

## Attestations

Circle Yes or No in response to each question below. If you answer "Yes" to any of the questions, please attach a written explanation on a separate page for each question.

### Malpractice

Have you received any settlements, malpractice claims, and/or lawsuits, pending or closed, during the previous 10 years?.....Yes No

### Miscellaneous

1. Has your professional license in any state ever been revoked, suspended, canceled or restricted?.....Yes No
2. Have you ever been denied a professional license in any state? .....Yes No
3. Have you ever been requested to appear before any professional society or licensing board because of a complaint or charge?.....Yes No
4. Have you ever had any action against you by the Narcotics Bureau of the Treasury Department, or a Federal, State or local drug enforcement agency or had your DEA permit denied or revoked? .....Yes No
5. Has your status as a member of the staff of any hospital, clinic or other facility, or the scope of your privileges at any such facility, ever been decreased or terminated, for any reason? .....Yes No
6. Are you now, or have you ever been, dependent upon the use of alcohol, stimulants or other habit-forming drugs? .....Yes No
7. Have you ever been convicted of a felony in a criminal action?.....Yes No

Applicant's affidavit:

I certify that all the information contained in this application is correct to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading or false statements would be cause for rejection of this application or would be sufficient cause for dismissal after my appointment.

Applicant Printed Name: \_\_\_\_\_

Signature of Applicant:\_\_\_\_\_

Date:\_\_\_\_\_