



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?
<input type="checkbox"/> Yes <input type="checkbox"/> 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 #: _____