



Expert Witness/Consultant Application

Name: _____ License #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

1. Do you wish to serve as an: Expert Witness Consultant
2. Do you have prior expert witness/consultant experience? yes no
3. Do you have peer review experience? yes no
4. Have you served as an examiner for:
 - American Board of Podiatric Surgery
 - American Board of Podiatric Orthopedic & Primary Podiatric Medicine
 - Another state licensing board: _____
 - Another organization: _____
5. Did you complete an approved residency program? yes no
 If so, please check which:
 - Rotating Podiatric Residency (RPR)
 - Podiatric Orthopedic Residency (POR)
 - Podiatric Surgical Residency – 12 months (PSR12)
 - Podiatric Surgical Residency – 24 months (PSR24)
 - Primary Podiatric Medical Residency
6. Please list the general acute care hospital facility(ies) where you have surgical staff privileges:
 - _____
 - _____
 - _____
 - _____
 - _____

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7. What percentage of your practice involves surgery?

- none 16 – 30%
 less than 5% 31 - 50%
 6 – 15% more than 50%

8. What percentage of your practice involves ankle surgery?

- none 16 – 30%
 less than 5% 31 - 50%
 6 – 15% more than 50%

9. Please list three DPMs practicing in California who we may contact as references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

10. Please attach a copy of your current Board Certification and curriculum vitae and return to PMBC.

Signature: _____ Date: _____