



**Naturopathic Medicine Committee**  
 PO Box 980490, West Sacramento, CA 95798-0490  
 P 916/928-4785 F 916/928-4787 | www.naturopathic.ca.gov



## APPLICATION FOR EXPERT REVIEWER

The Naturopathic Medicine Committee (Committee) is seeking qualified, licensed naturopathic doctors to develop opinions and/or testify as an Expert Reviewer on their behalf. An Expert Reviewer is any person possessing technical or professional knowledge from advanced education and/or extensive work experience enabling the formation of definite opinions in an area of expertise. If you wish to provide this service to your community of professionals, please complete all sections of the application below and submit to the above address.

**Qualifications:** An Expert Reviewer must hold a current, active license in good standing with no prior disciplinary actions, convictions, or restriction of license. You must have a minimum of five (5) years experience derived from licensure as a Naturopathic Doctor in California, another state, or from practicing naturopathy in California prior to January 1, 2005, having already completed the educational and board examination requirements for licensure in California. Please indicate your area(s) of expertise below, keeping in mind that you will need to defend your opinion in court should you be called to testify.

**California Civil Code Section 43.8 provides immunity for those practitioners who render an opinion against a licensed naturopathic doctor for the Bureau.**

Please Print or Type Clearly

<b>NAME:</b>		Last	First	<b>BIRTHDATE:</b>	
<b>HOME ADDRESS:</b>		Street	City	State	Zip Code
<b>BUSINESS ADDRESS:</b>		Street	City	State	Zip Code
<b>HOME TELEPHONE:</b>			<b>EMAIL ADDRESS:</b>		
<b>BUSINESS TELEPHONE:</b>		<b>BUSINESS FAX:</b>		<b>CELL TELEPHONE:</b>	
<b>OTHER PROFESSIONAL LICENSES, STATES OF LICENSURE, &amp; MEMBERSHIP IN SPECIALTY ORGANIZATIONS:</b>					
1.					
2.					
3.					
4.					
5.					
<b>AREA(S) OF EXPERTISE: DEFINE CREDENTIALS TO SUPPORT.</b>					
1.					
2.					
3.					
4.					
5.					
I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations in this application including all attachments are true and accurate.					
<b>SIGNATURE:</b>		<b>CA ND Lic #:</b>		<b>DATE:</b>	