



MEDICAL BOARD OF CALIFORNIA

Licensing Program



Section 701 of the Business and Professions Code permits a licensee who is not actively engaged in the practice of medicine in the State of California to maintain licensure in a nonpracticing status. This status is provided with the issuance of an "inactive" license.

If your California Physician's and Surgeon's license is currently suspended, revoked, or otherwise restricted by the Board, an "inactive" license cannot be issued to you.

APPLICATION FOR INACTIVE LICENSE	FOR OFFICE USE ONLY								
<p><i>Please print or type.</i> Illegible applications will be returned.</p>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Fee Paid: _____</td> <td style="border: none;">Receipt #: _____</td> </tr> <tr> <td style="border: none;">Date Cashiered: _____</td> <td style="border: none;">Cashier's Intl.: _____</td> </tr> <tr> <td style="border: none;">Date Approved: _____</td> <td style="border: none;">Date Denied: _____</td> </tr> <tr> <td colspan="2" style="border: none;">Enforcement Approval: ___ Yes ___ No Date: _____</td> </tr> </table>	Fee Paid: _____	Receipt #: _____	Date Cashiered: _____	Cashier's Intl.: _____	Date Approved: _____	Date Denied: _____	Enforcement Approval: ___ Yes ___ No Date: _____	
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Date Cashiered: _____	Cashier's Intl.: _____								
Date Approved: _____	Date Denied: _____								
Enforcement Approval: ___ Yes ___ No Date: _____									
Name (first, middle, last):									
Address of Record (current public/mailling address. This is the address that will be displayed on the Medical Board's Web site. If listing a PO Box, you must also provide a confidential street address.)									
Confidential Street Address:									
Telephone: ()	E-mail:								
Fax: ()									
California Medical License Number:									
<p>Inactivating a license does not change its expiration date, and the renewal fee is the same as the fee for an active license. There are no fee exemptions or reductions for inactive licenses.</p> <p>If you are renewing at the same time as you apply for an inactive license, you must submit the full renewal fee with this application.</p> <p>If the license is delinquent, a payment of all accrued renewal fees, delinquent fee, and penalty fee must be submitted.</p> <p>If your physician's and surgeon's license has not expired, no fee is required at this time.</p> <p>If your application is approved, you will be exempt from complying with the Continuing Medical Education (CME) requirements.</p> <p>To restore an inactive license to active status, you must complete the required CME for a single renewal period. You will be required to document compliance with those requirements <u>before</u> an active license can be issued.</p> <p><u>REMEMBER: If you hold an "inactive" license, you cannot engage in any activity in California for which an active license is required.</u></p>									
<p>I certify under penalty of perjury under the laws of the State of California, that the information contained in this application, including supporting documents, is true and correct and that I am licensed to practice in the State of California.</p>									
<p>_____</p> <p>Applicant's Signature</p>	<p>_____</p> <p>Date</p>								

All items in this application are mandatory; none is voluntary. This information is requested by the Licensing Program of the Medical Board of California. Failure to provide any of the requested information may result in this application being rejected as incomplete. The information provided will be used to determine your eligibility for an Inactive license, pursuant to Section 701 of the Business and Professions Code. The Licensing Program chief is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act by contacting the custodian of records at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815. Information contained in this application may be transferred to other governmental and law enforcement agencies.

BOTH PAGES OF THIS FORM MUST BE COMPLETED

07M-121 (Revised 03/11)

FINANCIAL INTEREST

If you have no financial interest to report, check the box to the right. Sign and date the statement below.

No

Please list the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. Sign and date the statement below.

California's Financial Interest Disclosure law (Business and Professions Code section 2426) requires you to disclose any financial interest that you or your immediate family have in specified health-related facilities located in or outside the State of California. Immediate family means a spouse, child or parent of a licensee, and a spouse of a child of a licensee.

Financial interest includes any type of ownership interest including share or stock ownership, limited partnership interest, debt, loan, lease, compensation, remuneration, general or limited partnership interest, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment of money or anything else of value to a licensee or the licensee's immediate family from a health-related facility.

Health-related facility means any facility that provides clinical laboratory services, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, diagnostic imaging, or outpatient surgery centers. Diagnostic imaging includes all X-ray, computed axial tomography, magnetic resonance imaging, nuclear medicine, positron emission tomography, mammography and ultrasound goods and services.

A financial interest does not include the ownership of corporate investment securities, including shares, bonds, or other debt instruments that (1) are purchased from a licensed securities broker on terms available to the general public through a licensed securities exchange or NASDAQ, (2) do not base any profit distributions or other transfers of value on the licensee's referral of patients, (3) do not have a separate class or accounting for any persons or licensees who may make patient referrals to the corporation, and (4) are in a corporation that has total gross assets exceeding \$100,000,000.

Health-Related Facility Name(s)

Facility's Address

I certify under penalty of perjury under the laws of the State of California that I read and understand the information defining financial interest and that either I have disclosed on this application the names of those health-related facilities in which I or my family have a financial interest, or I do not have any financial interest to disclose.

Applicant's Signature: _____

Date: _____