



## PETITION FOR REDUCTION OF PENALTY

|  |   |
|--|---|
| <b>Type of Petition:</b><br><br><input type="checkbox"/> Reinstatement of Revoked License<br><input type="checkbox"/> Modification of Probation<br><input type="checkbox"/> Termination of Probation | <b>Location Requested for Hearing:</b><br><br><input type="checkbox"/> Northern California<br><input type="checkbox"/> Southern California<br><input type="checkbox"/> First Available Location |
| <b>Petitioners' Full Name:</b>   | <b>If Applicable, Name of Attorney:</b>   |
| <b>Address</b>   | <b>Address</b>  |
| <b>City, State, Zip Code</b>   | <b>City, State, Zip Code</b>  |
| <b>Home Telephone #:</b>   | <b>Telephone:</b>   |
| <b>Business Telephone #:</b>   | <b>Fax #:</b>   |
| <b>A. DISCIPLINE INFORMATION</b>   |   |
| 1. Effective Date of Most Recent Discipline  |   |
| 2. Cause for Discipline:   |   |
| 3. Effective Date of Probation   | 4. Period of Probation Order  |
|  | Years:                      Months:   |
| 5. Balance of Probation Remaining  |   |
| Years:                      Months:  |   |
| 6. List prior Petition Hearings (If Any)   | 7. List Prior Discipline other than the one listed above.   |
| <b>B. EMPLOYMENT STATUS</b>  |   |
| 1. Are you currently licensed in another state: If yes, include state, year issued and expiration date.  |   |
| 2. Employment History –List all employers for the last five (5) years, beginning with the most recent employer.  |   |
| a. Employer:   | Telephone Number:   |
| Address:   | Supervisor's Number:  |
| Your Job Title:  | Dates of Employment:  |
| Responsibilities:  |   |
| Reason for Leaving   |   |
|  |   |
| b. Employer:   | Telephone Number:   |
| Address:   | Supervisor's Number:  |
| Your Job Title:  | Dates of Employment:  |
| Responsibilities:  |   |
| Reason for Leaving:  |   |
|  |   |
| 3. Year first licensed in California:  | 4. Total years of practice:   |

**C. EDUCATION**

1. Since the effective date of the decision placing your license on probation, what education course(s), continuing education, or other educational program(s) have you completed? Attach proof of Completion, Attendance, or Transcripts.

| Course Title | Name of Provider | Hours/Units | Date Completed |
|--------------|------------------|-------------|----------------|
|              |                  |             |                |

**D. RECENT HISTORY:**

| 1. Since the effective date of your latest disciplinary decision, have you: | Yes | No |
|---|-----|----|
| a. Been placed on criminal probation or parole?                             |     |    |
| b. Been charged in any pending criminal action?                             |     |    |
| c. Been convicted of any criminal offense?                                  |     |    |
| d. Been charged or disciplined by any medical society?                      |     |    |
| e. Been disciplined by a hospital as to staff privileges?                   |     |    |
| f. Been addicted or habituated to alcohol or drugs?                         |     |    |
| g. Been hospitalized for alcohol or drug problems or for mental illness?    |     |    |

If you answered "yes" to any of the above questions, please submit written detailed explanation and attach it to your narrative statement.

**E. DECLARATION:**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that all statements and documents attached in support of this petition are true and correct.

Date:

Signature:

**F. EXHIBITS LIST:**

- 1) Petitioner's Narrative Statement
- 2) Two letters of recommendation from California licensed physical therapists with knowledge of petitioners current activities
- 3) Copies of prior disciplinary action(s)
- 4) Copy of completed Live Scan Form