



Physician Assistant Board of California
Medical Consultant Program
Original Application

Enforcement Program Phone: (916) 561-8780
 2005 Evergreen Street, Suite 2250 Fax: (916) 263-2671
 Sacramento, CA 95815-5401 www.pab.ca.gov

PERSONAL INFORMATION

Last Name		First Name		Middle Name	Suffix
Street Address					
City				State	Zip Code
Primary Phone Number	Alternate Phone Number		Email Address		
Date Birth	California Board License Number (Required)				

Please indicate preferred method of contact:

QUALIFICATIONS (Please check all that apply)

- Currently licensed and in good standing with the Medical Board of California or the Physician Assistant Board of California
- Retired (not more than 5 years)
- Practicing (minimum of 3 years)
- Peer Review Experience
- Board Certified by the American Board of Medical Specialties or a specialty board approved by the Medical Board of California prior to January 1, 2019

Certificate Specialty:

Expiration Date:

Sub-Specialty:

Expiration Date:

MEDICAL PRACTICE

1. If you have retired from active medical practice, please indicate the date you stopped practicing.

2. Describe your active medical practice or employment. (Active practice is defined as at least 80 hours per month in direct patient care or clinical activity or teaching, of which 40 hours must involve direct patient care.) Identify any special procedures (e.g., laparoscopic surgery) or modalities (e.g., alternative medicine) that you employ in your practice on the Practice Area Definers on page 3. Also, identify below any special training you have received that is not listed on page 1.

3. Describe any prior peer review experience (hospital, medical society, or equivalent).

4. Why do you want to be a medical consultant for the Physician Assistant Board of California? And why do you believe you are qualified?

5. Has any medical license board, other agency, or hospital (including the U.S. military, U.S. Public Health Service, or other U.S. federal governmental entity) filed or taken disciplinary action regarding any healing arts license that you now hold or ever held, for unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts, or malpractice, or is any action pending?

(If yes, use comments section to explain.)

Yes No

6. Have you ever voluntarily surrendered a license to practice in the healing arts in this or any other state, or voluntarily surrendered your narcotic (controlled substance) permit (state or federal) to any licensing board or any other agency, or is any such action pending?

(If yes, use comments section to explain.)

Yes No

7. Have you ever had staff privileges in a hospital denied, suspended, limited, revoked, or not renewed for medical disciplinary cause, or resigned from a medical staff in lieu of disciplinary or administrative action, or is any such action pending?

(If yes, use comments section to explain.)

Yes No

8. Have you ever been arrested, convicted, or pled nolo contendere to any violation of any federal, state, or local law of any state in the United States, or a foreign country, or is any action pending? **You are required to list any conviction that has been set aside and dismissed or expunged, or where a stay of execution has been issued.**

(If yes, use comments section to explain.)

Yes No

PRACTICE AREA DEFINERS

ANESTHESIOLOGY

- Pain Management (TEE) - Simple Placement
 - Other Related Practice(s):
-

CARDIOLOGY

- Cardiovascular Disease
 - Diagnostic Cardiology
 - Non-Interventional/Non-Invasive
 - Other Related Practice(s):
-

COMPLEMENTARY & ALTERNATIVE MEDICINE

- Other Related Practice(s):
-

ENT-OTOLARYNGOLOGY

- Cosmetic Surgery
 - Other Related Practice(s):
-

FAMILY MEDICINE

- Other Related Practice(s):
-

GENERAL MEDICINE / INTERNAL MEDICINE

- Allergy & Immunology
 - Ambulatory Medicine
 - Critical Care/Emergency Medicine/Urgent Care
 - Dermatology
 - Endocrinology
 - Gastroenterology - Hepatology
 - Geriatric Medicine
 - Hematology/Oncology
 - Hospice
 - Infectious Diseases
 - Nephrology
 - Occupational Med. Physical Med. & Rehabilitation
 - Pain Management
 - Pulmonary Diseases
 - Rheumatology
 - Sports Medicine
 - Other Related Practice(s):
-

NEUROLOGY

- Neurological Surgery
 - Neuropsychiatry
 - Neurosurgery
 - Other Related Practice(s):
-

OB-GYN

- Endocrinology
 - Gynecological Oncology
 - High Risk Pregnancies
 - Infertility
 - No Gyn
 - No Obstetrics
 - Other Related Practice(s):
-

OPHTHALMOLOGY

- Cataracts
 - Laser Surgery
 - Lasik Surgery
 - Vitreoretinal Surgery
 - Other Related Practice(s):
-

ORTHOPAEDICS

- Hand Surgery
 - Shoulder, Knee, Hip, Other:
 - Pediatric Specialist
 - Spinal Surgery
 - Other Related Practice(s):
-

PATHOLOGY

- Anatomic Pathology
 - Bone Marrow Biopsy
 - Forensic Pathology
 - Blood Banking/Transfusion Medicine
 - Other Related Practice(s):
-

PEDIATRICS

- Developmental-Behavioral Pediatrics
 - Neonatal-Perinatal Medicine
 - Neurodevelopmental Disabilities
 - Pediatric Genetics
 - Pediatric Hematology
 - High Risk Deliveries/Pediatric Intensive Care
 - Pediatric Infection Disease
 - Other Related Practice(s):
-

PLASTIC SURGERY

- Facial
 - Cosmetic Surgery
 - Liposuction
 - Other Related Practice(s):
-

PSYCHIATRY

- Adult
 - Addiction Medicine
 - Child or Adolescent
 - Medication Management
 - Other Related Practice(s):
-

RADIOLOGY

- Diagnostic Radiology
 - Interventional Radiology
 - Nuclear Medicine
 - Neuroradiology
 - Vascular Radiology
 - Other Related Practice(s):
-

SURGERY

- Cardiothoracic Surgery
 - Cardiovascular Surgery
 - Endoscopic Surgery
 - Laparoscopic Surgery
 - Pediatric Surgery
 - Thoracic Surgery
 - Trauma Surgery
 - Vascular Surgery
 - Other Related Practice(s):
-

➤ Do you supervise physician assistants? Yes No

➤ Do you supervise nurse practitioners? Yes No

➤ Do you have special training or use any procedure, practice modalities, etc., not listed? Yes No

If yes, please describe

COMMENTS (Please indicate question number)

PRIVACY NOTICE

The information provided on this application is maintained by the Physician Assistant Board of California (Board), under the authority granted by the Business and Professions Code, Division 2, Chapter 5, Article 13, section 2332. It is mandatory that you provide all information requested. Omission of any information will result in the application being rejected as incomplete. Your completed application becomes the property of the Board and will be used by the authorized personnel to determine your eligibility for participation in the Medical Consultant Program. Information on your application may be transferred to other governmental or law enforcement agencies. [You have the right to review the records maintained on you by the Board unless the records are exempt from disclosure.]

I hereby certify that all statements made in this application are true and complete, and I understand that any misstatements of material facts will subject me to disqualification. I have attached a current *curriculum vitae* to this application.

Signature

Date

Submit completed application to: Physician Assistant Board of California
Medical Consultant Program
Attn: Armando Melendez
2005 Evergreen Street, Suite 2250
Sacramento, CA 95815-3831