

FORENSIC SERVICES DIVISION

1215 O Street, MS-9
Sacramento, CA 95814



**APPLICATION TO SERVE AS AN INCOMPETENT TO STAND TRIAL (IST)
CONTRACTED EVALUATOR**

I, _____ am interested in serving as an Independent Evaluator for the Department of State Hospitals (DSH) Incompetent to Stand Trial (IST) Program. In submitting this application, I CERTIFY that:

1. I am a Psychiatrist, or Licensed Psychologist with the California Board of Psychology.
2. I have (one of the following):
 - ☐ A. Board certification in forensic psychology by the American Board of Professional Psychology or the American Academy of Psychiatry and the Law or
 - ☐ B. Completion of formal post-doctoral training in forensic psychology or psychiatry; or
 - ☐ C. Training or experience consisting of:
 - ☐ i. At least eight hours of the total continuing education courses required by their respective licensing board in forensic evaluation within twenty-four months of appointment, with at least 4 hours relating to incompetency evaluations.
 - ☐ ii. One of the following:
 - ☐ a. Completion of at least 24 hours of competency related training
 - ☐ b. Agreement to complete an additional (in addition the four hours listed in Ci.) 20 Hours of IST related training within the first six months of appointment*
 - ☐ iii. Experience in drafting at least six forensic reports submitted to a court or, if fewer than six, proof provided to the court, prior to appointment, that at least three forensic reports submitted to court were reviewed by a peer review panel experienced in the criminal justice system and familiar with the issues of competency.
3. I am NOT nor will be during the contract term a State Government employee. I also understand that I cannot be an (IST) contracted evaluator with the Department of State Hospitals (DSH).
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: a. _____ b. _____

6. I have included a copy of my Current Curriculum Vitae/Resume (with one of criteria selected in question two clearly indicated).
7. I have included my forensic evaluation writing sample.
8. I have included a copy of my licensure.
9. I have included three (3) references for similar services that I have been provided within the last five years.
10. I acknowledge that contractor evaluators will receive DSH-provided trainings in the IST Evaluation Fundamentals, and I will attend as requested by DSH.
11. 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.

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 experience in the diagnosis and treatment of mental health disorders annotated with yellow highlight) before returning it to one of the following:

EMAIL:
DSHISTReEvaluationProgram@dsh.ca.gov
 Subject: IST Independent Evaluator

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