



Osteopathic Medical Board of California

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NOTARY FORM

Paste a recent 2" X 2"
(approximate size) photo here.
Photo must be of your head
and shoulder area only.
CCR 1613.

APPLICANT CERTIFICATION AND DECLARATION

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT. Further, I further hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past or present), or business and professional associates (past or present, and future), and all government agencies (local, state, federal) to release to the Osteopathic Medical Board of California files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug, alcohol and/or substance abuse or dependency, requested by the 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 UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.

(Signature of Applicant—signed in presence of notary public)

Date

NOTARY

SIGNATURE OF APPLICANT: _____

(SIGN LEGAL NAME IN THE PRESENCE OF NOTARY)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____

By, _____ proved to me on the basis of satisfactory evidence to be the
(print applicant's legal name)
Person who appeared before me.

NOTARY SEAL

(signature of notary public)

(Address)

My Commission expires _____