



PETITION FOR PENALTY RELIEF

INSTRUCTIONS: Please type or print neatly. All blanks must be completed; if not applicable enter N/A. If more space is needed attach additional sheets. Attached to this application should be a "Narrative Statement" and two verified recommendations from a doctor of podiatric medicine licensed in any state who has personal knowledge of the reasons for the disciplinary action taken against your license.

I. TYPE OF PETITION (Reference Business and Professions Code sections 2221(b) and 2307)

Reinstatement of Revoked/Surrendered Certificate Modification of Probation Termination of Probation

NOTE: A Petition for Modification and/or Termination of Probation can be filed together. If you are requesting Modification you must specify in your "Narrative Statement" which terms and conditions of your probation you want reduced or modified and provide an explanation. Please check all boxes above that apply.

II. PERSONAL INFORMATION

NAME:

First

Middle

Last

HOME ADDRESS:

Number & Street

City

State

Zip Code

EMAIL ADDRESS:

HOME TELEPHONE NUMBER:

WORK TELEPHONE NUMBER:

CELL NUMBER:

CA Doctor of Podiatric Medicine Certificate Number:

Driver's License Number and State of Issuance:

Current or prior medical licenses in other states or countries (please include license number(s), issue date(s), and status of license(s)):

III. ATTORNEY INFORMATION (If Applicable)

Will you be represented by an attorney? No Yes (If "Yes," please provide the following information)

NAME:

ADDRESS:

PHONE:

IV. DISCIPLINARY INFORMATION

Provide a brief explanation in your "Narrative Statement" as to the cause for the disciplinary action or the license to be issued on probationary status (e.g., prescribing without prior exam, gross negligence, self-use of drugs, sexual misconduct, conviction of a crime, etc.)

Do you have any prior or current discipline or license denial in any other state or country? No Yes
 (If "Yes," give brief cause for administrative action or license denial in your "Narrative Statement" section, including dates and penalty order (e.g., 5 years' probation.)

V. MEDICAL BACKGROUND

Total number of years in podiatric medical practice:

Podiatric practice specialty, if applicable:

Board certified? No Yes If "Yes," year certified:

Current type of practice: (e.g., solo, group, HMO, Gov't, etc.)

Name and location of practice:

List hospital memberships:

VI. CURRENT OCCUPATION OTHER THAN DOCTOR OF PODIATRIC MEDICINE

(answer only if currently not practicing medicine)

List employer, address, e-mail address, phone number, job title, and duties:

VII. EMPLOYMENT HISTORY (list for the past 5 years only)

Provide the company name, address, phone number, contact person and dates of employment:

VIII. REHABILITATION

Describe any rehabilitative or corrective measures you have taken since your license was revoked, surrendered or placed on probation. List dates, nature of programs or courses, and current status. You may include any community service or volunteer work.

IX. CURRENT COMPLIANCE

Since the effective date of your last Podiatric Medical Board of California administrative action or if you surrendered your license while under investigation or charges pending, have you:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Been placed on criminal probation or parole? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Been charged in any pending criminal action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Been convicted of any criminal offense? (A conviction includes a no contest plea; disregard traffic offenses with a \$100 fine or less.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Been required to register as a sex offender in any state? (Attach the court order.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Been charged or disciplined by any other medical board? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Surrendered your license to any other medical board? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Had your staff privileges disciplined by any hospital? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Had any civil malpractice claims filed against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Become addicted to the use of narcotics or controlled substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Become addicted to or received treatment for the use of alcohol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Been hospitalized for alcohol or drug problems or for mental illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTE: If your answer is "Yes" to any of the above questions, please explain in the "Narrative Statement."

X. DECLARATION

Executed on _____ 20_____, at _____, _____.
(city) (state)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that all statements and documents attached in support of this petition are true and correct.

Petitioner (print name)

Signature

The information in this document is being requested by the Podiatric Medical Board (Board) pursuant to Business and Professions Code sections 2221(b) and 2307. In carrying out its licensing or disciplinary responsibilities, the Board requires this information to make a determination on your Petition for Penalty Relief. You have a right to access our records containing non-confidential information as defined in Civil Code section 1798.3. The Custodian of Records is the Executive Officer at the address shown on the first page.