

EXPERT REVIEWER PROGRAM

Thank you for applying to serve the Board of Psychology (“Board”) as an expert reviewer. Expert reviewers are licensed psychologists who perform case reviews for the Board’s Enforcement Program and perform psychological evaluations.

Psychologists interested in becoming an expert reviewer must:

- ❖ Have held a valid license issued by the Board for at least three consecutive years prior to submitting an application to become an expert reviewer
- ❖ Have an active practice, which is defined as at least 80 hours per month consisting of direct client services, clinical activity, psychometric testing, supervision and/or teaching
- ❖ Have three or more years of expertise in specific areas of practice
- ❖ Have forensic experience in legal proceedings (preferred)
- ❖ Complete an application identifying their top areas of expertise and relevant experience, and sign a statement under penalty of perjury attesting to the application’s truthfulness
- ❖ Submit a current, dated curriculum vitae (“CV”) that documents training, education, relevant experience and current work setting
- ❖ Provide with your application copies of writing samples relevant to your area(s) of expertise, such as publications, and/or redacted evaluations
- ❖ Have no prior or current charges or formal disciplinary actions related to any license, registration, certificate or credential to practice psychology or any other profession or occupation in any state in the United States or foreign country
- ❖ Have no criminal convictions substantially related to the practice of psychology, including any that were expunged or dismissed
- ❖ Complete the Board’s expert training workshop in person and agree to attend subsequent biennial training in order to remain a qualified expert
- ❖ Agree to the Board’s hourly compensation rates
- ❖ Agree to testify at administrative hearings and consult with the Attorney General’s Office or investigative staff, whenever necessary
- ❖ Agree that the expert reviewer term is three years in length
- ❖ Have a working understanding of the laws and regulations relating to the practice of psychology

When applying to become an expert reviewer for the Board, please also consider the following information:

Areas of Expertise

Each expert must identify their areas of expertise and relevant experience. Your current CV must support the identified areas of expertise. We request you complete the attached Areas of Expertise Questionnaire. This questionnaire assists Board staff in selecting experts for case review. If requested, please ensure that you're able to provide documentation of education, training and experience in your areas of expertise and relevant experience. This information is important if you are required to testify at an administrative hearing.

The Board is only able to use you as an expert in the areas where you are a qualified expert. Although you may have experience and be competent in many areas of psychology, for this purpose, focus only on your areas of expertise.

Expert Reviewer Term

Each approved expert reviewer will serve a three-year term. At the end of the three-year term, experts wishing to continue to serve as expert reviewers will be required to submit a new application.

Expert Training

New expert reviewers are required to attend an expert training before being assigned a case. Current experts are required to attend an expert training within each three-year term. You will be given continuing education credit for completing the training.

Curriculum Vitae

Your CV must be kept current and available to the Board, upon request.

Because your safety is of the utmost importance to the Board, we recommend that your CV not list your residential address or phone number, as it may become evidence in an administrative hearing and, therefore, available to the public.

Hourly Compensation

Depending upon the services provided, Board experts receive \$150 - \$200 per hour for record review, consultation with investigators, report preparation, consultation with the Attorney General's Office and providing testimony at hearing. In addition, regular and customary fees are typically paid to experts who are Board-appointed to perform psychological evaluations.

The Expert Reviewer Program is the backbone of the Board's Enforcement Program, and its effectiveness is vital for fulfilling the Board's legislative mandate to protect California consumers of psychological services from unprofessional, incompetent and otherwise dangerous practitioners.

If you are interested in becoming an expert reviewer for the Board of Psychology's Enforcement Program, please return the following information to:

**Board of Psychology
Enforcement Program
1625 N. Market Blvd., Ste. N-215
Sacramento, CA 95834**

Or via email:

BOPEenforcement@dca.ca.gov

Expert Reviewer Application

Copies of certificates for the continuing education courses you have attended in the last two years (please do not send original certificates)

A relevant writing sample or recent publication (or excerpt)

A sample redacted evaluation

A current, dated CV

A cover letter describing your current practice/employment, forensic experience, work setting and why you are interested in serving as an expert reviewer

If you have any questions, please contact the Enforcement Technician at (916) 574-7119.

**California Board of Psychology
Expert Reviewer Application**

Name (First, Initial, Last):

License Number:

Address:

City, State, Zip:

Work: () Mobile: () Fax:()

E-mail: Business Website:

Address for FedEx shipments, if different from above:

Address:

City, State, Zip:

Please indicate your primary work setting (check all that apply):

- Academic
- Administrative
- Clinical
- Consulting
- Forensic
- Health/Medical Psychology
- Other (please specify):

Please indicate your primary client base (check all that apply):

- Adolescents
- Adults
- Children
- Couples/Marital
- Elderly
- Family
- Organizations/Institutions
- Other (please specify):

In addition to English, please list any other languages in which you possess written and verbal fluency:

1. Have you ever been convicted or pled nolo contendere (no contest) to any violation of any federal, state, or local law of any state in the United States or foreign country? You are required to list any convictions set aside and dismissed, expunged, or where a stay of judgment has been issued. If yes, please attach a detailed explanation.

Yes No

2. Has any licensing board, agency or hospital filed or taken formal disciplinary action against you regarding any license, registration, certificate or credential to practice psychology or any other profession or occupation in any state in the United States or foreign country? If yes, please attach a detailed explanation.

Yes No

3. Do you have an active practice, which is defined as at least 80 hours per month in direct client services, clinical activity, psychometric testing, supervision and/or teaching?

Yes No

4. Do you perform psychological evaluations and conduct testing?

Yes No

If yes, please state how many evaluations you have completed in the previous two years.

5. Would you be interested in performing psychological evaluations for the Board?

Yes No

If yes, please submit a redacted sample evaluation.

6. Do you have a thorough understanding of the American Psychological Association *Ethical Principles of Psychologists and Code of Conduct*?

Yes No

7. Have you ever testified as an expert witness?

Yes No

If yes, please attach a detailed explanation of how many times and in what setting(s).

AREAS OF EXPERTISE QUESTIONNAIRE

From the following topics, please select those for which you have demonstrated expertise and for which you would like to be utilized as an expert reviewer. Please mark all that apply.

Ethics and Laws:

Confidentiality (including exceptions)
Dual/Multiple Relationships (sexual and non-sexual)
Informed Consent
Media Issues
Patient Abandonment
Record Keeping/Documentation
Reporting (mandated and Tarasoff)
Other (please specify below):

Psychotherapy:

Anger Management
Behavioral
Biofeedback
Divorce Mediation
Health/Medical
Hypnosis
Psychodynamic
Psychopharmacology
Telehealth/Internet Therapy
Systems
Sex Therapy
Other (please specify below):

Diversity:

Cultural/Ethnic (please specify below):
Sexual orientation
Gender Identity
Religion (please specify below):
Other (please specify below):

Specific Diagnostic Categories:

Anxiety Disorders
Bipolar Disorder
Borderline Personality Disorder
Chemical Dependency/Substance Abuse
Dissociative Identity Disorder
Mood Disorders
Munchausen
Post-Traumatic Stress Disorder
Sexual Abuse
Other (please specify below):

Assessment/Psychological Testing:

Child Custody
Diagnostic
Disability/Insurance Evaluations
Neuropsychological
Organizational
Personality
Psychological Evaluations
Suicide Risk
Workers' Compensation Evaluations
Other (please specify below):

Supervision:

Organizational/Consulting
Supervised Professional Experience
Other (please specify below):

Other Areas Not Listed:

Forensic (please specify below):

Correctional settings
At-Risk Youth

Application Certification

I hereby certify under penalty of perjury that all statements made in this application are true and correct, and I understand that any misstatements of material facts will subject me to disqualification from the program.

Name:

Signature:

Date: