



MEDICAL BOARD OF CALIFORNIA Licensing Program



- If you meet the requirements and would like to apply for an exemption from payment of the renewal fee, complete the application below.
- If you are renewing at the same time as you apply for retired status, you must submit the \$25 mandatory fee for the Physician Loan Repayment Program with the application.
- If the medical license is delinquent, a payment of all accrued renewal fees, delinquent fee, the \$25 mandatory fee, and penalty fee must be submitted with the application. If your license is current, no fee is required.
- Make certified checks, cashier's checks, money orders, or personal checks payable to the Medical Board of California.

<p style="text-align: center;">RETIRED PHYSICIAN APPLICATION FOR EXEMPTION FROM PAYMENT OF RENEWAL FEE NO PRACTICE ALLOWED</p> <p style="text-align: center;"><i>Please print or type. Illegible applications will be returned.</i></p>	<p style="text-align: center;">FOR OFFICE USE ONLY</p>
<p>Fee Paid: _____ Receipt #: _____</p> <p>Date Cashiered: _____ Cashier's Intl.: _____</p> <p>Date Approved: _____ Date Denied: _____</p> <p>Enforcement Approval: ___Yes ___No Date: _____</p>	
<p>Name (first, middle, last): _____</p>	
<p>Address of Record (current public/mailing 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.) _____</p>	
<p>Confidential Street Address: _____</p>	
<p>Telephone: () _____</p> <p>Fax: () _____</p>	<p>E-mail: _____</p>
<p>Date of Birth: _____</p>	
<p>California Medical License Number: _____</p>	
<p>Section 2439 of the Business and Professions Code provides an exemption from payment of the renewal fee if the licensee has applied for a retired license.</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>Applicant's Signature: _____ 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 will result in this application being rejected as incomplete. The information provided will be used to determine your eligibility for waiver of renewal fees, pursuant to section 2439 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 or law enforcement agencies.

BOTH PAGES OF THIS FORM MUST BE COMPLETED.

