



**REQUIREMENTS FOR REGISTRATION
PURSUANT TO SECTION 2168.1 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE
(Practice in a Sponsoring Medical School)**

You may not engage in the practice of medicine in California until a Special Faculty Permit has been granted by the Medical Board of California pursuant to Section 2168.1 of the California Business and Professions Code. A Section 2168.1 permit is valid only at the medical school sponsoring the applicant, and any affiliated institution in which the permitholder is providing instruction as part of the medical school's education program and for which the medical school has assumed direct responsibility. The Medical Board must be notified of all changes in the applicant's employment status.

Requirements and Required Documentation To Apply for a Section 2168.1 Special Faculty Permit:

- You must not be otherwise eligible for medical licensure in California
 - You must be licensed to practice medicine in another state, Canadian province, foreign country or other jurisdiction
 - All medical license(s) issued to you must be in good standing
 - The application forms, Pages 3-9, must be completed in full and signed by you and the dean of the sponsoring medical school
 - (A) You must hold, or be offered, a full-time, tenure-track clinical faculty appointment at the full professor level (or its equivalent) by a California medical school approved by the Board
- OR**
- (B) You must be clearly outstanding in a specific field of medicine or surgery and be offered by the dean of a medical school in this state, a full-time academic appointment at the level of full professor or associate professor, and a great need exists to fill that position
 - You must not be subject to denial under Section 480 of the California Business and Professions Code.
 - You must not have held a position under Section 2113 of the California Business and Professions Code within the two years immediately preceding the date of the application for a Special Faculty Permit. The Board may, in its discretion, waive this requirement. If you are seeking a waiver, please include a request by the dean for waiver and clearly state why you believe a waiver is appropriate.
 - The completed and signed application must be accompanied by:
 - A detailed Curriculum Vitae noting all of your academic and professional career achievements
 - A signed statement from the dean of the medical school at which you will be employed that includes the following: (a) certification that your qualifications and credentials have been evaluated; (b) a statement that the dean has deemed you academically eminent and that you meet the criteria of Section 2168.1; (c) a listing of every affiliated institution in which you will be providing instruction as part of the medical school's education program and justification of any clinical activities at each of those institutions; and (d) a statement confirming that the permit holder will not be appointed to a position as a division chief or head of a department without express written authorization from the Medical Board of California
 - A signed statement from the department chair of the medical school at which you will be employed that addresses the following: (a) your international and national prominence in a specific field; (b) your unique clinical expertise and skills that you bring to the institution; (c) your scholarly and creative activities specific to the skills you are bringing to the institution; and (d) a description of the job duties and functions you will be performing at your sponsoring medical school
 - A copy of the signed employment contract between you and the institution
 - Official documentation of your academic appointment to the sponsoring medical school

- The initial application fees of \$493.00 (includes the application fee of \$442.00 and the fingerprint fees of \$49.00)
- Page Two of the “Request for Live Scan Service” fingerprint forms or two completed fingerprint cards
- A Letter of Good Standing dated within one year of the application submission, directly from the appropriate licensing agency for each medical license that you hold
- A copy of your medical school diploma
- Copies of all official documentation of abundant and strong evidence of your academic eminence, clinical skills, and your importance to the mission of the medical school. This should include, but not be limited to, information from the dean, the department chair, and not less than two, nor more than four outside referee letters, independent of you or your sponsoring medical school, that directly address the qualifications and credentials essential to the proposed appointment. All letters should be relevant and directly supportive of the applicant’s appointment, similar in content to letters submitted to a university’s academic committee in support of an academic appointment.
- The initial license fee of \$808.00 may be submitted with the application or upon written notice that the application has been approved

Once Special Faculty Permit Has Been Approved by the Division of Licensing:

- You and your sponsoring medical school are responsible for ensuring that you timely renew the Special Faculty Permit to ensure no break in your appointment pursuant to Section 2168.1 of the California Business and Professions Code. A break in the renewal of the Special Faculty Permit will result in the permit holder’s unlawful practice of medicine.
- You may engage in the practice of medicine only within the parameters of Section 2168.1 and strictly under the jurisdiction of the sponsoring medical school and its formally affiliated institutions.
- **Private practice is prohibited by this statute.**



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Licensing Program
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www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

APPLICATION FOR SPECIAL FACULTY PERMIT PURSUANT TO SECTION 2168.1

Complete the entire application. All items in this application are mandatory. Failure to provide complete and accurate information will result in the application being rejected as incomplete. The information provided is used to determine your qualifications for appointment as a Section 2168.1 permit holder under the relevant statutes. This application may be disclosed pursuant to the California Public Records Act. Authority to provide the Board within information requested on this application is established pursuant to Section 2000 of the Business and Professions Code. This information is mandatory and will be used to determine if the applicant meets the requirements for the requested licensing exemption. **Failure to provide the mandatory information will result in denial of the permit.** The Executive Officer of the Medical Board of California is the official responsible for records and who shall, upon request, inform an individual regarding the location of his/her records and the categories of any persons who use the information in those records. Each individual has a right to access of his/her records under the Information Practices Act. Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 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 1752 of the Family Code. If you fail to disclose your social security number, your application for initial permit will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

PERSONAL DATA			
1. Name:	(Last)	(First)	(Middle)
2. Other names you have used (including maiden name):			3. U.S. Social Security Number
4. Public/Mailing Address			5. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
City	State/Province	Zip/Postal Code	Country
6. Telephone Number: Home: () Work: () Cell: () Pager: ()	7. Date of Birth (mo/day/yr): Place of Birth:	8. E-mail Address:	
SPECIAL FACULTY PERMIT DATA			
9. Have you ever served in a clinical faculty appointment in a California medical school pursuant to Section 2113? If yes, list sponsoring medical school and dates of registration.			YES <input type="checkbox"/> NO <input type="checkbox"/>
10. List the full-time, professor or associate professor clinical faculty appointment on which this application is based. Include position title, rank, medical school, department and start date:			
<u>ACADEMIC TITLE:</u>	<u>RANK:</u>	<u>START DATE</u>	
<u>MEDICAL SCHOOL</u>	<u>DEPARTMENT</u>		
A. I am applying for appointment under Section 2168.1 (A): As I hold or have been offered a full-time appointment at the level of full professor in a tenure track position, or its equivalent, at a California medical school approved by the Division of Licensing.			YES <input type="checkbox"/> NO <input type="checkbox"/>
OR			
B. I am applying for appointment under Section 2168.1 (B): As I am clearly outstanding in a specific field of medicine or surgery and have been offered by the dean of a medical school in this state, a full-time academic appointment at the level of full professor or associate professor, and a great need exists to fill that position.			YES <input type="checkbox"/> NO <input type="checkbox"/>
Receipt #:	Date:	Amount:	ATS #:

EDUCATION BACKGROUND

LIST EACH MEDICAL SCHOOL THAT YOU HAVE ATTENDED

School Name	Address	Dates of Attendance
School of Graduation	Degree Awarded	Date of Graduation

POSTGRADUATE TRAINING HISTORY

Facility Name	Specialty Area	Address	Dates of Attendance

LICENSING HISTORY

List all professional licenses that you have ever held in any U.S. state or territory, Canadian province, country or other jurisdiction.

Jurisdiction	License Number	Date of Issuance	Dates of Practice

EXAMINATION HISTORY

List all of the licensing examinations that you have taken:

Examination	Date	Result(Pass/Fail)

HISTORY OF MALPRACTICE

11. Has a claim or an action ever been filed against you for the practice of medicine which resulted in a malpractice settlement, judgment or arbitration award of \$30,000 (U.S. dollars or equivalent) or more?

YES NO

Applicant Name

Date of Birth

DISCIPLINARY HISTORY

These questions refer to discipline by any U.S. military or public health service, state board, or other governmental agency of any U.S. state, territory, Canadian province, or country. If you answered "yes" to any of these questions, please provide a detailed explanation.

12. Have you ever been denied a license to practice medicine?	YES <input type="checkbox"/> NO <input type="checkbox"/>
13. Is any denial pending against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
14. Have you ever been charged with, or been found to have committed, unprofessional conduct, professional incompetence, gross negligence, repeated negligent acts or malpractice by any medical licensing board, other agency, or hospital?	YES <input type="checkbox"/> NO <input type="checkbox"/>
15. Have you ever had any license to practice medicine revoked, suspended, or placed on probation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
16. Have you ever had any license to practice medicine subjected to any action including but not limited to informal or confidential discipline, consent orders, letters of warning, letters of reprimand, or citation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
17. Have you ever had any license to practice medicine subjected to any other disciplinary action?	YES <input type="checkbox"/> NO <input type="checkbox"/>
18. Is any disciplinary action pending against any of your licenses to practice medicine?	YES <input type="checkbox"/> NO <input type="checkbox"/>
19. Have you ever had staff privileges in a hospital terminated, denied, suspended, limited, revoked, or not renewed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
20. Have you ever resigned from a medical staff in lieu of disciplinary or administrative action?	YES <input type="checkbox"/> NO <input type="checkbox"/>
21. Is any disciplinary action pending against your hospital staff privileges?	YES <input type="checkbox"/> NO <input type="checkbox"/>
22. Have you ever surrendered a license to practice medicine?	YES <input type="checkbox"/> NO <input type="checkbox"/>
23. Have your United States Drug Enforcement Agency privileges ever been denied, suspended, restricted, or terminated?	YES <input type="checkbox"/> NO <input type="checkbox"/>
24. Have you ever entered into any arrangement or plea or agreement in lieu of a federal prosecution for a drug violation regulated by the United States Drug Enforcement Agency?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Applicant Name	Date of Birth
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PRACTICE IMPAIRMENT OR LIMITATION

25. Have you ever been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program?	YES <input type="checkbox"/> NO <input type="checkbox"/>
26. Have you ever been diagnosed with a mental disorder or impairment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
27. Have you ever been diagnosed with a neurological or other physical condition that would impair your ability to practice medicine safely?	YES <input type="checkbox"/> NO <input type="checkbox"/>
28. Have you ever been treated for or had a recurrence of a diagnosed addictive disorder?	YES <input type="checkbox"/> NO <input type="checkbox"/>
29. Do you have any other condition which in any way impairs or limits your ability to practice medicine safely?	YES <input type="checkbox"/> NO <input type="checkbox"/>

CRIMINAL RECORD HISTORY

<p>30. Have you ever been convicted of, or pled guilty or nolo contendere to ANY offense in any state in the United States or foreign country?</p> <p>This includes a citation, infraction, misdemeanor and/or felony, etc. If "YES" attach a list of each offense by arrest and conviction dates, violation, and court of jurisdiction (name and address). Matters in which you were diverted, deferred, pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4 MUST be disclosed. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you MUST disclose the conviction; you are entitled to submit evidence that you have been rehabilitated. Serious traffic convictions such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked MUST be reported. <u>This list is not all-inclusive.</u> If in doubt as to whether a conviction should be disclosed, it is better to disclose the conviction on the application.</p> <p>For each conviction disclosed, you must submit with the application certified copies of the arresting agency report, certified copies of the court documents, and a descriptive explanation of the circumstances surrounding the conviction (i.e., dates and location of incident and all circumstances surrounding the incident). This letter must accompany the application. If documents were purged by arresting agency and/or court, a letter of explanation from these agencies is required.</p> <p>Applicants who answer "NO" to the question but have a previous conviction or plea, may have their application denied or license exemption revoked for knowingly falsifying the application.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
31. Is there any criminal action pending against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
32. Are you required to register as a Sex Offender?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Applicant Name	Date of Birth
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STATEMENT OF LIMITATIONS

I understand that I am applying for a Special Faculty Permit pursuant to Section 2168.1 of the Business and Professions Code. I understand that if I am issued a Special Faculty Permit, my clinical practice will be restricted to the sponsoring medical school and any affiliated institutions in which I am providing instruction as part of the medical school’s education program and for which the medical school has assumed direct responsibility and which are listed on the application. I shall not engage in the practice of medicine except as provided above.

I understand that the time in a faculty position under Section 2168.1 will not be counted toward the postgraduate training required for licensure and does not qualify me for waiver of any written examination required for licensure.

I understand that if I should apply for a full and unrestricted license to practice medicine in California, I will be required to meet all licensing requirements that are in effect at the time of such application.

I understand that a Special Faculty Permit becomes invalid if I resign from or am terminated from the qualifying faculty appointment upon which the permit was issued. The dean of the sponsoring medical school must notify the Board of any change in my employment status, such as retirement, resignation or termination in accordance with Title 16, California Code of Regulations, Section 1315.02

2168 (a) A special faculty permit authorizes the holder to practice medicine only within the medical school itself and any affiliated institution in which the permitholder is providing instruction as part of the medical school’s educational program and for which the medical school has assumed direct responsibility. The holder of a special faculty permit shall not engage in the practice of medicine except as provided above.

(b) Time spent in a faculty position under a special faculty permit shall not be counted toward the postgraduate training required for licensure and shall not qualify the holder of the permit for waiver of any written examination required for licensure.

(c) The medical school shall not appoint the holder of a special faculty permit to a position as a division chief or head of a department without express written authorization from the division.

2168.1 (a) Any person who meets all of the following eligibility requirements may apply for a special faculty permit:

(1) Is academically eminent. For purposes of this article, “academically eminent” means the applicant meets either of the following criteria:

(A) He or she holds or has been offered a full-time appointment at the level of full professor in a tenure track position, or its equivalent, at a California medical school approved by the Board.

(B) He or she is clearly outstanding in a specific field of medicine or surgery and has been offered by the dean of a medical school in this state, a full-time academic appointment at the level of full professor or associate professor, and a great need exists to fill that position.

(2) Possesses a current valid license to practice medicine issued by another state, country, or other jurisdiction.

(3) Is not subject to denial under Section 480 or any provision of this chapter.

(4) Pays the fee prescribed for application for, and initial licensure as, a physician and surgeon.

(5) Has not held a position under Section 2113 for a period of two years or more preceding the date of the application. The Board may, in its discretion, waive this requirement.

(b) The Board shall exercise its discretion in determining whether an applicant satisfies the requirements of paragraph (1) of subdivision (a).

(c)(1) The Board shall establish a review committee comprised of two members of the Board, one of whom shall be a physician and surgeon and one of whom shall be a public member, and one representative from each of the medical schools in California. The committee shall review and make recommendations to the Board regarding the applicants applying pursuant to this section, including those applicants that a medical school proposes to appoint as a division chief or head of a department or as nontenure track faculty.

(2) The representative of the medical school offering the applicant an academic appointment shall not participate in any vote on the recommendation to the division for that applicant.

2168.2 An application for a special faculty permit shall be made on a form prescribed by the Board and shall include any information that the Board may prescribe to establish an applicant’s eligibility for a permit. This information shall include, but is not limited to, the following:

(a) A statement from the dean of the medical school at which the applicant will be employed describing the applicant’s qualifications and justifying the dean’s determination that the applicant satisfies the requirements of paragraph (1) of subdivision (a) of Section 2168.1.

(b) A statement by the dean of the medical school listing every affiliated institution as part of the medical school’s educational program and justifying any clinical activities at each of the institutions listed by the dean.

Signature of Applicant: _____ Date: _____

PHOTO AREA
PASTE A 2" x 3"
PHOTO HERE

PHOTO MUST BE
RECENT (WITHIN SIX
MONTHS) AND MUST BE
OF YOUR HEAD AND
SHOULDER AREAS
ONLY.

SCANNED, ALTERED, OR
POLAROID PHOTOS ARE
NOT ACCEPTABLE

I hereby declare under penalty of perjury under the laws of the State of California that the attached photograph was taken on or about (date) _____, my age then being _____ years; color of hair _____; color of eyes _____; height _____; weight _____; identification marks _____

Signature of Applicant:

Date:

The applicant, _____, _____ being first duly sworn upon
(PLEASE PRINT FULL NAME) (DATE OF BIRTH)

his/her oath deposes and says: that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of 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 procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business and professional associates (past, present and future), and all government agencies (local, state, federal, or foreign) to release to the 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 that Board in connection with this application; or any further or future investigation by that Board necessary to determine any medical competence, professional conduct, or physical or mental ability to safely engage in the practice of medicine. I further authorize the 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.

I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO OR FAILURE TO DISCLOSE A CONVICTION IS A SUFFICIENT BASIS FOR DENYING OR REVOKING APPROVAL OF YOUR SPECIAL FACULTY PERMIT.

(PLEASE PLACE YOUR INITIALS IN BOX)

Signature of Applicant: (Please sign full name)

State of California

County of _____

Subscribed and sworn to (or affirmed) before me on

this _____ day of _____, 20____,

by _____

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Seal

SIGNATURE OF NOTARY PUBLIC

SECTION 2168.1 -----DEAN'S CERTIFICATION STATEMENT

(Applicant's Last Name)

(First Name)

(Middle Name)

(Qualifying Faculty Appointment)

(Anticipated Beginning Date of Appointment)

List all locations at which applicant may be providing instruction as part of the medical school's educational program, including affiliated locations where the medical school has assumed responsibility for providing instruction as part of the medical school's educational program. Please describe and justify all clinical activities at each location. Attach additional pages if necessary.

I have reviewed the qualifications and credentials of the above-named applicant for employment in the above-listed faculty position. I have determined that the applicant is academically eminent and that the faculty position complies with the requirements of Section 2168.1 of the California Business and Professions Code.

I understand the limitations in scope and practice of a Special Faculty Permit issued pursuant to Section 2168.1. If the applicant is granted a Special Faculty Permit pursuant to Section 2168.1, I will ensure that the applicant practices within the scope of the permit within _____. I will notify the Board within 30 days of any change in the applicant's status that may invalidate the permit, such as retirement, death, resignation, termination or dismissal from the faculty position.

I certify under penalty of perjury under the laws of the State of California that the above statements are true and correct to the best of my knowledge.

(Date)

(Signature, Dean)

(Printed Name, Dean)

(California License Number, Dean)

(University or Medical School Seal Must Be Affixed or Stamped Below)

(Medical School)

(Medical School Address)

(Telephone Number)