



Osteopathic Medical Board of California
**Postgraduate Training License -or-
 Physician and Surgeon's Certificate**
Attestation & Release of Information Form

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

PHOTOGRAPH		
INFORMATION COLLECTION AND ACCESS		PHOTOGRAPH <input type="radio"/>
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>Paste a recent 2"x 2" (approximate size)</p> <p>Photo must be of your head and shoulders only CCR 113</p> </div>	<p>The Licensing Program of the Osteopathic Medical Board of California requests this information to determine your eligibility for a PTL/P&S Certificate. The Board may reject your application as incomplete if you fail to provide the requested information. The Board will use the information you provide to verify your identity and determine your qualifications for licensure pursuant to section 2080 of the California Business and Professions Code (BPC), which authorizes the collection of this information.</p> <p>The Licensing Program Manager is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act, Civil Code section 1798.17, by contacting the Board.</p>	
<p>The Board may transfer the provided information on your application to other medical licensing authorities, the Federation of State Medical Boards, or other governmental law enforcement agencies. The Board may suspend a license if a licensee has outstanding tax obligations due to the Franchise Tax Board or the California Department of Tax and Fee Administration.</p>		
ATTESTATION		
<p>I attest I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Osteopathic Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), or business and professional associates (past, present and future), and all government agencies (local, state, federal, or foreign) to release to the Osteopathic Medical Board of California or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by that Board in connection with this application; or any further or future investigation by that Board necessary to determine any medical competence, professional conduct, or physical or mental ability to safely engage in the practice of medicine. I further authorize the Osteopathic Medical Board of California or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure. I understand that omission, falsification or misrepresentation of any item or response on this application or any attachment hereto is a sufficient basis for denying or revoking a license.</p>		ATTESTATION <input type="radio"/>
SIGNATURE		
<p>DATE OF SIGNATURE: _____</p> <p>PRINTED NAME OF APPLICANT: _____</p> <p>SIGNATURE OF APPLICANT: _____ </p> <p>APPLICATION REQUEST : Postgraduate Training License Osteopathic Physician and Surgeon Certificate</p>		APPLICANT SIGNATURE <input type="radio"/>

Please email completed form to: OMBC.Applications@dca.ca.gov