



PETITION FOR PENALTY RELIEF

INSTRUCTIONS: Please read all instructions prior to completing this application.

1. Prior to completing this form, check that you qualify to submit a Petition at this time. Review the time frames and eligibility requirements for the different types of Petitions in "Attachment A" below prior to completing this application and submitting it as specified in paragraphs 2-6.
2. **Complete all form requirements.** If you meet the eligibility requirements set forth in **Attachment A**, please complete all blanks on this form; if any section on this form is not applicable, enter N/A. **Please type or print neatly.** If more space is needed attach additional sheets.
3. **Submit Narrative Statement.** In addition to completing the blanks on this form, please provide a written "Narrative Statement" with this form that includes responses to any directives listed on this form.
4. **Submit letters of recommendation.** Attach to this form **at least two** verified letters of recommendation, signed and dated by and from physicians and surgeons licensed in any state, district or territory who have a current, active and unrestricted license to practice medicine, and personal knowledge of your activities since the effective date of the disciplinary order. The letters shall include the name, title, license number, the name of the state, district or territory of the physician's licensing jurisdiction and the physician's direct contact information. The "direct contact information" shall include the physician's physical address (business or residence), a working phone number and email address. Letters dated more than six months before the date you sign your Petition will not be accepted. Instruct your recommending physicians to verify their letters of recommendation by including the following declaration above the signature line:

"I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct."

Letters of recommendation without the above declaration will not be admitted as evidence during the administrative hearing on your Petition. Be sure to submit the original letters; copies will not be accepted. Letters must be submitted with the original Petition application and not submitted separately. All letters are subject to verification by the Board, the Board's staff or representatives.
5. **Submit proof of compliance with fingerprinting requirements (reinstatements only).** For persons seeking reinstatement of their certificate, please get fingerprinted and include a copy of your completed Live Scan form or the completed fingerprint cards (if you reside outside of California) as required by Title 16, California Code of Regulations sections 1656 or 1658, as applicable, with your Petition application.
6. **Mail completed application and fee.** Once the requirements in paragraphs 2-5 have been met, submit the completed Petition to the Board by mail to the above address with a money order, certified check, cashiers' check, or preprinted personal or company check payable to the Osteopathic Medical Board of California for \$2800 for a reinstatement petition or \$1500 for modification of penalty petition (either modification of the terms and conditions of probation or early termination of probation, or both. No additional fee is required if petitioning for both modification or early termination of probation).

After completion of the Board's review, you will be notified in writing whether your Petition has been accepted for processing or whether it has been rejected as incomplete. If accepted for processing, the matter will be set for a petition hearing before an administrative law judge (ALJ) assigned by the Office of Administrative Hearings (OAH) upon payment to the Board of \$20,000, which is required to recover the Board's costs to hold an administrative hearing and formulate a decision on your Petition (see 16 CCR §§ 1656 and 1658 for specific definition of all "reasonable costs"). Payment of the \$20,000 fee must be made and cleared for deposit of funds with the Board within 90 days of the date the Board sends the written notification of acceptance of the Petition.

Within 120 days of the date of your Petition hearing, the Board will provide you a fee payment statement detailing the following:

(A) The reasonable costs incurred by the Board in adjudicating your petition calculated in accordance with 16 CCR Section 1690; and

(B) If the costs incurred by the Board are less than \$20,000, a statement detailing the refund that will be provided to you and the anticipated date when the refund will be issued.

For questions regarding this form or the petition process, please contact the Board's Enforcement Unit at (916) 928-8390.

I. TYPE OF PETITION (Reference Business and Professions Code (BPC) sections 2221(b) and 2307)

Reinstatement of Revoked/Surrendered Certificate Modification of Probation Early Termination of Probation

NOTE: A Petition for Modification and/or Termination of Probation can be filed together. If you are only seeking either modification of your probation terms or conditions or early termination of probation, check the applicable box. If you are requesting early termination of probation or, in the alternative, modification of probation, check both the modification of probation and early termination of probation boxes (there is no additional fee required when checking both boxes).

Narrative Statement: Please provide the following in your Narrative Statement:

A description of the penalty relief you want and the reasons your request should be granted. If you are requesting Modification of Probation, you must specify which terms and conditions of your probation you want reduced or modified and provide an explanation for your request(s).

II. PERSONAL INFORMATION

NAME:			
First	Middle	Last	
HOME ADDRESS:			
Number & Street	City	State	Zip Code
EMAIL ADDRESS:			
BEST AVAILABLE TELEPHONE NUMBER:		WORK TELEPHONE NUMBER:	
CA Physician and Surgeon Certificate Number:		Driver's License Number and State of Issuance:	
Current or prior medical licenses in other states or countries (please include license number(s), issue date(s), and status of license(s)):			

III. ATTORNEY INFORMATION (If Applicable)

Will you be represented by an attorney? No Yes (If "Yes," please provide the following information)

NAME:

ADDRESS:

PHONE:

IV. DISCIPLINARY INFORMATION

Narrative Statement: Provide a brief explanation in your "Narrative Statement" as to the effective dates and cause for the Board's disciplinary action against you (revocation, suspension, probation) (e.g., prescribing without prior exam, gross negligence, self-use of drugs, sexual misconduct, conviction of a crime, etc.) and, if applicable, give a description of your history of any prior disciplinary action(s) with the Board and the history of any prior petitions you have submitted to the Board.

V. MEDICAL BACKGROUND

Total number of years in medical practice:

Medical specialty, if applicable:

Board certified? No Yes If "Yes," insert year certified and the name of the certifying board:

Note: A board-certified osteopathic physician is a licensed Doctor of Osteopathic Medicine (DO) who has completed specialized residency training in a medical specialty and passed rigorous exams to demonstrate expertise in that area. This certification is awarded by organizations such as American Osteopathic Association (AOA), American Medical Association (AMA) and American Board of Medical Specialties (ABMS).

Current field of medical practice: (e.g., General Practice (GP), OB/GYN (Obstetrics and Gynecology), ENT (Ear, Nose and Throat), Internal Medicine (IM), etc.)

Current type of medical practice: (e.g., solo, group, HMO, Gov't, etc.)

Name and location of medical practice:

List hospital memberships:

VI. CURRENT OCCUPATION OTHER THAN PHYSICIAN AND SURGEON

(Complete this section only if currently not practicing medicine.)

Narrative Statement: If you are petitioning for **Reinstatement**, include in your Narrative Statement responses to these questions:

- A. During the period of time that your certificate (license) has been revoked or surrendered, how have you earned a living?
- B. What aspect of your rehabilitation do you feel will protect against the recurrence of your prior conduct?
- C. What are your plans if your license is reinstated?
- D. Where will you practice (e.g., at a particular hospital, medical group, clinic, urgent care facility, HMO, etc.)?
- E. What type of medical practice?

For your current occupation, please list the name of the employer, address, e-mail address, phone number, job title, duties and dates of employment:

VII. EMPLOYMENT HISTORY AS A PHYSICIAN AND SURGEON ("current" - list for the past 5 years only)

Narrative Statement: Please attach a copy of the following to your narrative statement:

- A. Any supervisor's performance evaluations pertaining to your current assignments in the medical field, laboratory studies, and teaching assignments; and
- B. A copy of your current resume/curriculum vitae.

Provide the company name, address, phone number, contact person, and dates of employment. If any of these dates of employment include periods of solo practice, please write "solo practice" and list the dates you were self-employed below:

VIII. REHABILITATION

Describe any rehabilitative or corrective measures you have taken since your license was revoked, surrendered, or placed on probation. This includes a list of any training or education you have received since the most recent disciplinary action was taken, including names of schools, class names, credit hours, certificates earned, dates of attendance, and copies of certificates of completion of any continuing medical education, training programs, seminars, or educational courses. You may also provide a list of any medical journals you have read and describe how often you read these journals.

For any rehabilitation programs attended, psychotherapy completed, or medical treatments received, list the name of any rehabilitation program or course of treatment received, dates of attendance or duration of treatment, nature of programs or courses of therapy or treatment, and current status (e.g., enrolled, treatment or therapy is ongoing, or completed). You may also include a description of any community service or volunteer work ("work") you have done that includes the type of work, location of work, and dates of work.

For petitioners who have had their certificates restricted or revoked for mental or physical illness affecting competency, please also describe any evidence of the absence or control of the condition which led to the revocation or restriction.

If additional space is needed to respond to this section, please include additional information in your Narrative Statement.

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X. DECLARATION

Executed on _____ 20 _____, at _____, _____
(city) (state)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that all statements and documents attached in support of this petition are true and correct.

Petitioner (print name)

Signature

The information in this document is being requested by the (Board) pursuant to Business and Professions Code (BPC) sections 2221(b) and 2307 and Title 16, California Code of Regulations sections 1656 and 1658. In carrying out its licensing or disciplinary responsibilities, the Board requires this information to make a determination on your Petition for Penalty Relief. Failure to provide any of the required information is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24. 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.

Attachment A - Notice of Eligibility Requirements

A person may file their Petition with the Board after a period of not less than the following minimum periods have elapsed from the effective date of the surrender of their certificate or the decision ordering their disciplinary action:

I. Petition for Reinstatement: At least five years for reinstatement of a certificate surrendered or revoked for unprofessional conduct, unless your disciplinary order specifies that you can file a Petition sooner or your disciplinary order is based in whole or in part upon any findings of violations set forth in BPC section 2273(b) (which requires a mandatory 10-year revocation or surrender penalty). For disciplinary orders based upon findings of violations set forth in BPC section 2273(b) and for which the Board imposed the penalty of outright revocation or surrender for a minimum of 10 years, the Board has no discretion to reinstate a certificate prior to the expiration of this 10-year period.

II. Petition for Early Termination of Probation (for probation term of 3 years or greater): At least two years for early termination of probation or after more than one-half of the probation term has elapsed, whichever is greater.

III. Petition for Modification of Probation (Modify a Condition or Early Termination of Probation Term of less than 3 years): At least one year.

IV. Petition for Reinstatement of a Certificate surrendered or revoked for mental or physical illness: At least one year.

In addition to the foregoing criteria, no Petition shall be considered under the following circumstances per BPC section 2307:

(1) You are under sentence for any criminal offense, including any period during which you are on court-imposed probation or parole.

(2) There is an Accusation or Petition to Revoke Probation pending against you from the Board.

(3) The Board shall automatically reject any Petition for Early Termination or Modification of Probation if the

Board files a Petition to Revoke Probation while your Petition for Early Termination or Modification of the Probation is pending.

(4) Your Petition is filed within a period of three years from the effective date of a prior decision following a hearing on your prior Petition.

(5) Your certificate has been surrendered because you committed an act of sexual abuse, misconduct, or relations with a patient pursuant to BPC section 726 or sexual exploitation as defined in subdivision (a) of BPC section 729.

(6) Your certificate has been revoked based on a finding by the Board that you committed an act of sexual abuse, misconduct, or relations with a patient pursuant to BPC section 726 or sexual exploitation as defined in BPC section 729(a).

(7) You were convicted in a court in or outside of this state of any offense that, if committed or attempted in this state, based on the elements of the convicted offense, would have been punishable as one or more of the offenses described in Penal Code section 290(c) of Section 290, and you engaged in the offense with a patient or client, or with a former patient or client if the relationship was terminated primarily for the purpose of committing the offense.

(8) You have been required to register as a sex offender pursuant to the provisions of Section 290 of the Penal Code, regardless of whether the conviction has been appealed, and you engaged in the offense with a patient or client, or with a former patient or client if the relationship was terminated primarily for the purpose of committing the offense.

For further information on the Board's regulatory requirements for petitions for penalty relief, please review Title 16, California Code of Regulations sections 1656, 1658 and 1690.