

**Submit this application WITH COVER LETTER AND CURRENT RESUME to the Board's Enforcement Division at the above address.**

<b>Section A</b>		<b>Personal Information:</b>					
Last Name		First Name		MI			
Street Address				City			
State	Zip	Home Phone			Work Phone		
FAX			Mobile			E-Mail Address	

<b>Section B</b>		<b>Mailing Address for FedEx/UPS Shipments:</b>					
Street Address:		City:		State:		Zip	

<b>Section C</b>		<b>Licensure:</b>					
License Type		License Number		Expiration Date			
License Type		License Number		Expiration Date			
License Type		License Number		Expiration Date			

<b>Section D</b>		<b>Education:</b>					
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.							
<b>Educational Institution</b>	<b>Area of Major Concentration</b>				<b>Degree/Credits Completed</b>		

<b>Section E</b>		<b>Current Employment:</b>					
Current Employer:							
Business Address:							
Current Job Title:				Dates of Employment:			

<b>Section F</b>		<b>Professional Experience:</b>					
<b>Employer/Institution</b>	<b>Position Title</b>	<b>Clinical Specialty</b>			<b>Length of Time</b>		

<b>Section G</b>		<b>Questionnaire:</b>					
------------------	--	-----------------------	--	--	--	--	--

How long have you been working in the field under your license? \_\_\_\_\_

Please indicate the average number of hours you practice per week: \_\_\_\_\_

Are you currently employed in a setting providing direct client care?  Yes  No  
 Have you worked directly with LVNs or PT's within the last 12 months, either as an educator or practitioner?  Yes  No

Have you ever served as an Expert Consultant or Witness for the Board?

Yes  No

If YES, when did you last serve as an Expert Consultant/Witness? \_\_\_\_\_

Do you now or have you ever had a disciplinary action, investigation or enforcement action against a professional license or application?

Yes  No

If YES, explain: \_\_\_\_\_

Did you complete the Continuing Education requirements applicable to your last renewal?

Yes  No

If YES, please submit as an attachment a list of completed courses.

**Section H | Knowledge:**

Do you have a thorough understanding of the following Statutes and Regulations:

Vocational Nursing Practice Act

Yes  No

Psychiatric Technician Practice Act

Yes  No

Are you fluent in a language other than English?  Yes  No If YES, which? \_\_\_\_\_

**Section I | Experience:**

What are your areas of expertise? \_\_\_\_\_

Do you have experience testifying as an expert?

Yes  No

Have you given testimony in a trial as an expert witness?

Yes  No

If YES, in how many cases have you testified? \_\_\_\_\_

If YES, in what types of cases have you testified? \_\_\_\_\_

Please indicate the type of setting in which you currently practice:

Skilled Nursing Facility

Education

Residential Care

Clinic

State Hospital

Emergency Psychiatry

Developmental Center

Corrections

VA Hospital

Psychiatric Facility

Home Care

Other: \_\_\_\_\_

**Section J | Directions:**

Please attach:

- A. A narrative statement, approximately one page, 1) explaining why you feel you are qualified to serve as an expert consultant/witness; 2) describing your clinical expertise in the identified area of clinical specialty; 3) stating the contribution you would bring.
- B. A current resume specifying your professional education and experience.
- C. Samples of your writing (i.e., reports, correspondence, etc.)

Submit this form and attachments to the Board of Vocational Nursing and Psychiatric Technicians, 2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833

I declare under penalty of perjury that all information provided on this application is true and correct. I understand that if I am hired, I will be required to comply with the terms of the Expert Consultant contract agreement with the Board.

Signature \_\_\_\_\_

Date \_\_\_\_\_