



## APPLICATION FOR EXEMPTION OF RENEWAL FEE FOR RETIRED DOCTORS OF PODIATRIC MEDICINE

FOR PMBC USE ONLY					
Fee paid:	Receipt #:				
Date Cashiered:	Cashier's Initials:				
Date Approved:	Date Denied:				
Approved Initial:					

## **NO PRACTICE PERMITTED**

Section 2439 of the Business and Professions Code provide an exemption from payment of the renewal fee and continuing medical education requirements if the licensee is fully retired from practice.

If you meet the requirements and would like to apply for an exemption from payment of the renewal fee based on retirement, complete the application and mail to the address below.

Telliement, complete the application and main	o the address below.				
Please print or type. Illegible applications will be returned.					
LICENSEE INFORMATION:					
LICENSE NUMBER:	E-MAIL/PHONE NUMBE	R:			
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		
I hereby request a waiver of renewal fee because of my retired status commencing on					
Please note that the holder of a retired status license may not engage in the practice of podiatric medicine.					

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 Penal Code section 1000 or 1203.4, including infractions, misdemeanors, and felonies.						
You do not need to report a conviction for an infraction with a fine of less than \$300.00 unless the infraction involved alcohol or controlled substances. You must, however, disclose any conviction which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Penal Code sections 1000 or 1203.4						
"License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation, or any other restrictions.						
TO BE COMPLETED BY LICENSEE:						
Are you currently serving, or have you previously served in the military?	☐ Yes	□ 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?	□ Yes	□ No				
I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CAL	IEODNIA	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.						
Following approval of this request, a Doctor of Podiatric Medicine will continue to receive biennial renewal notices. Please complete and return these renewal notices to maintain a retired status license.						
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						

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 information provided will be used to determine your eligibility for waiver of renewal fees under section 2439 of the Business and Professions Code. 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 or law enforcement agencies.

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