

Regular Mailing Address:
State Board of Osteopathic Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
717-783-4858
Email: st-osteopathic@pa.gov

Courier Delivery Address:
State Board of Osteopathic Medicine
2601 North Third Street
Harrisburg, PA 17110

APPLICATION FOR VOLUNTARY SURRENDER OF LICENSE

*Please print or type.
Illegible applications will be returned.*

FOR OFFICE USE ONLY

Legal Approval: Yes No Date: _____ File No: _____

Surrender As: Disciplinary Non-Disciplinary Reviewed By: _____

Comments:

FSMB Verification Completed Date: _____ Report Available: Yes No

Verified By: _____

TO BE COMPLETED BY APPLICANT

Name: (Last, First, Middle) ▶ _____

Address: ▶ _____
(This address will be on file with the PA State Board of Osteopathic Medicine and is public information.)

Telephone Number: ▶ _____

Phone: _____ Fax: _____

Date of Birth: ▶ _____

Social Security Number: ▶ _____

Pennsylvania Osteopathic License Number: ▶ _____

List ALL jurisdictions in which you hold or have ever held a license: ▶ _____

Name of the medical school completed and the date you graduated: ▶ _____

School: _____ Date: _____

Is your license in any other state or jurisdiction under pending investigation? Yes No If Yes, please attach written explanation.

Has your license in any other state or jurisdiction ever been disciplined? Yes No If Yes, please attach written explanation.

Have charges been filed against your license in any other state or jurisdiction? Yes No If Yes, please attach written explanation.

Have criminal charges been filed against you in any state or jurisdiction? Yes No If Yes, please attach written explanation.

Have you been convicted of a crime in any state or jurisdiction? Yes No If Yes, please attach written explanation.

Once this form is properly completed and approved, you will be notified of the date your license status will be changed to reflect this voluntary surrender status. Once surrendered, it may not be renewed, reissued, reinstated or restored. If you later decide to become licensed in the Commonwealth of Pennsylvania, you will be required to apply for a new license and will be subject to the requirements in effect at the time of application. This may include a written and/or oral examination.

IF DISCIPLINARY ACTION HAS BEEN INITIATED, OR IF YOU ARE THE SUBJECT OF A DISCIPLINARY INVESTIGATION BY THE COMMONWEALTH OF PENNSYLVANIA OR ANOTHER LICENSING AUTHORITY, YOUR LICENSE WILL BE SURRENDERED AS “VOLUNTARY SURRENDER - DISCIPLINARY” AND WILL BE REPORTED AS SUCH TO THE NATIONAL PRACTITIONER DATA BANK

YOU ARE REQUIRED TO RETURN YOUR ORIGINAL WALL CERTIFICATE AND THE LAST ORIGINAL LICENSE ISSUED TO YOU BY THE BOARD.

This request for a voluntary surrender of license **must be accompanied by your original wall certificate and the last original license issued to you by the Board.** If the wall certificate and/or last original license are no longer in your possession, provide below a brief explanation as to the reason the license is no longer in your possession.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in other sanctions or penalties. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Osteopathic Medicine any information, files or records requested by the Board.

Applicant's Signature

Date

Printed Name of Applicant