

Agenda Item 16

Discussion and Possible Action to Reconsider Previously Approved Text, and to Consider Initiation of a Rulemaking to Amend Sections 1609, 1610; 1611, 1612, 1613, 1615, 1628, 1630, 1637, 1646, 1647, 1650, 1651, 1656, 1658, 1678, and 1690, and to adopt Section 1648, and to repeal Section 1691 in Division 16 of Title 16 of the California Code of Regulations (Applications, Petitions, Fees, Retired License and Processing Times)

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Agenda Item 16

Applications, License, & Fees Rulemaking Memo

August 14, 2025

Board Meeting



MEMORANDUM

DATE	August 14, 2025
TO	Board Members, Osteopathic Medical Board of California
FROM	Terri Thorfinnson, J.D. Legislative and Regulatory Specialist
RE:	Agenda Item 16 - Discussion and Possible Action to Reconsider Previously Approved Text, and to Consider Initiation of a Rulemaking to Amend Sections 1609, 1610; 1611, 1612, 1613, 1615, 1628, 1630, 1637, 1646, 1647, 1650, 1651, 1656, 1658, 1678, and 1690, and to adopt Section 1648, and to repeal Section 1691 in Division 16 of Title 16 of the California Code of Regulations (Applications, Petitions, Fees, Retired License and Processing Times)

Background and Statement of the Issues: The Board reviewed and approved the proposed rulemaking language for Applications, Petitions, Fees, Retired License and Processing Times last August 15, 2024 rulemaking. The August 15, 2024, rulemaking meeting materials the board reviewed and approved are available at this link https://www.ombc.ca.gov/activity/20240815_item_14.pdf. Last month the Board was notified of further recommended changes from the DCA Budget Office and Regulations Counsel related to the Board's currently proposed fee language. Upon review, it appears that the prior text did not cover all the Board's existing authority to set fees and does not accurately reflect the terminology used in Business and Professions Code sections 2455 and 2455.1.

Proposed changes to subsections (d) and (f) and the "Note" for title 16, California Code of Regulations (CCR) section 1690 would correct the terminology errors and authority references. The only new fee item that would be added to the Board's current fee schedule is new subsection (g), the "Delinquent Inactive Biennial License or Renewal Fee," which is proposed to be set at half the inactive certificate fee in accordance with Business and Professions Code sections 2455(c) and (d).

In addition, as provided below, Regulations Counsel recommends an additional change that would more specifically describe how an applicant would electronically upload their photograph as part of their electronic initial license application in CCR section 1613. Finally, all forms incorporated by reference in this proposal have been given a new revision date of 08/2025 to reflect the date deliberate and acted on this proposal. These issues have been addressed with this revised proposed rulemaking language. The proposed regulatory language is included in **Attachments 1-5**.

As a reminder, the Board is projecting to need fee increases to its statutory caps to meet increased workload and staffing in the future. So, any proposed fee increases in this proposal, which are highlighted through use of underline in the proposed text below, will address the current budget imbalance only in the short term.

Requested Changes to Proposed Language: The specific revisions for the Board to review and consider are highlighted in yellow below. The rest of the unhighlighted language was already approved by the Board at the August 15, 2024, Board meeting. Staff and Regulations Counsel recommend the following additional edits to existing language for these sections.

I. Additional Revisions to Title 16, California Code of Regulations (CCR), § 1690
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§ 1690. Fees.

The nonrefundable fees charged by the Board are as follows:

(a) Physician and surgeon's original or reciprocity certificate application fee: ~~\$200~~\$400
(~~\$100 shall be returned if applicant's credentials are insufficient~~).

~~(b) Physician and surgeon's reciprocity certificate application fee: \$200 (\$100 shall be returned if applicant's credentials are insufficient).~~

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~~(c)~~(b) Physician and surgeon's postgraduate training license non-refundable application and processing fee: \$491.

~~(d)~~(c) Duplicate certificate, name change, certification endorsement fee: \$25.

~~(e)~~(d) Biennial License or Renewal fee: \$400.

~~(f)~~(e) Biennial Inactive Certificate fee: ~~\$300~~\$399.

~~(g)~~(f) Delinquent Active Biennial License or Renewal fee: ~~\$100~~\$200.

(g) Delinquent Inactive Biennial License or Renewal fee: \$199.50.

(h) Fictitious Name Permit fee: \$100; Renewal fee: \$50.

(i) Retired License fee: \$200.

(j) Application to Restore Retired License to Active Status \$400.

(k) Petition for Reinstatement application fee: \$2800.

(l) Petition for Modification of Penalty application fee: \$1500.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018, 2064.5, 2307.5, 2452, 2456.1 and 3600-1, Business and Professions Code. Reference: Sections 2064.5, 2307.5, 2452, 2451, and 2455, 2456, 2456.1 and 2456.2, Business and Professions Code.

II. Revisions to Title 16, California Code of Regulations (CCR), Section 1613. Photo and Fingerprint Requirements.

(a) Photos. Two (2) photographs shall be submitted to the Board along with the application by electronically uploading a copy of the photo as an electronic file attachment through the Board's online portal referenced in Section 1610 using acceptable formats. "Acceptable formats" shall mean one of the following file formats: .txt, .csv, .gif, .bmp, .tif, .tiff, .pdf, .doc, .docx, .rtf, .jpg, .jpeg, .jpe, .xls, .xlsx, .msg, .xps, .docm, .htm, .html, .wpd, .wps, .odt, .png, .wma, .wav, or .mp3. They should be approximately 3 1/2" x 4 1/2" and taken within the last sixty (60) days (head and shoulders). ~~Proof photos or negatives are not acceptable. All photos shall be signed by the applicant across the base of the photo.~~

III. Future revisions to comply with newly approved regulations October 1, 2025.

As a reminder, there will need to be future revisions to conform to the text proposed in this item to conform with the newly implemented CME and Audit and Cite and Fine rulemaking changes that go into effect October 1, 2025. All changes required to conform effective October 1, 2025, will be made as part of this rulemaking process and will not need additional Board approval, but will be noted in the rulemaking documents. One such example is § 1646; the current and proposed language is different than the yet to become effective language.

Attachments:

- **Attachment 1:** Proposed Regulatory Language
- **Attachment 2:** Repeal of Form "Application for Physician's and Surgeon's Certificate" OMB.1 Rev.01/92
- **Attachment 3:** Adoption of Form "Petition for Penalty Relief OMB.7 (New 08/2025)
- **Attachment 4:** Adoption of Form "Application for Retired License OMB.31 (New 08/2025)"

- **Attachment 5:** Adoption of Form “Application to Restore Retired License to Active Status OMB.32 (New 08/2025)”
- **Attachment 6:** Fiscal Impact Workload Costs (Tables) for: (A) Physician and Surgeon Original or Reciprocity Application Fee, (B) Physician and Surgeon Biennial License or Renewal Active Fee; (C) Physician and Surgeon Biennial Inactive Certificate Fee, (D) Physician and Surgeon Retired License Status, (E) Physician and Surgeon Application to Restore Retired License to Active, (F) Petition for Reinstatement, and (G) Petitions for Modification of Penalty.

Action Requested: The Board should review the proposed regulatory text and consider whether they would support it as written or if there are suggested changes to the proposed text. After review, the staff requests that the Board consider one of the following motions:

Motion A: (The Board has no suggested changes for the proposed regulatory text.) Approve the proposed regulatory text for 16 CCR sections 1609, 1610; 1611, 1612, 1613, 1615, 1628, 1630, 1637, 1646, 1647, 1648, 1650, 1651, 1656, 1658, 1678, and 1690, and to repeal CCR section 1691 in **Attachments 1-5** and to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Director to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Director to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed.

Motion B: (The Board has suggested changes for the proposed regulatory text.) Approve the proposed regulatory text for 16 CCR sections 1609, 1610; 1611, 1612, 1613, 1615, 1628, 1630, 1637, 1646, 1647, 1648, 1650, 1651, 1656, 1658, 1678, and 1690, and to repeal CCR section 1691 in **Attachments 1-5**, with the following changes. (Describe the proposed changes to the noticed proposed text). In addition, submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Director to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Director to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed.

Agenda Item 16 Attachment 1

Revised Proposed Rulemaking Text

August 14, 2025

Board Meeting

DEPARTMENT OF CONSUMER AFFAIRS
Title 16. OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

PROPOSED REGULATORY LANGUAGE

Applications, Fees and Retired License

The amendment format is as follows: Existing language remains unchanged; proposed additions to regulation text and of new text are indicated in single underline and single ~~strikethrough~~ for deletions.

The Osteopathic Medical Board of California hereby proposes to amend its regulations in Sections 1609 of Article 3, 1610, 1611, 1612 and 1613 of Article 4; 1615 of Article 5, 1628 of Article 7, 1630 of Article 8, 1637 of Article 9, 1646 and 1647 of Article 10, 1650 and 1651 of Article 11, 1656 and 1658 of Article 12; 1678 of Article 14, Section 1690 of Article 17; and to adopt Section 1648 of Article 10; and, to repeal Section 1691 of Article 17 of Division 16 of Title 16 of the California Code of Regulations to read as follows:

Article 3. Postgraduate Training

§ 1609. Postgraduate Registration.

In order to engage in the practice of medicine for a limited period as part of an approved postgraduate training program any graduate student upon whom a degree of Doctor of Osteopathy (D.O.) has been conferred by a school approved by the Board, shall apply for registration (Postgraduate Training Registration OMB.3 Rev.01/92) and upon approval of registration may function within the provisions set forth in Code Section 2065.

~~The Board shall process the request for registration as set forth in Section 1691.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Section 2065, Business and Professions Code,; and ~~Section 15374 et seq., Government Code.~~

Article 4. Physician and Surgeon Applications

§ 1610. ~~Applications and Refund of Fee.~~

(a) All completed applications (Application for Physician's and Surgeon's Certificate OMB.1 Rev.01/92) for an original Physician and Surgeon Certificate shall be submitted to the Board electronically using its BreZE Online Services portal ("online portal") accessible through the Board's website in accordance with the requirements of this subsection and accompanied by the appropriate nonrefundable application fees set forth in Section 1690, unless the applicant qualifies for a waiver of the application fee pursuant to subparagraph (D) of paragraph (9), and the nonrefundable fee prescribed by Section 2455.1 of the Code. The applicant shall first register for a user account by creating a username and password. After a user account has been created, an

applicant shall submit a completed application containing all of the following through the online portal:

(1) Applicant's Full Name (Last) (First) (Middle) (Suffix, if any).

(2) Other name(s) applicant has used or been known by.

(3) Applicant's birthdate (month, day, and year).

(4) Applicant's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), which is authorized to be collected pursuant to Sections 30 and 494.5 of the Code and Pub. L 94-455 (42 U.S.C.A. § 405(c)(2)(C)), and will be used exclusively for identification, tax enforcement purposes or compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code.

(5) Telephone number(s), primary, cell and work, as applicable.

(6) Applicant's physical address.

(7) Applicant's mailing address, if different than the applicant's physical address. The mailing address may be a post office number or other alternate address, which is public information and will be disclosed by the Board as the address of record for the applicant upon licensure. If an applicant lists a post office box number or alternate address as a mailing address, that address, and not the physical address listed in paragraph (6) will be considered the applicant's address of record and disclosed on the Board's website upon licensure.

(8) Email address.

(9) The following additional applicant-identifying information, to expedite the application process or determine eligibility for a waiver of the application fee, if applicable:

(A) Whether the applicant is serving, or has previously served, in the United States Armed Forces.

(B) Whether the applicant is an honorably discharged member of the United States Armed Forces. If the applicant affirmatively states they meet this criterion, they shall provide the following documentation with the application to receive expedited review: a certificate of release or discharge from active duty (DD-214) or other documentary evidence showing date and type of discharge.

(C) Whether the applicant is an active-duty member of a regular component of the United States Armed Forces enrolled in the United States Department of Defense SkillBridge program as authorized under Section 1143(e) of Title

10 of the United States Code. If the applicant affirmatively states they meet this criterion, they shall provide the following documentation with the application to receive expedited review: a copy of a written approval document or letter from their respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force or Coast Guard) signed by the applicant's first field grade commanding officer that specifies the applicant's name, the approved SkillBridge opportunity, and the specified duration of participation (i.e., start and end dates).

(D) Whether the applicant is married to or in a domestic partnership or other legal union with an active-duty member of the United States Armed Forces assigned to a duty station in California under official active-duty military orders. If the applicant affirmatively states they meet this criterion, they shall provide the following documentation along with the application to receive expedited review and waiver of the application fee: certificate of marriage, certificate of domestic partnership, or proof of other legal union; a copy of the applicant's spouse's or partner's military orders reflecting assignment to a California duty station; and copy of the applicant's current license to practice as an osteopathic physician and surgeon in another U.S. state, territory or district.

(E) Whether the applicant was admitted to the United States as a refugee, has been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States, or has a special immigrant visa status (SIV). If the applicant affirmatively states they meet any of these criteria, they shall provide any of the following items of documentation, as applicable, with the application to receive expedited review:

1. Form I-94, arrival/departure record, with an admission class code such as "RE" (refugee) or "AY" (asylee) or other information designating the person a refugee or asylee.

2. Special Immigrant Visa that includes the "SI" or "SQ".

3. Permanent Resident Card (Form 1-551), commonly known as a "green card", with a category designation indicating that the person was admitted as a refugee or asylee, or,

4. An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure pursuant to section 135.4 of the Code.

(F) Whether the applicant intends to practice in a medically underserved area or serve a medically underserved population ("MUA") in accordance with

Section 2099.6 of the Code. If the applicant affirmatively states that they meet these criteria, they shall provide the following to receive expedited review:

A signed and dated letter from the applicant's prospective employer confirming their offer of prospective employment to provide medical services to a MUA in California has been accepted. The letter must also include the proposed employment start date, the name and address of the facility(s) where the applicant will provide medical services, and the medical specialty of the medical services the applicant will provide.

(G) Whether the applicant intends to provide abortions, as defined in Section 123464 of the Health and Safety Code, within the scope of practice of their medical license. If the applicant affirmatively states they meet these criteria, they shall provide the following to receive expedited review:

1. A letter declaring the applicant's intent to provide abortions.

2. A letter from an employer or health care entity indicating that they have accepted employment or entered into a contract to provide abortions. This letter must include: a. the applicant's starting date, b. the location where the applicant will be providing abortions; and, c. that the applicant will be providing abortions within the scope of practice of their medical license in accordance with Section 2253 of the Code.

(10) The applicant must also submit all of the following to demonstrate eligibility:

(A) A copy of the applicant's medical school diploma issued by an approved school of osteopathic medicine as provided by section 1611. For the purposes of this section, "approved school of osteopathic medicine" means a medical school or medical school program accredited by the Commission on Osteopathic College Accreditation.

(B) An official medical school transcript from each medical school attended as provided by Section 1611.

(C) Proof of successful completion of one of the written examinations selected by the Board as specified in Section 1620 or 1621. Such proof shall be provided as set forth in Section 1611.

(D) An internship certificate or a completed first year postgraduate training form as provided by Section 1611.

(E) The information required by Section 1612.

(F) A photograph meeting the requirements of Section 1613.

(G) Excluding actions based upon the applicant's criminal conviction history, a disclosure regarding whether the applicant has had a denial, probation, suspension, revocation, voluntary surrender, or other restriction imposed on any professional health care license in California ("discipline"), any other state or United States territory, or by any other governmental agency or foreign country ("licensing board") within the preceding seven (7) years of the date of application for license. If the applicant answers in the affirmative, the applicant shall submit copies of the disciplinary decision taken by the licensing board that contains the following information:

1. the type of disciplinary action taken (e.g., revocation, suspension, probation),
2. the effective date of the disciplinary action,
3. the license type,
4. the license number,
5. the name and location of the licensing board; and,
6. an explanation of the violations found by the licensing board.

In addition, the applicant may submit a statement or documents showing the applicant's rehabilitation efforts or any mitigating information that the applicant would like the Board to consider.

(H) If applicable, a written disclosure and explanation of any medical condition which currently impairs or limits the applicant's ability to practice medicine with reasonable skill and safety.

(11) All applicants shall have met the fingerprinting requirements of Section 1613 prior to issuance of a license.

(12) The following attestation and release signed electronically in accordance with this subsection and dated by the applicant:

I hereby declare under penalty of perjury under the laws of the State of California that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare that all of the information contained herein and each diploma, transcript or other document 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 documents 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 or medical facilities, educational institutions or organizations, my references, personal physicians, employers (current and former), or business and professional associates (current and former), and all government agencies (local, state, federal, or foreign) to release to the Osteopathic Medical Board of California or its representatives 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 to determine my eligibility or qualifications for licensure in accordance with Sections 480, 486, 821, 822, 2080 and 2221 of the Business and Professions Code and Sections 1610 and 1654 of Title 16 of the California Code of Regulations.

Notice: Falsification or misrepresentation of any item or response on this application or any attachment hereto is grounds for denying the application.

(13) Electronic signature. Electronic Signature: When a signature is required by the particular instructions of any filing to be made through the online portal, including any attestation under penalty of perjury, the applicant shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online portal. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

(b) An application shall be denied or the applicant may withdraw their application without prejudice to the filing of a new application and an applicant may reapply immediately thereafter for licensure ~~the applicant shall be refunded whatever fee is due as set forth by Section 1690~~ when an applicant's credentials as defined in Section 1611 are insufficient to meet the requirements for a completed application in subsection (a)(10). This subsection shall not apply when the application has been formally denied pursuant to the procedures set forth in Sections 485 or 489 of the Code, as applicable, or when a Statement of Issues has been served and is pending a final decision against the license application. "Final decision" shall mean: (1) the Board's contested decision is effective, and the applicant has exhausted all methods for contesting the decision as provided in the Administrative Procedure Act (Government Code section 11500 and following), or, (2) the applicant did not contest the decision and the timeframes for contesting a decision under Section 485 of the Code have passed.

(c) Applications shall be valid for one (1) year. An applicant who fails to complete application requirements of this section within one year after submission of their application shall be deemed to have abandoned the application and shall be required to file a new application and meet all licensure requirements in effect at the time of reapplication.

(d) ~~The processing times for original Physicians and Surgeons applications are set forth in Section 1694. In addition to the grounds provided in subsection (b), an application may be denied upon the grounds specified in Sections 480, 486, 821, 822, 2080 and 2221 of the Business and Professions Code and Section 1654 of Title 16 of the California Code of Regulations.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 3600-1, and 2018, Business and Professions Code. Reference: Sections 30, 31, 480, 485, 486, 489, 496, 494.5, 114.5, 115.4, 115.5, 135.4, 821, 822, 870, 2080, 2081, 2082, 2084.5, 2096, 2099.5, 2154 and 2099.6, 2221, 2455 and 2455.1, Business and Professions Code; Sections 1633.2, 1633.7, and 1633.9, Civil Code; Section 16.5, Government Code.

§ 1611. Credentials.

(a) Diploma. A legible photocopy of a diploma from an approved school of osteopathic medicine or other proof of having received a diploma shall be furnished by the applicant for permanent filing with the Board. This requirement may also be met through mail or electronic mailing of a legible copy of the diploma by the applicant's school of osteopathic medicine directly to the Board on the applicant's behalf. For the purposes of this section, "approved school of osteopathic medicine" means a medical school or medical school program accredited by the Commission on Osteopathic College Accreditation.

(b) Transcript of Grades. ~~An official certified transcript from osteopathic college~~ an approved school of osteopathic medicine shall be requested by the applicant from each medical school attended and mailed-transmitted directly from the school(s) to the Board's office in accordance with this subsection. To qualify as "official," the transcript must be prepared on the approved school of osteopathic medicine's letterhead, affixed with the signature of the dean or registrar and the medical school seal, and documenting all the basic science and clinical courses the applicant completed during the medical curriculum. The medical school must submit the transcript directly to the Board either via email at OMBC.Applications@dca.ca.gov or by mail to the Board's physical address to be acceptable.

(c) Internship Certificate. In lieu of the postgraduate training form required by subsection (e), ~~Aa~~ a photocopy of an internship certificate from an approved hospital shall be furnished by the applicant for permanent filing with the Board if internship was completed prior to July 1990.

(d) Written Examination Results. The certified results of the National Board of Osteopathic Medical Examiners, Inc. (NBOME), ~~or Federation Licensing Examination (FLEX) when applicable~~, or other State's written examination results for applicants who hold a current, unrestricted license to practice osteopathic medicine in that other state,

as applicable, shall be submitted to the Board and must be sent directly from the certifier as specified in this subsection. Each applicant is responsible for contacting their respective examination entity to request that a certified copy of their examination history report showing their scores be sent directly to the Board. For applicants qualifying through successful completion of the FLEX examination, the Board will only accept electronic submission of the Transcript of Scores sent directly from the Federation of State Medical Boards to the Board at the request of the applicant.

(e) First Year Postgraduate Training. The first-year postgraduate training form (Certificate of Completion of Accreditation Council for Graduate Medical Education (ACGME) Postgraduate Training or American Osteopathic Association (AOA) Rotating Internship OMB.3.1 Rev. 04/00), shall be certified and submitted directly from the Program Director of Medical Education, designated institutional official, or delegated authority for the approved postgraduate program where the applicant participated to the Board either via email at OMBC.Applications@dca.ca.gov or by mail to the Board's physical address to be acceptable. This requirement is deemed satisfied by applicants meeting the requirements of subsection (c).

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018 and 3600-1, Business and Professions Code. Reference: Sections 2082, 2096, 2099.5 and 2154, Business and Professions Code.

§ 1612. Evidence of Professional Responsibility.

All applicants shall be required to present evidence as to professional responsibility. Such evidence shall consist of any and all instances wherein the applicant was a party to litigation relating to ~~his~~their professional conduct or was subject to professional disciplinary action. The applicant shall note all such instances with explanatory statements on the application.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 475, 480 ~~2221~~ and 2154, Business and Professions Code.

§ 1613. Photo and Fingerprint Requirements.

(a) Photos. Two (2) photographs shall be submitted to the Board along with the application by electronically uploading a copy of the photo as an electronic file attachment through the Board's online portal referenced in Section 1610 using acceptable formats. "Acceptable formats" shall mean one of the following file formats: .txt, .csv, .gif, .bmp, .tif, .tiff, .pdf, .doc, .docx, .rtf, .jpg, .jpeg, .jpe, .xls, .xlsx, .msg, .xps, .docm, .htm, .html, .wpd, .wps, .odt, .png, .wma, .wav, or .mp3. They should

be approximately 3½" x 4½" and taken within the last sixty (60) days (head and shoulders). ~~Proof photos or negatives are not acceptable. All photos shall be signed by the applicant across the base of the photo.~~

(b) All applications ~~nts~~ for licensure shall ~~include two sets of original certified fingerprints of the applicant or proof of completion of livescan fingerprinting~~ meet the requirements of this subsection prior to issuance of a license.

(1) Subject to paragraph (3), all applicants must submit fingerprints through the California Department of Justice's electronic fingerprint submission Live Scan Service ("Live Scan") by completing the California Department of Justice Form "Request for Live Scan Service," and submitting fingerprinting, through Live Scan as described in this subsection.

(2) Each applicant shall take the completed "Request for Live Scan Service" form to a Live Scan location to have their fingerprints taken by the operator. The applicant will be required to pay all fingerprint processing fees payable to the Live Scan operator, including the Live Scan operator's "rolling fee," if any, and fees charged by the California Department of Justice and the Federal Bureau of Investigation. For current information about fingerprint background checks, and Live Scan locations, please visit the Attorney General's website at: <https://oag.ca.gov/fingerprints>.

(3) Applicants residing outside of California who cannot be fingerprinted electronically through Live Scan in California must have their fingerprints taken at a law enforcement agency in their state of residence, using fingerprint cards. Applicants shall complete and mail two fingerprint cards, together with the California Department of Justice and the Federal Bureau of Investigation fingerprinting fees (either personal check drawn on a U.S. bank, money order or certified check), payable to the "California Department of Justice," to:

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

ATTENTION: LICENSING UNIT

1300 NATIONAL DRIVE, SUITE 150

SACRAMENTO, CA 95834

(4) Resubmission process. Applicants will be notified if the first fingerprint card or Live Scan fingerprints are rejected. If rejected, applicants submitting under paragraph (3) will have their second fingerprint card resubmitted to the Department of Justice on their behalf by the Board. Applicants submitting fingerprints through Live Scan as set forth in paragraph (1) must follow the instructions on the Board's rejection letter, and resubmit fingerprints as described under the process in paragraphs (1) and (2).

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 144, 2082, 2099.5 and 2154, Business and Professions Code.

Article 5. Reciprocity Licensure

§ 1615. Applications.

(a) In addition to the requirements set forth in article 4, an applicant for licensure on the basis of reciprocity shall submit a certified copy of his/~~her~~ their original license.

(b) An applicant for reciprocity licensure shall be denied without prejudice ~~and the applicant shall be refunded whatever fee is due as set forth by section 1690~~ when an applicant's credentials are insufficient.

(c) No such application shall receive approval if a pattern of negligence or incompetence is demonstrated by adverse judgments or settlements resulting from the practice of medicine.

~~(d) The processing times for reciprocity licensure are set forth in section 1691.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections ~~2154~~ 2153.5 and 2455, Business and Professions Code.

Article 7. Certificates

§ 1628. Certification of Credentials to Another State.

Any application filed by a California licensee for certification of credentials to another state medical or osteopathic licensing board for the purpose of reciprocity licensure shall:

(a) be accompanied by a photograph of the applicant taken within sixty (60) days prior to filing the application which is acknowledged by a notary public.

(b) be verified by the applicant before his/~~her~~ their credentials will be certified.

(c) be accompanied by the certification fee set forth in Section 1690.

~~(d) The processing times for certification of credentials are set forth in Section 1691.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 2433,

2435 and 2452, Business and Professions Code; ~~and Section 15374 et seq., Government Code.~~

Article 8. Active Practice Requirements

§ 1630. Good Standing Requirements.

(a) In order to practice in good standing in California all licensees shall practice in a professional manner and shall comply with both the Continuing Medical Education (CME) Rules set forth in Article 9 and pay the biennial renewal fees as set forth in Section 1690.

(b) The renewal fee shall be due biennially on or before the last day ~~of the birth month of the licensee before license expiration~~. The failure to pay the fee by the licensee's due date will result in the assessment of a delinquent fee as set forth in Section 1690.

~~(c) The processing times for renewal are set forth in Section 1691.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018, 2456.1 and 3600-1, Business and Professions Code. Reference: Sections 2190, 2456 and 2456.1, Business and Professions Code; ~~and Section 15374 et seq., Government Code.~~

Article 9. Continuing Medical Education

§ 1637. Waiver of Requirement.

(a) Upon submittal of an application for waiver of continuing medical education requirements, the Board may, at its discretion, waive any of the requirements outlined in this Article for reasons of health, military service, or undue hardship.

(b) Applications for waivers must be submitted on an annual basis to the Board for consideration.

~~(c) The processing times for CME waivers are set forth in Section 1691.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 2190 and 2452, Business and Professions Code ~~and Section 15374 et seq., Government Code.~~

Article 10. Inactive Practice

§ 1646. Procedure for Obtaining an Inactive Certificate or for Restoration to Active Status.

(a) Any physician and surgeon desiring an inactive certificate shall submit an application to the Board (License Renewal OMB.2 or OMB.2a Rev.11/94).

(b) In order to restore an inactive certificate to an active status, the licensee shall have completed a minimum of 20 hours of Category 1-A CME as defined by the American Osteopathic Association (AOA) during the preceding 12-month period and pay the fee set forth in Section 1690.

(c) The inactive status of a certificate holder shall not deprive the Board of its authority to institute or continue a disciplinary proceeding against the licensee on any ground provided by law or to enter an order suspending or revoking the certificate or otherwise taking disciplinary action against the licensee on any ground.

(d) CME categories are defined by Section 1635(e).

~~(e) The processing times for obtaining an inactive certificate or reactivating an inactive certificate to active status are set forth in Section 1691.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 701, 704 and 2454.5, Business and Professions Code.

§ 1647. Inactive Certificate Issuance, Renewal and Fees.

(a) An inactive certificate shall be issued upon payment of the normal biennial renewal fee as set forth in Section 1690.

(b) An inactive certificate shall be renewed biennially on or before the last day of the ~~birth month before expiration~~ of the licensee.

~~(c) The processing times for the biennial renewal of an inactive certificate are set forth in Section 1691.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2456.1 and 3600-1, 2018 Business and Professions Code. Reference: Sections 703, 2456 and 2456.1, Business and Professions Code; ~~Section 15374 et seq., Government Code.~~

§ 1648. Retired License Status.

(a) For the purposes of this section, “disciplinary reasons” means that the applicant's practice was restricted by order of the Board for violations of the Act, the Board’s Regulations in this Division, or Section 822 of the Code, including orders resulting from:

- (1) an accusation filed pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code seeking to revoke, suspend, or place the license on probation; or,
- (2) an interim suspension order filed pursuant to Section 494 of the Code.

(b) An osteopathic physician and surgeon licensee (“applicant”) may apply for and, upon compliance with the requirements in subdivision (d), be issued a license by the Board in retired status (“retired license”).

(c) A holder of a retired license is not required to renew that license or meet the continuing education requirements as set forth in Section 2454.5 of the Code and Article 9 of this Division.

(d) In order to be eligible for a retired license, an applicant shall:

- (1) Complete and submit a form to the Board titled “Application for Retired License OMB.31 (New 08/2025),” which is hereby incorporated by reference;
- (2) Pay the nonrefundable retired license application fee as set forth in section 1690;
- (3) Have an active or inactive license issued by the Board;
- (4) Not have been placed on inactive status by the Board due to disciplinary reasons; and,
- (5) Not be actively engaged in practice as an osteopathic physician and surgeon or engaged in any activity that requires them to be licensed by the Board.

(e) A holder of a retired license issued pursuant to this section shall not engage in any activity for which an active license is required.

(f) To be eligible to restore a retired license to active status within five years of being issued a retired license, an applicant shall:

- (1) Complete and submit a form to the Board titled “Application to Restore Retired License to Active Status OMB.32 (New 08/2025),” which is hereby incorporated by reference;
- (2) Pay the nonrefundable biennial renewal fee for an osteopathic physician and surgeon, as set forth in section 1690;
- (3) Have completed a minimum of fifty (50) hours of continuing education within the last two years prior to applying to restore the license to active status in compliance with Section 2454.5 of the Code and Article 9 of this Division;
- (4) If an electronic record of the submission of fingerprints does not exist in the Department of Justice's criminal offender identification database and on written

request of the Board, furnish to the Department of Justice a full set of fingerprints for the purposes of conducting criminal history record checks pursuant to Section 144 of the Code.

(g) If a licensee who has been in retired status for more than five years seeks an active license, the individual may apply for a new license in accordance with Section 1651.

NOTE: Authority cited: Sections 464 and 2018, Business and Professions Code Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 3600-1. Reference: Sections 118, 144, 464, 703, 2427, 2428, 2454.5 and 2455, Business and Professions Code.

Article 11. Restoration of Certificate

§ 1650. Applications for Restoration of Forfeited Certificates.

All applications for restoration of certificates forfeited for failure to pay the biennial renewal fee (Affidavit for Reactivation of California License OMB.9 Rev.01/92) shall include the biennial renewal fee and delinquent renewal fee set forth in Section 1690. ~~The processing times for the restoration of a forfeited certificate are set forth in Section 1691.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018 and 3600-1, Business and Professions Code. Reference: Sections 2427, 2455 and 2457, Business and Professions Code; ~~and Section 15374 et seq., Government Code.~~

§ 1651. Failure to Renew Certificate Within Five Years.

Failure to renew a California certificate for five years requires the person to apply for a new certificate ~~(Application for Physician's and Surgeon's Certificate OMB.1 Rev.01/92)~~ pursuant to Section 1610. A person may apply, and the Board may issue a new certificate if:

(a) No fact, circumstance, or condition exists which would justify its denial, or if current, would justify its revocation or suspension.

(b) The person establishes to the satisfaction of the Board that, with due regard for the public interest, the person is qualified to practice or engage in the profession of physician and surgeon, either by reexamination or by review of experience and credentials.

(c) The person pays all of the fees that would be required of them if they were then applying for the license for the first time as set forth in Section 1690.

~~(d) The processing times for issuance of a new certificate are set forth in Section 1691.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018 and 3600-1, Business and Professions Code. Reference: Sections 2428, 2452 and 2455, Business and Professions Code; ~~and Section 15374 et seq., Government Code.~~

Article 12. Substantial Relationship and Rehabilitation Criteria; Petitions for Modification of Penalty or Reinstatement

§ 1656. Petition for Reinstatement or Modification of Penalty.

(a) A petition for reinstatement of a certificate or the modification of penalty shall be filed at the Board's Sacramento office no later than thirty (30) days before any meeting of the Board using the form titled "Petition for Penalty Relief OMB.7 (New 08/2025)," which is hereby incorporated by reference, and pay the nonrefundable petition for reinstatement application fee as specified in Section 1690 or the modification of penalty application fee as set forth in Section 1690, whichever is applicable.

(b) Such petition shall not be heard by the Board unless the time elapsed from the effective date of the original disciplinary decision or from the date of the denial meets the requirements of the Business and Professions Code Section 2307.

(c) The petition shall be accompanied by the two verified recommendations from physicians and surgeons licensed by the Board as required by Code Section 2307.

~~(d) The processing times for a petition for reinstatement of a certificate or modification of penalty are set forth in Section 1691.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 3600-1, 2018 Business and Professions Code. Reference: Sections 2307, 2451 and 2452, Business and Professions Code; ~~and Section 15374 et seq., Government Code.~~

§ 1658. Petitions for Reinstatement of Certificates Restricted or Revoked Due to Mental or Physical Illness.

~~(a)~~ A petition for reinstatement of a certificate restricted or revoked for mental or physical illness shall be filed at the Board's Sacramento office no later than sixty (60) days prior to any meeting of the Board using the form titled "Petition for Penalty Relief OMB.7 (New 08/2025) specified in Section 1656, and pay the nonrefundable petition for reinstatement application fee as specified in Section 1690 or the modification of penalty application fee as set forth in Section 1690, whichever is applicable ~~and shall delineate the evidence of the absence or control of the condition which led to the revocation or restriction.~~

~~(b) The processing times for a petition for reinstatement of a certificate restricted or revoked due to mental or physical illness are set forth in Section 1691.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 820 and 3600-1, Business and Professions Code. Reference: Sections 822 and 823, Business and Professions Code; ~~and Section 75374 et seq., Government Code.~~

Article 14. Fictitious Names

§ 1678. Application and Renewal.

(a) Applications for a fictitious name permit (Application for a Fictitious Name Permit OMB.5 Rev.01/92) shall include the following information:

- (1) the name style;
- (2) if applicable, proof that the place of professional practice of the applicant or applicants is wholly owned or leased by the same; and
- (3) if applicable, proof the professional practice of the applicant or applicants is wholly owned or entirely controlled by the same.

(b) The application shall be signed by a licensed person who is a member of the group or clinic or by an officer of the professional corporation, as the case may be, requesting the use of such name. A copy of the approved Articles of Incorporation shall be submitted with the application for all professional corporations.

(c) The executive director of the Board shall issue a fictitious name permit or refuse to approve the application and shall notify the applicant of the reasons therefor ~~within the processing time limits set forth in Section 1691.~~

(d) The applicant shall include the initial permit fee as set forth in Section 1690; additionally, fictitious name permits shall expire on December 31 of each year and shall be renewed upon payment of the fee set forth in Section 1690; ~~processing time limits for renewals are set forth in Section 1691.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2413, 2415, 2456 and 3600-1, Business and Professions Code. Reference: Section 2415, Business and Professions Code; ~~and Section 15374 et seq., Government Code.~~

Article 17. Fees

§ 1690. Fees.

The nonrefundable fees charged by the Board are as follows:

(a) Physician and surgeon's original or reciprocity certificate application fee: ~~\$200~~\$400
(~~\$100 shall be returned if applicant's credentials are insufficient~~).

~~(b) Physician and surgeon's reciprocity certificate application fee: \$200 (\$100 shall be returned if applicant's credentials are insufficient).~~

~~(c)~~(b) Physician and surgeon's postgraduate training license non-refundable application and processing fee: \$491.

~~(d)~~(c) Duplicate certificate, name change, certification endorsement fee: \$25.

~~(e)~~(d) Biennial License or Renewal fee: \$400.

~~(f)~~(e) Biennial Inactive Certificate fee: ~~\$300~~\$399.

~~(g)~~(f) Delinquent Active Biennial License or Renewal fee: ~~\$100~~\$200.

(g) Delinquent Inactive Biennial License or Renewal fee: \$199.50.

(h) Fictitious Name Permit fee: \$100; Renewal fee: \$50.

(i) Retired License fee: \$200.

(j) Application to Restore Retired License to Active Status \$400.

(k) Petition for Reinstatement application fee: \$2800.

(l) Petition for Modification of Penalty application fee: \$1500.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018, 2064.5, 2307.5, 2452, 2456.1 and 3600-1, Business and Professions Code. Reference: Sections 2064.5, 2307.5, 2452, 2451, and 2455, 2456, 2456.1 and 2456.2, Business and Professions Code.

§ 1691. Permit Processing Times.

~~"Permit" as defined by the Permit Reform Act of 1981 means any license, certificate, registration, permit, or any other form of authorization required by a state agency to engage in a particular activity or act. Processing times for the Board's programs are set forth below and, if applicable, are predicated on an applicant taking and passing the first available examination.~~

<i>Name of Program</i>	<i>Maximum period of time in which the Board will notify applicant that application is complete or deficient and what specific information is required</i>	<i>Maximum period of time after the filing of a complete application in which the Board will notify applicant of a permit decision.</i>	<i>Actual processing time based on prior two years.</i>		
			<i>Minimum</i>	<i>Median</i>	<i>Maximum</i>
Postgraduate Registration	5 da	20 da	1 da	2 da	9 da
Physician & Surgeon (Original)	5 da	365 da	2 da	2 da	1 ½ yrs
Physician & Surgeon (Reciprocity)	5 da	365 da	2 da	2 da	8 mos.
Credential Certification	5 da	20 da	1 da	2 da	20 da
CME Waiver	10 da	90 da	7 da	65 da	95 da
Inactive Certificate	5 da	20 da	1 da	7 da	15 da
Reactivation of Certificate	10 da	30 da	10 da	14 da	20 da
Restoration of Forfeited Certificate	10 da	60 da	5 da	5 da	40 da
Issuance of New Certificate Subsequent to 5 Years Expiration	5 da	60 da	none processed		
Petition for Reinstatement or Modification of Penalty	10 da	180 da	95 da	119 da	199 da
Petition for Reinstatement of Certificate Restricted or Revoked due to Illness, Mental or Physical	10 da	180 da	none processed		
Fictitious Name Permit	5 da	20 da	1 da	2 da	15 da
RENEWALS					
Annual	10 da	60 da	10 da	15 da	60 da
Inactive	10 da	60 da	10 da	15 da	21 da
Fictitious Name Permits	5 da	10 da	1 da	5 da	10 da

~~NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Section 15374 et seq., Government Code; and Section 3600-1, Business and Professions Code.~~

Agenda Item 16: Attachment 2

Repealed Physician and Surgeon Certificate Application

August 14, 2025

Board Meeting

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

444 North Third Street, Suite A200
 Sacramento, CA 95814
 Telephone: (916) 322-4306

**APPLICATION FOR PHYSICIAN'S AND SURGEON'S CERTIFICATE**

INSTRUCTIONS: Please refer to pages 3 and 4 of application for the sworn affidavit and instructions prior to completing this application.

READ CAREFULLY: In addition to this form, other essential application requirements must be completed.

NOTICE: ANY FALSE OR MISLEADING STATEMENT CONTAINED IN THIS APPLICATION SHALL INVALIDATE, FROM ITS INCEPTION, ANY LICENSE OR CERTIFICATE ISSUED BY THE OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA.

(PLEASE TYPE OR PRINT LEGIBLY.) (If space provided is insufficient, attach additional sheets.)

1. NAME:		2. SOCIAL SECURITY NO:		3. BIRTHDATE:																					
4. OTHER NAMES, if any, that you have used:				5. PLACE OF BIRTH:																					
6. ADDRESS		STREET NO./APT. NO:		CITY																					
		STATE		ZIP CODE																					
Mailing Address if Different:																									
7. NAME YOU WISH PRINTED ON LICENSE:				Daytime Telephone Number:																					
8. PRE-OSTEOPATHIC COLLEGES(S):		ADDRESS		PERIOD OF ATTENDANCE																					
9. OSTEOPATHIC COLLEGE(S):		ADDRESS		PERIOD OF ATTENDANCE																					
10. OSTEOPATHIC DEGREE GRANTED BY:				DATE GRANTED																					
11. INTERNSHIP (AOA/AMA):		Hospital		Address																					
				Type of Service																					
				Period of Service																					
12. RESIDENCY/FELLOWSHIP:		Hospital		Address																					
				Type of Service																					
				Period of Service																					
13. SPECIALTY:																									
Board Certified? Yes _____ No _____ Date Certified _____ Name of Certifying Board _____																									
14. LIST ALL STATES IN WHICH YOU ARE NOW LICENSED OR HAVE EVER BEEN LICENSED TO PRACTICE OSTEOPATHIC MEDICINE.																									
* Written examination, Reciprocity, National Boards																									
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15. LIST ALL WRITTEN EXAMINATIONS TAKEN, e.g. National Boards, FLEX, State Written Boards, Etc. . .																									
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STATE WHICH EXAMINATION AND WHERE TAKEN	DATE COMPLETED																								

16. Have you ever taken the California Osteopathic Examination? If yes, when?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Have you ever applied for but did not take the California Osteopathic Examination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18a. Are you aware of any pending investigation or inquiry by any hospital, public entity, licensing agency or official relating to or connected with any license or privileges you hold or ever held regarding your professional conduct?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Is there now pending or has there ever been litigation against you involving your hospital privileges, medical practice, medical license or relationship with patients alleging unprofessional conduct, wrongdoing, negligence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Has there ever been any peer group or professional association inquiry or action involving your practice or relationship with patients alleging unprofessional conduct, wrongdoing or negligence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19a. Have you ever been subject of an administrative or disciplinary hearing by any licensing agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Has any disciplinary action ever been taken by any licensing agency against a license which you now hold or ever held?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Have you ever had any medical license restricted, suspended, revoked or denied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. Have you ever been convicted of, pled guilty or nolo contendere to a misdemeanor or felony offense in any state? (Except traffic violations resulting in fines of \$250 or less.) You must include all convictions, including those which have been set aside under California Penal Code Section 1203.4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22a. Have you ever had health, legal or occupational problems associated with alcohol or drug use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Have you ever been charged or convicted of any act related to alcohol or drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23a. Do you have a Drug Enforcement Administration (DEA) number?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. If yes, what is the number and in what state was it issued?		
c. Has any DEA number ever been restricted, suspended, or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, ATTACH DETAILED EXPLANATION AND SUPPORTING DOCUMENTS.		

STATE OF

COUNTY OF

_____, having appeared before me and being identified as the same individual shown in the attached photograph, being duly sworn, deposes and says:

1. That under the penalty of perjury, he/she is the person named on this application for licensure to practice Osteopathic Medicine in the State of California.
2. That all statements he/she has made on this application and accompanying documents are true and factual.
3. That he/she understands and agrees that any false statement contained in this application shall invalidate, from its inception, his/her license to practice Osteopathic Medicine in the State of California.

SIGNATURE OF APPLICANT IN FULL

Subscribed and sworn before me this _____ day of _____, 19____.

[SEAL]

SIGNATURE OF NOTARY PUBLIC

ADDRESS

NOTE

Paste a photograph taken within the past 60 days (head and shoulders), 2½" X 3".

Proof photographs or negatives are not acceptable.

Write your signature across the base of this and duplicate photograph.

APPLICANT—Please complete the following:

Height: Ft. _____ In. _____

Weight: Lbs. _____

Hair Color: _____ Eye Color: _____

Identifying Marks: _____

GENERAL INFORMATION

—Please forward your application and accompanying documents to:

Osteopathic Medical Board of California
444 North Third Street, Suite A200
Sacramento, CA 95814

—Mutilated applications are not acceptable.

—No Temporary Licenses or Special Permits are issued to practice in California.

—A knowledge and understanding of osteopathic manipulative therapy and concepts required of all applicants will be tested on both oral and practical knowledge. Competency in osteopathic concepts and manipulation is a requirement for osteopathic licensure in California. This requirement is not waived, reduced or modified because of an area of specialty training of applicant.

—Refund of Fees: Application Filing Fee is NON-REFUNDABLE. Applicants who do not appear for examination are entitled to a refund of his/her examination fee. Applicants desiring of a refund should notify the Osteopathic Medical Board of California in writing.

—IT IS YOUR RESPONSIBILITY TO KEEP THIS OFFICE INFORMED OF ANY ADDRESS CHANGE.

"Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Pub. L. 94-455 (42 U.S.C.A. 405 (c) (2) (C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you."

BE SURE THAT YOU HAVE INCLUDED THE FOLLOWING ITEMS WITH YOUR APPLICATION

(indicate with a check (✓) mark)

- _____ Application Filing Fee
- _____ Examination Fee
- _____ NON-REFUNDABLE Fingerprint Processing Fee
- _____ CERTIFIED OFFICIAL transcript of grades from osteopathic college
- _____ CERTIFIED OFFICIAL grades and subjects of State examination being used for reciprocity OR
- _____ CERTIFIED OFFICIAL grades from National Board of Osteopathic Medical Examiners
(CERTIFIED TRANSCRIPTS AND GRADES MUST BE SENT DIRECTLY TO THIS BOARD FROM CERTIFIER)
- _____ 2 Fingerprint cards (provided)
- _____ 2 Photographs 2½" X 3" taken within 60 days. One attached to this form for Notary and one submitted loosely with application.
- _____ PGY-1 Certification form (when applicable) with photo attached.

Agenda Item 16: Attachment 3

Petition for Penalty Relief

OMB. 7 Form

August 14, 2025

Board Meeting



PETITION FOR PENALTY RELIEF

INSTRUCTIONS: Please type or print neatly. All blanks must be completed; if not applicable enter N/A. If more space is needed attach additional sheets. Attached to this application should be a "Narrative Statement" and two verified recommendations (signed and dated statement of recommendation with the name, title, license number and jurisdiction of the recommending physician) from a physician and surgeon licensed in any state, District or Territory of the U.S. ("state") who has personal knowledge of your activities since the disciplinary penalty was imposed.

I. TYPE OF PETITION (Reference Business and Professions Code sections 2221(b) and 2307)

☐ Reinstatement of Revoked/Surrendered Certificate ☐ Modification of Probation ☐ Termination of Probation

NOTE: A Petition for Modification and/or Termination of Probation can be filed together. If you are requesting Modification you must specify in your "Narrative Statement" which terms and conditions of your probation you want reduced or modified and provide an explanation. Please check all boxes above that apply.

II. PERSONAL INFORMATION

NAME:

First

Middle

Last

HOME ADDRESS:

Number & Street

City

State

Zip Code

EMAIL ADDRESS:

BEST AVAILABLE TELEPHONE NUMBER:

WORK TELEPHONE NUMBER:

CA Physician and Surgeon Certificate Number:

Driver's License Number and State of Issuance:

Current or prior medical licenses in other states or countries (please include license number(s), issue date(s), and status of license(s)):

III. ATTORNEY INFORMATION (If Applicable)

Will you be represented by an attorney? ☐ No ☐ Yes (If "Yes," please provide the following information)

NAME:

ADDRESS:

PHONE:

IV. DISCIPLINARY INFORMATION

Provide a brief explanation in your "Narrative Statement" as to the cause for the disciplinary action or the license to be issued on probationary status (e.g., prescribing without prior exam, gross negligence, self-use of drugs, sexual misconduct, conviction of a crime, etc.)

Do you have any prior or current discipline or license denial in any other state or country? ☐ No ☐ Yes
(If "Yes," give brief cause for administrative action or license denial in your "Narrative Statement" section, including dates and penalty order (e.g., 5 years' probation.)

V. MEDICAL BACKGROUND

Total number of years in medical practice:

Medical specialty, if applicable:

Board certified? ☐ No ☐ Yes If "Yes," year certified:

Current field of medicine: (e.g., GP, OB/GYN, ENT, IM, etc.)

Current type of practice: (e.g., solo, group, HMO, Gov't, etc.)

Name and location of practice:

List hospital memberships:

VI. CURRENT OCCUPATION OTHER THAN PHYSICIAN AND SURGEON

(answer only if currently not practicing medicine)

List employer, address, e-mail address, phone number, job title, and duties:

VII. EMPLOYMENT HISTORY (list for the past 5 years only)

Provide the company name, address, phone number, contact person and dates of employment:

VIII. REHABILITATION

Describe any rehabilitative or corrective measures you have taken since your license was revoked, surrendered or placed on probation. For petitioners who have had their certificates restricted or revoked for mental or physical illness, please delineate any evidence of the absence or control of the condition which led to the revocation or restriction. List dates, nature of programs or courses, and current status. You may include any community service or volunteer work.

IX. CURRENT COMPLIANCE

Since the effective date of your last Osteopathic Medical Board of California administrative action or if you surrendered your license while under investigation or charges pending, have you:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Been placed on criminal probation or parole? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Been charged in any pending criminal action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Been convicted of any criminal offense? (A conviction includes a no contest plea; disregard traffic offenses with a \$100 fine or less.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Been required to register as a sex offender in any state? (Attach the court order.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Been charged or disciplined by any other state or country's medical board? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Surrendered your license to any other medical board in any other state or country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Had your staff privileges disciplined by any hospital? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Had any civil malpractice claims filed against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Do you have any medical condition which currently impairs or limits your ability to practice medicine with reasonable skill and safety? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTE: If your answer is "Yes" to any of the above questions, please explain in the "Narrative Statement."

X. DECLARATION

Executed on _____ 20____, at _____, _____.
(city) (state)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that all statements and documents attached in support of this petition are true and correct.

Petitioner (print name)

Signature

The information in this document is being requested by the (Board) pursuant to Business and Professions Code sections 2221(b) and 2307. In carrying out its licensing or disciplinary responsibilities, the Board requires this information to make a determination on your Petition for Penalty Relief. Failure to provide any of the required information is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24. Each individual has the right to review their file, except as otherwise provided by the Information Practices Act. The Custodian of Records of the Board is responsible for maintaining the information in this form, and may be contacted at 1300 National Drive, Suite 150, Sacramento, CA 95834, telephone number (916) 928-8390, regarding questions about this notice or access to records.

Agenda Item 16: Attachment 4

Application for Retired License

OMB. 31 Form

August 14, 2025

Board Meeting



Application for Retired License

To be eligible for a retired license, you must have an active or inactive license issued by the Board, complete this form, and submit it to the Board by mail to the above address with a check or money order payable to the Osteopathic Medical Board of California for \$200. Failure to provide any requested information or fee may prevent, or significantly delay, the processing of your request. Upon approval, your current license will be replaced with a retired license. You can verify your updated license status on the OMBC's website under "Verify a License." Licensees who are inactive for disciplinary reasons do not qualify for a retired license.

Licensees issued a retired license are prohibited from engaging in the practice of medicine. Such licensees are exempt from the renewal fee and continuing competency requirements. For full information on retired license status requirements, refer to Section 1648 of Title 16 of the California Code of Regulations (CCR).

SECTION A: Personal Information

License Type:		License Number	
First Name	Middle Name	Last Name	
Last Four Digits of SSN/ITIN		Date of Birth	
Work Phone	Best Available Telephone Number	Email Address	
*ADDRESS OF RECORD (include City, State, Zip):			
Confidential Street Address:			

* Current public / mailing address. If using a P.O. Box, you must also provide a confidential street address.

SECTION B: Qualification for Retired License Status

Are you actively engaged in the practice of medicine or engaged in any activity that requires you to be licensed by the Board?

☐ Yes

☐ No

SECTION C: Declaration (See Attachment A before signing)

By signing below, I am requesting Retired License Status.

I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct, and that I am the person who was issued the license number listed on this application by the Osteopathic Medical Board of California.

Signature: _____ Date: _____

ATTACHMENT A

PERSONAL INFORMATION COLLECTION NOTICE:

The information provided in this form will be used by the Osteopathic Medical Board of California ("Board") to process your request to change your license status to retired. Section 464 of the Business and Professions Code and Section 1648 of Title 16 of the California Code of Regulations authorizes the collection of this information. Failure to provide any of the required information (except the email address) is grounds for rejection of the form as being incomplete. While we make every effort to keep personal information confidential, including telephone numbers, information provided on this application may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency, or pursuant to court order, discovery or subpoena or otherwise in accordance with Civil Code section 1798.24. Your address of record will be posted on the Internet and be made available to the public. Each individual has the right to review their file, except as otherwise provided by the Information Practices Act. The Custodian of Records of the Board is responsible for maintaining the information in this form, and may be contacted at 1300 National Drive, Suite 150, Sacramento, CA 95834, telephone number (916) 928-8390, regarding questions about this notice or access to records.

FOR OMBC USE ONLY

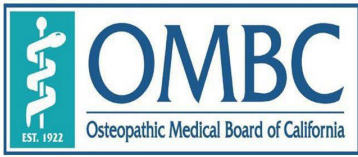
Date: _____ Initials: _____ RECEIPT #: _____ ATS#: _____ Amount: \$ _____ Check #: _____

Agenda Item 16 Attachment 5:

Application Retired Restore License OMB. 32 Form

August 14, 2025

Board Meeting



Application to Restore Retired License to Active Status

To restore your retired license to active within five years of your retired license being issued, complete this form and submit it to the Board at the address above by mail with a check or money order for the renewal fee made payable to the Osteopathic Medical Board of California for \$400.

Failure to provide any requested information may prevent or significantly delay the processing of your request. You can verify your updated license status on the OMBC's website under "Verify a License." You are not authorized to practice as an Osteopathic Physician and Surgeon until your license has been restored to active status.

For full information on requirements to restore a retired license to active, refer to Section 1648 of Title 16 of the California Code of Regulations (CCR).

SECTION A: Personal Information

License Type:		License Number	
First Name	Middle Name	Last Name	
Last Four Digits of SSN/ITIN		Date of Birth	
Work Phone	Best Available Telephone Number	Email Address	
*ADDRESS OF RECORD (include City, State, Zip):			
Confidential Street Address:			

* Current public / mailing address. If using a P.O. Box, you must also provide a confidential street address.

SECTION B: Mandatory Conviction and License Disciplined Disclosure Question

1. Since you placed your license in Retired status, have you had any license disciplined by a licensing board in or outside of California, a state, or agency of the federal government? For the purposes of this question, "disciplined" means revoked, suspended, placed on probation, reprovved, reprimanded, or otherwise restricted from practicing medicine or another business or profession.

☐ *Yes ☐ No

*If you answered yes to this question please provide details. If you have had a license disciplined, provide copies of the disciplinary order and any documentation of rehabilitation to the OMBC. If you had a license disciplined, list the state(s) in which your license was disciplined:

2. Have you been convicted of or pled guilty or *nolo contendere* to any felony, misdemeanor, or other criminal offense under the laws of any state, the United States, or a foreign country, including any conviction which has been dismissed under Section 1203.4 of the Penal Code? If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you must still disclose the conviction.

☐ *Yes ☐ No

*If you answered yes to this question please provide details. If you have been convicted, please provide CERTIFIED TRUE COPIES of the court and arrest records for each criminal offense to the OMBC.

Mail all documents within 30 days of the date you submitted this application to: OMBC 1300 National Drive, Suite 150, Sacramento, CA 95834.

SECTION C: Continuing Competency Requirements:

Physician and Surgeon licensees must certify they have completed all continuing competency requirements required to restore a Retired license to Active. Continuing competency activity must be completed within the last two years prior to application and must be in compliance with Article 9 (commencing with Section 1635 of Title 16, of the California Code of Regulations). Do not submit proof of completion of continuing competency activity with this request. Retain proof of completion for your records and provide to the OMBC only if requested.

Continuing Competency Compliance Statement:

By signing below, I certify that I have completed at least 50 hours of the Board's continuing competency requirements within the last two years.

SECTION D: Declaration (See Attachment A before signing)

By signing below, I am requesting Restoration of my Retired License to Active License Status.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Signature: _____ Date: _____

ATTACHMENT A

PERSONAL INFORMATION COLLECTION NOTICE:

The information provided in this form will be used by the Osteopathic Medical Board of California ("Board") to evaluate your request to change your retired license status to active. Section 464 of the Business and Professions Code and Section 1648 of Title 16 of the California Code of Regulations authorizes the collection of this information. Failure to provide any of the required information (except the email address) is grounds for rejection of the form as being incomplete. While we make every effort to keep personal information confidential, including telephone numbers, information provided on this application may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency, or pursuant to court order, discovery or subpoena or otherwise in accordance with Civil Code section 1798.24. Your address of record will be posted on the Internet and be made available to the public. Each individual has the right to review their file, except as otherwise provided by the Information Practices Act. The Custodian of Records of the Board is responsible for maintaining the information in this form, and may be contacted at 1300 National Drive, Suite 150, Sacramento, CA 95834, telephone number (916) 928-8390, regarding questions about this notice or access to records.

FOR OMBC USE ONLY

Date: _____ Initials: _____ RECEIPT #: _____ ATS#: _____ Amount: \$ _____ Check #: _____

Agenda Item 16 Attachment 6:

August 2025 Updated

OMBC Fees Workload Cost Analysis

August 14, 2025

Board Meeting

Osteopathic Medical Board of California Physician and Surgeon Original or Reciprocity Certificate Application Fee - Title 16 CCR 1690(a) Fiscal Impact (Workload Costs)				
Workload Tasks	Per Application	Minutes Per Application	OT	SSA
Application received, processed & distributed	1	30	30	-
Cashiering - Input into IT systems & prepare trial balance	1	40	30	10
Initial review of application & identify deficiencies	1	60	-	60
Deficiency letters sent, if applicable	1	30	-	30
Fingerprint clearance	1	15	-	15
Communication - email, phone, etc.	1	60	-	60
Mailing receipts upon request	1	15	-	15
Prepare & issue license	1	15	-	15
Minutes per Classification			60	205
Hours by Classification			1.0	3.4
Costs by Classification			\$85	\$328
Enforcement-Rate Allocation:			\$105	
Total Costs:			\$518	

OT - Office Technician Typing (\$85/hr - includes DCA Distributed Admin)

SSA- Staff Services Analyst (\$96/hr - includes DCA Distributed Admin)

Osteopathic Medical Board of California Physician and Surgeon Biennial License or Renewal Active Fee - Title 16 CCR 1690(d) Fiscal Impact (Workload Costs)				
Workload Tasks	Per Application	Minutes Per Application	OT	AGPA
Application received, processed & distributed	1	30	30	-
Cashiering - Input into IT systems & prepare trial balance	1	40	30	10
Initial review of application & identify deficiencies	1	50	-	50
Deficiency letters sent, if applicable	1	30	-	30
Communication - email, phone, etc.	1	60	-	60
Mailing receipts upon request	1	15	-	15
Prepare & issue license	1	15	-	15
Minutes per Classification			60	180
Hours by Classification			1.0	3.0
Costs by Classification			\$85	\$315
Enforcement-Rate Allocation:			\$105	
Total Costs:			\$505	

OT - Office Technician Typing (\$85/hr - includes DCA Distributed Admin)

AGPA - Associate Governmental Program Analyst (\$105/hr - includes DCA Distributed Admin)

Osteopathic Medical Board of California
Physician and Surgeon Biennial Inactive Certificate Fee - Title 16 CCR 1690(e)
Fiscal Impact (Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	OT	AGPA
Application received, processed & distributed	1	30	30	-
Cashiering - Input into IT systems & prepare trial balance	1	40	30	10
Initial review of application & identify deficiencies	1	50	-	50
Deficiency letters sent, if applicable	1	30	-	30
Communication - email, phone, etc.	1	60	-	60
Mailing receipts upon request	1	15	-	15
Prepare & issue license	1	15	-	15
Minutes per Classification			60	180
Hours by Classification			1.0	3.0
Costs by Classification			\$85	\$315
Total Costs:			\$400	

OT - Office Technician Typing (\$85/hr - includes DCA Distributed Admin)

AGPA - Associate Governmental Program Analyst (\$105/hr - includes DCA Distributed Admin)

Osteopathic Medical Board of California Physician and Surgeon Retired License Status - Title 16 CCR 1690(i) Fiscal Impact (Workload Costs)				
Workload Tasks	Per Application	Minutes Per Application	OT	AGPA
Application received, processed & distributed	1	30	30	-
Cashiering - Input into IT systems & prepare trial balance	1	40	30	10
Initial review of application & identify deficiencies	1	15	-	15
Deficiency letters sent, if applicable	1	15	-	15
Communication - email, phone, etc.	1	15	-	15
Mailing receipts upon request	1	15	-	15
Prepare & issue license	1	15	-	15
Minutes per Classification			60	85
Hours by Classification			1.0	1.4
Costs by Classification			\$85	\$149
Total Costs:			\$234	

OT - Office Technician Typing (\$85/hr - includes DCA Distributed Admin)

AGPA - Associate Governmental Program Analyst (\$105/hr - includes DCA Distributed Admin)

Osteopathic Medical Board of California
Physician and Surgeon Application to Restore Retired License to Active - Title 16 section 1690(j)
Fiscal Impact (Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	OT	SSA
Application received, processed & distributed	1	30	30	-
Cashiering - Input into IT systems & prepare trial balance	1	30	30	-
Initial review of application & identify deficiencies	1	60	-	60
Deficiency letters sent, if applicable	1	30	-	30
Fingerprint clearance	1	15	-	15
Communication - email, phone, etc.	1	60	-	60
Mailing receipts upon request	1	15	-	15
Prepare & issue license	1	15	-	15
Minutes per Classification			60	195
Hours by Classification			1.0	3.3
Costs by Classification			\$85	\$312
Enforcement-Rate Allocation:			\$105	
Total Costs:			\$502	

OT - Office Technician Typing (\$85/hr - includes DCA Distributed Admin)

SSA- Staff Services Analyst (\$96/hr - includes DCA Distributed Admin)

Osteopathic Medical Board of California Petition for Reinstatement - Title 16 CCR section 1690(k) Fiscal Impact (Workload Costs)				
Workload Tasks	Per Application	Minutes Per Application	AGPA	SSMI
Receive & process petition, create case record in IT system & license certification, download NPDB report, and refer to Probation Unit	1	30	30	-
Review Petition for Reinstatement/original discipline file	1	180	180	-
Contact & conduct interviews (letters of reference)	1	120	120	-
Verify information in the petition package	1	180	180	-
Contact petitioner & conduct interview	1	165	165	-
Draft report and Attorney General memo	1	300	300	-
Prepare final transmittal packet for management review	1	240	240	-
Update IT systems & tracking	1	90	90	-
Management review and signature	1	60	-	60
Copy Petition for Reinstatement Packet, prepare packet to ship & transmit to Attorney General/OAH/Legal Counsel/Board Members	1	60	60	-
Schedule hearing for upcoming Board Meeting/Notify all parties of hearing date and time	1	120	120	-
Send final decision to stakeholder & update case record in IT system	1	60	60	-
Minutes per Classification			1545.0	60.0
Hours by Classification			25.8	1.0
Costs by Classification			\$2,704	\$113
Total Costs:			\$2,817	

AGPA - Associate Governmental Program Analyst (\$105/hr - includes DCA Distributed Admin)

SSMI-Staff Services Manager I (\$113/hr-includes DCA Distributed Admin)

Osteopathic Medical Board of California Petitions for Modification of Penalty - Title 16 CCR 1690(I) Fiscal Impact (Workload Costs)				
Workload Tasks	Per Application	Minutes Per Application	AGPA	SSMI
Receive & process petition, create case record in IT system & license certification, download NPDB report, and refer to Probation Unit	1	30	30	-
Copy probation file	1	90	90	-
Review petition packet and probation file	1	240	240	-
Conduct interview of Petitioner and supporters	1	60	60	-
Draft Petition for Penalty Relief report	1	120	120	-
Prepare packet for management review	1	15	15	-
Review Petition for Penalty Relief report & packet	1	60	-	60
Update IT systems & tracking	1	10	10	-
Copy Petition for Penalty Relief Packet, prepare packet to ship & transmit to Attorney General/OAH/Legal Counsel/Board Members	1	60	60	-
Schedule hearing for upcoming Board Meeting/Notify all parties of hearing date and time	1	120	120	-
Send final decision to stakeholder & update case record in IT system	1	60	60	-
Minutes per Classification			805	60
Hours by Classification			13.4	1.0
Costs by Classification			\$1,409	\$113
Total Costs:			\$1,522	

AGPA - Associate Governmental Program Analyst (\$105/hr - includes DCA Distributed Admin)

SSMI - Staff Services Manager I (\$113/hr-includes DCA Distributed Admin)