



Medical Board of California
Midwife Reviewer
Original Application

Enforcement Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2500
www.mbc.ca.gov

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Suffix
Mailing Address – Street		City	State Zip Code
Alternate Address (Not A P.O. Box) For Expert Packages:		City	State Zip Code
Telephone Number	Cell Number	Work Number	
California Midwife License Number	Email		

QUALIFICATIONS

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

5. Describe any prior peer review experience.

6. 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 now or ever held, for unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been subject to disciplinary or adverse administrative action associated with your employment in a health care setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever testified/supported your medical opinion in court/formal setting (for the Medical Board of California or otherwise)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

[illegible]

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.

Signature

Date

Medical Board of California State of California | Business, Consumer Services, and Housing Agency | Department of Consumer Affairs MR-1 (Rev 03/24)



Medical Board of California
Application Survey

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How did you learn about the Medical Board's Expert Reviewer Program?

Medical Board of California Newsletter

Medical Board of California Website

CMA Publication

Specialty Board Publication (name) _____

Medical Society Publication (name) _____

Word of Mouth (name) _____

Recruitment via an event or marketing ad (location) _____

Email Link (indicate) _____

Other _____