



## PETITION FOR PENALTY RELIEF REINSTATEMENT/MODIFICATION/TERMINATION

**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," copies of prior disciplinary action(s), copies of prior petition decisions, if any, two letters of recommendation, Practice Agreement/Delegation of Services Agreement (if you are currently practicing as a P.A.), and other documents that you believe will strengthen your petition.

### TYPE OF PETITION: (Reference Business and Professions Code section 3530)

- Reinstatement of Revoked License       Modification of Probation  
 Reinstatement of Surrendered License       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" the term(s) and condition(s) of your probation that you want reduced or modified and provide an explanation. Please check all boxes above that apply.

### PERSONAL INFORMATION

<b>Name:</b>	First	Middle	Last	
Other name(s) licensed under, if any:				
<b>Home address:</b>	Number and street	City	State	ZIP Code
Home telephone number:	Work telephone number:		Cell number:	
Email address:		California physician assistant license number:		

### ATTORNEY INFORMATION (If applicable)

Will you be represented by an attorney? (If yes, please provide the following information)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:		
Address:		
Phone number:		

**PHYSICIAN ASSISTANT LICENSE INFORMATION**

A. Total years of P.A. practice:

B. Year first licensed in California:

C. NCCPA certified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Year certified:
---------------------	------------------------------	-----------------------------	-----------------

D. NCCPA recertified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Year recertified:
-----------------------	------------------------------	-----------------------------	-------------------

Are you currently licensed as a physician assistant or any other health professional in any state? (If yes, please list the license type, state, and status)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Has any health profession license ever been disciplined? (If yes, please explain in your Narrative Statement)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

**CURRENT OCCUPATION (If not practicing as a physician assistant)**

List the employer, address, phone number, and contact person:

**EMPLOYMENT HISTORY (List employers for the past five [5] years only)**

Company name, address, phone number, contact person, and dates of employment:

**CRIMINAL PROBATION**

Are you currently on criminal probation? If yes, date started: _____ Date ends: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Are you currently on criminal parole? If yes, date started: _____ Date ends: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

**DISCIPLINARY INFORMATION**

1. Effective date of most recent disciplinary decision:

---

2. Briefly state cause for discipline (e.g., prescribing without prior exam, gross negligence, self-use of drugs, sexual misconduct, etc.):

---

3. Period of probation order (if applicable): \_\_\_\_\_ years or \_\_\_\_\_ months  
 Balance of probation remaining: \_\_\_\_\_ years \_\_\_\_\_ months

4. Cost recovery ordered: \_\_\_\_\_ Cost recovery paid: \_\_\_\_\_  
 Cost recovery owed: \_\_\_\_\_ Probation monitoring costs balance owed: \_\_\_\_\_

5. Any prior Board discipline other than the one listed above?  
 (If yes, give details in the Narrative Statement) Yes  No

6. Any prior petitions for penalty relief hearings?  
 (If yes, give details in the Narrative Statement) Yes  No

**HISTORY SINCE DATE OF DISCIPLINARY DECISION**

Since the effective date of your latest disciplinary decision, have you been involved in any of the following situations:

1. Have you been placed on criminal probation or parole?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you been charged in any pending criminal action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you been convicted of any criminal offense? (A conviction includes a no contest plea) (Disregard traffic offenses resulting in a \$500 fine or less)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you been charged or disciplined by any medical board or any other healing arts board?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you been disciplined by any hospital regarding staff privileges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you had any civil malpractice claims filed against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Did you become addicted or habituated to alcohol or drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Have you been hospitalized for alcohol, drugs, or mental illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*If you answered yes to any of the above, please provide details in the attached narrative statement.*

**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:**\_\_\_\_\_

**EXHIBITS LIST**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Narrative Statement</li> <li>• Copy of prior disciplinary action(s)</li> <li>• Copy of prior petition decisions, if any</li> <li>• Two letters of recommendation</li> <li>• Practice Agreement/Delegation of Services Agreement (if you are currently practicing as a P.A.)</li> </ul> | <ul style="list-style-type: none"> <li>• National Practitioner Data Bank (NPDB) report</li> <li>• Official DMV printout</li> <li>• Other documents that you believe will strengthen your petition</li> </ul> |
|---|--|

**NARRATIVE STATEMENT**