

## MEMORANDUM

<b>DATE</b>	July 25, 2018
<b>TO</b>	Board Members
<b>FROM</b>	Enforcement Committee
<b>SUBJECT</b>	Agenda Item #18 - Enforcement Committee Report and Consideration of Committee Recommendations.

### **Background**

The Enforcement Committee and Board staff met on June 22, 2018, to review the Expert Reviewer Application. The Committee discussed several changes and approved proceeding forward with the changes, which are underlined in the attached document.

### **Action Requested**

Approve the Enforcement Committee's recommended changes to the Expert Reviewer Application.

## EXPERT REVIEWER PROGRAM

Thank you for your interest in 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 Board-ordered 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 patient-care/client services, clinical activity, psychometric testing, 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
- ❖ ~~Agree to provide~~ Provide with your application copies of writing samples relevant to your area(s) of expertise, such as copies of publications, and/or redacted evaluations, upon request
- ❖ Have no prior or current charges or formal disciplinary actions related to any ~~healing arts~~ 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 ~~two~~ three years in length, ~~with an option to apply for renewal at the end of the two-year term~~
- ❖ 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 ~~Renewal~~ Term**

Each approved expert reviewer will ~~initially~~ serve a ~~two~~three-year term. At the end of the ~~two~~three-year term, experts wishing to continue to serve as expert reviewers will be required to ~~renew~~ by submitting an a new expert reviewer application and ~~required~~ documentation. ~~The Enforcement Program Manager will review each application for renewal.~~

### **Biennial Expert Training**

~~Every two years,~~ New expert reviewers are required to attend an "in-person" expert training/~~update session presented by the Board of Psychology 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 ("CV")**

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, ~~becomes~~ available to the public. ~~The same is true for your address of record with the Board. If you would like to verify or change your address of record, please contact the Enforcement Technician at (916) 574-7119.~~

### **Hourly Compensation**

Depending upon the services provided, Board experts receive ~~\$100~~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 ~~of probationers (fees paid by the probationer).~~

The Expert Reviewer Program is the backbone of the Board's Enforcement Program, and its effectiveness is vital for fulfilling ~~our~~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](mailto:BOPEenforcement@dca.ca.gov)**

- Expert Reviewer Application
- Copies of certificates for the continuing education ("CE") 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 (~~if you indicated you would conduct psychological evaluations for the Board~~)
- 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

~~The Enforcement Program Manager will review your materials to determine your eligibility, including whether the Board needs additional expert reviewers in the specialty areas that you have indicated. If you are approved as a Board expert reviewer, you will be asked to participate in an initial training and subsequent biennial training sessions, for which you may earn continuing education credits.~~

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Business Website: \_\_\_\_\_

Address for Fed-Ex shipments, if different from above:

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please indicate your ~~P~~primary Professional ~~W~~work setting: *(Please check all that apply)*

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

Please indicate your primary client base: *(Please 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:

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Printed Name: \_\_\_\_\_

1. Have you ever been ~~arrested~~, 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, or expunged or where a stay of ~~execution~~ 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 ~~healing arts~~ 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 ~~patient care~~ client services, clinical activity, psychometric testing, 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 ~~and testing~~ for the Board of Psychology?

Yes  No

~~If yes, you are interested in performing psychological evaluations and testing for the Board of Psychology, you are required to submit a redacted sample evaluation.~~

6. Do you have a thorough understanding of the ~~Laws and Regulations Relating to the Practice of Psychology and the~~ American Psychological Association APA Ethical Principles of Psychologists and Code of Conduct?

Yes  No

7. Have you ever testified/~~supported your professional opinion (as an expert witness) in court/formal setting?~~

Yes  No

~~If yes, please attach a detailed explanation of ~~in~~ how many times and in what types of cases settings have you testified?~~

## 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 (child, elder abuse mandated reporting and Tarasoff)
- ~~Sex Therapy~~
- Other (please specify):

### Diversity:

- Cultural/Ethnic; (please specify):  
Gay/Lesbian;  
Transgender;
- Sexual orientation
- Gender Identity  
HIV/AIDS
- Religion (please specify):
- Other (please specify):

### Assessment/Psychological Testing:

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

### Psychotherapy:

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

### 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):

### Supervision:

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

### Other/Areas Not Listed:

- Forensic (please specify)
- \_\_\_\_\_
- Correctional settings
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**Application Certification**

I hereby certify under penalty of perjury that all statements made in this application are true and ~~complete~~correct, and I understand that any misstatements of material facts will subject me to disqualification from the program. ~~I further understand that if approved, I will serve as an expert reviewer for a period of two years, at which time I can apply to renew my status. If I decide not to participate as an expert reviewer, I will notify the Board of such.~~

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_