

## MENTALLY DISORDERED OFFENDER (MDO) INDEPENDENT EVALUATOR RECRUITMENT FOR THE BOARD OF PAROLE HEARINGS (BPH)

Applications for the BPH MDO Evaluator Independent Panel will be received from May 1, 2017 to July 1, 2017, and a Qualified and Non-Qualified list will be provided to BPH on July 1, 2017.

If you are interested, please complete the attached application and email to <u>BPHIndependentPanelApp@dsh.ca.gov</u>

You may also mail your application to:

Department of State Hospitals Forensic Services Division Attn: MDO Applications 1600 9<sup>th</sup> Street, Room 410 Sacramento, CA 95814 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** (or will not be after July 30, 2017) 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:
- 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 periury 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 9<sup>th</sup> Street, Room 410 Sacramento, CA 95814