

SUPPLEMENTAL APPLICATION

Medical Consultant (Enforcement)

Name: _____ Phone: _____

Address: _____ License No: _____

General Instructions

Completion of this Supplemental Application including the items below, is a required part of the examination and selection process and must be submitted along with the Examination/Employment Application (STD. 678):

- I. Curriculum Vitae
- II. Peer Review Experience
- III. Valid American Board of Medical Specialties or American Osteopathic Association Specialty Certificate

Candidates who do not complete this supplemental application will be eliminated from the selection process.

How to Submit

Your electronic [Examination/Employment Application \(STD. 678\)](#), this Supplemental Application and any other required documents can be submitted through your account at www.CalCareers.ca.gov. Sign into your profile and apply for the Medical Consultant (Enforcement) examination for the Department of Consumer Affairs. Add the documents listed in the section above as attachments to your Examination/Employment Application (STD. 678). Alternatively, you can mail your complete application package to:

Department of Consumer Affairs
Examination Services Unit, Attn: T. Patel
1625 North Market Blvd., Suite N-321
Sacramento, CA 95834

Facsimiles (fax) will not be accepted.

The purpose of this supplemental application is to obtain job-related information to determine between the well qualified, qualified, and not-qualified competitors. I certify that the information provided is accurate and complete to the best of my knowledge. I understand that any falsification may cancel any terms, conditions, or privileges of employment.

Signature _____ Date Signed _____

II. PEER REVIEW EXPERIENCE

Please include significant private medical experience you have in evaluating the professional competence of physicians, surgeons and allied health professionals; and medical expertise in the review of medical investigations, medical records, and coordinating the activities of the peer review panel. For purposes of this examination, "significant" means experience in which you spent more than half of your time on this duty. Begin with your most recent position.

Additional sheets may be used (each sheet must state your full name)

CONDITIONS OF EMPLOYMENT - FORM 631

CANDIDATE NAME:

EXAMINATION TITLE: MEDICAL CONSULTANT (ENFORCEMENT)

Positions are available throughout the state - If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. Please place a check mark ✓ next to your choices below.

Type of appointment you will accept	<input type="checkbox"/> Permanent Full time D	<input type="checkbox"/> Other than Permanent Full time R	<input type="checkbox"/> Both A
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Locations in which you are willing to work - Please place a check mark ✓ next to your choices – You will not be offered a job in locations not checked. If more than 15 selections are made, you may be considered available for work anywhere in the state.

☐ **Anywhere in the state** - If checked, no further selection is necessary.

☐ **Anywhere in the northern region (8004)** or make northern county choices below.

<input type="checkbox"/> Butte 0400	<input type="checkbox"/> Colusa 0600	<input type="checkbox"/> Del Norte 0800
<input type="checkbox"/> Glen 1100	<input type="checkbox"/> Humboldt 1200	<input type="checkbox"/> Lake 1700
<input type="checkbox"/> Mendocino 2300	<input type="checkbox"/> Modoc 2500	<input type="checkbox"/> Nevada 2900
<input type="checkbox"/> Placer 3100	<input type="checkbox"/> Plumas 3200	<input type="checkbox"/> Shasta 4500
<input type="checkbox"/> Sierra 4600	<input type="checkbox"/> Siskiyou 4700	<input type="checkbox"/> Sutter 5100
<input type="checkbox"/> Tehama 5200	<input type="checkbox"/> Trinity 5300	<input type="checkbox"/> Yuba 5800

☐ **Anywhere in the central region (8001)** or make central county choices below.

<input type="checkbox"/> Alameda 0100	<input type="checkbox"/> Alpine 0200	<input type="checkbox"/> Amador 0300
<input type="checkbox"/> Calaveras 0500	<input type="checkbox"/> Contra Costa 0700	<input type="checkbox"/> El Dorado 0900
<input type="checkbox"/> Fresno 1000	<input type="checkbox"/> Madera 2000	<input type="checkbox"/> Marin 2100
<input type="checkbox"/> Mariposa 2200	<input type="checkbox"/> Merced 2400	<input type="checkbox"/> Monterey 2700
<input type="checkbox"/> Napa 2800	<input type="checkbox"/> Sacramento 3400	<input type="checkbox"/> San Benito 3500
<input type="checkbox"/> San Francisco 3800	<input type="checkbox"/> San Joaquin 3900	<input type="checkbox"/> San Mateo 4100
<input type="checkbox"/> Santa Clara 4300	<input type="checkbox"/> Santa Cruz 4400	<input type="checkbox"/> Solano 4800
<input type="checkbox"/> Sonoma 4900	<input type="checkbox"/> Stanislaus 5000	<input type="checkbox"/> Tuolumne 5500
<input type="checkbox"/> Yolo 5700		

☐ **Anywhere in the southern region (8011)** or make southern county choices below.

<input type="checkbox"/> Imperial 1300	<input type="checkbox"/> Inyo 1400	<input type="checkbox"/> Kern 1500
<input type="checkbox"/> Kings 1600	<input type="checkbox"/> Los Angeles 1900	<input type="checkbox"/> Mono 2600
<input type="checkbox"/> Orange 3000	<input type="checkbox"/> Riverside 3300	<input type="checkbox"/> San Bernardino 3600
<input type="checkbox"/> San Diego 3700	<input type="checkbox"/> San Luis Obispo 4000	<input type="checkbox"/> Santa Barbara 4200
<input type="checkbox"/> Tulare 5400	<input type="checkbox"/> Ventura 5600	