

STATEMENT OF PROFESSIONAL HISTORY

- | | | |
|---|-----|----|
| 1. Have you ever had your membership in any professional society or association refused, suspended or revoked, or have you ever received a criticism or reprimand from any professional organization? | Yes | No |
| 2. Has any state ever refused you a license to practice? | Yes | No |
| 3. Has any state ever restricted, suspended or revoked your license? | Yes | No |
| 4. Have you ever voluntarily surrendered your license? | Yes | No |
| 5. Has any state ever placed you on probation or restricted your practice? | Yes | No |
| 6. Has any hospital or managed care organization ever denied, restricted, or suspended your privileges or invoked probation? | Yes | No |
| 7. Are you now being or have you ever been treated for or suffered from physical or mental illness that has interfered with your professional activities? | Yes | No |
| 8. Have you ever been convicted of a crime other than a traffic offense? | Yes | No |
| 9. Have you ever been refused board certification? | Yes | No |

Signature _____ Date _____

Print your name _____