



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.

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. 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.

