



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

MIDWIFE REVIEWER - ORIGINAL APPLICATION

LAST NAME:		FIRST NAME:		MIDDLE NAME:		SUFFIX	
MAILING ADDRESS:			CITY:		STATE:	ZIP:	
ALTERNATE MAILING ADDRESS (NOT A P.O. BOX) FOR EXPERT PACKAGES:			CITY:		STATE:	ZIP:	
TELEPHONE NUMBER:		CELL NUMBER:		WORK NUMBER:			
CALIFORNIA MIDWIFE LICENSE NUMBER:				EMAIL ADDRESS:			
1. List all education and training you have received. Please include dates and locations.							
2. Describe your midwife experience. Please list total number of deliveries you have attended during your length of practice. Also, list date of most recent delivery.							
3. List each county location where you currently practice.							
4. List any current faculty appointment(s); date and type of appointment(s), your title; and the name and location of each Institution.							
5. Describe any prior peer review experience.							



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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 _____