



Ohio State Dental Board
 77 S. High Street, 17th Floor
 Columbus, Ohio 43215-6135

(614) 466-2580 Tel
 (614) 752-8995 Fax
 Dental.Ohio.Gov

Expert Witness Application

***Please attach your current CV to this application**

APPLICANT INFORMATION					
OH-License Number				Date	
Last Name		First		M.I.	
Street Address					
City		State		ZIP	
Phone			E-mail Address		
Area of Expertise:					
Website:					
Do you have another active license in another state?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where?		
Have you ever been an expert witness in the past for OSDB?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Are you willing to go to testify in court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain		
Have you been disciplined under your license in any other jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, explain		
ORGANIZATIONS/ ASSOCIATIONS: <i>Please list organizations that you are associated with</i>					
<i>Are you involved in any activities or professional associations that might be construed as a conflict of interest as an OSDB Expert Witness?</i>					
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Explain:					
Name			Years		
Position/ Role					
Name			Years		
Position/ Role					
Name			Years		
Position/ Role					
TRAINING COMPLETED					
<i>Please list training that supports expertise</i>					
Title			Date		
Description					
Relevance					

Title		Date	
Description			
Relevance			

PUBLICATIONS/ PRESENTATIONS

Please list Publications or Presentations that has been completed to support expertise (5 years Back)

Title		Date	
Description			
Relevance			

Title		Date	
Description			
Relevance			

PERSONAL STATEMENT

Please give a statement of why, given your background and accomplishments, you would like to be an expert witness concerning issues in your area of expertise.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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