



APPLICATION FOR CONTINUING MEDICAL EDUCATION WAIVER

Title 16, California Code of Regulations section 1399.618 permits the Physician Assistant Board to exempt a licensee from Continuing Medical Education (CME) requirements for a renewal cycle (2 years) if the licensee cannot meet those requirements for reasons of health, military service, or undue hardship.

Any licensee whose application for a waiver is denied by the Physician Assistant Board is ineligible for active renewal of his or her license unless the licensee complies with the provisions of Title 16, California Code of Regulations section 1399.615.

Please submit the completed CME Waiver Application 60 days prior to the expiration of your license. Military service waivers must be submitted on the Application for Military Waiver form.

Name		Telephone Number	License Number PA	
Address of Record (include any applicable suite or apt number)				
Reason for Waiver (Check one box only)	Undue Hardsh	Undue Hardship (Complete Part A)		
	Health (Attend	Health (Attending physician complete Part B)		
Part A: Undue Hardship				
Explain reason for undue hardship. Attach additional sheets, if necessary.				
I declare under penalty of perjury under the laws of the State of California that the information contained in this application, including supporting documents, is true and correct.				
Signature		Date _		
OFFICE USE ONLY Ap	pprovedDate	eBreeze Operator	Date Entered	

Part B: Health

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To be completed by your attending physician. Please describe the illness and explain how the illness interferes with the licensee's ability to obtain Continuing Medical Education. Attach additional sheets, if necessary.				
Approximate date illness began:Th	e illness is: Temporary	Permanent		
If temporary, approximate date licensee will be able to continue Continuing Medical Education:				
In temporary, approximate date licensee will be able to contri	nue continuing medical Educati	ION		
Attending Physician's Name	Telephone Number	License Number		
Attending Physician's Address (include any applicable suite)				
Physician's Signature		Date		
NOTICE OF COLLECTION OF PERSONAL INFORMATION: All items in this application are voluntary. Failure to provide any of the requested				

NOTICE OF COLLECTION OF PERSONAL INFORMATION: All items in this application are voluntary. Failure to provide any of the requested information, however, may delay the processing of your application or result in a denial of waiver. The information provided will be used to determine your qualifications for licensure and waiver per Section 3524.5 of the California Business and Professions Code and California Code of Regulations Section 1399.618. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, or other governmental or law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.