

# APPLICATION FOR APPOINTMENT TO THE PHARMACY AND THERAPEUTICS COMMITTEE



State of California  
Department of Industrial Relations  
Division of Workers' Compensation  
Administrative Director  
P.O. Box 70823  
Oakland, CA 94612

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## SECTION 1: IDENTIFICATION AND CONTACT INFORMATION

(PLEASE TYPE OR PRINT LEGIBLY)

I am applying for appointment to serve on the Pharmacy and Therapeutics Committee: as a Physician  as a Pharmacist .

\_\_\_\_\_  
Last Name First Name MI JR/SR

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
E-mail Address Phone Number Fax Number

\_\_\_\_\_  
National Provider Identifier California Professional License Number License Expiration Date (MM/DD/YYYY)

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## SECTION 2: EDUCATION

\_\_\_\_\_  
Medical School / Osteopathic School / School of Pharmacy Degree Date of Degree (MM/YYYY)

\_\_\_\_\_  
City State Country

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## SECTION 3: QUALIFYING KNOWLEDGE OR EXPERTISE

Applicants for the Pharmacy and Therapeutics Committee must possess knowledge or expertise in one or more of the subject areas listed below. Provide information to demonstrate your qualifications; attach additional sheets if needed.

I have knowledge or expertise as follows:

Clinically appropriate prescribing of covered drugs Yes  No  Please explain your experience below:

Clinically appropriate dispensing and monitoring of covered drugs Yes  No  Please explain your experience below:

Drug use review Yes  No  Please explain your experience below:

Evidence Based Medicine Yes  No  Please explain your experience below:

**SECTION 4: INFORMATION REGARDING CURRENT PROFESSIONAL STATUS**

The Pharmacy and Therapeutics Committee will include at least one physician actively engaged in the treatment of injured workers and at least one actively practicing pharmacist. Provide the requested information regarding your current professional status:

For Physician Applicants: I am a physician (M.D. or D.O.) actively engaged in the treatment of injured workers. Yes  No

For Pharmacist Applicants: I am an actively practicing pharmacist. Yes  No

**SECTION 5: ADDITIONAL INFORMATION REGARDING QUALIFICATIONS**

- A) You must attach your Curriculum Vitae.
- B) You must attach a completed Conflict of Interest Disclosure Form.
- C) You may attach other relevant material in support of your application (e.g. Board Certification; scientific or medical journal article you authored.)

**SECTION 6: AFFIRMATIONS** (Initialing each box affirms that you have read and agree to each of the statements. Do not initial if your statement is untrue. Attach an explanation on a separate piece of paper.)

***INITIALS***

**A.** I am not employed by a pharmaceutical manufacturer, a pharmacy benefits management company, or a company engaged in the development of a pharmaceutical formulary for commercial sale, and I have not been so employed within the last 12 months.

**B. License Status.** I certify that no disciplinary action has ever been taken against my California license to practice as a physician, or my license to practice as a pharmacist, and that my license is active and neither restricted nor encumbered by suspension, interim suspension or probation. I agree to promptly notify the DWC Administrative Director of any future disciplinary action taken against me by my licensing agency. *(Do not initial if any part of the statement is untrue. Attach an explanation on a separate piece of paper.)*

**C. Convictions.** I certify that I have never been convicted of a misdemeanor or felony related to my practice, or for a crime of moral turpitude. I agree to promptly notify the DWC Administrative Director of any future practice-related conviction, or conviction for a crime of moral turpitude. *(Do not initial if any part of the statement is untrue. Attach an explanation on a separate piece of paper.)*

**SECTION 7: VERIFICATION**

I have used all reasonable diligence in preparing and completing this application. I have reviewed this completed application and to the best of my knowledge the information contained herein and in the attached supporting documentation is true, correct and complete.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_  
City State

Applicant's Signature

**A PUBLIC DOCUMENT**

PRIVACY NOTICE - The Information Practices Act of 1977 and the Federal Privacy Act Require the Administrative Director of the Division of Workers' Compensation within the Department of Industrial Relations, to provide the following notice to individuals who are asked by a governmental entity to supply information for appointment as a member of the Pharmacy and Therapeutics Committee.

The California Labor Code section 5307.29 provides for licensed physicians and pharmacists to participate in the workers' compensation system by serving on the Administrative Director's Pharmacy and Therapeutics Committee. The Division of Workers' Compensation has adopted implementing regulations which require applicants under this program to provide: name; business address, professional education, license number, national provider identification number, conflicts of interest disclosure, and documents deemed necessary by the Administrative Director of the Division of Workers' Compensation to determine qualifications relevant to selection of members for the committee. It is mandatory to furnish all the relevant information requested by the Administrative Director as part of the application. Failure to provide all of the requested information may result in disqualification from further consideration of the application. The principal purpose for requesting information from physicians and pharmacists is to evaluate the applicant's qualifications to serve on the committee in order to administer the pharmaceutical portion of the Medical Treatment Utilization Schedule program within the California workers' compensation system. Additional information may be requested.

As authorized by law, information furnished on this form may be given to: you, upon request; the public, pursuant to the Public Records Act; a governmental entity, when required by state or federal law; to any person, pursuant to a subpoena or court order or pursuant to any other exception in Civil Code § 1798.24.

An individual has a right of access to records containing his/her personal information that are maintained by the Administrative Director. An individual may also amend, correct, or dispute information in such personal records. (Civil Code §§ 1798.25, 1798.34, 1798.35.)

Requests should be sent to:

Division of Workers' Compensation - Medical Unit  
P.O. Box 70823  
Oakland, CA 94612

Or to the Department of Industrial Relations Privacy Officer:

[Privacy@DIR.ca.gov](mailto:Privacy@DIR.ca.gov)

Copies of all records are ten cents (\$0.10) per page, payable in advance. (Civil Code § 1798.33.)