



## EXPERT WITNESS APPLICATION

**Directions:**

- A. Please type or print in ink all requested information.**
- B. Please complete all sections of the application to ensure timely processing.**
- C. Return the form with its attachments to the Acupuncture Board at the address shown above.**

Name:			
Home Address:			
City:	State:	Zip Code:	
Home Phone:	Work Phone:	Home Fax:	Work Fax:
Date of Birth:	Social Security Number:	AC License No.:	
Please list any other health care license you possess:			

1. Have you ever had disciplinary action taken against your license? Yes  No

***If yes, please attach a detailed explanation.***

2. Employment:

- Current Employer: \_\_\_\_\_
- Business Address: \_\_\_\_\_
- Current Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

3. Please indicate your area(s) of specialty practice or instruction:

\_\_\_\_\_

\_\_\_\_\_

4. Are you knowledgeable of the laws, regulations, and standards that govern the practice of acupuncture in California? Yes  No

5. If selected, are you able to provide written and oral testimony at administrative hearings throughout the state? Yes  No

6. The Board on occasion collects documents or records that require translation. Please indicate if you have both reading and writing proficiency in another language.

Yes  No  Language(s): \_\_\_\_\_

7. Educational/Training Acquired: Please list the education and training you completed that qualified you for the California Acupuncture Licensing Exam:

Educational Institution

Degree Title

Date Completed

Please list any additional degrees you have obtained:

Educational Institution

Major

Degree Title

Date Completed

8. Professional Experience: Please list last five (5) years of employment, present employer first. Attach a separate sheet, if necessary.

Employer

Position/Title

Specialty (Duties)

Length of Time

9. Please attach:

- A. A letter from your supervisor or another licensed acupuncturist (no familial or personal relationship) verifying your expertise in acupuncture and/or any other specialty within the scope of acupuncture.
- B. A brief narrative statement, approximately one page, 1.) Explaining why you feel you are qualified to serve as an expert witness; 2.) Stating the contributions you would bring.
- C. A current resume specifying your professional education and experience.

10. ***I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PLEASE DO NOT WRITE BELOW THIS LINE**

***For Official Board Use Only***

Date Received: \_\_\_\_\_ Date Evaluated: \_\_\_\_\_

Qualified

Not Qualified

Date of Notification: \_\_\_\_\_ Area of Expertise: \_\_\_\_\_