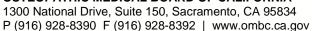


## OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA





## 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:	St:	_ Zip:
E-Mail:	Phone:		
<u>Check One</u> :			
☐ I am activating my license du	uring the last twelve months of m	ny license period	. <u>Fee = \$50.00</u>
☐ I am activating my license du	uring the first year of my license	period. <u>Fee = \$1</u>	100.00
I am requesting that the Osteopathi	ic Medical Board of California ad	ctivate my licens	e.
Signature:			

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

Cashiering: Transaction Code 9020

Rev: 12/14