



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Enforcement Program

320 Arden Avenue, Suite 250
 Glendale, CA 91203-1121
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 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 - RENEWAL APPLICATION

The initial term of appointment as an Expert Midwife Reviewer for the Medical Board of California (Board) was for three years. If you would like to continue as a Midwife Reviewer, please complete the Renewal Application and attach a current *curriculum vitae*. If you have any questions, please contact the Expert Reviewer Program Analyst at MBCMedicalExpertProgram@mbc.ca.gov.

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 any changes in your education and training (since your last application). Please include dates and locations.

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2. Describe your current active practice or employment. Please list current total number of deliveries you have attended (during your length of practice). Also, list date of most recent delivery.

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3. List each county location where you currently practice.

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

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5. Describe any prior peer review experience.

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Applicant:

Questions 6-9 (If yes, explain in "Comments" section below.)	
6. Have you been disciplined by the Medical Board of California or any other state, or have any disciplinary charges been filed against you in any state since you were approved as a Midwife Reviewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been arrested, convicted or pled nolo contendere to any criminal act since you were approved as a Midwife Reviewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been contacted by the Board to review any cases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever testified/supported your medical opinion in court/formal setting (for the Board or otherwise)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS (Identify corresponding question number, and/or add any comments you may have regarding the Expert Reviewer Program)	
PRIVACY NOTICE: <i>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>	
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 <i>curriculum vitae</i> to this application.	
<hr style="width: 80%; margin: 0;"/> <p>Signature</p>	<hr style="width: 80%; margin: 0;"/> <p>Date</p>

Mail completed Original Application to:

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