

**FORENSIC SERVICES DIVISION**

1215 O Street, MS-9  
Sacramento, CA 95814



**APPLICATION TO SERVE AS A SEXUALLY VIOLENT PREDATOR (SVP) INDEPENDENT  
EVALUATOR FOR THE SEX OFFENDER COMMITMENT PROGRAM (SOCP)**

I, \_\_\_\_\_ am interested in serving as an Independent Evaluator for the Department of State Hospitals (DSH) Sex Offender Commitment Program (SOCP). In making this application, I CERTIFY that:

1. I am a:  Psychiatrist; or  
 Licensed Psychologist with a doctoral degree in Psychology
2. I am a:  Resident of California; or  
 Non-resident who agrees to accept that the State of California travel reimbursement rates will begin at the State line nearest my home.
3. I possess at least five (5) years of post-licensure experience in the diagnosis and treatment of mental health disorders.
4. I possess either:
  - a) At least twenty (20) hours or more of expert witness testimony in cases involving defendants who have committed sexual offenses; OR
  - b) A minimum of five (5) hours of direct forensic expert witness testimony in cases involving defendants who have committed sexual offenses (pursuant to any state statute or penal code), with an additional ten (10) hours of verifiable training in the area of expert testimony; AND will acquire at least five (5) hours of additional mock expert testimony (coordinated and provided by DSH SOCP) within the first six months of the contract activation date.

Note: Any candidate possessing at least twenty (20) hours or more of expert testimony in cases involving defendants who have committed sexual offenses will not be required to submit evidence of further training nor be required to participate in five hours of mock expert testimony.

5. I am **NOT** a State Government or a Forensic Conditional Release Program employee.
6. I am willing to perform evaluations on parolee/patients in the following geographic locations:  
 Northern California                       Central California                       Southern California
7. I am competent to perform mental health examinations in the following language(s) in addition to: English: a. \_\_\_\_\_ b. \_\_\_\_\_
8. In the last two (2) years, I have been trained on sex offender risk assessment tools appropriate for assessing risk for sexual recidivism, which includes training on the STATIC 99R (specifically required) and training on at least one (1) dynamic assessment tool (also required); this may include, but is not limited to the STABLE 2007 or the VRS-SO.  
**Note:** Please provide proof of attendance.

9. I have at least two (2) years of experience evaluating sex offender populations.
10. I have included a copy of my Current Curriculum Vitae/Resume (with the five (5) years of

post-licensure experience in the diagnostic and treatment of mental health disorders annotated in **yellow highlight**).

11. I have included my forensic evaluation writing sample.
12. I have included a copy of my professional licensure.
13. I have included three (3) references for similar services that I have been provided within the last five (5) years.
14. If a California corporation, I have included a copy of the corporation documents on file with the California Secretary of State certifying good standing; or if a corporation located outside California, I have included an affidavit attesting that the corporation is in good standing in that state, province, or country.
15. If a medical or psychological corporation, I have provided a copy of the Fictitious Name Permit on file with the California Department of Consumer Affairs under the name of the medical or psychological corporation used.
16. I acknowledge that new contract panel evaluators are responsible for their own training and proficiency in SVP evaluation.
17. Upon the acceptance and initiation of a new contract, the Contractor will be subject to 100% quality assurance peer review and corrective feedback of their first five (5) reports. Depending on the Contractor's specific experience and qualifications, he/she may also be required to attend in person, a new hire onboarding training, the location and duration of which will be determined by the Forensic Services Division (FSD) Chief Psychologist.

In signing this application, I am aware that representatives of the DSH 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 and support documents to either one of the following:

EMAIL: Subject: SVP Independent Evaluator  
[SVPIndependentPanel@dsh.ca.gov](mailto:SVPIndependentPanel@dsh.ca.gov)

**MAIL: Attn: SVP Application Panel**  
SVP Independent Evaluator  
Department of State Hospitals  
Forensic Services Division  
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