



Request to Change License Status Activate Physician and Surgeon License

If your license is currently in “inactive” status and you wish to place it in “active” status, please complete this form, submit your continuing education, and a check in the appropriate amount listed below:

Name: _____ **License #:** 20A

Address: _____ **City:** _____ **State:** _____

Zip: _____ **E-Mail:** _____

Phone: _____

Fee = \$118 (\$100.00 re-activation fee plus \$18 CURES fee)

I am requesting that the Osteopathic Medical Board of California activate my license.

Signature: _____ **Date:** _____

Mail Completed Form, Proof of 20 hours of AOA Category 1A CME, and Check to:

**Osteopathic Medical Board of California
 1300 National Drive, Suite 150
 Sacramento, CA 95834-1991**