



## MEDICAL BOARD OF CALIFORNIA Expert Reviewer Program



### RENEWAL APPLICATION

The initial term of appointment as an Expert Reviewer for the Medical Board of California was for two years. If you would like to continue as an Expert Reviewer, please complete the Renewal Application and attach a current *curriculum vitae*. If you have any questions, please call the Expert Reviewer Program Analyst at (818) 551-2129 .

NAME: LAST		FIRST		MI	
MAILING ADDRESS:			CITY:	STATE:	ZIP:
				CA	
ALTERNATE MAILING ADDRESS (NOT A P.O. BOX ) FOR EXPERT PACKAGES:			CITY:	STATE:	ZIP:
				CA	
DIRECT TELEPHONE NUMBER AND EXTENSION:		OTHER TELEPHONE NUMBER: (Please identify e.g., work, cell, etc.)			
CA PHYSICIAN/SURGEON LICENSE NUMBER:		E-MAIL ADDRESS:			
1. List all current American Board of Medical Specialties (ABMS) Certificates. Include specialty/ subspecialty and date(s) of practice [e.g., internal medicine (2000-2013)/ endocrinology (2002-present)]. 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 <u>or</u> 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. Have you retired from active medical practice or employment? <input type="checkbox"/> Yes <input type="checkbox"/> No    [If yes, provide date of retirement and explain.]					
4. List each hospital and location where you <b>currently</b> have full privileges. Identify your specialty or subspecialty for each hospital listed.					
5. List any <b>current</b> 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.					

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

7. Have you been disciplined by the Medical Board of California or any other state, or have disciplinary charges been filed against you in any state since you were approved as an Expert Reviewer?  Yes  No [If yes, please explain in "Comments" section.]

8. Have you ever been arrested, convicted or pled *nolo contendere* to any criminal act since you were approved as an Expert Reviewer?  Yes  No [If yes, please explain in "Comments" section.]

9. Have you been contacted by the Board to review any cases?  Yes  No

10. Any additional information you wish to provide :  
Additional contact numbers (if any): \_\_\_\_\_  
Most efficient contact time/method : \_\_\_\_\_  
Have you ever testified/supported your medical opinion (as an expert witness) in court/formal setting (for MBC or otherwise)? \_\_\_\_\_

**COMMENTS** [Identify corresponding question number, and/or add any comments you may have regarding the Expert Reviewer Program.]

**PRIVACY NOTICE:** *The information provided on this application is maintained by the Executive Office of the Medical Board of California (MBC), 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 MBC 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 MBC 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**

**Telephone:** (818) 551-2129 **Fax:** (818) 551-2131 **Email:** susan.goetzinger@mbc.ca.gov **Web:** http://www.mbc.ca.gov/Enforcement/Expert\_Reviewer

TYPE OR PRINT IN INK

Please mark current active practice

## PRACTICE AREA DEFINERS

Please mark current active practice

### ANESTHESIOLOGY

- Cardiac Anesthesia
- Epidural steroids
- ICU care
- Management of acute post operative pain (including but not limited to PCA, epidural, spinal, and intrathecal narcotics)
- Minor nerve blocks
- Implantation of spinal cord stimulators
- Obstetrical anesthesia
- Pain medicine/Pain management
- Pediatric Anesthesia
- Transesophageal Echo (TEE) - simple placement  Other \_\_\_\_\_

### CARDIOLOGY

- Electrophysiology
- Interventional/Invasive
- Noninterventional/Non-Invasive
- Pediatric  Other \_\_\_\_\_

### COMPLEMENTARY/ALTERNATIVE/INTEGRATIVE MEDICINE

- Alternative medical systems including acupuncture, herbal medicine, oriental massage, qi gong, Ayurveda, Homeopathy, Naturopathy
- Biological-based therapies including herbal, special dietary, and orthomolecular therapies
- Energy therapy including biofield and electromagnetic field therapy
- Mind-Body interventions including meditation, dance, music, and art therapy
- Manipulative and body-based methods including massage therapy
- Other: \_\_\_\_\_

### CORRECTIONAL MEDICINE/HEALTHCARE

- W/ CDCR experience  CDCR currently employed
- W/ County jail experience  Other \_\_\_\_\_

### DERMATOLOGY

- Botox, Fillers, \_\_\_\_\_
- Dermatopathology
- Hair Transplant
- IPL
- Laser surgery  Liposuction
- Mesotherapy  MOHS micrographic surgery
- Special interest in cosmetic procedures  Other \_\_\_\_\_

### EMERGENCY MEDICINE

- Emergency Medical Services
- Ultrasonography
- Urgent Care  Other \_\_\_\_\_

### ETHICS

- Professional Review/Ethics Committee Experience [ ]current [ ]past exp.

### ENDOCRINOLOGY

- Needle biopsy of the thyroid
- Needle bone biopsy

### FAMILY MEDICINE

- Arthrocentesis
- Bariatric, Weight Loss, \_\_\_\_\_
- Colonoscopy
- C-sections  D & C
- Flexible sigmoidoscopy
- Geriatric medicine
- Growth Hormones, Use of Steroids, \_\_\_\_\_
- Management of obstetrical patients  Newborn care
- Nursing Home Care  Home Care  Assisted Living
- Pain medicine /Pain management
- Primary Care
- Simple surgical procedures
- Sports medicine
- Treatment of simple fractures and dislocations
- Urgent Care
- QME  Workers' Comp Evals;  Other \_\_\_\_\_

### GASTROENTEROLOGY-HEPATOLOGY

- Diagnostic ERCP
- Endoscopic ultrasound
- Endoscopy with laser usage
- Manometry
- Placement of expandable stents
- Pneumatic dilatation of the esophagus
- Therapeutic ERCP (sphincterotomy, stents, biliary dilatation, etc.)
- Mainly Hepatology  Other \_\_\_\_\_

### INTERNAL MEDICINE

- GENERAL INTERNAL MEDICINE
- AIDS/HIV
- Arthrocentesis
- Bariatric, Weight Loss
- Bone marrows
- Cardiac stress testing
- Colonoscopy
- Combined outpatient and inpatient
- Elective cardioversion
- Flexible sigmoidoscopy
- Geriatrics
- Growth Hormones, Use of Steroids
- Hospitalist
- Infectious Diseases
- Interpretation of Holter Monitor
- No inpatient
- Nursing Home Care  Home Care  Assisted Living
- Pain medicine/Pain management
- Peritoneal dialysis
- Pulmonary function interpretation
- Skin biopsy
- Swan-Ganz
- Thrombolytic therapy
- Upper endoscopy
- Urgent Care
- Ventilator care
- QME  Workers' Comp Evals;  Other \_\_\_\_\_

### NEUROLOGY

- Epilepsy  Sleep Medicine
- Thrombolytic treatment of non-hemorrhagic strokes

### OB-GYN

- General Ob-Gyn  Endocrinology  Infertility
- Endometrial Ablation
- Gynecological oncology
- High risk pregnancies
- No obstetrics  Gynecology only
- Reproductive endocrinology and infertility
- Treatment of urinary continence problems
- Therapeutic abortions
- Urogynecology  Other \_\_\_\_\_

### OPHTHALMOLOGY

- Cataract  Retina/Vitreoretinal Surgery/Uveitis
- Corneal Surgery
- Glaucoma  AIDS Eye
- Laser Surgery  Ocular Oncology (eye tumors)
- LASIK
- Neuro-Ophthalmology  General Ophthalmology
- Orbital and Ophthalmic Plastic Surgery
- Pediatric Ophthalmology  Other \_\_\_\_\_

### ORTHOPAEDICS

- Arthroscopic endoscopic procedures
- Hand surgery
- Pediatric specialist
- Spinal surgery;  Back/spine problems
- Shoulder  Knee  Joint replacement  Hip replacement
- Sports Surgery
- QME  Workers' Comp Evals  Other \_\_\_\_\_

### OTOLARYNGOLOGY

- Cosmetic surgery  Neurotology  Other \_\_\_\_\_
- Cochlear implant  Pediatric Specialist
- General ENT  Plastic Surg w/n Head&Neck

### PATHOLOGY

- Blood banking/transfusion medicine
- Bone marrow biopsy
- Fine needle aspiration biopsy
- Forensic pathology  Other \_\_\_\_\_

### PEDIATRICS

- Developmental-behavioral pediatrics
- Hospitalist
- Outpatient Pediatric
- Pediatric Alternative/Complementary/Integrative Med.
- Pediatric genetics
- Pediatric HIV/AIDS  Pediatric Infectious Diseases
- Pediatric intensive care  Other \_\_\_\_\_

### PLASTIC SURGERY

- Cosmetic surgery
- Laser Surgery
- Lipectomy  Liposuction
- Hair Transplant
- Hand Surgery  Other \_\_\_\_\_

### PSYCHIATRY

- Addiction Psychiatry
- Adult
- Child and Adolescent
- Couples therapy  Group therapy
- Epilepsy
- Forensic psychiatry
- Geriatric Psychiatry
- Pain medicine/Pain management
- Psychoanalysis
- Psychopharmacology
- Psychosomatic
- Treatment with medication
- Treatment with psycho-therapy
- With Experience Supervising Psychological Assistants
- QME  Workers' Comp Evals  Other \_\_\_\_\_

### SLEEP MEDICINE/SLEEP STUDIES

### RADIOLOGY

- Interventional and/or invasive radiology
- MRI  Mammography
- Neuroradiology  Radiation therapy
- Pediatric  Other \_\_\_\_\_

### SURGERY

- Bariatric/Gastric Bypass surgery
  - Bronchoscopy
  - Cardiovascular
  - General surgery
  - GI Endoscopy
  - Laparoscopic surgery
  - Laser surgery
  - Pediatric Cardiothoracic Surgery
  - Pediatric surgery
  - Peripheral vascular
  - Trauma surgery
  - Vascular surgery  Other \_\_\_\_\_
- Yes No
- Do you supervise physician assistants?
  - Do you supervise nurse practitioners?
  - Do you have special training or use any procedure, practice modalities, etc., not listed? If yes, please describe: \_\_\_\_\_