



**APPLICATION TO RESTORE LICENSE  
TO FULL, ACTIVE STATUS FROM  
RETIRED, DISABLED, MILITARY  
OR INACTIVE**

**FOR PMBC USE ONLY**

Fee paid: _____	Receipt #: _____
Date Cashiered: _____	Cashier's Initials: _____
Date Approved: _____	Date Denied: _____
Approved Initial: _____	

To request that your Doctor of Podiatric Medicine license be restored to full, active status, complete the application and mail to the address below.

*Please print or type. Illegible applications will be returned.*

**LICENSEE INFORMATION:**

LICENSE NUMBER:

E-MAIL/PHONE NUMBER:

DATE OF BIRTH:

EXPIRATION DATE:

NAME:

The address of record will not be displayed on the Podiatric Medical Board of California's website.

STREET ADDRESS

CITY STATE ZIP CODE COUNTRY

**Current license status:** (check one box only)

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Retired  | <input type="checkbox"/> Military |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Inactive |

Please note the renewal cycle is based upon your date of birth. Those persons choosing to restore a license to active status during the middle of a renewal cycle, depending upon the date of birth, may have a renewal period of less than 24 months.

To restore your Retired, Disabled, Military or Inactive status license to Active status, submit the following:

- Submit payment of the current (active license) fee
  - Any delinquent or penalty fees must be paid before your license will be restored to Active status.
- Submit completion of 50 hours of continuing medical education (CME) within the last two years.
- Submit documents providing continuing competence.
- If disabled, you must also:
  - Submit documents signed by your physician under penalty of perjury that the licensee's disability either no longer exists or does not affect his/her ability to practice podiatric medicine safely; or, agrees under penalty of perjury to limit his/her practice in the manner prescribed by his/her attending physician.
- If military, you must also:
  - Submit documents of discharged military orders.

You must disclose, if since your last renewal, you have had any license disciplined by a government agency, or have been convicted of, or pled guilty, to any crime. Do not list charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code Sections 11357(b), (c), (d), (e), or section 11360(b).

“Conviction” includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4, 1203.4a, or 1203.41 of the Penal Code, including infractions, misdemeanors, and felonies.

You do not need to report a conviction for an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant or deferred pursuant to Sections 1000 or 1203.4, 1203.4a, or 1203.41 of the Penal Code.

“License” includes permits, registrations, and certificates. “Discipline” includes, but is not limited to, suspension, revocation, voluntary surrender, probation, or any other restriction.

**TO BE COMPLETED BY LICENSEE:**

Are you currently serving, or have you previously served in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body; or, have you been convicted of any crime in any state, the U.S.A. and its territories, military court or a foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA TO THE TRUTH AND ACCURACY OF THE ABOVE INFORMATION.***

Name (Please print) \_\_\_\_\_ License Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature and date are required to process this request.**

All items in this application are mandatory; none are voluntary. This information is requested by the Licensing Program of the Podiatric Medical Board of California. Failure to provide any of the requested information may result in this application being rejected as incomplete. The Executive Officer is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act by contacting the custodian of records at 2005 Evergreen Street, Suite 1300, Sacramento, CA 95815. Information in this application may be transferred to other governmental and law enforcement agencies.

**This form must be mailed to the board at 2005 Evergreen St., Ste. 1300, Sacramento, CA 95815**