



Osteopathic Medical Board of California

Explanation for Application Question

This form may be used to provide a detailed written explanation for a "yes" response to a question on the Board's application. A separate form is required for each question.

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Full Legal Name (You must enter your full legal name including middle name(s) and suffix if applicable.)				Legal Name <input type="radio"/> DOB <input type="radio"/> SSN/ITIN <input type="radio"/> EMAIL <input type="radio"/>
Full Last Name	First Name	Middle Name	Suffix	
Date of Birth	SSN -or- ITIN	Email address		
DETAILED WRITTEN EXPLANATION				
Application Question Number:		(List corresponding question number from Application)		

I hereby declare under penalty of perjury under the laws of the State of California that all Information contained on this form is true and correct. Any omission, falsification, or misrepresentation on this attachment hereto is a sufficient basis for denying a license.

Signature:		Date:	
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APPLICANTS SIGNATURE AND DATE ARE REQUIRED