



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 | www.rn.ca.gov



EXPERT PRACTICE CONSULTANT APPLICATION

The Board of Registered Nursing is seeking qualified registered nurses with the professional and educational background to develop opinions, prepare written reports and/or testify as Expert Practice Consultants on their behalf. The Board is also seeking psychiatrists, psychologists, and physicians to conduct physical or mental health evaluations. An Expert Practice Consultant is any person possessing technical or professional knowledge from advanced education and/or extensive work experience enabling the formation of definite opinions in an area of expertise. Please complete all sections of the application and **attach your Curriculum Vitae (resume)**.

Expert Practice Consultant Qualifications

To be considered as an Expert Practice Consultant for the Board of Registered Nursing, applicants must meet the following qualifications shown below:

- ✓ **Must be California resident**
- ✓ **Possess a valid and current active California Professional License and;**
- ✓ **Must have (10) or more years of experience as an RN and;**
- ✓ **Must have (5) years of clinical practice experience and current skills in the area of expertise for which you will be reviewing cases and rendering a professional opinion and;**
- ✓ **No prior or current disciplinary actions or convictions in this state or any other state and;**
- ✓ **Must be able to write complete and concise reports.**

Only select (✓) the applicable area(s) for which you are currently practicing in, keeping in mind that you will need to defend your position in court should you be called to testify. ***California Civil Code Section 43.8, provides immunity for those practitioners who render an opinion against a registered nurse for the Board.***

- | | | |
|---|---|---|
| <input type="checkbox"/> CCU/Telemetry | <input type="checkbox"/> Hospice | <input type="checkbox"/> OP/Ambulatory/Clinic |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Labor & Delivery | <input type="checkbox"/> Operating Room |
| <input type="checkbox"/> Cosmetic/Botox/Laser | <input type="checkbox"/> Medical/Surgical | <input type="checkbox"/> PACU/Recovery Room |
| <input type="checkbox"/> Critical Care-Adult | <input type="checkbox"/> Neonatal ICU | <input type="checkbox"/> Pediatric ICU |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Nurse Anesthetist | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Nurse Midwife | <input type="checkbox"/> Perinatal |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Psych/Mental Health |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Oncology | <input type="checkbox"/> Other: _____ |

TYPE ONLY

APPLICANTS NAME (LAST) (FIRST) (M.I.)

MAILING ADDRESS (NUMBER) (STREET)

(CITY) (STATE) (ZIP)

EMAIL ADDRESS

HOME PHONE CELL PHONE FAX NUMBER

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Do you possess a valid and current CA professional license?

No _____ Yes _____ License number: _____

2. Have you worked in the clinical practice setting you applied for a minimum of five (5) years?

No _____ Yes _____

3. Do you possess any other professional licenses? If so, indicate other Licenses & State of Licensure:

No _____ Yes _____ _____

4. Have you had any disciplinary action taken against your license or certificate in California or any other state or territory?

No _____ Yes _____

5. Have you ever served as an expert consultant/witness for any of the following?

No _____ Yes _____ (If yes, please indicate where you have served)

- California Board of Registered Nursing
- Attorney General's Office
- District Attorney's Office
- Other organization or program, please specify: _____

6. How did you hear about the expert practice consultant program?

- California Board of Registered Nursing website
- Social Media
- RN Association
- License Renewal Mailing Insert
- Referral
- Other (please specify): _____

CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING

APPLICATION WILL BE REJECTED IF NOT SIGNED.

I certify under penalty of perjury under the laws of the State of California that all statements, answers and representations in this application including attachments are true and accurate. I further understand that any false, incomplete, or incorrect statements may result in my disqualification.

APPLICANT'S SIGNATURE

DATE SIGNED

Mail To: CA Board of Registered Nursing
Enforcement – Expert Practice Consultant Program
P.O. BOX 944210
Sacramento, CA 94244-2100