STATE OF CALIFORNIA
EXPERT CONSULTANT APPLICATION
1800 37M-451 (New 11/14)

BOARD OF BEHAVIORAL SCIENCES
1625 NORTH MARKET BLVD., SUITE S200, SACRAMENTO, CA 95834
TELEPHONE: (916) 574-7830 TTY: (800) 326-2297
WEBSITE ADDRESS: http://www.bbs.ca.gov

Submit this application WITH COVER LETTER AND CURRENT CURRICULUM VITAE to the Board's Enforcement Unit at the above address.

Section A Personal Information:

Last Name			First Name		MI		
Street Address			City				
State		Zip		Home Phone	( )	Work Phone	( )
FAX	( )		Cell	( )		E-Mail Address	
License Type		License Number		Expiration Date		Other licenses	

Section B Mailing Address for FedEx/UPS Shipments:

Street Address:		City:		State:		Zip:	

Section C Requirements:

How many hours of face-to-face therapy do you perform per week? _____ hours

How long have you been working in the field under your license? _____ years

Do you perform psychological evaluations and testing? ☐ **Yes** ☐ **No**

If YES, please provide a redacted sample

Section D Questionnaire:

Have you ever served as an Expert Consultant for the Board? ☐ **Yes** ☐ **No**

If ***YES***, when did you last serve as an Expert Consultant? _____

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: _____

Section E Knowledge:

Do you have a thorough understanding of the Statutes and Regulations Relating to the Practice of:

Licensed Marriage and Family Therapy	☐ **Yes** ☐ **No**
Licensed Clinical Social Work	☐ **Yes** ☐ **No**
Licensed Professional Clinical Counseling	☐ **Yes** ☐ **No**
Licensed Educational Psychology	☐ **Yes** ☐ **No**

Do you have a thorough understanding of:

CAMFT Code of Ethical Standards for Marriage and Family Therapists	☐ **Yes** ☐ **No**
AAMFT Code of Ethics	☐ **Yes** ☐ **No**
NASW Code of Ethics	☐ **Yes** ☐ **No**
ACSWA Code of Ethics	☐ **Yes** ☐ **No**
Clinical Social Work Federation Code of Ethics	☐ **Yes** ☐ **No**
CASP Code of Ethics	☐ **Yes** ☐ **No**
ACA Code of Ethics	☐ **Yes** ☐ **No**

Section F Continuing Education:

Did you complete the Continuing Education requirements applicable to your last renewal cycle? ☐ **Yes** ☐ **No**

*If **YES**, please submit a list of completed courses.*

Section G | Experience:

Do you have experience in 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? _____ In what types of cases have you testified? _____

_____

_____

What are your areas of expertise? _____

What is the breadth of your practice? _____

What type of clientele do you treat?

☐ Children ☐ Elderly ☐ Other: _____
☐ Adolescents ☐ Couples _____
☐ Adults ☐ Groups _____

Describe your practice in detail, including type of setting, breadth of practice and theoretical framework:

_____

_____

Experience in cultural competence? ☐ **Yes** ☐ **No**

Are you fluent in a language other than English? ☐ **Yes** ☐ **No** If ***YES***, which? _____

Section H | Areas of Expertise: *(Mark all that apply)*

Law and Ethics:

- ☐ Confidentiality/Privilege (including exceptions)
- ☐ Dual/Multiple Relationships (sexual/non-sexual)
- ☐ Sexual Misconduct
- ☐ Competence
- ☐ Conflict of Interest
- ☐ Termination of Therapy/Service
- ☐ Record Keeping/Access to Patient Records
- ☐ Reporting (Child, Elder Abuse and Tarasoff)
- ☐ Internet/Telephone Therapy

Diversity:

- ☐ Cultural/Ethnic
- ☐ Religion
- ☐ Gay/Lesbian; Transgender; HIV/AIDS

Assessment:

- ☐ Psychological testing
- ☐ Substance Abuse Evaluations
- ☐ Disability/Insurance Evaluations
- ☐ Worker's Compensation Evaluations
- ☐ Fitness for Duty Evaluations
- ☐ Neuropsychology

Family Court Services:

- ☐ Child Custody Evaluations:
  If YES, submit proof of court approval
- ☐ Mediation
- ☐ Visitation Monitor
- ☐ Special Master

Psychotherapy:

- ☐ Anger Management
- ☐ Behavioral
- ☐ Biofeedback
- ☐ Substance Abuse Treatment
- ☐ Educational Counseling (LEP)
- ☐ Hypnosis
- ☐ Psychodynamic
- ☐ Psychopharmacology
- ☐ Sex Therapy
- ☐ Transference/Counter-Transference

Specific Diagnostic Categories/Problem Areas:

- ☐ Borderline Personality Disorder
- ☐ Chemical Dependency/Substance Abuse
- ☐ Dissociative Identy Disorder
- ☐ Sexual Abuse
- ☐ Repressed Memory
- ☐ Post-Traumatic Stress Disorder
- ☐ Supervised Professional Experience (SPE)
- ☐ Billing Issues

Other/Specific Areas Not Listed:

- ☐ Forensic
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

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**