



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, reprovved, 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 #: _____