



## EXPERT WITNESS APPLICATION

The Board of Optometry is seeking qualified optometrists with the professional and educational background to develop opinions, prepare written reports and/or testify as an Expert Witness on behalf of the Board. An Expert Witness can be 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. *California Civil Code Section 43.8 provides immunity for those practitioners who render an opinion against an optometrist for the Board.*

An Expert Witness must hold a current and active license in their profession and be in good standing with no prior disciplinary actions or criminal convictions.

If you wish to be considered by the Board as an Expert Witness, please complete the information listed below. The information you provide will be maintained for reference for any current or future cases for which you may be qualified.

**Please complete each section and attach your curriculum vitae/resume, which includes your practice history.  
Please Print or Type Clearly**

**Name**

Last First Middle

<b>Business Address:</b> Street: _____ City: _____ State/Zip: _____		<b>Telephone Number</b> _____	<b>Title or Position</b> _____
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<b>California</b> OPT License Number _____  Certifications: (Please supply dates)  DPA _____ TPA _____ TPG _____ TPL _____ TLG _____	<b>Other Professional Licenses &amp; States of Licensure</b> _____ _____ _____	<b>Highest Educational Degree(s)</b> _____
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**Knowledge of** (Please check all that apply):

Contact Lenses \_\_\_\_\_ Glaucoma \_\_\_\_\_ Low Vision \_\_\_\_\_ Geriatrics \_\_\_\_\_ Pediatrics \_\_\_\_\_ Lasik Co-Management \_\_\_\_\_

Diagnostic Modalities \_\_\_\_\_ Retinal Disease \_\_\_\_\_ Standard of Care \_\_\_\_\_ Optometric Management & Billing \_\_\_\_\_

### PREVIOUS CONSULTANT OR EXPERT WITNESS EXPERIENCE

Company	Type	Date
Company	Type	Date

<b>OTHER PROFESSIONAL ACTIVITIES/CREDENTIALS</b>	<b>REFERENCES</b>
_____	_____
_____	_____

If you need additional space to complete the application, please attach a separate sheet or complete the information on the reverse side.

I certify under the penalty of perjury under the laws of the State of California that all statements, answers and representations in this application including all attachments are true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date