MEDICAL BOARD OF CALIFORNIA
Midwife Reviewer Program

ORIGINAL APPLICATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:	
MAILING ADDRESS:	CITY:	STATE:	ZIP:
ALTERNATE MAILING ADDRESS (NOT A P.O. BOX) FOR EXPERT PACKAGES:	CITY:	STATE:	ZIP:
DIRECT TELEPHONE NUMBER AND EXTENSION:	OTHER TELEPHONE NUMBER: (PLEASE IDENTIFY e.g., WORK, CELL, ETC.)		
CA MIDWIFE LICENSE NUMBER:	E-MAIL 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. Please identify your supervising physician, and include his or her complete name, physician and surgeon license number, address, and telephone number.

5. List any current faculty appointment(s); date and type of appointment(s), your title; and, the name and the location of each Institution.

6. Describe any prior peer review experience:

7. Has any medical licensing board, clinic, or any 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 know or ever held, for unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts?

☐ Yes ☐ No (If yes, please explain in "Comments" section.)

TYPE OR PRINT IN INK

320 Arden Avenue, Suite 250, Glendale, CA 91203 (818) 551-2129 FAX: (818) 551-2131 www.mbc.ca.gov

8. Has a claim or action for damages ever been filed against you in the course of the practice of midwifery or any other healing art which resulted in a malpractice settlement over $30,000 or an arbitration award of any amount?

☐ Yes ☐ No (If yes, please explain in "Comments" section.)

9. Have you ever voluntarily surrendered a license to practice in the healing arts in this or any other state, or to any licensing board or any other agency, or is any such action pending?

☐ Yes ☐ No (If yes, please explain in "Comments" section.)

10. Have you ever been subject to disciplinary or adverse administrative action associated with your employment in a health care setting?

☐ Yes ☐ No (If yes, please explain in "Comments" section.)

11. 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 (If yes, please explain in "Comments" section.)

12. Additional Information:

Additional Contact Numbers (If Any): _____

Most efficient Contact Time/ Method: _____

Have you ever testified/supported your medical opinion in court/formal setting (for MBC or otherwise)? _____

PRIVACY NOTICE: *The information provided on this application is maintained by the Executive Office of the Medical Board of California (MBC),2005 Evergreen St., 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
E-mail: susan.goetzinger@mbc.ca.gov
Telephone: 818-551-2129 Fax: 818-551-2131
W: www.mbc.ca.gov/licensee/expert_reviewer.html

TYPE OR PRINT IN INK