

(2020-10-20 14:20:00)

\$808.00

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[illegible]

AMOUNT DUE IF
POSTMARKED AFTER
MARCH 01, 2016

\$898.00

"H"	Completed Continuing Education
"E"	Change of Address (fill in reverse side)
"I"	Conviction Disclosure — [REDACTED]
"J"	Conviction Disclosure — [REDACTED]
"F"	Family Physician Training Program (\$25)
"G"	Financial Interest Statement—Read instructions above

“D”

Signature

Date 11/6/55

630107000007000060008863410101311600082000000089800

G88634

Street Address (this address is public information **except** when a PO Box is used for the public address of record; this address then becomes confidential)

[illegible]

Zip

[illegible][illegible]

Zip

[illegible]

Medical Board of California – Physician's and Surgeon's Renewal

(DO NOT DETACH)

LICENSEE NAME

BOWERS, MARCI L

LICENSE NO.

G88634

EXPIRATION
DATE

01/31/18

AMOUNT
DUE NOW

\$820.00

AMOUNT DUE IF
POSTMARKED AFTER
MARCH 02, 2018

\$898.00

LICENSEE MUST CHECK CORRECT BOXES

- "H" ☐ Completed Continuing Education (See Question 1)
- "E" ☐ Change of Address (fill in reverse side)
- "T" ☐ Conviction - ☐
- "J" ☐ Conviction - ☐
- "F" ☐ Family Physician Training Program (\$25 See Question 4)
- "G" ☐ Financial Interest Statement (See Question 5)

SIGNATURE REQUIRED

"D" I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations on this form, including supplementary attached hereto, are true, complete and accurate.

Signature

Marci L. Bowers

Date

11/1/17

ENTER YOUR PHONE NUMBER FOR REFERENCE:

63010700000700006000886341010131180008200000089800

CHANGE OF ADDRESS (Only if different from address above)

BOWERS, MARCI L

G88634

ADDRESS OF RECORD (Required)

Address Line 1

Address Line 2

Address Line 3

City

State

Zip

CONFIDENTIAL STREET ADDRESS (Required if PO Box used above for Address of Record)

Address Line 1

Address Line 2

Address Line 3

City

State

Zip