

## **VETERINARY MEDICAL BOARD EXPERT WITNESS POSITION INFORMATION**

### **Expert Witness Qualifications**

The initial applicant evaluation process involves the following:

### **Minimum Qualifications**

To be considered for employment as a Veterinary Medical Board (Board) Expert Witness (EW), applicants must meet the minimum qualifications shown below:

- ✓ Possess a valid and current California Veterinary License and;
- ✓ Have five (5) years of clinical practice experience within the six (6) years immediately preceding application submission and;
- ✓ No past or current disciplinary action taken against license in this or any other state and;

### **Special Personal and Physical Characteristics**

An EW must be able to read, write legibly, and speak English at a level necessary for job performance; interpret and apply sections of State laws which relate to veterinary practice; analyze data and draw sound conclusions; and write complete and concise reports.

An EW must have knowledge of current acceptable veterinary practice including, but not limited to: the standard of care in treatment of patients; sanitation; building safety; standards regarding veterinary establishments; equipment used in veterinary hospitals; instrumentation use; treatment procedures; written record keeping requirements; drug dispensing and drug inventory requirements; Registered Veterinary Technician duties and unregistered assistant duties and scope of practice for each license type; procedures for rules of evidence followed in court and administrative hearings; basic veterinary hospital management principles, e.g. veterinarian/client/patient relationship, proper patient management; acceptable housing standards; and narcotic logs.

**As a Board EW, you may be required to testify at administrative hearings regarding cases you have reviewed.** An EW must have knowledge of the laws and regulations relating to the practice of veterinary medicine in California so as to assure compliance with the provisions of the Business and Professions Code, California Code of Regulations, and Health and Safety Code. Expert reviewers must understand the necessity of maintaining the minimum standards of the practice of veterinary medicine and understand the Board's role as a regulatory agency and its responsibility to consumers of veterinary services and the veterinary medical profession.

### **Applications are evaluated based on the following:**

1. Organization and specificity.
2. Ability of the applicant to communicate clearly and demonstrate understanding of the expert review process.

### **Review of Qualified Applicants**

Applicants will be evaluated prior to being selected for group EW training. If the criteria are met, you will be invited to attend the next scheduled Expert Review/Witness Training, usually held in the spring and the fall in Sacramento, CA. Please indicate whether you would be available to attend the next available training or if you would rather be contacted to attend training at a later date.

**Reimbursement for Expert Reviews**

An EW is paid on an hourly, per case review basis. The rate of pay for case review is \$75 per hour. If you are called to be an EW for a hearing, the rate of pay is the same, but not to exceed \$300 per day of hearing.

You will submit a task order and invoices when the review of the case has concluded. It can take Board staff up to ten business days to complete the processing of the reimbursement paperwork and an additional six to eight weeks after the paperwork is forwarded to the Accounting Department before the reimbursement check arrives in the mail.

### VETERINARY MEDICAL BOARD BOARD EXPERT WITNESS (CONTRACTOR)

**PRINT OR TYPE**

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

MAILING ADDRESS (NUMBER) (STREET)

(CITY) (STATE) (ZIP)

EMAIL ADDRESS

TELEPHONE NUMBER FAX NUMBER SS# or FEIN

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

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

No \_\_\_\_\_ Yes \_\_\_\_\_ License number: \_\_\_\_\_

2. Have you worked in a clinical practice setting a minimum five (5) years within the previous six years?

No \_\_\_\_\_ Yes \_\_\_\_\_ (Please indicate on page 2 and 3 of application)

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

No \_\_\_\_\_ Yes \_\_\_\_\_

4. If you have ever been in a contract agreement with the State of California, have you ever had an unsatisfactory contractor evaluation filed with the Department of General Services, Office of Legal Services?

No \_\_\_\_\_ Yes \_\_\_\_\_ N/A \_\_\_\_\_ (Never had a contract with the State of California)

**\*CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING\***

**APPLICATION WILL BE REJECTED IF NOT SIGNED.**

**I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California.**

APPLICANT'S SIGNATURE DATE SIGNED

**EDUCATION INFORMATION**

Name & Location Of Institution	Attendance		Course of Study	Date of Graduation	Degree Received
	From	To			

**LICENSURE HISTORY**

Please list all states/provinces where you have been or are currently licensed or registered:  
*(Attach additional page if necessary)*

STATE/PROVINCE	LICENSE #	STATUS

**SPECIALIZATIONS**

BOARD CERTIFICATION FROM/ DIPLOMATE OF (ORGANIZATION)	DATED ATTAINED	SPECIALTY

**EMPLOYMENT HISTORY (PLEASE LIST MOST RECENT POSITION FIRST)**

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**COMPLETE AND ATTACH RESUME OR CURRICULUM VITAE**

**Please list relevant work experience:**

FROM (M/Y)	(M/Y)	TITLE
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY NAME
SUPERVISOR		ADDRESS
TELEPHONE NUMBER	CITY	STATE
	ZIP	

FROM (M/Y)	(M/Y)	TITLE
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY NAME
SUPERVISOR		ADDRESS
TELEPHONE NUMBER	CITY	STATE
	ZIP	

FROM (M/Y)	(M/Y)	TITLE
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY NAME
SUPERVISOR		ADDRESS
TELEPHONE NUMBER	CITY	STATE
	ZIP	

FROM (M/Y)	TO (M/Y)	TITLE
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY NAME
SUPERVISOR		ADDRESS
TELEPHONE NUMBER	CITY	STATE
	ZIP	

**PROFESSIONAL REFERENCES**

List three peer references below.

**REFERENCE 1**

Name of Individual or Practice

Street Address

City

State

Zip Code

Contact Person

Telephone Number

**REFERENCE 2**

Name of Individual or Practice

Street Address

City

State

Zip Code

Contact Person

Telephone Number

**REFERENCE 3**

Name of Individual or Practice

Street Address

City

State

Zip Code

Contact Person

Telephone Number