

FORENSIC SERVICES DIVISION

1215 O Street
Sacramento, CA 95814



**APPLICATION TO SERVE AS A MENTALLY DISORDERED OFFENDER (OMD)
DEPARTMENT OF STATE HOSPITALS CONTRACTED EVALUATOR**

I am interested in serving as an Independent Evaluator for the Department of State Hospitals (DSH) Offender with Mental Disorder (OMD) Program. In submitting this application, I CERTIFY that:

1. I am a: Psychiatrist; or,
 Licensed Psychologist with a doctoral degree in Psychology
2. I have at least five (5) years of post-licensure experience in the diagnosis and treatment of mental health disorders.
3. I am **NOT** a State Government employee a Forensic Conditional Release Program employee or am not a California Department of Corrections (CDCR) or Board of Parole Hearings (BPH) Evaluator.
4. I am willing to perform evaluations on parolee/patients in the following geographic locations:
 Northern California Central California Southern California
5. I am competent to perform mental health examinations in the following language(s) in addition to English. I am competent to perform mental health examinations in the following language(s) in addition to:
English: a. _____ b. b. _____
6. I have experience evaluating offender populations and understand that experience with the California Department of Corrections and Rehabilitation, and/or experience with MDO and/or SVP populations or evaluation is preferred.
7. I have included a copy of my Current Curriculum Vitae/Resume (with the 5 years of post-licensure experience in the diagnostic and treatment of mental health disorders clearly indicated).
8. I have included my forensic evaluation writing sample.
9. I have included a copy of my licensure.
10. I have included three (3) references for similar services that I have been provided within the last five years.
11. I acknowledge that contractor evaluators will receive DSH-provided training in the OMD Evaluation Fundamentals, and I will attend as request by DSH.
12. If awarded a contract, I will be subject to quality assurance peer review of their first five reports. Depending on my specific experience and qualifications, I may also be required to attend, in person, a new hire training, the location and duration of which will be determined by the FSD Chief Psychologist.

MDO Contractor Evaluator Application
Page 2

In signing this application, I am aware that representatives of the Department of State Hospitals will verify any representations I have made on this application and do declare under penalty of perjury that the statements made herein are true and correct.

Printed Name:	License Number:
	Expiration Date:
Mailing Address:	
Telephone Number:	Email Address:
Signature:	Date:

Please sign, date, and submit this application along with a current Curriculum Vitae/Resume (with the 5-year post licensure experience in the diagnosis and treatment of mental health disorders annotated with yellow highlight), writing sample, copy of licensure, and references before returning it to one of the following:

EMAIL: Subject: MDO Application:
DSH_MDO_ContractorEval@DSH.CA.GOV

MAIL:
Department of State Hospitals
Attn: OMD Contractor Evaluator Panel
Forensic Services Division
1215 O Street, MS-9
Sacramento, CA 95814