



EXPERT WITNESS APPLICATION

Directions:

- A. Please type or print in ink.**
- B. Please complete all sections of the application to ensure timely processing.**
- C. Return the form with attachments to the BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS, 2535 Capitol Oaks Drive, Ste. 205, Sacramento, CA 95833.**

1. Full Name: _____

2. Home Address: _____

3. Telephone:

Home (____) _____ Work (____) _____

Home FAX (____) _____ Work FAX (____) _____

4. Date of Birth: _____ Social Security Number: _____

5. List any current active licensure you hold:

➤ RN License Number: _____ Expiration: _____

➤ LVN License Number: _____ Expiration: _____

➤ PT License Number: _____ Expiration: _____

6. Have you ever had disciplinary action taken against your license? Yes No
If yes, please attach a detailed explanation.

7. Employment:

➤ Current Employer: _____

➤ Business Address: _____

➤ Current Job Title: _____ Dates of Employment: _____

8. Within the past 12 months, have you worked directly with or provided supervision for LVNs or PTs, either as an educator or practitioner? Yes No

9. Please indicate your area(s) of specialty practice or instruction. _____

10. Are you knowledgeable of the laws, regulations, and standards that govern vocational nursing and/or psychiatric technician practice in California?

Vocational Nursing Practice Yes No

Psychiatric Technician Practice Yes No

(Continue on reverse side.)

11. If selected, are you able to provide written and oral testimony at administrative hearings throughout the State? Yes No

12. Educational Preparation: Nursing or psychiatric technician education, graduate work, national certification, etc. List highest level of preparation first. Do not include high school. Attach a separate sheet, if necessary.

Educational Institution	Area of Major Concentration	Degree/Credit Completed

13. Professional Experience: List last five (5) years of employment, present employer first. Attach a separate sheet, if necessary.

Employer	Position/Title	Clinical Specialty	Length of Time

14. PLEASE ATTACH:

- A. A letter from your immediate supervisor: 1) verifying that you will be released from work for participation; and 2) verifying your clinical expertise in the identified area of clinical specialty.
- B. A brief narrative statement, approximately one page, 1) explaining why you feel you are qualified to serve as an expert witness; 2) stating the contributions you would bring.
- C. A current resume specifying your professional education and experience.
- D. Samples of your writing (i.e., reports, correspondence, etc.)

15. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ **Signature** _____ **Date**

PLEASE DO NOT WRITE BELOW THIS LINE.

<i>For Official Board Use Only</i>			
Application Processing: Date Received _____ Date Evaluated _____ By _____			
Recommended Status: Primary <input type="checkbox"/>	Alternate <input type="checkbox"/>	Not Qualified <input type="checkbox"/>	
Date of Notification: _____	Area of Expertise: _____		