



# MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

## Enforcement Program

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Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

### EXPERT REVIEWER - RENEWAL APPLICATION

The initial term of appointment as an Expert Reviewer for the Medical Board of California (Board) was for three 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 contact the Expert Reviewer Program Analyst at [MBCMedicalExpertProgram@mbc.ca.gov](mailto:MBCMedicalExpertProgram@mbc.ca.gov).

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SUFFIX
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MAILING ADDRESS:	CITY:	STATE	ZIP:
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ALTERNATE MAILING ADDRESS (NOT A P.O. BOX) FOR EXPERT PACKAGES:	CITY:	STATE:	ZIP:
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TELEPHONE NUMBER:	CELL NUMBER:	WORK NUMBER:
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CALIFORNIA PHYSICIAN/SURGEON LICENSE NUMBER	EMAIL ADDRESS:
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BUSINESS NAME:	FICTICIOUS NAME PERMIT (FNP) NUMBER:
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**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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