MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Enforcement Program
320 Arden Avenue, Suite 250
Glendale, CA 91203-1121
Phone: (818) 551-2129 | (818) 539-8314
Fax: (818) 551-2131
www.mbc.ca.gov

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

EXPERT REVIEWER - ORIGINAL APPLICATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SUFFIX

MAILING ADDRESS:	CITY:	STATE	ZIP:
		CA	

ALTERNATE MAILING ADDRESS (NOT A P.O. BOX) FOR EXPERT PACKAGES:	CITY:	STATE:	ZIP:
		CA	

TELEPHONE NUMBER:	CELL NUMBER:	WORK NUMBER:

CALIFORNIA PHYSICIAN/SURGEON LICENSE NUMBER:	EMAIL ADDRESS:

BUSINESS NAME:	FICTICIOUS NAME PERMIT (FNP) NUMBER:

1. List all current American Board of Medical Specialties (ABMS) certificates. Include specialty/subspecialty and date(s) of practice [e.g., internal medicine (2000-2020) / endocrinology (2002-2022)]. Also include certificates from the American Boards of Facial Plastic & Reconstructive Surgery, Pain Medicine, Sleep Medicine, and Spine Surgery or any other non-ABMS certificates held.

2. Describe your active medical practice or employment. [Active practice is defined as at least 80 hours per month in direct patient care or clinical activity or teaching, of which 40 hours must involve direct patient care.] Include any special procedures (e.g., laparoscopic surgery) or modalities (e.g., alternative medicine) that you employ in your practice. Also, identify any special training you have received that is not listed above.

3. List each hospital and location where you currently have full privileges. Identify your specialty or subspecialty for each hospital listed.

4. List any **current** faculty appointment(s); date and type of appointment(s) [e.g., full time, clinical, adjunct, emeritus, etc.]; your title; and the name and the location of each Institution.

5. Describe any prior peer review experience (hospital, medical society, or equivalent).

Applicant:

Questions 6-11 (If yes, explain in "Comments" section below.)	
6. Has any medical licensing board, other agency, or hospital (including the U. S. Military, U. S. Public Health Service or other U. S. federal governmental entity) filed or taken disciplinary action regarding any healing arts license which you now hold or ever held, for unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts?	☐ Yes ☐ No
7. 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 over $30,000 or an arbitration award of any amount?	☐ Yes ☐ No
8. Have you ever voluntarily surrendered a license to practice in the healing arts in this or any other state, or voluntarily surrendered your narcotic (controlled substance) permit (state or federal) to any licensing board or any other agency, or is any such action pending?	☐ Yes ☐ No
9. 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
10. Have you ever been arrested, convicted or pled *nolo contendere* to any violation of any federal, state or local law of any state in the United States, or a foreign country? **You are required to list any conviction that has been set aside and dismissed or expunged, or where a stay of execution has been issued.**]	☐ Yes ☐ No
11. Have you ever testified/supported your medical opinion (as an expert witness) in court/formal setting (for the Medical Board of California or otherwise)?	☐ Yes ☐ No
COMMENTS (Identify corresponding question number)	

PRIVACY NOTICE: *The information provided on this application is maintained by the Executive Office of the Medical Board of California (Board), 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, under the authority granted by the Business and Professions Code, Division 2, Chapter 5, Article 13, Section 2332. It is mandatory that you provide all information requested. Omission of any item of information will result in the application being rejected as incomplete. Your completed application becomes the property of the Board and will be used by the authorized personnel to determine your eligibility for participation in the Expert Reviewer Program. Information on your application may be transferred to other governmental or law enforcement agencies. You have the right to review the records maintained on you by the Board unless the records are exempt from disclosure.*

I hereby certify that all statements made in this application are true and complete and I understand that any misstatements of material facts will subject me to disqualification. I have attached a current *curriculum vitae* to this application.

_____ _____

Signature **Date**

Mail completed Original Application to:

Medical Board of California
Expert Reviewer Program
320 Arden Avenue, Suite 250
Glendale, CA 91203

PRACTICE AREA DEFINERS - *Please mark current active practice (practice detail) and indicate any other area of interest/expertise within your specialty(ies)*

- ☐ **ADDICTION MEDICINE**
- ☐ **ALLERGY and IMMUNOLOGY**
- ☐ **ALTERNATIVE/COMPLEMENTARY/INTEGRATIVE MEDICINE**
  - ☐ Acupuncture
  - ☐ Chinese Herbal
  - ☐ Homeopathic/Naturopathic
  - ☐ Medical Marijuana
  - ☐ Other _____
- ☐ **ANESTHESIOLOGY**
  - ☐ Hospital Based
  - ☐ Office Based
  - ☐ Pain Medicine
  - ☐ Other _____
- ☐ **CARDIOLOGY**
  - ☐ General Cardiology
  - ☐ Nuclear Cardiology
  - ☐ Interventional Cardiology
  - ☐ Pediatric Cardiology
  - ☐ Non-Interventional/Non Invasive
- ☐ **CARDIOVASCULAR DISEASE**
- ☐ **COLON/RECTAL SURGERY**
- ☐ **CORRECTIONAL MEDICINE**
- ☐ **DERMATOLOGY**
  - ☐ Special Interest In Cosmetic Procedures
- ☐ **EMERGENCY MEDICINE**
- ☐ **ETHICS**
  - ☐ Hospice and Palliative
  - ☐ Professional Review/Ethics Committee Experience:
    - ☐ Current
    - ☐ Past Experience
- ☐ **FAMILY MEDICINE**
- ☐ **GASTROENTEROLOGY-HEPATOLOGY**
  - ☐ Bariatric Procedures
  - ☐ Diagnostic ERCP
  - ☐ Endoscopic Ultrasound
  - ☐ Hepatology
  - ☐ Endoscopy with Laser Usage
  - ☐ Manometry
  - ☐ Placement Of Expandable Stents
  - ☐ Pneumatic Dilatation of the Esophagus
  - ☐ Therapeutic ERCP (Sphincterotomy, Stents, Biliary Dilatation, Etc.)
- ☐ **INTERNAL MEDICINE**
  - ☐ General Internal Medicine
  - ☐ Hospitalist
  - ☐ Cystic Fibrosis
  - ☐ Pain Management
  - ☐ Other _____
- ☐ **MEDICAL GENETICS**
- ☐ **NEUROLOGICAL SURGERY**
  - ☐ Brain
  - ☐ Spine
- ☐ **NEUROLOGY**
  - ☐ Peripheral Nerve
  - ☐ Other _____
- ☐ **NEUROLOGY WITH SPECIAL QUALIFICATIONS IN CHILD NEUROLOGY**
- ☐ **NUCLEAR MEDICINE**
- ☐ **ORAL & MAXILLOFACIAL SURGERY**
- ☐ **OB-GYN**
  - ☐ General Ob-Gyn
  - ☐ Endocrinology
  - ☐ Endometrial Ablation
  - ☐ Infertility
  - ☐ High Risk Pregnancies
  - ☐ Robotic Surgery
  - ☐ Therapeutic Abortions
  - ☐ Urogynecology
  - ☐ No Obstetrics/Gynecology Only
  - ☐ Treatment of Urinary Continence Problems
  - ☐ With Experience Supervising Midwives
  - ☐ Other _____
- ☐ **OPHTHALMOLOGY**
  - ☐ General Ophthalmology
  - ☐ Corneal Surgery
  - ☐ AIDS Eye
  - ☐ Laser Surgery
  - ☐ Glaucoma
  - ☐ LASIK
  - ☐ Cataract
  - ☐ Neuro-Ophthalmology
  - ☐ Ocular Oncology (Eye Tumors)
  - ☐ Orbital and Ophthalmic Plastic Surgery
  - ☐ Pediatric Ophthalmology
  - ☐ Retina/Vitreoretinal Surgery/Uveitis
  - ☐ Other _____
- ☐ **ORTHOPAEDICS**
  - ☐ Arthroscopic Endoscopic Procedures
  - ☐ Hand Surgery
  - ☐ Elbow Surgery
  - ☐ Hip Replacement
  - ☐ Joint Replacement
  - ☐ Knee Surgery
  - ☐ Spinal Surgery
  - ☐ Pediatric Orthopaedics
  - ☐ Shoulder Surgery
  - ☐ Other _____
- ☐ **OTOLARYNGOLOGY**
  - ☐ General ENT
  - ☐ Cochlear Implant
  - ☐ Other _____
- ☐ **PAIN MEDICINE**
  - ☐ Hospital Based
  - ☐ Office Based
- ☐ **PATHOLOGY**
- ☐ **PEDIATRICS**
  - ☐ General Pediatrics
  - ☐ Pediatric Alternative/Complementary/Integrative
  - ☐ Other _____
- ☐ **PHYSICAL MEDICINE and REHABILITATION**
- ☐ **PLASTIC SURGERY**
  - ☐ Cosmetic Surgery
  - ☐ Hand Surgery
  - ☐ Laser Surgery
  - ☐ Lipectomy
  - ☐ Liposuction
  - ☐ Neograft
  - ☐ Hair Transplant
  - ☐ Gender Reassignment Surgical Procedure:
    - ☐ Female to Male
    - ☐ Male to Female
  - ☐ Other _____
- ☐ **PUBLIC HEALTH and GENERAL PREVENTIVE MEDICINE**
  - ☐ Clinical Informatics
  - ☐ Undersea & Hyperbaric Medicine
  - ☐ Other _____
- ☐ **PSYCHIATRY**
  - ☐ Addiction Psychiatry
  - ☐ Adult
  - ☐ Child/Adolescent
  - ☐ ECT
  - ☐ Epilepsy
  - ☐ Forensic Psychiatry
  - ☐ Geriatric Psychiatry
  - ☐ Pain Management
  - ☐ Psychoanalysis
  - ☐ Psychopharmacology
  - ☐ Psychosomatic
  - ☐ With Experience Supervising Psychological Assistants
- ☐ **RADIOLOGY**
- ☐ **RADIATION ONCOLOGY**
- ☐ **SLEEP MEDICINE**
- ☐ **SPINE SURGERY**
- ☐ **STEM CELL**
- ☐ **SURGERY**
  - ☐ Bariatric/Gastric Bypass Surgery
  - ☐ Laparoscopic Surgery
  - ☐ Pediatric Surgery
  - ☐ General Surgery
  - ☐ Laser Surgery
  - ☐ Robotic Surgery
  - ☐ Trauma Surgery
  - ☐ Endocrine/Thyroid Surgery
  - ☐ Other _____
- ☐ **THORACIC and CARDIAC SURGERY**
  - ☐ Congenital Cardiac Surgery
  - ☐ Pediatric Cardiac Surgery
  - ☐ Adult Cardiac Surgery
  - ☐ Other _____
- ☐ **TOXICOLOGY**
- ☐ **UROLOGY**
  - ☐ Gender Reassignment Surg. Procedure
  - ☐ Robotic Surgery
- ☐ **VASCULAR SURGERY**

Yes	No	
☐	☐	Are you willing to perform mental evaluation or physical examination of a licensee, if needed?
☐	☐	Do you supervise physician assistants?
☐	☐	Do you supervise nurse practitioners /midwives/nurse midwives?
☐	☐	Do you have special training or use any procedure, practice modalities, etc., not listed? If yes, please describe:

_____

_____

_____

_____

Telephone: (818) 551-2129 or (818) 539-8314 **FAX:** (818) 551-2131 **Email:** MBCMedicalExpertProgram@mbc.ca.gov **Web:** www.mbc.ca.gov/enforcement/expert_reviewer/

MEDICAL BOARD
OF CALIFORNIA
Protecting consumers by advancing high quality, safe medical care.

Enforcement Program
320 Arden Avenue, Suite 250
Glendale, CA 91203-1121
Phone: (818) 551-2129 | (818) 539-8314
Fax: (818) 551-2131
www.mbc.ca.gov

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

APPLICATION SURVEY

How did you learn about the Medical Board's Expert Reviewer Program?

- ☐ Medical Board of California Newsletter
- ☐ Medical Board of California Website
- ☐ CMA Publication
- ☐ Specialty Board Publication (name) _____
- ☐ Medical Society Publication (name) _____
- ☐ Word of Mouth (name) _____
- ☐ Recruitment via an event or marketing ad (location) _____
- ☐ Email Link (indicate) _____
- ☐ Other _____