

## STATE AND CONSUMER SERVICES AGENCY - GOVERNOR EDMUND G. BROWN JR.

## Physical Therapy Board of California 2005 Evergreen St. Suite 1350, Sacramento, California 95815

2005 Evergreen St. Suite 1350, Sacramento, California 95815
Phone: (916) 561-8200 Fax: (916)263-2560
Internet: <a href="https://www.ptbc.ca.gov">www.ptbc.ca.gov</a>



## EXPERT CONSULTANT/PRACTICE MONITOR APPLICATION

Print or Type

Thank you for your interest in serving the Physical Therapy Board of California (Board) as an expert consultant and/or practice monitor. Please attach current Curriculum Vitae with the completed application.

Application for:	☐ Expert Cons	ultant and/ or	☐ Practice Monito	or	
Applicant's Full Name: (Last, First, MI)					
Residence Address:		Mailing Addr	Mailing Address: (if different from Residence)		
Street Address:		Street Address	Street Address:		
City: State:	Zip Code:	City:	State:	Zip Code:	
Home Telephone Number: ( ) Cellular Telephone Number: ( )					
Work Telephone Number: ( )		E-Mail Addres	s:		
PT License #:		Expiration Dat	te of License:		
Place of Employment:					
Name:		Practice Settin	g:		
What percentage of your curre	nt practice involve	es actual hands on	patient related tasks?		
2. What areas of physical therapy do you specialize in (i.e. pediatrics, geriatrics, etc.)?					
3. Have you ever been subject to disciplinary action by the Physical Therapy Board of California?					
■ No ■ Yes If yes, please atta					
4 Have you had your clinical priv	ilogos limitod rov	akad ar haya yayı h	oon dissiplined by a h	poolth care facility?	
<ul> <li>4. Have you had your clinical privileges limited, revoked or have you been disciplined by a health care facility?</li> <li>■ No ■ Yes If yes, please attach your explanation on a separate sheet of paper.</li> </ul>					
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5. Have you ever had a malpractice/professional liability judgment levied against you?					
■ No ■ Yes If yes, please attach your explanation on a separate sheet of paper.					

6.	Have you ever served as an expert consultant/witness for any of the following?
	■ No ■ Yes If yes, please indicate where you have served.
	☐ American Physical Therapy Association
	A state licensing board other than the Physical Therapy Board of California
	☐ An insurance company
	☐ Attorney General's Office
	<ul><li>□ District Attorney's Office</li><li>□ A civil case</li></ul>
	<ul><li>□ A civil case</li><li>□ Other organization or program, please specify:</li></ul>
7	
7.	List any continuing education courses completed in the past three years.
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8.	Have you ever provided instruction at a physical therapist/physical therapist assistant educational program
	in the past five years?
	■ No ■ Yes If yes, please name the educational program(s).
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9.	Have you ever served as a subject matter expert for the National Physical Therapy Examination and/or the
	California Law Examination?
	■ No ■ Yes If yes, please indicate the examination and year.
	□ National Physical Therapy Examinations Year:
	□ California Law Examination Year:
	Gamornia Law Examination
10	Identify the counties in which you are willing to travel as an expert consultant and/or practice monitor.
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Ву	my signature below, I agree to abide by the Board Policy, "Expert Consultant/Practice Monitor Selection
Cr	teria and Expectations". I understand that all information provided to me will be confidential and shall
	be discussed with anyone unless so directed by the Physical Therapy Board of California. I agree to
	intain all records in a secure or locked area, accessible to me only. I will provide a full written report and
	urn all documents to the Physical Therapy Board of California within the guidelines established by the
РΊ	BC. I also agree to conduct onsite reviews if required by the Board.
	Signatura
	Signature Date

Please return completed application to:

Physical Therapy Board of California Expert Consultant/Practice Monitor Application 2005 Evergreen Street, Suite 1350 Sacramento, CA 95815