

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF KERN**



**COURT APPOINTED MEDICAL EXAMINER
JUVENILE PANEL APPLICATION**

Please include a current curriculum vitae/resume; license to practice; proof of malpractice insurance; and copy of a valid identification card in addition to this application.

Name: _____ Place of Business: _____

Address: _____ City: _____ Zip Code: _____

Email: _____ Phone: _____

License Number: _____ License Type: ☐ Psychiatry ☐ Psychology

License Issue Date: _____ License Expiration Date: _____

1. Education: *(College degree(s), graduate degree(s), etc.)*

2. Post-doctorate experience in forensic psychiatry and/or psychology: *(Internship, residency, fellowship, etc.)*

3. Have you ever served on an evaluation panel in another court? ☐ No ☐ Yes
If yes, please list which courts and what type of panel (e.g. adult or juvenile, competency, WIC 361.5(c)(1)):

4. For Juvenile Justice Court Appointed Experts: explain your expertise and qualifications that meets the requirements of Welfare & Institutions Code §709(b) and California Rules of Court, rule 5.645(b)(2):

5. Specific experience with competency evaluations of children, evaluations of parents to assess their capacity to benefit from reunification services, evaluation of children or adults pursuant to the Lanterman Act or the Lanterman Petris Short Act:
6. Do you have any prior or pending disciplinary action against you by a professional licensing agency in any state? ☐ No ☐ Yes
If yes, please attach explanation with dates, including whether the action affected the status of your license.
7. Have you ever been convicted of a crime? ☐ No ☐ Yes
If yes, please include the nature of the crime, the date of the offense and date of conviction, and the venue.
8. Are you fluent in a language other than English? ☐ No ☐ Yes
If yes, please list language(s):

CERTIFICATION

I understand and acknowledge that the selection and appointment of medical examiners is solely at the discretion of the court. I hereby certify that all statements made in this entire application, including attachments, are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement, regardless of when it is discovered, may result in my disqualification or dismissal from the approved list of providers.

Date: _____

Signature: _____

Mail Application to: Attention Executive Administrative Secretary
Kern County Superior Court, 1415 Truxtun Avenue, Bakersfield, CA 93301