

**FORENSIC SERVICES DIVISION**1215 O Street  
Sacramento, CA 95814

**APPLICATION TO SERVE AS A SEXUALLY VIOLENT PREDATOR (SVP)  
INDEPENDENT EVALUATOR FOR THE SEX OFFENDER COMMITMENT PROGRAM  
(SOCP)**

I, \_\_\_\_\_ am interested in serving as an Independent Evaluator for the Department of State Hospitals (DSH) Sex Offender Commitment Program (SOCP). In making 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 have either:
  - 15 hours of forensic expert witness testimony experience (pursuant to any state statute or penal code) or,
  - 5 court appearances where I gave expert testimony.

Up to 10 hours of formal expert testimony training may qualify for up to 5 hours of the 15-hour requirement or 1 court appearance. If you have less than 15 hours of forensic expert witness testimony, please indicate the number of hours you possess.

4. I am **NOT** a State Government or a Forensic Conditional Release Program employee.
5. I am willing to perform evaluations on parolee/patients in the following geographic locations:  
 Northern California                       Central California                       Southern California
6. I am competent to perform mental health examinations in the following language(s) in addition to:  
 English: a. \_\_\_\_\_ b. \_\_\_\_\_
7. In the last two years, I have been trained on sex offender risk assessment tools appropriate for assessing risk for sexual recidivism. Demonstrated training on the STATIC 99R is specifically required and training on at least one dynamic assessment tool is also required. This may include, but is not limited to the STABLE 2007, SRA:FV, or the VRS-SO. Please provide proof of attendance.
8. I have experience evaluating sex offender populations.
9. 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).
10. I have included my forensic evaluation writing sample.

- 11. I have included a copy of my licensure.
- 12. I have included three references for similar services that I have been provided within the last five years.
- 13. I acknowledge that new contract panel evaluators are responsible for their own training and proficiency in SVP evaluation.
- 14. Upon the acceptance and initiation of a new contract, the contractor will be subject to quality assurance peer review of their first five reports. Depending on the contractor's specific experience and qualifications, he or she 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.

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 to one of the following:

EMAIL: Subject: SVP Independent Evaluator  
[SVPIndependentPanel@dsh.ca.gov](mailto:SVPIndependentPanel@dsh.ca.gov)

**MAIL: Attn: SVP Evaluator Application**  
 SVP Independent Evaluator Panel  
 Department of State Hospitals  
 Forensic Services Division  
 1215 O Street, MS-9  
 Sacramento, CA 95814