

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

444 NORTH THIRD STREET, SUITE A-200
SACRAMENTO, CA 95814
TELEPHONE: (916) 322-4306
FAX: (916) 327-6119



1995-1997 TWO-YEAR LICENSE RENEWAL

Pursuant to Section 456.1 of the California Business and Professions Code, all Osteopathic Physicians and Surgeons Certificates shall expire twelve midnight on the last day of his/her birth month of a two-year term. Biennial Tax and Registration Fees are due on or before the expiration date. Failure to pay the license fees by the expiration date, will result in a delinquency fee of \$150; (\$75 for inactive license).

\$600 ACTIVE LICENSE

CME Required (Attach all CME documentations for 1/92 thru 12/94 unless previously submitted)
Residency/Fellowship (Attach verification from program director)

\$300 INACTIVE LICENSE

No Practice Privileges in California -- No CME Required. Available to In-State and Out-of-State Practitioners.

Physician's Printed Name:
Business Address: (Public Information) Phone:
City: State: Zip:
Home Address: Phone:
City: State: Zip:
Specialty: Board Certified? Yes No
Certifying Board: Date:

SINCE YOUR LAST RENEWAL:

- (a) Have you been convicted of a misdemeanor or felony?
(b) Has any state taken administrative action against any medical license?
(c) Have you had health, legal or occupational problems associated with alcohol or drug use or been charged or convicted of any act related to alcohol or drugs?
(d) Is an investigation or litigation now pending against you involving your hospital privileges, medical practice, or membership in state societies?

Please provide your DEA number. Is it current and unrestricted? Yes No (If NO, please provide details.)

I acknowledge I have read and understand the rules pertaining to CME. I am aware my license will not be renewed if the requirement is not met.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE OSTEOPATHIC MEDICAL BOARD SHOULD A CHANGE OCCUR.

Physician's Signature: Date:

PLEASE MAKE CHECK PAYABLE TO: OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

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 SACRAMENTO, CALIFORNIA 95814  
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## 1995 ANNUAL LICENSE RENEWAL

Pursuant to Section 2456.1 of the California Business and Professions Code, all Osteopathic Physicians and Surgeons Certificates shall expire twelve midnight on the last day of his/her birth month. Annual Tax and Registration Fees are due on or before the expiration date. Failure to pay the license fees by the expiration date, will result in a delinquency fee of \$150; (\$75 for inactive license).

\$300 ACTIVE LICENSE

\_\_\_\_\_ CME Required (Attach all CME documentations for 1/92 thru 12/94 unless previously submitted)  
 \_\_\_\_\_ Residency/Fellowship (Attach verification from program director)

\$150 INACTIVE LICENSE

\_\_\_\_\_ No Practice Privileges in California -- NO CME Required.  
 Available to In State and Out-of-State Practitioners.

Physician's Printed Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (Public Information)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Specialty: \_\_\_\_\_ Board Certified? Yes \_\_\_\_\_ No \_\_\_\_\_

Certifying Board: \_\_\_\_\_ Date: \_\_\_\_\_

## SINCE YOUR LAST RENEWAL:

- (a) Have you been convicted of a misdemeanor or felony?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please provide details.)
- (b) Has any state taken administrative action against any medical license?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please provide details.)
- (c) Have you had health, legal or occupational problems associated with alcohol or drug use or been charged or convicted of any act related to alcohol or drugs?  
 Yes \_\_\_\_\_ o \_\_\_\_\_ (If yes, please provide details.)
- (d) Is an investigation or litigation now pending against you involving your hospital privileges, medical practice, or membership in state societies?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please provide details.)

Please provide your DEA number. \_\_\_\_\_ Is it current and unrestricted? Yes \_\_\_\_\_ No \_\_\_\_\_ (If NO, please provide details.)

I acknowledge I have read and understand the rules pertaining to CME. I am aware my license will not be renewed if the requirement is not met.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE OSTEOPATHIC MEDICAL BOARD SHOULD A CHANGE OCCUR.

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