

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:

BOPEnforcement@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, Middle Initial, Last):
License Number:
Address:
City, State, Zip:
Work: ()
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 violatic 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.	
Г	□ 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 ir direct client services, clinical activity, psychometric testing, supervision and/or	
	teaching?	
4.	teaching?	
4.	teaching? □ Yes □ No	

5. Would you be interested in performing psychological evaluations for the Boa			
	□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).		
8.	How did you hear about the Expert Reviewer Program?		
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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.

□ Confidentiality (including exceptions) □ Anger Management □ Dual/Multiple Relationships (sexual and non-sexual) □ Biofeedback □ Informed Consent □ Divorce Mediation □ Media Issues □ Health/Medical □ Patient Abandonment □ Hypnosis □ Record Keeping/Documentation □ Psychodynamic □ Reporting (mandated and Tarasoff) □ Psychopharmacology □ Other (please specify below): □ Telehealth/Internet Therapy	
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 □ Informed Consent □ Media Issues □ Patient Abandonment □ Record Keeping/Documentation □ Reporting (mandated and Tarasoff) □ Divorce Mediation □ Health/Medical □ Hypnosis □ Psychodynamic □ Psychopharmacology 	
 ☐ Media Issues ☐ Patient Abandonment ☐ Record Keeping/Documentation ☐ Reporting (mandated and Tarasoff) ☐ Health/Medical ☐ Hypnosis ☐ Psychodynamic ☐ Psychopharmacology 	
 □ Patient Abandonment □ Record Keeping/Documentation □ Reporting (mandated and Tarasoff) □ Hypnosis □ Psychodynamic □ Psychopharmacology 	
☐ Record Keeping/Documentation☐ Psychodynamic☐ Reporting (mandated and Tarasoff)☐ Psychopharmacology	
☐ Reporting (mandated and Tarasoff) ☐ Psychopharmacology	
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☐ Other (please specify below): ☐ Telehealth/Internet Therapy	
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Systems	
☐ Sex Therapy	
☐ Other (please specify below):	
Diversity: Specific Diagnostic Categories:	
☐ Cultural/Ethnic (please specify below): ☐ Anxiety Disorders	
Bipolar Disorder	
☐ Gender Identity ☐ Borderline Personality Disorder	
☐ Religion (please specify below): ☐ Chemical Dependency/Substance Abuse	
☐ Sexual Orientation ☐ Dissociative Identity Disorder	
☐ Other (please specify below): ☐ Mood Disorders	
☐ Post-Traumatic Stress Disorder	
☐ Sexual Abuse	
☐ Other (please specify below):	
Assessment/Psychological Testing: Supervision:	
☐ Child Custody ☐ Organizational/Consulting	
☐ Diagnostic ☐ Supervised Professional Experience	Α.
☐ Disability/Insurance Evaluations ☐ Other (please specify below):	_
□ Neuropsychological	
□ Organizational	
□ Personality Other Areas Not Listed:	
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□ Psychological Evaluations □ At-Risk Youth	
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CHILD CUSTODY EVALUATION EXPERTS

1.	1. In the last 12 months, have you completed 12 hours of continuing education in		
	domestic violence (6 hours) and child abuse (6 hours)? If so, please provide copies		
	of the completed training certificates.		
	□Yes □No		
2.	Do you believe that Parental Alienation Syndrome should be added to the DSM?		
	□Yes □No		

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:	