



Medical Board of California

# Armed Forces Personnel Application for Exemption from Payment of Renewal Fee

**Licensing Program**  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815-5401  
Phone: (916) 263-2382  
Fax: (916) 263-2487  
[www.mbc.ca.gov](http://www.mbc.ca.gov)

- Mail completed form to: Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831
- If you meet the requirements and would like to apply for an exemption from payment of the renewal fee, complete the application below.
- Section 2440 of the Business and Professions Code (BPC) provides an exemption from payment of the renewal fee for physicians and surgeons while engaged in full-time training or active service in the Army, Air Force, Marines, Navy, or the United States Public Health Service (USPHS)
- BPC Section 114.3 provides an exemption of the renewal fee for physicians and surgeons called to active duty as a member of the United States Armed Forces or the California National Guard if the licensee possessed a current and valid license at the time the licensee was called to active duty.
- If you are renewing at the same time as you apply for military status, you must submit the \$25 mandatory fee for the Physician Loan Repayment Program and the \$22 mandatory fee for the Controlled Substance Utilization Review and Evaluation System / Prescription Drug Monitoring Program (CURES / PDMP) with the application.
- If the medical license is delinquent, a payment of all accrued renewal fees, delinquent fee, the \$25 and \$22 mandatory fees, 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.
- All applicants must submit proof of military or USPHS service. Please submit a copy of your current military or USPHS orders or a copy of both the front and back of your military or USPHS identification card with the application.

## PERSONAL INFORMATION

### Legal Name

Full Last Name	First Name	Middle Name	Suffix
----------------	------------	-------------	--------

**Address of Record** Current public/mailling address. If using a PO Box, you must also provide a confidential street address. This is the address that will be displayed on the Medical Board's website.

Line 1 (40 characters per line, including spaces)		Line 2 (40 characters per line, including spaces)	
City	State/Province	Zip/Postal Code	Country

**Confidential Address** Only required if Address of Record is a P.O. Box

Line 1 (40 characters per line, including spaces)		Line 2 (40 characters per line, including spaces)	
City	State/Province	Zip/Postal Code	Country

### Telephone Numbers

(Include area code)

Primary	Cell	Work
---------	------	------

### Email Address

(Required)

### California Medical License Number

## CONTINUING MEDICAL EDUCATION

I certify under penalty of perjury under the laws of the State of California that I read and understand the continuing medical education (CME) requirements, have completed and can document no less than 50 hours of approved CME for the two-year period immediately preceding the expiration date of my license, or I hold a CME waiver from the Medical Board of California.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### For Medical Board Use Only

Fee Paid:	Receipt #:	Cashier's Int:
Date Approved:	Date Cashiered:	Date Denied:
Enforcement Approval: Yes <input type="checkbox"/> No <input type="checkbox"/> Date:		

**Business and Professions Code section 2440. Renewal fee exemption while in military**

(a) Every licensee is exempt from the payment of the renewal fee while engaged in full-time training or active service in the Army, Navy, Air Force, or Marines, or in the United States Public Health Service. (b) Every person exempted from the payment of the renewal fee by this section shall not engage in any private practice and shall become liable for payment of such fee for the current renewal period upon his or her discharge from full-time active service and shall have a period of 60 days after becoming liable within which to pay the renewal fee before the delinquency fee is required. Any person who is discharged from active service within 60 days of the end of a renewal period is exempt from the payment of the renewal fee for that period. (c) The time spent in full-time active service or training shall not be included in the computation of the five-year period for renewal and reinstatement of licensure provided in Sections 2427 and 2428. (d) Nothing in this section shall exempt a person, exempt from renewal fees under this section, from meeting the requirements of Article 10 (commencing with Section 2190).

(Note: Subsection (d) refers to the continuing medical education requirements contained in Article 10 commencing with Section 2190.)

**Business and Professions Code section 114.3 (a).**

(a) Notwithstanding any other law, every board, as defined in Section 22, within the department shall waive the renewal fees, continuing education requirements, and other renewal requirements as determined by the board, if any are applicable, for a licensee or registrant called to active duty as a member of the United States Armed Forces or the California National Guard if all of the following requirements are met:

- (1) The licensee or registrant possessed a current and valid license with the board at the time the licensee or registrant was called to active duty.
- (2) The renewal requirements are waived only for the period during which the licensee or registrant is on active duty service.
- (3) Written documentation that substantiates the licensee or registrant's active duty service is provided to the board.

**All applicants are reminded that a licensee who receives an exemption from payment of the renewal fee under sections 114.3 or 2440 cannot engage in any private practice in the State of California. At the time of discharge, you will need to notify the Board in writing and request that your license be restored to "active" status.**

**MILITARY SERVICE INFORMATION - Please provide all information requested below**

**Branch of Service**       Air Force                       Army                       Marines                       Navy  
 (Check one box only)                       California National Guard                       U.S. Public Health Service

**Type of Service**       Active Service/Full-Time Training       Voluntary (Peace Corps or Vista)

**Dates of Service or Training:**      From (mm/dd/yyyy)       To (mm/dd/yyyy)

**Expected Date of Discharge:**      (mm/dd/yyyy)   
 Note: Actual Date Required

**THIS SECTION MUST BE COMPLETED BY YOUR MILITARY SUPERIOR OFFICER OR PUBLIC HEALTH SERVICE SUPERVISOR**

Please indicate if the "Service Information" above is correct.       Yes       No

**Superior Officer or Public Health Service Supervisor Information**

Full Last Name	First Name	Middle Name	Suffix
----------------	------------	-------------	--------

Title        Military Superior Officer  
 Public Health Service Supervisor

**Telephone Numbers** (Include area code)      Primary       Cell       Work

\_\_\_\_\_  
 Superior Officer or Public Health Service Supervisor Signature                      Date

**FINANCIAL INTEREST**

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.

**Do you have financial interest to report?**  NO  YES\*

\*If you answered "yes" to having financial interest to report, please list below the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest.

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

**DISCIPLINE AND CONVICTIONS**

You must disclose, if since your last renewal, you have had any license disciplined by a government agency, or have been convicted of, or pled guilty, to any crime. Do not list charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code Sections 11357(b), (c), (d), (e), or section 11360(b).

"Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Penal Code section 1000 or 1203.4, including infractions, misdemeanor, and felonies.

You do not need to report a conviction for an infraction with a fine of less than \$300.00 unless the infraction involved alcohol or controlled substances. You must, however, disclose any conviction which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Penal Code sections 1000 or 1203.4.

"License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation, or any other restrictions.

**Since you last renewed your license, have you had any license disciplined by another U.S. state, U.S. territory, and/or federal or international jurisdiction, or have you been convicted of, or pled guilty, to any crime in any U.S. state, U.S. territory, federal or international jurisdiction, or military court?**  NO  YES

*All items in this application are mandatory. 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, under sections 114.5 and 2440 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 in this application may be transferred to other governmental and law enforcement agencies.*

**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.**

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date