



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

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	
<input type="checkbox"/>	<input type="checkbox"/>	Are you willing to perform mental evaluation or physical examination of a licensee, if needed?
<input type="checkbox"/>	<input type="checkbox"/>	Do you supervise physician assistants?
<input type="checkbox"/>	<input type="checkbox"/>	Do you supervise nurse practitioners /midwives/nurse midwives?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have special training or use any procedure, practice modalities, etc., not listed? If yes, please describe:
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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 _____