



## OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA Expert Reviewer Program



### RENEWAL APPLICATION

The initial term of appointment as an Expert Reviewer for the Osteopathic Medical Board of California was for three years. If you would like to continue as an Expert Reviewer, please complete the Renewal Application and attach current *curriculum vitae*. If you have any questions, please contact the Expert Reviewer Program Analyst at [Machiko.Chong@dca.ca.gov](mailto:Machiko.Chong@dca.ca.gov).

NAME: LAST		FIRST		MI	
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 PHYSICIAN/SURGEON LICENSE NUMBER:		E-MAIL ADDRESS:			
<p>1. List all current Specialty Board Certifications. Include specialty/ subspecialty and date(s) of practice [e.g., internal medicine [(2009-2019/ endocrinology 2010-2020)]. Also include certificates from the American Boards of Facial Plastic &amp; Reconstructive Surgery, Pain Medicine, Sleep Medicine and Spine Surgery or any other non-ABMS or AOA certificates held.</p>					
<p>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. Identify if OMT is used in your practice. Also, identify any special training you have received that is not listed above.</p>					
<p>3. Have you retired from active medical practice or employment?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    [If yes, provide date of retirement and explain.]</p>					
<p>4. List each hospital and location where you <b>currently</b> have full privileges. Identify your specialty or subspecialty for each hospital listed.</p>					
<p>5. List any <b>current</b> faculty appointment(s); date and type of appointment(s) [e.g., full time, clinical, adjunct, and emeritus, etc.]; your title; and, the name and the location of each institution.</p>					

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6. Describe any prior peer review experience (hospital, medical society, or equivalent).

7. Have you been disciplined by the Medical Board of California or any other state, or have disciplinary charges been filed against you in any state since you were approved as an Expert Reviewer?  Yes  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 an Expert Reviewer?  Yes  No [If yes, please explain in "Comments" section.]

9. Have you been contacted by the Board to review any cases?  Yes  No

10. Any additional information you wish to provide:

Additional contact numbers (if any): \_\_\_\_\_

Most efficient contact time/method: \_\_\_\_\_

Have you ever testified/supported your medical opinion (as an expert witness) in court/formal setting (for OMBC or otherwise)? \_\_\_\_\_

**COMMENTS** [Identify corresponding question number, and/or add any comments you may have regarding the Expert Reviewer Program.]

**PRIVACY NOTICE:** *The information provided on this application is maintained by the Executive Office of the Osteopathic Medical Board of California (OMBC), 1300 National Drive, Suite 150, Sacramento, CA 95834, 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 OMBC 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 OMBC unless the records are exempt from disclosure.*

**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 current *curriculum vitae* to this application.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail completed Renewal Application to: Osteopathic Medical Board of California  
Expert Reviewer Program  
1300 National Drive, Suite 150  
Sacramento, CA 95834-1991**

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