



## APPLICATION FOR EXPERT CONSULTANT

BOARD OF CHIROPRACTIC EXAMINERS

1625 N. Market Blvd., Ste N-327

Sacramento, California 95834

916-263-5355

Complete each section and attach your curriculum vitae/resume. If you need additional space you may attach a separate sheet. **PLEASE TYPE OR PRINT LEGIBLY**

### SECTION 1 –APPLICANT INFORMATION

<b>NAME:</b> (Last, First, Middle)		<b>CHIROPRACTIC LICENSE NO.:</b>
<b>BUSINESS ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP Code:</b>
<b>TELEPHONE NUMBERS (include area code)</b> Office: Mobile: FAX:	<b>EMAIL ADDRESS:</b>  <b>WEBSITE ADDRESS(ES):</b>	

### CURRENT EMPLOYMENT INFORMATION

<b>EMPLOYER:</b>		
<b>ADDRESS:</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP Code</b>
<b>TELEPHONE NUMBERS (include area code)</b> Office: FAX:	<b>EMAIL ADDRESS:</b>	
<b>POSITION:</b>	<b>HOW LONG?:</b>	

### COLLEGE EDUCATION

<b>COLLEGE/UNIVERSITY:</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP Code</b>
<b>DEGREE EARNED:</b>	<b>YEAR COMPLETED:</b>	

### PROFESSIONAL EDUCATION

<b>CHIROPRACTIC COLLEGE:</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP Code</b>
<b>DEGREE:</b>	<b>DATE COMPLETED:</b>	

## SECTION 2 –PROFESSIONAL QUALIFICATIONS

Year of Initial Licensure:	Are you actively treating patients? YES <input type="checkbox"/> NO <input type="checkbox"/>
Current Status of License (i.e., active; inactive):	What percentage of time, per month?
Have you ever been employed by or provided services to the Board? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when and what services did you provide?	
Are you board-certified or board-eligible in any of the chiropractic diplomate programs? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, attach a copy of each certification or eligibility.	
Have you, at any time in the past two years, worked for an insurance carrier, self-insured plan, third party administrator, or chiropractic claims review company? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, attach a description of the services you provided and your employment relationship with the above-mentioned entities.	
Are you a State of California Qualified Medical Evaluator? YES <input type="checkbox"/> -QME Cert No.: _____ NO <input type="checkbox"/> If yes, attach a copy of the certificate.	

## SECTION 3 –COURT EXPERT WITNESS EXPERIENCE and KNOWLEDGE

Have you testified in court as an Expert witness as a Doctor of Chiropractic? YES <input type="checkbox"/> I have this experience      No <input type="checkbox"/> I do NOT have this experience
If yes, how many total years have you testified as a Chiropractic Expert witness? _____  <b>Within the last 3 years:</b> How many times have you testified as a Chiropractic Expert witness? _____ How often? _____  What was the approximate date of your last Chiropractic Expert court testimony: _____  You may describe your court experience on a separate attachment if necessary.
Do you have knowledge and experience with presenting testimony in court or arbitrations as an expert in medical and legal proceedings?  <input type="checkbox"/> I have extensive knowledge and experience * <input type="checkbox"/> I have some knowledge and experience <input type="checkbox"/> I have minimal knowledge and experience <input type="checkbox"/> I have no knowledge and experience <b>*If you have checked the boxes indicating extensive knowledge and experience, provide explanation on a separate sheet</b>
Do you have knowledge of and ability to interpret current laws and regulations in Expert testimony?  <input type="checkbox"/> I have extensive knowledge and experience * <input type="checkbox"/> I have some knowledge and experience <input type="checkbox"/> I have minimal knowledge and experience <input type="checkbox"/> I have no knowledge and experience <b>*If you have checked the boxes indicating extensive knowledge and experience, provide explanation on a separate sheet</b>

## SECTION 4 –KNOWLEDGE AND EXPERIENCE

**For each phrase listed below, please mark the statement that most accurately represents the depth of your knowledge and experience in the field of Chiropractic:**

- A. Knowledge and skill in case review of medical records (including x-rays) for the purpose of medical and legal proceedings.
- ☐ I have extensive knowledge and experience \*
  - ☐ I have some knowledge and experience
  - ☐ I have minimal knowledge and experience
  - ☐ I have no knowledge and experience
- B. Knowledge of and ability to interpret current chiropractic laws and regulations, including standard of care.
- ☐ I have extensive knowledge and ability \*
  - ☐ I have some knowledge and ability
  - ☐ I have minimal knowledge and ability
  - ☐ I have no knowledge and ability
- C. Knowledge and experience rendering opinion or summary of findings regarding treatment utilization or questionable billing issues.
- ☐ I have extensive knowledge and experience \*
  - ☐ I have some knowledge and experience
  - ☐ I have minimal knowledge and experience
  - ☐ I have no knowledge and experience
- D. Knowledge and experience in performing case management / peer review evaluations regarding the professional conduct of licensees as required by chiropractic related law.
- ☐ I have extensive knowledge and experience \*
  - ☐ I have some knowledge and experience
  - ☐ I have minimal knowledge and experience
  - ☐ I have no knowledge and experience
- E. Knowledge and experience in reviewing chiropractic laws and regulations and rendering written opinions relating to the review of chiropractic related laws and regulations.
- ☐ I have extensive knowledge and experience \*
  - ☐ I have some knowledge and experience
  - ☐ I have minimal knowledge and experience
  - ☐ I have no knowledge and experience

**\*If you have checked the boxes indicating extensive knowledge and experience, provide explanation on a separate sheet.**

## SECTION 5 –ACADEMIC APPOINTMENTS

Have you ever held any academic appointments at any college or university? YES ☐ NO ☐

If yes, attach a description of each appointment and your job duties.

## SECTION 6 –PUBLICATIONS

Please list all published articles and texts which you have written:

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Have you developed or assisted in the development of chiropractic statutes, regulations, and/or guidelines?  
YES ☐ NO ☐ If yes, attach a description of each experience.

## SECTION 7 –DISCIPLINARY INFORMATION

Have you ever been involved in a malpractice lawsuit or arbitration proceeding related to your treatment of a patient? YES ☐ NO ☐

If yes, attach an explanation on a separate attachment, for each lawsuit or arbitration complaint.

Are there currently any medical malpractice lawsuits or arbitration claims pending against you?

YES ☐ NO ☐

If yes, attach an explanation on a separate attachment, for each lawsuit or arbitration complaint.

Has your professional liability insurance coverage ever been denied, limited, or cancelled by the action of any insurance company? YES ☐ NO ☐

If yes, attach an explanation on a separate attachment, for each occurrence.

**Be sure to answer all questions. If you answer “yes” to any of the following, attach an explanation on a separate piece of paper.**

**(A)** Has your chiropractic license (in this state or another state) or any health related professional licensing or disciplinary body in any state, territory or foreign jurisdiction, or any branch of the military, denied, limited, placed on probation, restricted, suspended, cancelled or revoked any professional license, certificate, or registration granted to you, or imposed a fine, reprimand, or taken any other action against you?

YES ☐ NO ☐

**(B)** Has your participation in any private, state, or federal health insurance program ever been the subject of disciplinary action? YES ☐ NO ☐

**(C)** Has any other type of professional sanction, discipline, or other adverse action ever been taken against you? YES ☐ NO ☐

**(D)** Have you ever been the subject of an investigation by any private, state, or federal health insurance program? YES ☐ NO ☐

**(E)** Have you ever been convicted of a misdemeanor or felony or are you currently under indictment for any alleged criminal activities? YES ☐ NO ☐

**(F)** Have you ever been the subject of an administrative, civil, or criminal complaint or investigation regarding sexual misconduct? YES ☐ NO ☐

**(G)** Have you ever voluntarily surrendered a professional license, staff privileges or consented to a limitation of the same pending a review or investigation? YES ☐ NO ☐

**(H)** Are there any other issues that should be disclosed that may have an adverse impact on your ability to deliver effective and objective professional services? YES ☐ NO ☐

## SECTION 8 –PERSONAL SUMMARY/WRITING SAMPLE

**Attach a 1-page typed document, answering the following question** (include an overview of your qualifications, including experience and training):

***Why do you want to be an expert witness for the California Board of Chiropractic Examiners?***

**If available, provide a sample copy of your most recent Med/Legal or Expert Consultant report written by you.** Be sure to redact all personal and confidential information. ☐ - A sample report is unavailable

## SECTION 9 –REFERENCES

**List two professional references who can verify your knowledge and ability to perform the necessary functions of an Expert for the Board:**

Name: (Last, First)	Relationship:
Company	Telephone No.:
Address:	
City:	State: ZIP Code:
Name: (Last, First)	Relationship:
Company	Telephone No.:
Address:	
City:	State: ZIP Code:

## SECTION 10 –AFFIDAVIT

**Please Read and Initial each Paragraph**

I hereby certify that I have not knowingly withheld any information that might adversely affect my appointment as an expert reviewer and the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. \_\_\_\_\_

I hereby authorize the Board to thoroughly investigate all of the information I have provided on this application, including attachments, as well as my references, work record, education and other matters related to my suitability for appointment as an expert and, further, authorize the references I have listed to disclose to the Board any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Board, my current and former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. \_\_\_\_\_

***I hereby certify under penalty of perjury under the laws of the State of California that all statements, answers and representations in this application, including all attachments, are true and accurate.***

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_