDRESS

Street Name	City	State	Zip

Email Address	Phone

CA ○

VOLUNTARY SURRENDER OF LICENSE

Once this form is properly completed and approved, you will be notified of the date your license will be canceled. Once canceled, it may not be renewed, reissued, reinstated, or restored. If you later would like to become licensed in the State of California, you will be required to apply for a new license and will be subject to the requirements in effect at the time of application. This may include a written and/or oral examination.

VOLUNTARY SURRENDER MAY NOT BE AVAILABLE IF YOU ARE UNDER INVESTIGATION BY THE OSTEOPATHIC MEDICAL BOARD OR IF THE OSTEOPATHIC MEDICAL BOARD HAS INITIATED DISCIPLINARY ACTION AGAINST YOUR LICENSE. **AN ACCEPTED SURRENDER WHILE UNDER INVESTIGATION OR IN EXCHANGE FOR CEASING AN INVESTIGATION OR SIMILAR PROCEEDING WILL BE REPORTED TO THE NATIONAL PRACTITIONER DATA BANK (NPDB) AND FEDERATION OF STATE MEDICAL BOARDS (FSMB)**

PLEASE RETURN YOUR ORIGINAL WALL CERTIFICATE AND WALLET CARD/POCKET ID

This request for voluntary surrender of license must be accompanied by your original wall certificate and the wallet card. If the wall certificate and/or wallet card are no longer in your possession, please provide a brief explanation below.

All items in this application are mandatory. This information is requested by the Licensing Program of the Osteopathic Medical Board of California. Failure to provide any of the requested information will result in the application being rejected as incomplete. The Supervisor of the Licensing Program is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act by contacting the custodian of records at 1300 National Drive, Suite 150, Sacramento, CA 95834. Information in this application may be transferred to other governmental and law enforcement agencies.

I certify under penalty of perjury under the laws of the State of California, that the information contained in this application, including supporting documents, is true and correct

Licensee Signature:	Date:

Signature/Date ○

OMBC USE ONLY	Date Received:	Initials:	Enforcement Approval: ☐ Yes ☐ No	Date: