

## Application Summary

7/6/18 11:15 AM

Page 1 of 3

License Type: Osteopathic Physician and Surgeon 20A  
License Number: 13623  
File Number: 2000637  
Application: Osteopathic Physician and Surgeon Renewal Application  
Application Number: 14043766  
Application Date: 07/06/2018 (mm/dd/yyyy)

### Personal Detail

First Name: ADAM  
Middle Name: JACOB  
Last Name: COLTON  
Birthdate: \*\*/\*\*/\*\*\*\*  
Gender: Male

### Addresses

#### License Related Addresses

Address of Record

Warning: In order to protect your privacy and identity, address will not be displayed.

#### Confidential Address

Warning: In order to protect your privacy and identity, address will not be displayed.

### Conviction Disclosure

Since your last renewal, have you been convicted or plead guilty to any crime?

### Disciplinary Disclosure

Since your last renewal, has any governmental entity taken any disciplinary action against any of your health care related licenses?

### Personal Impairments

Do you have any physical, mental, emotional or behavioral disorder that would impair your ability to practice medicine safely? No

### Questions

Renew Active?: Yes

### SMTLRP Voluntary Fees

I wish to voluntarily contribute. No

**Attachments****Physician Survey**

Are you retired? No

Activities in Medicine

Administration - 1-9 Hours

Other - None

Patient Care - 40+ Hours

Research - None

Teaching - None

Telemedicine - 10-19 Hours

Patient Care Practice Location

Zip: 99762 County: OUT OF STATE

Telemedicine Practice Location

Zip: 99762 County: OUT OF STATE

Patient Care Secondary Practice Location

Zip: 93906 County: MONTEREY

Telemedicine Secondary Practice Location

Zip: County:

Current Training Status

Not in Training

Areas of Practice

Family Medicine - Primary

Board Certifications

American Board of Family Medicine - Family Medicine

AOA Board Certifications

AOA - Family Physicians

Postgraduate Training Years

5 Years

Cultural Background

White

Foreign Language Proficiency

Spanish

Web Site Profile

Cultural Background - No

Foreign Language Proficiency - No

Gender - Yes

E-mail:

**Fees**

StephenM.ThompsonLRP	\$25.00
Active Renewal Fee	\$400.00
CURES Fund	\$12.00
Total Amount Due:	\$437.00

Applications are not considered submitted for processing until payment is received.

**Attestation**

I swear under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature:

Date:

## Application Summary

7/11/16 1:04 PM

Page 1 of 3

License Type: Osteopathic Physician and Surgeon 20A  
License Number: 13623  
File Number: 2000637  
Application: Osteopathic Physician and Surgeon Renewal Application  
Application Number: 14027794  
Application Date: 07/11/2016 (mm/dd/yyyy)

### Personal Detail

First Name: ADAM  
Middle Name: JACOB  
Last Name: COLTON  
Birthdate: \*\*/\*\*/\*\*\*\*  
Gender: Male

### Addresses

#### License Related Addresses

Address of Record  
Warning:

In order to protect your privacy and identity,  
address will not be displayed.

#### Confidential Address

Warning:

In order to protect your privacy and identity,  
address will not be displayed.

### Conviction Disclosure

Since your last renewal, have you been  
convicted or plead guilty to any crime?

### Disciplinary Disclosure

Since your last renewal, has any  
governmental entity taken any disciplinary  
action against any of your health care related  
licenses?

### Personal Impairments

Do you have any physical, mental, emotional  
or behavioral disorder that would impair your  
ability to practice medicine safely? No

### Renewal Status

Renewal Status - Please choose Active or Inactive: Active

### Questions

Renew Active?: Yes

**SMTLRP Voluntary Fees**

I wish to voluntarily contribute. No

**Attachments****Physician Survey**

Are you retired? No

**Activities in Medicine**

Administration - 1-9 Hours

Other - None

Patient Care - 40+ Hours

Research - None

Teaching - None

Telemedicine - 10-19 Hours

Patient Care Practice Location

Zip: 93906 County: MONTEREY

Telemedicine Practice Location

Zip: County:

Patient Care Secondary Practice Location

Zip: County:

Telemedicine Secondary Practice Location

Zip: County:

Current Training Status

Not in Training

Areas of Practice

Family Medicine - Primary

Board Certifications

American Board of Family Medicine - Family Medicine

Cultural Background

White

Foreign Language Proficiency

Spanish

Web Site Profile

~~White~~ Cultural Background - No

Foreign Language Proficiency - No

Gender - Yes

E-mail:

**Fees**

Active Renewal Fee \$400.00

CURES Fund \$12.00

Stephen M. Thompson Loan Repayment Fee \$25.00

Total Amount Due: \$437.00

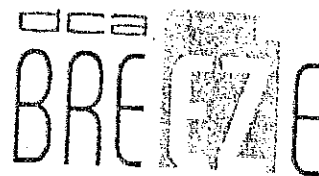
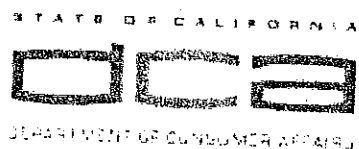
Applications are not considered submitted for processing until payment is received.

**Attestation**

I swear under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature:

Date:



Department of Consumer Affairs

RECEIPT

18979227

Thank you for using the BreEZe System to submit your application.

Name:	COLTON, ADAM JACOB
Transaction Date:	07/11/2016 13:05
Application Number:	14027794
Complaint Number:	
License Type:	9001
License Number:	13623
Payment Description:	Osteopathic Physician and Surgeon Renewal Application
Fee Paid: (US \$)	437.00
Remaining Balance: (US \$)	0.00

Please print and save this receipt for your records.

This receipt is provided as a record for the above named licensee/applicant.

Illegal use or alteration of this receipt may result in criminal prosecution.

# Osteopathic Medical Board of California

This is to Certify that

ADAM JACOB COLTON, D.O.

graduate of MIDWESTERN UNIVERSITY CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE  
in 2013 having shown to the satisfaction of this Board, possession of those qualifications required by law, and  
having successfully passed a personal examination by this Board as to said qualifications, is hereby granted a

## Physician's and Surgeon's Certificate

authorizing the use of any and all methods in the treatment of diseases, injuries, deformities or other physical or  
mental conditions of human beings.

In Testimony Whereof, The Osteopathic Medical Board of California has  
issued this Certificate and caused the same to be signed by its President  
and Secretary. Witness, this 3rd day of October, 2014.



*John J. A. D.*

President

*M. J. A. D.*

Secretary-Treasurer

No. 20A13623

STATE AND CONSUMER SERVICES AGENCY

# Correct Update

Governor Edmund G. Brown Jr.



OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA  
 1300 National Drive, Suite #150  
 SACRAMENTO, CA 95834-1991  
 TELEPHONE: (916) 928-8390  
 FAX (916) 928-8392

RECEIVED  
 2016 MAY 23 PM 4:34  
 OSTEOPATHIC MEDICAL  
 BOARD OF CALIFORNIA



## ADDRESS CHANGE NOTIFICATION FORM

California Code of Regulations, Title 16, Division 16, Article 1, Section 1604. Filing of Addresses by Licensees: requires all licensees to immediately report all changes of address. Please complete this form to report your address changes. IF A PUBLIC ADDRESS IS NOT GIVEN, YOUR CONFIDENTIAL MAILING ADDRESS WILL BE POSTED ON OUR WEBSITE.

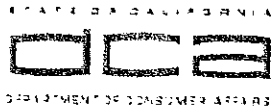
<b>Old Public Address</b> Adam Jacob Colton Name Natividad Medical Center Facility Name (if any) 1441 Constitution Blvd Street Address Salinas CA 93906 City State Zip 831-755-4123 (Telephone Number - Optional)	<b>New Public Address</b> Adam Jacob Colton Name Natividad Medical Center Facility Name (if any) 1441 Constitution Blvd Street Address Salinas CA 93906 City State Zip 831-755-4123 (Telephone Number - Optional)
<b>Old Mailing Address</b> <i>(confidential - for Board use only)</i> Adam Jacob Colton Name	<b>New Mailing Address</b> <i>(confidential - for Board use only)</i> Adam Jacob Colton Name

Telephone Number <i>(confidential - for Board use only)</i> Fax Number	Telephone Number <i>(confidential for Board use only)</i> Fax Number
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*ASB*  
 Signature of Physician

20A13623  
 License Number

5/23/16  
 Date



OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA  
1300 National Drive, Suite 150, Sacramento, CA 95834-1997  
P (916) 928-8390 F (916) 923-8392 / www.ombc.ca.gov

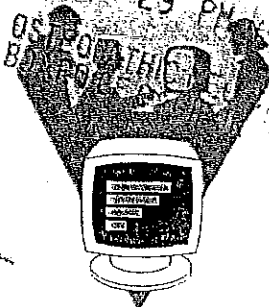


AUGUST 4, 2014

ADAM COLTON D O

#13623

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2014 SEP 29 PM 4:29



The OMBC is required to make license information available on the Internet; in addition this address will also be used to mail your license renewal information to you. To prevent a residence address from inadvertently being released, please verify your PUBLIC ADDRESS which will be the address listed at [www.ombc.ca.gov](http://www.ombc.ca.gov).

(The address below will be printed on your wallet license).

3482458/3454094/1-5042/\$425

If the "Public Address" is left blank, your "Mailing Address" below will be listed on our website.

PUBLIC ADDRESS	NATIVIDAD MEDICAL CENTER			
	Facility Name (if any)			
	1441	CONSTITUTION BLVD	SALINAS, CA	93906
	No. Street	City	State	Zip+4
PUBLIC PHONE (Optional)	831-755-4111		FAX	

Please verify your mailing address to be used ONLY by the OMBC. THIS WILL NOT BE PUBLIC unless the above public address box is left blank (see instruction above).

MAILING ADDRESS
PHONE
E-MAIL ADDRESS

SIGNATURE ALB

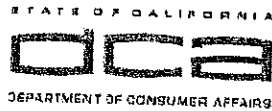
D.O. 9/26/14  
DATE

PRINTED NAME Adam Colton

FILE # 2000637 (OFFICE USE ONLY- NOT A LICENSE #)

2080637

RETURN THIS FORM IMMEDIATELY IN THE ENCLOSED ENVELOPE



BIA - IN CONSUMER SERVICES AND HOLDING AGENCY - GOVERNOR EDMUND G. BROWN JR.  
OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA  
1300 National Drive, Suite 150, Sacramento, CA 95834-1991  
P (916) 928-8390 F (916) 928-8392 / www.ombc.ca.gov



AUGUST 4, 2014

Re: California Osteopathic Physician and Surgeon Certificate

Dear DR. COLTON DO :

Your application file for California osteopathic physician and surgeon certificate is now complete. You have met all qualifications for licensure in this State.

The license fee is \$400 every two years, renewable in your birth month. In order to place you in the appropriate billing cycle (*even birth months, i.e., February, April, June, etc. renewing every even year; odd birth months, i.e., January, March, May, etc. renewing every odd year*), we have prorated your initial licensing fee. Effective January 1, 2010, pursuant to Business and Professions Code section 2455.1(a), the Board is required to collect an additional \$25 for the Steven M. Thompson Physicians Corps Loan Repayment Program (PCLRP). The amount you owe is indicated below. **Upon receipt of this fee via check accompanied by the enclosed address form, your license number will be issued. Processing time is approximately two to three weeks.**

LICENSE FEE:	\$400
PCLRP FEE:	<u>\$25</u>
PLEASE REMIT TOTAL	\$425

Your license expiration date will AUGUST.31, 2014

If you have any questions, please feel free to contact me.

Sincerely,

Sabrina Rowell  
Licensing Specialist  
Osteopathic Medical Board of California  
FILE # 2000637 OFFICE USE ONLY- NOT A LICENSE #  
enclosure

2000637  
3454894

Department of Consumer Affairs  
Osteopathic Medical Board of California  
1300 National Drive, Suite 150  
Sacramento, CA 95834  
(916) 928-8390 Fax (916) 928-8392  
www.dca.ca.gov/osteopathic

RECEIVED

2014 JUL -7 AM 11:51



OSTEOPATHIC MEDICAL  
BOARD OF CALIFORNIA

# APPLICATION FOR OSTEOPATHIC PHYSICIAN'S AND SURGEON'S CERTIFICATE

Please read all instructions prior to completing this application. All questions on this application must be answered.  
In addition to this form, other essential application requirements must be completed.

FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT  
HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.

Please type or print legibly. If space provided is insufficient, attach additional sheets.

3454894/1-4627/#244.-

1. NAME: Last: Colton	First: Adam	Middle: Jacob
OTHER NAMES USED if any:		2. SOCIAL SECURITY NO:
3. DATE OF BIRTH:	4. PLACE OF BIRTH:	5. SEX: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
6. ADDRESS:		

MAILING ADDRESS if different:	8. Are you a US citizen? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7. CONTACT INFORMATION FOR APPLICATION PROCESS:	

9. PRE-OSTEOPATHIC COLLEGE(S)	ADDRESS	DATES OF ATTENDANCE
University of Michigan- Ann Arbor	Ann Arbor, Michigan	09/2004-04/2008
Oakland University	Rochester, Michigan	07/2008-12/2008
Wayne State University	Detroit, Michigan	6/2005-8/2005
10. OSTEOPATHIC COLLEGE(S)	ADDRESS	DATES OF ATTENDANCE:
Chicago College of Osteopathic Medicine	555 31st Street, Downers Grove, Illinois	8/2009-05/2013
		DATE OF DEGREE: 05/2013

11. POSTGRADUATE TRAINING INTERNSHIP (AOA)	Hospital Name	Address	Type of Service	Dates of Attendance

RESIDENCY/FELLOWSHIP:	Dates of Service
Natividad Medical Center, Salinas, California	06/2013 to Present

12. BOARD CERTIFIED:	DATE CERTIFIED:	NAME OF CERTIFYING BOARD:
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

13. LIST ALL WRITTEN EXAMINATIONS TAKEN e.g. NBOME, State Written Boards, USMLE, FLEX etc.	
STATE WHICH EXAMINATIONS AND WHERE TAKEN	DATE COMPLETED
COMLEX Part 1, Lombard, Illinois	May 27, 2011
COMLEX Part 2, Chicago, Illinois	June 27, 2012
COMLEX Part 3, San Jose, California	November 2, 2013

14. LIST ALL STATES IN WHICH YOU ARE NOW LICENSED OR HAVE EVER BEEN LICENSED TO PRACTICE OSTEOPATHIC MEDICINE			
*Written examination, reciprocity, National Boards, etc.			
STATE	DATE LICENSED	* HOW LICENSED	LICENSE NUMBER

15. Have you ever applied for but did not take the California Osteopathic Medical Board Examination? If Yes, when?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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16. Have you ever taken the California Osteopathic Medical Board Examination? If Yes, when? No	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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17. Have you ever withdrawn from, or been suspended, dismissed or expelled from a medical school or postgraduate training? If Yes, attach explanation. Yes ☐ No ☒

18. Has a claim or action for damages ever been filed against you in the course of the practice of medicine or any other healing art which resulted in a malpractice settlement, judgment or arbitration award of over \$30,000.00? Yes ☐ No ☒

19. Has there ever been any peer group or professional association inquiry or action involving your practice or relationship with patients alleging unprofessional conduct, wrongdoing or negligence? Yes ☐ No ☒

20. Have you ever withdrawn an application from any hospital, public entity or licensing agency? If Yes, When? Yes ☐ No ☒

21. Have you ever had staff privileges in a hospital denied, suspended, limited, revoked or not renewed for medical disciplinary cause, or resigned from a medical staff in lieu of disciplinary or administrative action, or is any such action pending? Yes ☐ No ☒

22. Have you ever had a medical or any healing art license restricted, suspended, revoked, disciplined or denied in any state? Yes ☐ No ☒

23. Have you ever been denied permission to practice medicine or any healing art in any state? Yes ☐ No ☒

24. Do you have any condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety, including but not limited to, any of the following? Yes ☐ No ☒

IF YES, PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW:

☐ A condition which required admission to an inpatient psychiatric treatment facility

☐ Alcohol or chemical substance dependency or addiction

☐ Emotional, mental or behavioral disorder

☐ Other (explain) \_\_\_\_\_

FOR ANY OF THE BOXES CHECKED ABOVE, PLEASE SUBMIT COMPLETE OFFICIAL INPATIENT TREATMENT RECORDS, EVIDENCE OF ONGOING REHABILITATION TREATMENT, AND A PERSONAL WRITTEN EXPLANATION.

27. Do you have a Drug Enforcement Administration (DEA) number? Yes ☐ No ☒

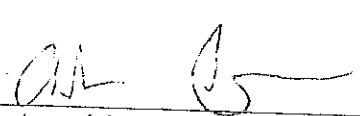
28. If yes, what is the DEA number and in what state was it issued? \_\_\_\_\_

DOCUMENTS \_\_\_\_\_

EXPLANATION AND SUPPORTING \_\_\_\_\_

**CERTIFICATION**

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

  
Signature of Applicant

7/1/2014  
Date

"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 (c) (2) (C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilized a national examination and where licensure is reciprocal with the requesting state. 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."

#### INFORMATION COLLECTION AND ACCESS

Agency requesting information: Osteopathic Medical Board of California, 1300 National Drive, Suite 150, Sacramento, CA 95834, (916) 928-8390.

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualifications for licensure per Section 2080 of the California Business and Professions Code, which authorizes the collection of this information. 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 Director is the custodian of records.

#### APPLICANT DECLARATION/SIGNATURE and NOTARY

STATE OF CALIFORNIA

COUNTY OF MONTEREY

The applicant, ADAM JACOB COLTON  
(PLEASE PRINT FULL NAME)

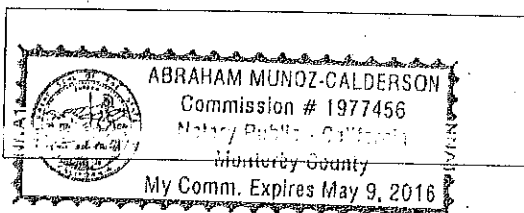
, being first duly

sworn upon his/her oath deposes and says: that he/she is the person herein named subscribing to this application; that he/she has read the complete application, knows the full content thereof, and declares that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that he/she is the lawful holder of the degree of Doctor of Osteopathic Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were produced without fraud or misrepresentation or any mistake of which the applicant is aware and that the applicant is the lawful holder thereof. Applicant further states that he/she authorizes all hospitals, institutions, or organizations, his/her references, agencies (local, state, federal or foreign), to release to the Osteopathic Medical Board of California or its successors, any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application; or any further or future investigation by the Board necessary to determine my medical competence, professional conduct or physical or mental ability to safely engage in the practice of osteopathic medicine. He/she further authorizes the Osteopathic Medical Board of California or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure. He/she further acknowledges that falsification or misrepresentation of any item or response on this application is adequate to deny the same or to hold a hearing to revoke the same, if issued.

• SIGNATURE OF APPLICANT: [Signature]

Signed and sworn to before me this 1 day of July, 2014  
(month) (year)

Notary Seal



[Signature]  
Signature of Notary Public

1522 Constitution Blvd.  
Address

Salinas Ca. 93905

My Commission expires May 9, 2016