



APPLICATION FOR RINGSIDE PHYSICIAN

**You must submit all the items listed below before your application is processed.
 Your application will be considered "Pending" if any information is not completed.**

<p>Proof of California Medical License. One (1) passport sized photograph (2"x 2") <i>Note: emailed electronic photo preferred.</i> Resume List of Hospital Privilege Letter from a Chief of Staff, Hospital Administrator verifying your privilege to practice Emergency Medicine, Internal Medicine, Family Practice, Surgery, or other specialty service that a ringside physician may perform.</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Application Received: _____ Date License Approved: _____ Approved By: _____ Cert #: _____</p>					
<p>Section 1. Please print the following information:</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 30%; border-bottom: 1px solid black;">First Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Middle Name</td> </tr> </table>	Last Name	First Name	Middle Name	<p>Date of Birth (MM/DD/YYYY): _____</p>		
Last Name	First Name	Middle Name				
<p>RESIDENCE Address:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Street (No PO Box)</td> <td style="width: 20%; border-bottom: 1px solid black;">City</td> <td style="width: 10%; border-bottom: 1px solid black;">State</td> <td style="width: 15%; border-bottom: 1px solid black;">Zip Code</td> <td style="width: 25%; border-bottom: 1px solid black;">Country</td> </tr> </table>		Street (No PO Box)	City	State	Zip Code	Country
Street (No PO Box)	City	State	Zip Code	Country		
<p>BUSINESS Address:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Street (No PO Box)</td> <td style="width: 20%; border-bottom: 1px solid black;">City</td> <td style="width: 10%; border-bottom: 1px solid black;">State</td> <td style="width: 15%; border-bottom: 1px solid black;">Zip Code</td> <td style="width: 25%; border-bottom: 1px solid black;">Country</td> </tr> </table>		Street (No PO Box)	City	State	Zip Code	Country
Street (No PO Box)	City	State	Zip Code	Country		
<p>Telephone number: _____</p>	<p>Email: _____</p>					
<p>BUSINESS Telephone number: _____</p> <p style="text-align: right;">Email: _____</p>						
<p>Year Licensed in California _____</p>	<p>Medical License Number _____</p>	<p>Medical Board _____</p> <p>Osteopathic Medical Board _____</p>				
<p>Section 2. Please print the following information:</p>						
<p>Are you licensed to practice medicine in any other state or country? YES NO If yes, please list each state/country and corresponding medical license number(s): _____</p> <p>_____</p>						
<p>Have you been or are you currently undergoing any type of disciplinary action or review by any medical board of the state(s) and/or country(s) in which you are licensed? YES NO If yes, please explain _____</p> <p>_____</p>						
<p>Are you a member of a Specialty Board? YES NO If yes, please list name of board and specialty: _____</p> <p>_____</p>						

APPLICATION FOR RINGSIDE PHYSICIAN

APPLICANT NAME: _____

ALERT-Potential License Denial or Suspension for Failure to Pay Taxes

Effective July 1, 2012, the Department of Consumer Affairs and its constituent entities are required to deny an application for licensure and to suspend the license/certificate/registration of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (AB 1424, Perea, Chapter 455, Statutes of 2011)

Once it has been determined that an applicant or a licensee is on a certified list, the applicant or licensee has 90 days from the issuance of a preliminary notice of suspension to either satisfy all outstanding tax obligations or enter into a payment installment program with the FTB or BOE. Any such person who fails to come into compliance will have his/her license denied or suspended until the Board, Bureau, Commission or Committee they have applied to receives a release from the FTB or BOE. The form for requesting a release will be included with the preliminary notice of suspension.

The law prohibits any of DCA's Boards, Bureaus, Commission or Committees from refunding any money paid for the issuance or renewal of a license where the license is denied or suspended as required by AB 1424.

The FTB and BOE are currently expanding the certified lists from 250 to 500, but you can check if you are currently on the FTB's certified list at: www.ftb.ca.gov/individuals/txdlnqnt.shtml or the BOE's certified list at: www.boe.ca.gov/cgi-bin/deliq.cgi. If you believe you are on either list in error, please call the FTB at (866) 418-3702 or the BOE at 916-445-5167.

AUTHORIZATION TO RELEASE INFORMATION

Authority to provide the California State Athletic Commission with this information is established pursuant to Sections 18640, 18642 and 18643 of the Business and Professions Code. Disclosure of your social security number is mandatory pursuant to Section 30 of the Business and Professions Code and Pub. L.94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. The social security number is also used to report and credit boxer pension fund payments in implementing Sections 18880, 18881, 18882, 18883, 18884, 18887, and 18888 of the Business and Professions Code. If you fail to disclose your social security number your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Information on your application and physical examination report may be released to law enforcement agencies. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

APPLICANT DECLARATION

I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for a Ringside Physician's license and that all the answers given are my own. I understand that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.

Applicant's signature: _____ Date: _____

Regarding Your Phone Number

The California State Athletic Commission routinely releases telephone numbers to commission licensees for contact purposes. If you do not want your phone number released, check this box: [] – do not release my telephone number.