

FORENSIC SERVICES DIVISION

1600 Ninth Street, Room 410
Sacramento, CA 95814



**APPLICATION TO SERVE AS A INDEPENDENT EVALUATOR FOR THE
BOARD OF PAROLE HEARINGS (BPH)**

I, _____ am interested in serving as an Independent Evaluator to evaluate individuals designated as an Offender with a Mental Health Disorder (OMD) for the BPH. 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 experience in the diagnosis and treatment of mental health disorders.
3. I am **NOT nor will be during the contract term** a State Government or a Forensic Conditional Release Program employee. I also understand that I cannot be an OMD contracted evaluator with the Department of State Hospitals (DSH).
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. _____

Application Deadline: Last working day in June of each year

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 experience in the diagnosis and treatment of mental health disorders annotated with yellow highlight) before returning it to one of the following:

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

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