



CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
 2005 Evergreen Street, Suite 2250, Sacramento, CA 95815-3831
 T: (916) 263-2294 F: (916) 263-2701
 E-mail: cbot@dca.ca.gov Web: www.bot.ca.gov



APPLICATION TO BE A PRACTICE REVIEWER

Thank you for your interest in serving the Board of Occupational Therapy as a practice reviewer. Practice reviewers are licensed occupational therapists and occupational therapy assistants with the professional and educational background to review complaints, develop opinions, prepare written reports and/or testify at administrative hearings. Practice reviewers are an important part of the Board's Enforcement Program and their effectiveness is vital for fulfilling our legislative mandate to protect California consumers of occupational therapy services from unprofessional, incompetent and otherwise dangerous practitioners.

If you wish to provide this service to your community and be considered by the Board as a practice reviewer, please complete all sections of the application and submit to the above address. Please attach your resume or Curriculum Vitae.

A practice reviewer must hold a current and active license without restrictions.

It is imperative that practice reviewers have at least ten (10) years experience with seven (7) years of recent experience in the area of expertise for which they will be reviewing cases and rendering a professional opinion. Please select (✓) the applicable area(s) for which you are most knowledgeable, keeping in mind that you will need to defend your position in court should you be called to testify. ***California Civil Code Section 43.8 provides immunity for those practitioners who render an opinion against an occupational therapist or an occupational therapy assistant for the Board.***

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|--|--|--------------------------------------|
| <input checked="" type="checkbox"/> Private Practice | <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Technology |
| <input type="checkbox"/> School-Based Practice | <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Education |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Gerontology | <input type="checkbox"/> Research |
| <input type="checkbox"/> Work Program | <input type="checkbox"/> Home Health | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Administrative Management | <input type="checkbox"/> Hand Therapy | <input type="checkbox"/> Other _____ |

Indicate all advanced practice area(s) which you have been approved by the Board and the date of approval:

- Hand Therapy - Date of Approval: _____
- Physical Agent Modalities - Date of Approval: _____
- Swallowing Assessment, Evaluation and Intervention - Date of Approval: _____

Section I: Personal Data (Please Complete All Boxes)

Last Name		First Name		Middle Name	
Residence Address (Street No., Apt No.)		City	State	Zip Code	
Home Telephone No. ()	Business Telephone No. ()	FAX No. ()	E-Mail Address		

Section II: Professional Data (Please Complete All Boxes. Attach additional pages if necessary.)

License No.	Original Issue Date	Expiration Date	Type <input type="checkbox"/> OT <input type="checkbox"/> OTA
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1. Do you possess a *current* certification from the National Board for Certification in Occupational Therapy, Inc. (NBCOT), or membership with the American Occupational Therapy Association (AOTA), Occupational Therapy Association of California (OTAC), or other state association?

- Yes NBCOT: Certification No. _____ as of _____ (date).
 AOTA: Membership No. _____ as of _____ (date).
 OTAC: Membership No. _____ as of _____ (date).
 Other: _____ Membership No. _____ as of _____ (date).
 Other: _____ Membership No. _____ as of _____ (date).
- No

2. Do you currently hold any other licenses or specialty certifications, including occupational therapy or any other health related field, in California or in any other state?

- Yes If yes, please provide a list and details below. No

3. Has any health related professional licensing or disciplinary body in any state, territory or foreign jurisdiction, or any branch of the military, denied, limited, placed on probation, restricted, suspended, cancelled or revoked any professional license, certificate, or registration granted to you, or imposed a fine, reprimand, or taken any other action against you?

- Yes If yes, please provide details below. No

4. Have you ever been convicted of a crime?

- Yes If yes, please provide details below. No

5. Have you been actively engaged in the practice of occupational therapy (defined as at least 80 hours a month in occupational therapy, including direct client care, clinical activity, supervision, administration or teaching) in the past five years?

- Yes No

Please attach a copy of your resume or Curriculum Vitae to this application.

6. Please describe your related practice activities within the past five years.

7. Have you ever ceased practice for one year or more?

Yes If yes, please provide details below. No

8. Please describe any mentoring or supervisory positions you have been involved with in the past five years.

9. Have you ever been an expert witness?

Yes If yes, please state when and in what capacity, and describe your service as a witness.
 No

10. Please describe any teaching or public speaking experience within the last five years. Please relate this experience to the specific area of expertise.

11. Have you ever been involved in an accreditation process?

Yes If yes, please provide details below. No

12. Why do you feel you are qualified to be an expert witness?

Section III: Affidavit

I declare, under penalty of perjury of the laws of the State of California, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct.

Further, I certify that I have read and understand the disclaimer listed below.

Signature of Applicant

Date

Disclaimer: Licensees are prohibited from making any claim or any advertisement in which they represent themselves as being affiliated in any way with the California Board of Occupational Therapy. Licensees shall not represent themselves as being an expert, a Board "expert," hold themselves out as holding any credential, or use any designation based on their participation in the Practice Reviewer Program. By signing the affidavit in Section III, you indicate that you understand the prohibitions concerning Board affiliation and advertising. Failure to comply may result in disciplinary action.

Information Collection and Access: The Board's Executive Officer is the person responsible for information maintenance. Business and Professions Code section 2570.18 gives the Board authority to maintain information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. Authorized personnel will use the information provided to determine your eligibility for participation in the Practice Reviewer Program. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.