



DEPARTMENT OF
BOARD OF MEDICAL QUALITY ASSURANCE
SACRAMENTO
1430 HOWE AVENUE
SACRAMENTO, CA 95825
(916) 920-6411



SEP 15 1 31 PM '89

**APPLICATION FOR PHYSICIAN AND SURGEON'S
EXAMINATION OR LICENSURE**

Read all instructions prior to completing this application. All questions on this application must be answered, and all supporting documents must be submitted with this application per instructions. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper.

003273
435.009/8
006744 43.0012
BMQA USE ONLY!

1. Name: Diego Fernando Mendez Bautista
First Middle Last

2. Other names you have used: Diego Fernando Mendez Bautista
3. Social Security Number: See disclosure statement on LIC

4. Address: Number and Street/Rural Route (include apartment number, if any)
Box 6445 Corpus Christi, Texas 78466 - 6445
City State ZIP Code Country

5. Telephone Number: Home Work
6. Date of Birth: Mo/Day/Yr

7. Sex: Female Male
8. Are you a U.S. citizen? Yes No #1325829
Submit a certified copy of birth certificate, Certificate of Naturalization, Declaration of Intention to become U.S. citizen (INS Form N300), VISA documents, or license to practice medicine.

9. Have you ever filed an application for examination or licensure in California? Yes No
If YES, give date of previous application: 2-1985

10. List name and address of all colleges or universities attended other than schools where professional medical instruction was received. Submit an official transcript from each school attended.

Name	Address	Period of Attendance	
		From (Mo/Yr)	To (Mo/Yr)
San Diego Mesa Coll.	San Diego, California	6/73	6/76
Univ. Calif. San Diego	La Jolla, California	9/76	6/78
San Diego State Univ.	San Diego, California	9/85	5/87

11. List name and address of all schools where professional medical instruction was received. Submit an original Certificate of Medical Education and official transcripts from each school attended.

Name	Address	Place Where Instruction Received	Period of Attendance	
			From (Mo/Yr)	To (Mo/Yr)
Universidad Autonoma de Guadalajara (UAG)	Av. Patria 1201 Lomas del Valle Guadalajara Jalisco Mexico	U.A.G.	1/79	12/82

12. Doctor of Medicine Degree granted by: (submit original medical diploma and a photocopy)
Name of Medical School: Universidad Autonoma de Guadalajara
Address of Medical School: Av. Patria 1201 Lomas Del Valle Guadalajara, Jalisco, Mexico
Exact Date of Issuance: December 20, 1982

PERSONAL DATA

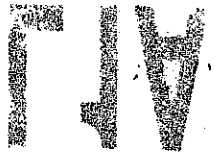
NON-MEDICAL EDUCATION

MEDICAL EDUCATION
CME TRANS.

School Code 4644

L1A

BOARD OF MEDICINE, STATE OF CALIFORNIA



Name of applicant: [Name], Address: [Address], City: [City], State: [State], Zip: [Zip]

BMQA USE ONLY

13. Have you taken any of the following written examinations: National Boards, ECFMG, FMGEMS, FLEX, MSKP, MGAT, other related medical competency examinations? Yes No

WRITTEN EXAMINATION

If YES, list name, location, date and result of examination. Submit certification of scores from each examination agency.

Name	Location	Date	Result
E.C.F.M.G.	San Diego, Calif.	Jan. 1983	
F.L.E.X.	Washington	Dec. 1988	

CWE LEVIE

14. Have you received qualifying postgraduate training in U.S. or Canadian facilities? Yes No

POSTGRADUATE TRAINING

If YES, list name and address of all facilities. Submit an original Certificate of Completion of ACGME Postgraduate Training (Form L3) from each facility.

Name	Address	Type of Service	Period of Attendance	
			From (Mo/Yr)	To (Mo/Yr)
Iscol Foundation Children's Hospital	3533 S. Alameda	Pediatrics	7/89	6/90
D.F.C.H.	3533 S. Alameda	Pediatrics	7/88	6/89
D.F.C.H.	3533 S. Alameda	Pediatrics	7/87	6/88

EDUCATION
NON MEDICAL

15. Have you been licensed to practice medicine in any state or country? Yes No

LICENSE DATA

If YES, list state or country, license number, date issued and dates of practice in issuing agency's jurisdiction for each. Submit a Letter of Good Standing from each state in which you are licensed or have been licensed.

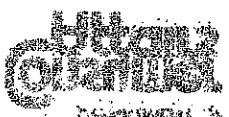
State or Country	License Number	Date of Issuance	Dates of Practice in Issuing Agency's Jurisdiction	
			From (Mo/Yr)	To (Mo/Yr)
Washington	26159	Feb. 21 1989		
Mexico	1168567	July 2, 197		

LGS CE

16. Has any disciplinary action ever been taken regarding any healing arts license which you now hold or have ever held? Include any disciplinary actions by the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity.

Yes No If yes, give details below:

State	Date	Charge	Disposition



L1B



BMQA USE ONLY

17. Have you ever been denied a license, permission to practice medicine or any other healing arts, or permission to take an examination in any state, country, or U.S. federal jurisdiction? Yes No

LICENSE DATA (continued)

State or Country	Date of Denial	Reason for Denial

18. Have you been charged with unprofessional conduct or any other unlawful activity by any healing arts licensing authority or by the U.S. military and are awaiting final disposition by that body? Yes No

19. Have you ever voluntarily surrendered a license to practice in the healing arts in another state? Yes No

20. Have you ever had staff privileges in a hospital denied, suspended or revoked, or resigned from a medical staff in lieu of disciplinary action? Yes No

21. Are you now or were you in the past, addicted to or treated for addiction to controlled substances, such as narcotics or alcohol? Yes No

GENERAL DATA

22. Have you ever been convicted of, or pled nolo contendere to a violation of any federal, state or local law relating to the manufacture, distribution or dispensing of controlled substances, or to drug addiction? Yes No

If yes, give details below:

Violation and Location	Date	Penalty or Disposition

23. Have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor or felony of any state, the United States, or a foreign country? (except violations of traffic laws resulting in fines of \$75.00 or less.) Yes No

If yes, give details below:

Violation and Location	Date	Penalty or Disposition

You are required to list any conviction that has been set aside and dismissed under Section 1203.4 Penal Code or under any other provision of law.

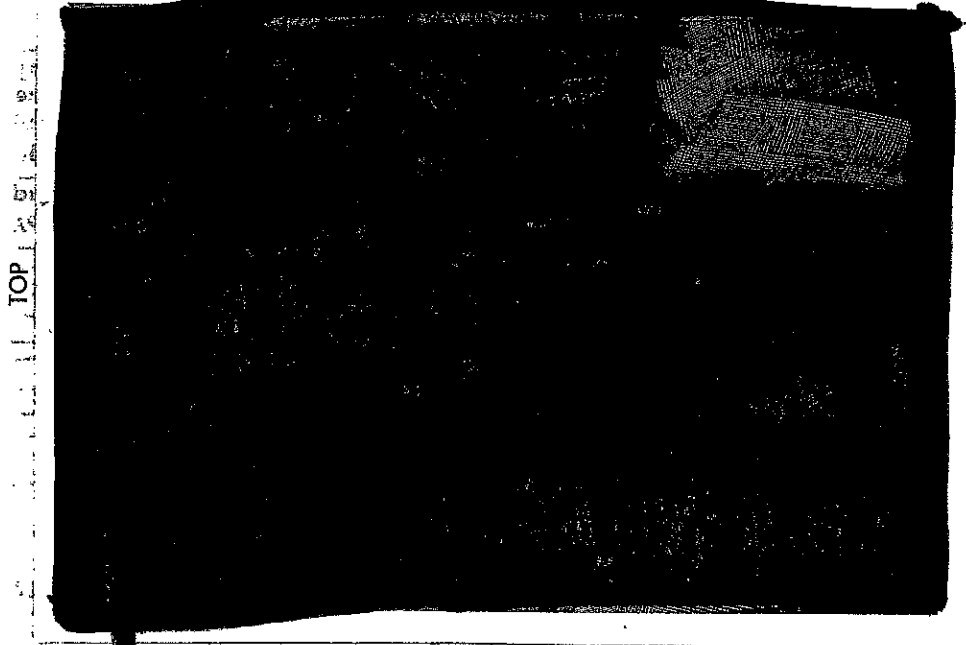
"Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Pub. L. 94-455 (42 U.S.C.A. 405 (e) (2) (C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you."

of which...
the name of the state of California...
I hereby declare under penalty of perjury...



I hereby declare under penalty of perjury under the laws of the State of California, that the photo of myself attached hereto, was taken

on or about 19
my age then being 3 years
color of hair
color of eyes
height 5 ft 10 in
weight 150 lbs
identifying marks



NOTE: 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, per Section 2080 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other medical licensing authority or the Federation of State Medical Boards. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Program Manager of the Division of Licensing is the custodian of records.

STATE OF Texas

COUNTY OF Nueces

Diego Mendez

being duly sworn, says he is the person referred to in the foregoing application for a physician and surgeon's certificate in California and that he has carefully read and thoroughly understands all the requirements therein and that the statements made herein and all attachments are true and correct under penalty of perjury under the laws of the State of California.

He requests that the Division of Licensing, Board of Medical Quality Assurance, initiate a review of the records to determine their eligibility for examination, postgraduate training or licensure in California. In making this request, he authorizes the release of any information or records held by any individual or agency, relative to their training and qualifications as a physician and surgeon, upon request by the Board for use in evaluating their file.

Signature of applicant in FULL (Do not use INITIALS ONLY)

Signed and sworn to before me this 23rd day of May 1989

Signature of Notary Public

Address 3533 So. Alameda, Corpus Christi TX

My commission expires 8-10-92

L1D



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825 (916) 920-6411



CERTIFICATE OF MEDICAL EDUCATION

MEDICAL SCHOOL: DO NOT COMPLETE IF PHOTOGRAPH OF APPLICANT/STUDENT IS NOT ATTACHED BELOW.

This certifies that Diego Mendez Bautista FULL NAME OF APPLICANT

of Corpus Christi, TX ADDRESS WHEN ENROLLED enrolled in Universidad Autonoma de Guadalajara NAME OF MEDICAL SCHOOL

Guadalajara, Jalisco, Mexico LOCATION on the 8th day of January MONTH 19 79 YEAR

and was granted the following credits on enrollment:

Premedical Education. Two years of preprofessional postsecondary education, including the subjects of physics, chemistry, and biology (Business and Professions Code Section 2088).

EDUCATIONAL INSTITUTION DATES

Advanced Credits. Credits previously obtained at an approved medical school.*

MEDICAL SCHOOL TOTAL CREDITS DATES

The undersigned further certifies that the records of this institution show that he attended in this institution 44 SPECIFY NUMBER courses of resident instruction of various NUMBER OF WEEKS weeks each, completing at least 4,000 hours, of which at least 80 percent actual attendance is re-

quired, in the subjects set forth hereunder (Business and Professions Code Section 2089), and that

XX he was granted the degree Bachelor, Doctor of Medicine by Physician-Surgeon

he withdrew from

the above mentioned medical school on the 20th day of December MONTH 1982 YEAR

- Anatomy 200
Otolaryngology 60
Obstetrics and Gynecology 300
* Radiology, including Radiation Safety
Tropical Medicine 160
Physiology 200
Biochemistry 200
Pathology, Bacteriology and Immunology 414
Ophthalmology 60

- Dermatology 60
Embryology 72
Histology 136
* Human Sexuality as defined in Section 2090
Medicine 2116
Surgery, including Orthopedic Surgery 408
Urology 60
Psychiatry 208
Neurology 160

- * Preventive medicine, including Nutrition 962
Physical Medicine
* Therapeutics
* Neuroanatomy
* Child Abuse Detection and Treatment
* Geriatric Medicine
Pediatrics 360
Pharmacology 198
* Anesthesia

Signed and the college seal affixed this 4th day of August, 1989

BY Alejandro Geves, Dean of Foreign Students PRESIDENT, SECRETARY, DEAN

Medical School Seal MUST Be Imprinted Partially on the Photograph.

TRANSCRIPTS OF PREMEDICAL EDUCATION, ADVANCED CREDITS, AND MEDICAL SCHOOL CREDITS MUST BE SUPPLIED WITH THIS CERTIFICATE

* Each school where professional medical instruction was received MUST complete one of these forms. If more than one school was attended, photocopies of this blank form may be made and used. Note that photograph and all entries to the form must be original.



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825 (916) 920-6411



CERTIFICATE OF COMPLETION OF ACGME POSTGRADUATE TRAINING

To be completed by the facility for every medical school graduate completing postgraduate training in the United States or Canada. Do not complete if photograph of applicant is not attached below. Please type or print.

This is to certify that Diego Mendez NAME OF APPLICANT

a graduate of Universidad Autonoma de Guadalajara NAME OF MEDICAL SCHOOL

formally commenced an accredited postgraduate training program at Driscoll Foundation Children's Hospital, 3533 So. Alameda, Corpus Christi, TX in Pediatrics SPECIALTY

on July 1, 1987, and completed such training on June, 1989

This training consisted of _____ months of actual clinical instruction and is approved by the Accreditation Council for Graduate Medical Education (ACGME) or the Coordinating Council of Medical Education of the Canadian Medical Association (CCME) and consisted of the following rotations:

(List rotations completed. If service was not rotating, indicate type of straight training performed. NOTE—To qualify for licensure in California, graduates of foreign medical schools must have completed at least four months of postgraduate training in general medicine. ACGME or CCME residencies in family practice, internal medicine, surgery, pediatrics, and ob/gyn would normally satisfy this requirement.)

ROTATION LENGTH OF ROTATION

I hereby declare under penalty of perjury under the laws of the State of California that the above statements are true and correct and the facility is approved by the ACGME or the CCME to offer the type and level of training completed by the applicant and that the applicant was trained in an approved ACGME or CCME program position.

NAME Patrick Brosnan, M.D. DIRECTOR OF MEDICAL EDUCATION

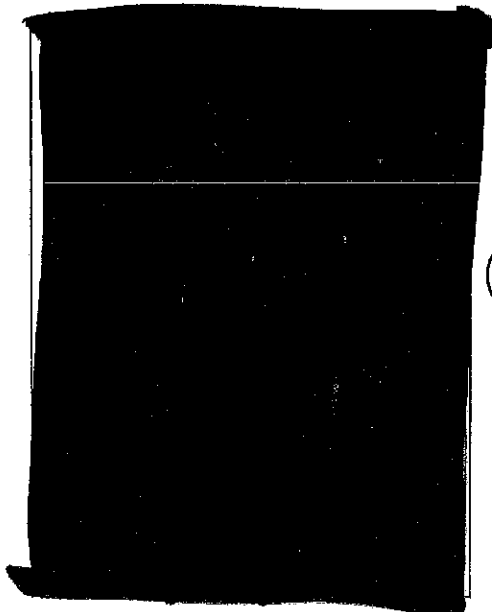
ADDRESS 3533 So. Alameda Corpus Christi, TX 78411

PHONE NUMBER (512) 850-5465

DATE June 5, 1989

SIGNATURE Patrick Brosnan

L3



(AFFIX SEAL OF HOSPITAL OR NOTARY PUBLIC)



DEPARTMENT OF
Consumer Affairs

BOARD OF MEDICAL QUALITY ASSURANCE
1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
(916) 220-6411

REPORT OF JUNIOR YEAR CLINICAL ROTATIONS

Clinical Area	City	Facility Name and Address	Dates of Attendance From-To	Weeks of Credit	Instructor or Supervisor	Program Director
1. Cardiology	R	Hospital Angel Ileano Guadalajara, Jalisco, Mexico	1-12-81 2-13-81	4wks/8days	Dr. Salvador Venutuzco, Chairman	Dr. Salvador Venutuzco
2. Pneumology	R	Hospital Angel Ileano Guadalajara, Jalisco, Mexico	2-16-81 3-20-81	4wks/8days	Dr. Manuel Urbica A. Acting Chairman	Urbica A. Chairman
3. Pathology	R	Hospital Angel Ileano Guadalajara, Jalisco, Mexico	3-23-81 4-7-81	2wks	Dr. Jorge Peraites G. Chairman	Peraites G. Chairman
4. Obstetrics and Gynecology	R	Hospital Angel Ileano Guadalajara, Jalisco, Mexico	4-8-81 5-2-81	2wks/4days	Dr. Mario Chaurman	Chaurman
5. Gastroenterology	R	Hospital Angel Ileano Guadalajara, Jalisco, Mexico	7-27-81 8-23-81	4wks/8days	Dr. Victor Chaurman	Chaurman
6. Urology	R	Hospital Angel Ileano Guadalajara, Jalisco, Mexico	11-6-81 12-11-81	4wks/8days	Dr. Gustavo Valladares C. Chairman	Gustavo Valladares C. Chairman
7. Dermatology	R	Hospital Angel Ileano Guadalajara, Jalisco, Mexico	10-1-81 11-5-81	5wks/20days	Dr. Raul Aceves	Aceves
8. Forensic Medicine	R	Hospital Angel Ileano Guadalajara, Jalisco, Mexico	10-2-81 11-5-81	5wks/17days	Dr. Jesus Zambrano V. Chairman	Zambrano V. Chairman
9. Emergency Room	R	St. Josephs Memorial Hospital LaJolla, CA	5-3-81		Peter H. McCreight, M.D. Director	McCreight, M.D. Director
10. Family Medicine	R	St. Josephs Memorial Hospital LaJolla, CA	8-27-81 9-30-81	4wks/4days 5wks	Peter H. McCreight, M.D. Director	McCreight, M.D. Director

I, Diego Mendez, M.D., Notary Public for the State of California, do hereby certify that the above is a true and correct copy of the original report of the applicant's clinical rotations as required by the law of the State of California. My commission expires 1/16/83.

NOTE - APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC
The signatory declares under penalty of perjury under the law of the State of California that the foregoing information contained in this document and any attachments are true and correct.

Signed and sworn to before me this 12 day of February, 1981
Notary Public for the State of California
Address: 1430 Howe Avenue, Sacramento, CA 95825
My commission expires 1/16/83

L5A



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825

(916) 920-6411

REPORT OF SENIOR/YEAR/CLINICAL ROTATIONS

INTERNA DO

RE: DIEGO MENDEZ, M.D.
UAG CRED: 633336

Clinical Area	Type*	Facility Name and Address	Dates of Attendance From-To	Weeks of Credit	Instructor or Supervisor	Program Director
OBSTETRICS/ GYNECOLOGY		Hospital Ramon Garibay Guadalaajara, Jalisco Mexico	7/1/83 - 9/30/83	3 months	Dr. Jesus Castillo General Director	Dr. Jesus Castillo Pacheco General Director
PEDIATRICS		same	10/1/83 - 12/31/83	3 months	"	"
INTERNAL MEDICINE		Hospital del Carmen Tijuana, Baja California	1/1/84 - 3/31/84	3 months	Dr. Francisco Diaz Director	Dr. Francisco Diaz Martine Director
Surgery		same	4/1/84 - 6/26/84	3 months	"	"
5.						
6.						
7.						
8.						
9.						
10.						

Alexandro Acevedo, LAF
Dean of Foreign Students

[Handwritten signature]

*Enter "E" for elective or "R" for required. Eighteen (18) weeks maximum allowable elective rotations.

NOTE—APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.

"I hereby declare under penalty of perjury under the laws of the State of California that the foregoing information contained in this document and any attachments are true and correct."

Signed and sworn to before me this 23rd day of October 1984

[SEAL] Signature of Notary Public Eva E. Umate
Address 3533 So. Alameda, Corpus Christi My commission expires 8-10-90

[Handwritten signature]
SIGNATURE OF APPLICANT IN FULL





STATE OF CALIFORNIA - STATE AND CONSUMER SERVICES AGENCY
 DEPARTMENT OF
Consumer Affairs

Dr. Diego Mendez, M.D. BOARD OF MEDICAL QUALITY ASSURANCE
 UAC Credential #653356 1430 HOWE AVENUE SACRAMENTO, CALIFORNIA 95825
 (916) 920-6411

REPORT OF SENIOR YEAR CLINICAL ROTATIONS

Sl. No.	Class Area	Type	Facility Name and Address	Dates of Attendance From To	Week or Credit	Instructor or Supervisor	Discipline
1	Psychiatry/Neurology	R	St. Scripps Memorial Hospital La Jolla, CA	1-11-82	7wks	Peter H. McGreight, M.D. Director, Medical Education	Psychiatry
2	Medicine	R	St. Scripps Memorial Hospital La Jolla, CA	2-26-82	7wks/7days	Peter H. McGreight, M.D. Director, Medical Education	Medicine
3	Radiology	R	St. Scripps Memorial Hospital La Jolla, CA	4-26-82	1wk	Peter H. McGreight, M.D. Director, Medical Education	Radiology
4	Urology	R	Hospital Angel Teano Guadaluajara, Jalisco, Mexico	9-22-82	4wks/4days	Dr. Jose Antonio Medina Chairman	Urology
5	Pediatrics	R	Hospital Angel Teano Guadaluajara, Jalisco, Mexico	10-25-82	7wks	Dr. Jose Antonio Medina Chairman	Pediatrics
6	OB/GYN	R	Hospital Angel Teano Guadaluajara, Jalisco, Mexico	12-10-82	6wks	Dr. Manuel Gonzalez Chairman	OB/GYN
7							
8							
9							
10							

NOTE: APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.
 I hereby declare under penalty of perjury under the laws of the State of California that the foregoing information contained in this document and any attachments are true and correct.

Signed and sworn to before me this 1st day of September 1982
 (SEAL) Signature of Notary Public Alta A. Paul
 Address 2500 R. Bolanos of Cipreses, Chula Vista, CA 92016 My commission expires 1/6/83

DEPARTMENT OF



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825

(916) 920-6411

INTERNADO

REPORT OF SENIOR/YEAR/CLINICAL ROTATIONS

RE: DIEGO MENDEZ, M.D.
UAG CRED: 633336

Clinical Area	Type	Facility Name and Address	Dates of Attendance From-To	Weeks of Credit	Instructor or Supervisor	Program Director
OBSTETRICS/ GYNECOLOGY		Hospital Ramon Garibay Guadalajara, Jalisco Mexico	7/1/83 - 9/30/83	3 months	Dr. Jesus Castillo Pacheco General Director	
PEDIATRICS	2.	same	10/1/83 - 12/31/83	3 months	"	"
INTERNAL MEDICINE		Hospital del Carmen Tijuana, Baja California	1/1/84 - 3/31/84	3 months	Dr. Francisco Diaz Martinez Director	
Surgery	4.	same	4/1/84 - 6/26/84	3 months	"	"
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					

Alexandro Acevedo LAF
Dean of Foreign Students

*Enter "E" for elective or "N" for required. Eighteen (18) weeks maximum allowable elective rotations.

NOTE—APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.

"I hereby declare under penalty of perjury under the laws of the State of California that the foregoing information contained in this document and any attachments are true and correct."

Signed and sworn to before me this 23rd day of October, 1983

(SEAL)

Signature of Notary Public Laura C. White

Address 3533 So. Alameda, Corpus Christi, TX

Diego Mendez M.D. MPH
SIGNATURE OF APPLICANT IN FULL

My commission expires 8-10-92

This is a copy of the original document.



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825

(916) 920-6411



CERTIFICATION STATEMENT

This is to certify that Diego Mendez is in an
(Name of Physician)

ACGME/CCME postgraduate training position that commenced on

July 1, 1987 and is expected to be completed on

June 30, 1990 in Pediatrics
(Type of Training)

at Driscoll Foundation Children's Hospital
(Name and Address of Facility)

3533 So. Alameda, Corpus Christi, TX 78411

(AFFIX SEAL OF)
(HOSPITAL OR)
(NOTARY PUBLIC)

I hereby declare under penalty of perjury under the laws of the State of California that the above statements are true and correct and the facility is approved by the ACGME or the CCME to offer the type and level of training completed by the applicant and that the applicant is being trained in an approved ACGME or CCME program position.

Patrick Brosnan, M.D.
TYPE OR PRINT NAME OF DIRECTOR OF MEDICAL EDUCATION

Patrick Brosnan, M.D.
SIGNATURE OF DIRECTOR OF MEDICAL EDUCATION

7/12/89
DATE

(512) 850-5465
PHONE NUMBER

RETURN THE ENTIRE FORM TO THE RETURN ADDRESS ON THE BACK, MAKE A PHOTOCOPY FOR YOUR RECORDS.

License Renewal Application
Physician and Surgeon

PART 3

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? PLEASE READ INSTRUCTIONS BEFORE ANSWERING I YES J NO

F. YES, I WISH TO CONTRIBUTE \$25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.
SIGNATURE REQUIRED HERE [Signature] DATE: 090813

LICENSE NO. A 47906
EXPIRES 11/30/13
VOLUNTARY FEE - \$
TOTAL ENCLOSED - \$ 808.00
ACTIVE DIEGO MENDEZ
PO BOX 22129
SAN DIEGO CA 92192

AMOUNT DUE NOW	DELINQ. FEE IF POSTMARKED AFTER 12/30/13
\$808.00	\$886.00
\$	\$
\$ 808.00	\$

E. FOR ADDRESS CHANGE ONLY
IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.
STREET _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER () _____

G. FINANCIAL INTEREST STATEMENT
I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.
[Signature]

PAID
119 # [unclear]

OVER

63010100000100002000479063011130130008080000088600

G. Financial Interest Statement

Please print or type the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. If more space is needed, please attach additional listings. If you have no interests to declare, please write "none" in the area below and sign your name on the front of this document at G.

Health-Related Facility Name	Address
NONE	

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
PO BOX 942520
SACRAMENTO CA 94258-0520

