



MEDICAL BOARD OF CALIFORNIA Midwife Reviewer Program

RENEWAL APPLICATION

The initial term of appointment as an Expert Midwife Reviewer for the Medical Board of California was for two 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 call the Expert Reviewer Program Analyst at (818) 551-2129.

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

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.

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.

TYPE OR PRINT IN INK

6. Describe any prior peer review experience:
7. 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 (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 a Midwife Reviewer? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain in "Comments" section.)
9. Have you ever been contacted by the Board to review any cases? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. 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)? _____
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 (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>
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.

Signature

Date

Mail completed Renewal Application to: Medical Board of California
Expert Reviewer Program
320 Arden Avenue, Suite 250
Glendale, CA 91203
Email: susan.goetzing@mbc.ca.gov
Telephone: 818-551-2129 Fax: 818-551-2131
Web: www.mbc.ca.gov/licensee/expert_reviewer.html

TYPE OR PRINT IN INK