FORENSIC SERVICES DIVISION
1600 Ninth Street, Room 410
Sacramento, CA 95814

APPLICATION TO SERVE AS A MENTALLY DISORDERED OFFENDER (MDO) INDEPENDENT EVALUATOR FOR THE BOARD OF PAROLE HEARINGS

I am interested in serving as an Independent Evaluator of Mentally Disordered Offenders for the Board of Parole Hearings. In making this application, I CERTIFY that:

1. I am a: ☐ Psychiatrist; or,
   ☐ Licensed Psychologist with a doctoral degree in Psychology

2. I have at least five (5) years of post licensure experience in the diagnosis and treatment of mental health disorders.

3. I am **NOT** a State Government or a Forensic Conditional Release Program employee.

4. I am willing to perform evaluations on parolee/patients in the following geographic locations:
   ☐ Northern California ☐ Central California ☐ Southern California

5. I am competent to perform mental health examinations in the following language(s) in addition to English: a. _____ b. _____ _____

In signing this application, I am aware that representatives of the Board of Parole Hearings will verify any representations I have made on this application and do declare under penalty of perjury that the statements made herein are true and correct.

Printed Name:	License Number: Expiration Date:
Mailing Address:	
Telephone Number:	Email Address:
Signature:	Date:

Please sign, date, and submit this application along with a current Curriculum Vitae/Resume (with the 5 year post licensure experience in the diagnosis and treatment of mental health disorders annotated with yellow highlight) before returning it to one of the following:

EMAIL: Subject: MDO Application
BPHIndependentPanelApp@dsh.ca.gov

MAIL: Attn: MDO Application
Department of State Hospitals
Forensic Services Division
1600 9th Street, Room 410
Sacramento, CA 95814