



Application for a Fictitious Name Permit Information & Checklist

APPLICATION INFORMATION

- This application is for physicians & surgeons and podiatrists only, Osteopathic physicians must apply directly with the [Osteopathic Medical Board](#).
- DO NOT SEND DOUBLE SIDED DOCUMENTS
- DO NOT RETURN THIS CHECKLIST TO THE BOARD

APPLICATION CHECKLIST

For **all applications**, did you:

- ☐ include a check for \$70?
- ☐ provide a complete practice address and phone number, leaving no blanks? (Section 1)
- ☐ indicate if you have additional practice locations?
- ☐ indicate the name for which you are applying and will appear on your permit? (Section 3)
- ☐ provide a translation or explanation of any acronym or foreign or non-standard English word to appear in the permit name?
- ☐ include **ORIGINAL** signatures? (Section 5 or Section 7)

If applying as a **Sole Proprietorship**, did you:

- ☐ list your SSN number? (Section 4)
- ☐ fill out the signature block for the physician / podiatrist applying, leaving no blanks? (Section 5)

If applying as a **Partnership**, did you:

- ☐ list your FEIN number? (Section 4)
- ☐ include a signature from each partner?
- ☐ fill out the signature block for each partner, leaving no blanks? (Section 5)

If applying as a **Partnership of Corporations**, did you:

- ☐ complete all the steps for a regular Partnership?
- ☐ include a copy of your original endorsed Articles of Incorporation for each partner corporation?
- ☐ include a copy of any endorsed Amended Articles of Incorporation for each partner corporation?
- ☐ include a list of corporation names and entity numbers on a separate sheet of paper?

If applying as a **Corporation**, did you:

- ☐ include a copy of your original endorsed Articles of Incorporation?
- ☐ include a copy of any endorsed Amended Articles of Incorporation?
- ☐ list all shareholders **AND** the percentage of the corporation they own? (Sections 6a and 6b)
- ☐ fill out the signature block, leaving no blanks? (Section 7)



Medical Board of California

Application for a Fictitious Name Permit

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
www.mbc.ca.gov

INSTRUCTIONS:

- **Please print or type. Incomplete applications will not be accepted.**
- **For Individuals (Sole Proprietor) or Partnerships***: fill out sections 1, 2, 3, 4, and 5.
- **For Corporations****: fill out sections 1, 2, 3, 6a or 6b and 7 and mail with a copy of the endorsed Articles of Incorporation (articles that were originally filed with the Secretary of State and any amendments).
- **Processing Fee**: \$70 (non-refundable) check, money order or cashier's check payable to: Medical Board of California
- Mail application to address listed above.
 - * For Partnerships comprised of corporations, submit endorsed Articles of Incorporation for each corporation.
 - ** In California you may only practice medicine as a corporation if you are a California Professional Medical Corporation (Business and Professions Code §2402, Corporations Code §13401.5).

SECTION 1 – NAME AND ADDRESS

Practice Address

Physician or Corporation Name			
Street Address		Line 2	
City	State	Zip Code	Phone Number
Email Address (Required)			

Additional Practice Locations: (List **all** additional practice address information on a separate attachment) Yes ☐ No ☐

Mailing Address for the Fictitious Name Permit (if different than the practice address)

NOTE: This address is only used for the mailing of your original issued permit, if section is completed.

Name			
Street Address		Line 2	
City	State	Zip Code	

Person to be contacted regarding this application

Name			
Street Address		Line 2	
City	State	Zip Code	Phone Number
Email Address			

For Medical Board Use Only

Fee Paid:	Receipt #:	Initials:
Rec'd Date:	Entity #:	

SECTION 2 – BUSINESS TYPE

The applicant is applying as: *(check only one)*

☐ Individual (Sole Proprietor)

☐ Partnership

☐ Partnership of Corporation

☐ Professional Medical Corporation*

☐ Professional Podiatry Corporation

*The corporation must be a California professional medical or podiatric corporation incorporated under California Corporations Code §13400 et. seq.

SECTION 3 – FICTITIOUS NAME CHOICES

- Enter your fictitious name choices in order of preference. If the name is an acronym or includes abbreviations, foreign words or a name other than your own, please provide an explanation of its meaning.
- Please review the Board's website to determine if your name is available. Business and Professions Code §2285 prohibits practicing under a fictitious name until the Board has issued a Fictitious Name Permit.
- Names of current Fictitious Name Permits are on the Medical Board of California [website](#).

1. _____
2. _____
3. _____

SECTION 4 – FOR INDIVIDUALS (SOLE PROPRIETORS) AND PARTNERSHIPS ONLY

If applying as an Individual (Sole Proprietor), enter your Social Security Number: _____

If applying as a Partnership, (only Physician and Osteopath) enter your Federal Employer Identification Number (FEIN): _____

If applying as a Partnership of Corporations, please provide an attachment with corporation names and numbers.

SECTION 5 – OWNER(S) – INDIVIDUALS (SOLE PROPRIETORS) AND PARTNERSHIPS ONLY

Those with an ownership interest must be listed and must sign below. Attach additional sheet(s) if necessary.

The undersigned and each of the undersigned hereby certifies under penalty of perjury under the laws of the State of California that statements made on this Fictitious Name Permit Application, and all attachments thereto, are true and correct.

Type/Print Name	License #
Signature	Date
Type/Print Name	License #
Signature	Date
Type/Print Name	License #
Signature	Date
Type/Print Name	License #
Signature	Date
Type/Print Name	License #
Signature	Date
Type/Print Name	License #
Signature	Date
Type/Print Name	License #
Signature	Date

SECTION 6 – FOR PROFESSIONAL CORPORATIONS ONLY

Shareholders

A licensed physician and surgeon must own at least 51% of the outstanding shares of a professional medical corporation. The remaining 49% may be owned by licensed: podiatrists, psychologists, registered nurses, optometrists, marriage and family therapists, clinical social workers, physician assistants, chiropractors, midwives, naturopathic doctors, pharmacists, physical therapists, professional clinical counselors, or acupuncturists. The number of any of these licensed persons cannot exceed the number of physicians and cannot exceed a combined share total of 49%.

NOTE: Osteopathic physicians that own 51% or more MUST apply with the [Osteopathic Medical Board](#). A lay (unlicensed) person cannot own any shares in a professional medical corporation in California.

6a - If all shareholders are physicians, complete this section. If there are non-physician shareholders, proceed to **6b**.

Name (attach additional sheet(s) if necessary)	Medical License No.	% of Shares

6b - If ownership includes non-physicians, complete this section.

For nurse practitioner (NP) applicants, provide both your RN and NP license numbers

Names of all shareholders (attach additional sheet(s) if necessary)	License No.	% of Shares	Profession

SECTION 7 – CORPORATION

Complete Name of Corporation	Entity # (must match # on endorsed AOI)
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I certify at least 51% of said corporation's shares are owned by licensed physicians and surgeons or podiatrists and as such make this declaration for and on behalf of said corporation. I have read the foregoing application and all attachments thereto and know the contents thereof, and the same are true and correct.

I declare under penalty of perjury under the laws of the State of California that I am a **licensed physician or podiatrist** and have the legal authority to act on behalf of said corporation and that the information contained in this application and all attachments hereto are true and correct.

Executed at _____, this _____ day of _____, _____
City State Day Month Year

By: _____
Type/Print Name of Physician or Podiatrist Corporate Title

Signature: _____
Sign in Blue Ink Only

Visit the Medical Board of California [Fictitious Name Permit web page](#) to download confirmation information.

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals. Agency Name: Medical Board of California, Licensing Program, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831; Telephone (916) 263-2382. The official responsible for information maintenance is the Program Manager for Licensing Operations. The authority which authorizes the maintenance of the information is the Business and Professions Code. Publ.L 94-445(42 U.S.C.A.405c(2)(C)) authorizes collection of your social security number (SSN) and/or federal employer identification number (FEIN). Your SSN and/or FEIN 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 11350.6 of the Welfare & Institutions Code. If you fail to disclose your SSN or FEIN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Failure to provide all or any part of the requested information will result in this form being rejected as incomplete. The principal purpose(s) for which the information is to be used is to determine your eligibility for a Fictitious Name Permit pursuant to Section 2415 of the Business and Professions Code. Any known or foreseeable interagency or intergovernmental transfer that may be made of the information, when necessary, is to other federal, state and local law enforcement agencies. Each individual has the right to review the files or records maintained on him or her by the agency, except for information exempt from disclosure pursuant to Section 6254 of the Government Code or Section 1798.40 of the Civil Code.

Section 2415 of the Business and Professions Code states in pertinent part:

- (a) Any physician and surgeon or any doctor of podiatric medicine, as the case may be, who as a sole proprietor, or in a partnership, group, or professional corporation, desires to practice under any name that would otherwise be a violation of Section 2285 may practice under that name if the proprietor, partnership, group, or corporation obtains and maintains in current status a fictitious name permit issued by the Division of Licensing, or, in the case of doctors of podiatric medicine, the California Board of Podiatric Medicine, under the provisions of this section.
- (b) The division or the board shall issue a fictitious name permit authorizing the holder thereof to use the name specified in the permit in connection with his, her, or its practice if the division or the board finds to its satisfaction that:
 - (1) The applicant or applicants or shareholders of the professional corporation hold valid and current licenses as physicians and surgeons or doctors of podiatric medicine, as the case may be.
 - (2) The professional practice of the applicant or applicants is wholly owned and entirely controlled by the applicant or applicants.
 - (3) The name under which the applicant or applicants propose to practice is not deceptive, misleading, or confusing.