



### QUARTERLY REPORT OF COMPLIANCE

(Please print or type)

NAME:	LAST	FIRST	MIDDLE
RESIDENCE ADDRESS:	NUMBER	STREET	CITY STATE PHONE:
OFFICE ADDRESS:	NUMBER	STREET	CITY STATE PHONE:
NAME OF EMPLOYER, PARTNER, OR ASSOCIATE (if any, and as may be appropriate):			
LAST	FIRST	MIDDLE	
ADDRESS:	NUMBER	STREET	CITY STATE
Since the last quarterly report have you had any problem securing or maintaining employment? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Explain in detail, if answer is YES:			

1. SINCE YOUR LAST QUARTERLY REPORT, HAVE YOU BEEN ARRESTED, CHARGED, OR CONVICTED OF ANY VIOLATION OF:

- (a) Federal or State statute, county, or city ordinance? .....  YES  NO
- (b) Federal or State law pertaining to the furnishing or using of narcotics or dangerous drugs?.....  YES  NO

2. Have you complied with each and every condition of the terms of probation? .....  YES  NO

Explain any YES answer to question (1) or any NO answer to question (2):

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I hereby submit this Quarterly Report of Compliance as required by the Osteopathic Medical Board of California and its order and terms of probation thereof, and declare under penalty of perjury under the laws of the State of California that I have read the foregoing report in its entirety and know its contents and that all statements made are true in every respect, and understand that misstatements or omissions of material fact may be cause for revocation of probation.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date