



## Nurse Practitioner Subject Matter Expert Application

The California Board of Registered Nursing (BRN) in partnership with the Department of Consumer Affairs' Office of Professional Examination Service (OPES) is seeking licensed Nurse Practitioners (NP) with the professional and educational background to serve as a Subject Matter (SME) while participating in a project that will provide input on identifying tasks, knowledge, and skills that are a necessary part of the NP's practice. An SME is any person possessing technical or professional knowledge and/or extensive work experience enabling the formation of definite opinions in an area of expertise. Please complete all sections of the application and **attach your Curriculum Vitae (resume)** and email to: [BRN.NPAC@dca.ca.gov](mailto:BRN.NPAC@dca.ca.gov).

### Nurse Practitioner Subject Matter Expert Practice Consultant Qualifications

To be considered as an NP SME for the BRN and OPES, applicants must meet the all of the following qualifications shown below:

- ✓ **Be a California resident;**
- ✓ **Possess a valid and current active California Registered Nurse (RN) license and NP certification;**
- ✓ **Have experience as an NP;**
- ✓ **Have clinical practice experience and current skills in the area of expertise for which you will be providing input and rendering a professional opinion;**
- ✓ **Have all renewal fees paid and continuing education requirements met;**
- ✓ **No prior or current disciplinary actions or convictions in this state or any other agency or government, and;**
- ✓ **Be able to write complete and concise reports.**

Only select (✓) the applicable area(s) for which you are currently practicing in:

- |   |   |
|---|---|
| <input type="checkbox"/> Pediatric Primary Care         | <input type="checkbox"/> Pediatric Acute Care         |
| <input type="checkbox"/> Adult/Gerontology Primary Care | <input type="checkbox"/> Adult/Gerontology Acute Care |
| <input type="checkbox"/> Psychiatric                    | <input type="checkbox"/> Family                       |
| <input type="checkbox"/> Neonatal                       | <input type="checkbox"/> Women's Health               |

Applicant Information		
Name (Last, First):		
Mailing Address:		
City:	State:	Zip Code:
Phone (cell):	Phone (home):	
Phone (work):	Fax:	
E-mail:		

Application Questions		
1. Do you possess a valid and current California professional license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registered Nurse Number:	NP Number:	
2. Have you worked in a clinical practice setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you possess any other professional licenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate other licenses and state(s) of licensure:		
4. Have you ever served as an expert consultant/witness for any of the following?		
California Board of Registered Nursing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Board of California	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Osteopathic Medical Board of California	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attorney General's Office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Organization, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**\*CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING\***

**APPLICATION MAY BE REJECTED IF INCOMPLETE, NOT SIGNED, AND/OR RESUME NOT INCLUDED**

I certify under penalty of perjury under the laws of the State of California that all statements, answers and representations in this application including attachments are true and accurate. I further understand that any false, incomplete, or incorrect statements may result in my disqualification.

Signature	Date

Please email to: [BRN.NPAC@dca.ca.gov](mailto:BRN.NPAC@dca.ca.gov)