



# Osteopathic Physician and Surgeon Renewal Application

## Renewal Instructions

\*\*\* (Please note that if your license is currently in a **canceled** status, you cannot use this form and you will need to apply for a new license) \*\*\*

### Attention:

- **To Renew Online, Visit [www.breeze.ca.gov](http://www.breeze.ca.gov)**
- DO NOT USE THIS FORM IF YOUR EXPIRATION DATE IS MORE THAN 90 DAYS OUT FROM THE DATE OF SUBMISSION.
- **THE RENEWAL PROCESS TAKES APPROXIMATELY 15 WORKING DAYS** FROM THE DAY THE OFFICE RECEIVES YOUR FORM AND FEE.
- TO AVOID GOING DELINQUENT PLEASE MAKE SURE YOU SUBMIT YOUR RENEWAL AND CME DOCUMENTS AT LEAST **30 DAYS PRIOR TO YOUR EXPIRATION DATE.**
- Pursuant to [Business and Professions Code section 494.5](#), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with a board. California law requires you to pay your state tax obligation. If you fail to pay your state tax obligation, your license may be suspended.

### Licensure Status Types:

- **Active** practice privileges in California and requires CME.
- **Inactive** no practice privileges in California and does not require CME.
- **Delinquent** status is expired and applies to both active and inactive status.
- **Cancelled** license has been delinquent for over five years and requires reapplying if you wish to reinstate.

### Renewal Checklist:

- Please read the renewal requirements information for license renewal on pages 2 through 5 prior to completing the renewal application. If you are in California and renewing Active, you must complete the Financial Interest Statement on Page 6.
- Return the entire signed form with the renewal fee and CME/Postgraduate Training Certificate (if applicable) to the below address.
- **Make checks payable to the** Osteopathic Medical Board of California.

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

## **Renewal Requirements**

*(Note: Delinquency fee is due if renewal postmarked after expiration date)*

### **Active Status:**

**\$455 Renewal Fee** (Includes a \$25 fee pursuant to [B&P Code Section 2436.5](#) and \$30 fee for [B&P Code Section 208](#))

**Please include a Delinquency Fee of \$100 if renewal is postmarked after the expiration date**

**Voluntary additional contribution to the Steven M. Thompson Medically Underserved Account** ([B&P Code Section 2455.1](#))?

**Donation Amount:** \_\_\_\_\_

**Active / Active Retired** – CME Required (attach documentation).

**Residency/Fellowship** (attach verification from program).

### **Inactive Status:** \*\*\***(No Practice Privileges in California)**\*\*\*

**\$325 Renewal Fee** (Includes \$25 fee pursuant to [B&P Code Section 2436.5](#)).

**Please include a Delinquency Fee of \$75 if renewal is postmarked after the expiration date.** There are no CME requirements for California. This option is available to In-State or Out-of-State Practitioners.

**Voluntary additional contribution to the Steven M. Thompson Medically Underserved Account** ([B&P Code Section 2455.1](#))?

**Donation Amount:** \_\_\_\_\_

## **Completion of 36 Months of Postgraduate Training Requirement** **(effective January 1, 2022)**

Those initially licensed after January 1, 2022, must demonstrate completion to the Board of 36 months of postgraduate education at either their first or second renewal depending on when the 36 months of postgraduate training is completed in order to retain their license. If your postgraduate certification form was postdated prior to completion, you will need to demonstrate that you have completed 36 months at the time of your renewal.

The certification of completion of postgraduate training must be signed by the training program director and sent directly to the Board by the training program.

### **Continuing Medical Education (CME) Requirement (effective January 1, 2022):**

Each physician shall submit satisfactory proof of CME to the Board upon the conclusion of the two-year reporting period.

A physician shall complete **50 credit hours** earned within the **two-year period** between the prior expiration date and current expiration dates.

**Minimum of twenty (20) hours of the 50 hours must be American Osteopathic Association (AOA) Category 1A or 1B.**

### **Continuing Medical Education Progress Report**

Physicians shall report the total number of CME credits to the Board. This may be accomplished by:

- (a) Sending the Board a copy of their AOA Individual Activity Report, or
- (b) Sending the Board copies of any certificates given for attendance at any program approved by the Board, or
- (c) Reports from any program approved by the Board, to be furnished by the physician, showing his attendance as verified by the program organizer.

### **Waiver of CME Requirement**

- (a) Upon submittal of an application for waiver of CME requirements, the Board may, at its discretion, waive any of the requirements under special circumstances.
- (b) Applications for waivers must be submitted on an annual basis to the Board for consideration.
- (c) While in a Residency/Fellowship program, CME requirements may be waived upon certification from the program director.

### **CME Requirement for Inactive License**

- (a) The holder of an inactive license is exempt from CME requirements.
- (b) In order to restore an inactive license to active status, the licensee shall have completed a minimum of twenty (20) hours of Category 1A as defined by the AOA during the 12-month period preceding the licensee's application for activation.

### **Sanctions for Noncompliance**

- (a) Any physician who has not completed 50 hours of approved CME or the prorated share during the two-year period shall be ineligible for renewal of his or her license to practice medicine until such time as the deficient hours of CME are documented to the Board.
- (b) Any physician initially licensed after January 1, 2022, who has not demonstrated to the Board completion of 36 months of postgraduate training, shall not be eligible to retain their license and their license status will become delinquent until such time as this requirement is met.
- (c) It shall constitute unprofessional conduct for any physician to misrepresent his or her compliance with the provisions of this article or who fails to comply with the provisions of this article.
- (d) Each physician shall retain records for a minimum of four (4) years of all CME programs attended which indicate the title of the course or program attended, dates of attendance, the length of the course or program, the sponsoring organization, and the accrediting organization, if any.

## Approved Continuing Medical Education

The following CME programs are approved for credit:

- (a) Those programs certified by American Osteopathic Association (AOA) as Category 1 or 2 credit and those certified and approved by the American Medical Association (AMA) as Category 1.
- (b) Those programs which qualify for prescribed credit from the AOA specialty groups.
- (c) Those programs offered by Board approved organizations and institutions.

## Pain Management/Terminally Ill Patients

AB 487 adds [Business and Professions Code section 2190.5](#); requiring all physicians and surgeons complete a mandatory CME course in subjects of pain management and the treatment of terminally ill and dying patients. The one-time requirement of 12 hours shall be completed by December 31, 2006. All physicians and surgeons licensed on or after January 1, 2002, shall complete this requirement within four years of their initial license or by their second renewal date, whichever occurs first. Pathology and Radiology specialists are exempt.

For physicians and surgeons licensed on or after January 1, 2019, the subject of risks of addiction associated with use of Schedule II drugs was added to be included in the one-time mandatory training. As an alternative to BPC section 2190.5 existing mandatory course work, a physician and surgeon may complete a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients, including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders. AB 991, Statutes of 2019, Chapter 497, Section 4, effective January 1, 2020. [BPC section 2190.6](#).

## Annual Risks of Addiction Training

Mandatory completion of 1 hour of CME on the risks of addiction associated with the use of Schedule II drugs at every renewal cycle. [SB 1109](#), Statutes of 2018, chapter 693, section 6 amending Business and Professions Code section 2454.5, effective January 1, 2019.

## Summary of AOA Continuing Medical Education Program

All CME must be accredited by either the AOA or AMA to be accepted by the Board to meet the licensure requirement.

**California Licensure CME Requirement:** 50 hours per two-year period.

## Category 1 (Minimum of 20 hours required in 1A or 1B)

- 1A. Formal education programs sponsored by recognized osteopathic institutions, organizations and their affiliates which meet the definition of "osteopathic" CME.

- 1B. Scientific papers and publications; Osteopathic medical teaching; Life Support Courses; Other CME activities and programs approved for Category 1 credit by AOA.

**Category 2 (Maximum of 30 hours toward requirement)**

- 2A. Formal education programs that are ACGME-accredited, AAFP approved, and programs sponsored by AOA-accredited Category 1 CME sponsors which do not meet the quality guidelines for Category 1A credit.
- 2B. Home study, reading medical journals and viewing non-osteopathic medical video and audio tapes and cassettes, CDs and DVDs; journal type CME on the Internet; risk management programs that are administrative in nature.

For further clarification of the descriptions of various CME categories, please visit the AOA website at: <https://osteopathic.org/cme/cme-policies/> .



# Osteopathic Physician and Surgeon Renewal Application

1300 National Drive, Suite 150, Sacramento CA 95834-1991 | P (916) 928-8390 | F (916) 928-8392 | www.ombc.ca.gov

<b>ATTENTION</b>				BOARD USE ONLY
<ul style="list-style-type: none"> <li>DO NOT USE THIS FORM IF YOUR EXPIRATION DATE IS MORE THAN 90 DAYS OUT FROM THE DATE OF SUBMISSION.</li> <li><b>THE RENEWAL PROCESS TAKES APPROXIMATELY 15 WORKING DAYS</b> FROM THE DAY THE OFFICE RECEIVES YOUR FORM AND FEE.</li> <li>TO AVOID GOING DELINQUENT PLEASE MAKE SURE YOU SUBMIT YOUR RENEWAL AND CME DOCUMENTS AT LEAST <b>30 DAYS PRIOR TO YOUR EXPIRATION DATE.</b></li> </ul>				
<b>LICENSEE INFORMATION</b>				
Full Last Name	First Name	Middle Name	Suffix	LICENSEE INFORMATION <input type="radio"/>
License Number		Expiration Date		
				AOR <input type="radio"/>
<b>PUBLIC ADDRESS OF RECORD (Required; do not leave blank)</b>				
Facility Name				
				CA <input type="radio"/>
Street Name		City	State    Zip	
<b>CONFIDENTIAL ADDRESS (Optional)</b>				RENEWAL STATUS <input type="radio"/>
Street Name		City	State    Zip	
<b>RENEWAL STATUS</b>				FINANCIAL INTEREST <input type="radio"/>
What is your current license status (active, inactive, delinquent)?				
Licensure Status Types: <ul style="list-style-type: none"> <li>➤ <b>Active</b> - practice privileges in California and requires CME.</li> <li>➤ <b>Inactive</b> - no practice privileges in California and does not require CME.</li> <li>➤ <b>Delinquent</b> - status is expired and applies to both active and inactive status</li> </ul>				
What status are you renewing as (active, inactive)? <input type="checkbox"/> Active <input type="checkbox"/> Inactive				
<b>DISCLOSURE OF FINANCIAL INTERESTS</b>				
<a href="#">Business and Professions Code Section 2426</a> (formerly 2097), requires all physicians to report to OMBC any financial interests they or their immediate family may have in health-related facilities located in California. This information will be available to other government agencies and public and private third-party payers. To comply with this mandate, please complete the financial interest statement below. Do not list hospitals or other places of employment in which you do not own financial interest.				
<b>Health Related Facility Name(s)</b>		<b>Address</b>		
1.		Street:		
		City:	State:    Zip:	
2.		Street:		
		City:	State:    Zip:	
3.		Street:		
		City:	State:    Zip:	

DISCLOSURE OF FINANCIAL INTERESTS ( <i>continued</i> )								
4.	Street:							
	City:	State:	Zip:					
5.	Street:							
	City:	State:	Zip:					
CONVICTION DISCLOSURE								
<p>Since your last renewal, have you been convicted or pled guilty to any crime? "Conviction" includes a plea of no contest and any conviction that has been set aside or deferred, pursuant to Sections <a href="#">1000</a> or <a href="#">1203.4</a>, of the Penal Code (or set aside pursuant to similar statute in another State), including infractions, misdemeanor, and felonies. Traffic infractions do not need to be disclosed unless the infraction involved alcohol or controlled substances.</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>			CONVICTION ○					
DISCIPLINARY DISCLOSURE								
<p>Since your last renewal, has any governmental entity taken any disciplinary action against any of your health care related licenses? (Discipline included, but is not limited to suspension, revocation, voluntary surrender, probation, public reprimand, or any other restrictions.)</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>			DISCIPLINARY ○					
**SIGNATURE REQUIRED**								
<p>I certify under penalty of perjury that all statements, including those attached hereto are true and correct. I further acknowledge that I have read and understand the rules pertaining to CME and I am aware my license will not be renewed if the requirement is not met</p>								
<b>Email Address: (NOTE: Address will not be released to the public)</b>								
<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">Phone Number</th> <th style="width: 50%;">Alternate Phone Number</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>				Phone Number	Alternate Phone Number			CONTACT INFORMATION ○
Phone Number	Alternate Phone Number							
<hr/> <b>PHYSICIAN SIGNATURE</b>			SIGNATURE & DATE ○					
<hr/> <b>DATE</b>								