



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

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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