



Board Expert Hygienist Reviewer Application

Date: _____

ATTACH CURRICULUM VITAE TO THIS APPLICATION (INCLUDING ALL TRAINING AND EXPERIENCE)

PERSONAL INFORMATION:

Name: _____ Other Names Used: _____
Date of Birth: _____ Last 4 Numbers of Your Social Security Number: _____
Work Address: _____ City _____ State _____ Zip _____
Work Phone: (_____) _____ Fax Number: (_____) _____
Home Address: _____ City _____ State _____ Zip _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
E-Mail Address: _____

Which mailing address listed on Page 1 do you refer to have mail sent to? [] Home [] Work

Which mailing address do you refer to have mail sent to? [] Home [] Work

What is the best time during the business day to contact you? _____

LICENSURE, PERMIT, PRACTICE AND MEMBER INFORMATION:

Licensure and Practice

Active Texas Dental Hygienist License Number: _____

Clinical Setting: [] Private [] Institutional
[] Limited to Clinical Teaching

Clinical Practice: [] Full Time [] Part Time

Disciplinary Action: (Check One)

[] I have not been the subject of any disciplinary action or conviction by any federal, state, or regulatory authority that I have not reported to the TSBDE, OR

[] I am attaching legal disposition documents regarding disciplinary action not previously reported to the TSBDE.

Nitrous Monitoring

Nitrous Oxide Monitoring Certificate: [] Yes [] No

Are you a member of a professional association, board, committee related to the practice of dental hygiene? If so, list offices held or committees served on. _____

EXPERT REVIEWER SERVICE PREFERENCES

Please initial next to each duty you are willing to perform as an expert reviewer to the TSBDE:

_____ Review records, radiographs and other documents and prepare a written report in compliance with TSBDE policies and procedures.

_____ Testify as a witness for the TSBDE at hearings or in depositions.

DPA Section 254.008 provides that a person who contracts with the board "[I]n the absence of fraud, conspiracy, or malice... a consultant [of the TSBDE] is not liable or subject to suit in a civil action for any damage caused by the person for an investigation, report, recommendation, statement, evaluation, finding, order, or award made in the performance of the person's official duties."

CRITERIA FOR SERVING AS A BOARD EXPERT REVIEWER

- Hold an active Texas dental hygiene license
- Acceptable malpractice complaint history
- No felony criminal conviction of any kind (State or Federal)
- No disciplinary action by the TSBDE or other regulatory agency
- 10 years of experience
- Must submit a Board Expert Reviewer Application and Curriculum Vitae
- Subject to Administrative & Criminal Background Checks
- Not "Delinquent" or in "Default" of any state or federal education loan
- Subject to approval by the Board

EXPERT REVIEWER AGREEMENT

- I understand that any and all information obtained during an administrative and criminal history background check will be maintained on file with the TSBDE and handled as confidential information. The TSBDE will incur the cost for background checks.
- I will disclose any information to the TSBDE that casts a negative or unfavorable light upon myself and/or the TSBDE. Failure to comply will result in termination from the expert reviewer program.
- I understand and agree that any disclosure of confidentiality can be injurious to the reputation of the Board, and could result in litigation. Therefore, I agree to hold harmless the Board for any intentional breach of confidentiality on my part.
- If appointed I agree and understand that I must:
 - Participate in mandatory TSBDE Expert Reviewer Training.
 - Abide by the Dental Practice Act (DPA), Board Rules, and the policies and procedures of the TSBDE. This includes DPA Sec. 255.006-255.0067 and Rules 107.106 - 107.108.
 - Hold all information relating to an investigation in strict confidence, and deliver all documents, files and reports directly to the Board or the assigned investigator.
 - Comply with required expert report format and due dates.
 - Decline any involvement in a case where a conflict of interest may arise.
 - Work directly with the assigned investigator or attorney and report to the Dental Director if any disputed matters arise.
 - Not make contact with the parties involved in the case without the consent of the Dental Director.
 - Adhere to a strict confidentiality agreement.
- I acknowledge and understand that the information in records received may contain protected health, legally privileged, or otherwise confidential information. Board Reviewers are not permitted to disseminate, distribute, disclose, copy or forward records to parties outside the TSBDE. Accidental release of information is unlawful disclosure.

AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby authorize the Texas State Board of Dental Examiners to conduct a background check on me. I understand that this check will cover information such as criminal history, education and employment, sanctions/exclusions, and professional licensure/certifications. I hereby release the Texas State Board of Dental Examiners and its employees from liability resulting from the furnishing of this information to the Texas State Board of Dental Examiners. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and believe they are made in good faith. I understand that any false statements made herein could void my consideration for service as a Expert Reviewer.

Signature

Date

SUPPLEMENTAL INFORMATION

Applicants may submit the following in support of their application and Curriculum Vitae:

- Substantive and specific letters of support or recommendation.
- A Letter of Introduction or a cover letter.
- Documentation relating to previous experience as a practitioner, expert reviewer and/or consultant.