



OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
1300 National Drive, Suite 150, Sacramento, CA 95834
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Request to Order License Endorsement/Verification

Each endorsement (verification) ordered requires a \$25.00 fee

Licensee: Please Complete the Following:

I am requesting that the Osteopathic Medical Board of California prepare and mail a license endorsement/verification for:

Name: _____

License #: 20A_____

Mail endorsement/verification to:

Signature: _____

Licensee: Mail This Completed Form and Check for \$25.00 to:

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

Cashiering: Transaction Code 8030