



28302

Is your practice limited to a speciality or subspecialty? If so, please indicate: Yes No

Limited Specialty

Grid for limited specialty information

Other interests in practice, research, etc:

Total years in practice.

Grid for other interests in practice, research, etc

Grid for total years in practice

Premedical Education

College or University

Grid for college or university name

Start Date

Stop Date

Graduation Date

Date input fields for start, stop, and graduation dates

Address

Grid for address

City

State

Zip Code

Grid for city, state, and zip code

Degree

Grid for degree

College or University

Grid for college or university name

Start Date

Stop Date

Graduation Date

Date input fields for start, stop, and graduation dates

Address

Grid for address

City

State

Zip Code

Grid for city, state, and zip code

Degree

Grid for degree

Medical Education

Medical School

Grid for medical school name

Start Date

Stop Date

Graduation Date

Date input fields for start, stop, and graduation dates

Address

Grid for address

City

State

Zip Code

Grid for city, state, and zip code

Degree

Grid for degree

Medical School

Grid for medical school name

Start Date

Stop Date

Graduation Date

Date input fields for start, stop, and graduation dates

Please enter the last four (4) digits of your Social Security Number in the space provided at the right above.

Grid for last four digits of Social Security Number





Medical Education - continued

Address

[Grid for address entry]

City

State

Zip Code

[Grid for city, state, and zip code entry]

Degree

[Grid for degree entry]

Post graduate education

List name and type (Internship, Residency, Fellowship, Preceptorship) of all postgraduate educational programs in chronological order with dates, location, chiefs of staff, and speciality. **List first postgraduate program first.** If there is a time gap, please explain on a separate sheet of paper and make reference to this section.

Internship

Institution

[Grid for institution name entry]

Start Date

Stop Date

Chief of Staff

[Grid for start date, stop date, and chief of staff entry]

Address

[Grid for address entry]

City

State

Zip Code

[Grid for city, state, and zip code entry]

Training Program

[Grid for training program entry]

If currently in residency, expected date of completion: [Grid for date entry]

Residency

Institution

[Grid for institution name entry]

Start Date

Stop Date

Chief of Staff

[Grid for start date, stop date, and chief of staff entry]

Address

[Grid for address entry]

City

State

Zip Code

[Grid for city, state, and zip code entry]

Training Program

[Grid for training program entry]

Institution

[Grid for institution name entry]

Start Date

Stop Date

Chief of Staff

[Grid for start date, stop date, and chief of staff entry]

Address

[Grid for address entry]

City

State

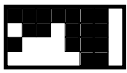
Zip Code

[Grid for city, state, and zip code entry]

Please enter the last four (4) digits of your Social Security Number in the space provided at the right above.

[Grid for Social Security Number entry]





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Preceptorship - continued

Address

[Grid for address entry]

City

State

Zip Code

[Grid for city, state, and zip code entry]

Training Program

[Grid for training program entry]

Additional Postgraduate Education (Both hospital & non-hospital based)(Attach copies of ALL postgradual certificates)

Institution

[Grid for institution entry]

Start Date

Stop Date

Chief of Staff

[Grid for start date, stop date, and chief of staff entry]

Address

[Grid for address entry]

City

State

Zip Code

[Grid for city, state, and zip code entry]

Training Program

[Grid for training program entry]

Institution

[Grid for institution entry]

Start Date

Stop Date

Chief of Staff

[Grid for start date, stop date, and chief of staff entry]

Address

[Grid for address entry]

City

State

Zip Code

[Grid for city, state, and zip code entry]

Training Program

[Grid for training program entry]

Armed Services / Public Health List all medical and surgical dates and locations. Attach copy of your DD214

Military Branch U.S. Air Force U.S. Marines U.S. Army U.S. Navy Type of Discharge Dishonorable Honorable General Other than Honorable

Start Date

End Date

Reserve Status
 Yes No

Rank at time of discharge

[Grid for start date, end date, reserve status, and rank entry]

Public Health Institution

[Grid for public health institution entry]

Start Date

Stop Date

[Grid for start date and stop date entry]

Address

[Grid for address entry]

City

State

Zip Code

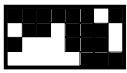
[Grid for city, state, and zip code entry]

Please enter the last four (4) digits of your Social Security Number in the space provided at the right above.

[Grid for social security number entry]

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Armed Services / Public Health - continued

Public Health Institution

[Grid for Public Health Institution name]

Start Date

Stop Date

[Grid for Start Date and Stop Date fields]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code, and hyphenated field]

PROFESSIONAL PRACTICE

Chronological listing of medical practice since medical training, including office and clinic. Include nature of and principal associates (solo, partnership, group) including office address and inclusive dates. If additional space is required, attach sheet of paper and make reference to this section.

Practice Type

[Grid for Practice Type]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code, and hyphenated field]

Start Date

End Date

Country

[Grid for Start Date, End Date, and Country]

Practice Type

[Grid for Practice Type]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code, and hyphenated field]

Start Date

End Date

Country

[Grid for Start Date, End Date, and Country]

Practice Type

[Grid for Practice Type]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code, and hyphenated field]

Start Date

End Date

Country

[Grid for Start Date, End Date, and Country]

Practice Type

[Grid for Practice Type]

Address

[Grid for Address]

City

State

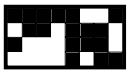
Zip Code

[Grid for City, State, Zip Code, and hyphenated field]

Please enter the last four (4) digits of your Social Security Number in the space provided at the right above.

[Grid for Social Security Number]





INSTITUTIONAL APPOINTMENTS - continued

Institution

[Grid for Institution name]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code]

Start Date

End Date

Country

[Grid for Start Date, End Date, Country]

Phone Number

Fax Number

[Grid for Phone Number, Fax Number]

Institution

[Grid for Institution name]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code]

Start Date

End Date

Country

[Grid for Start Date, End Date, Country]

Phone Number

Fax Number

[Grid for Phone Number, Fax Number]

Institution

[Grid for Institution name]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code]

Start Date

End Date

Country

[Grid for Start Date, End Date, Country]

Phone Number

Fax Number

[Grid for Phone Number, Fax Number]

Institution

[Grid for Institution name]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code]

Start Date

End Date

Country

[Grid for Start Date, End Date, Country]

Phone Number

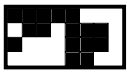
Fax Number

[Grid for Phone Number, Fax Number]

Please enter the last four (4) digits of your Social Security Number in the space provided at the right above.

[Grid for Social Security Number]





28302

LICENSES, REGISTRATIONS MEDICAL/DENTAL (active & inactive)

List **ALL** states where you hold or have held a medical license. Attach copies of **ALL** current license. If additional space is required, please attach a separate sheet and make reference to this section.

State Agency

[Grid for State Agency]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code]

Start Date

End Date

Country

[Grid for Start Date, End Date, Country]

Phone Number

Fax Number

[Grid for Phone Number, Fax Number]

State Agency

[Grid for State Agency]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code]

Start Date

End Date

Country

[Grid for Start Date, End Date, Country]

Phone Number

Fax Number

[Grid for Phone Number, Fax Number]

State Agency

[Grid for State Agency]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code]

Start Date

End Date

Country

[Grid for Start Date, End Date, Country]

Phone Number

Fax Number

[Grid for Phone Number, Fax Number]

State Agency

[Grid for State Agency]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code]

Start Date

End Date

Country

[Grid for Start Date, End Date, Country]

Phone Number

Fax Number

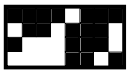
[Grid for Phone Number, Fax Number]

Please enter the last four (4) digits of your Social Security Number in the space provided at the right above.

[Grid for Social Security Number]

28302





LICENSES, REGISTRATIONS MEDICAL/DENTAL- continued (active & inactive)

State Agency

[Grid for State Agency]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code]

Start Date

End Date

Country

[Grid for Start Date, End Date, Country]

Phone Number

Fax Number

[Grid for Phone Number, Fax Number]

OTHER PROFESSIONAL LICENSES HELD

State Agency

[Grid for State Agency]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code]

Start Date

End Date

Country

[Grid for Start Date, End Date, Country]

Phone Number

Fax Number

[Grid for Phone Number, Fax Number]

State Agency

[Grid for State Agency]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code]

Start Date

End Date

Country

[Grid for Start Date, End Date, Country]

Phone Number

Fax Number

[Grid for Phone Number, Fax Number]

State Agency

[Grid for State Agency]

Address

[Grid for Address]

City

State

Zip Code

[Grid for City, State, Zip Code]

Start Date

End Date

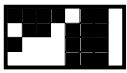
Country

[Grid for Start Date, End Date, Country]

Please enter the last four (4) digits of your Social Security Number in the space provided at the right above.

[Grid for Social Security Number]





28302

OTHER PROFESSIONAL LICENSES HELD - continued

Phone Number

() () () () - () () () ()

Fax Number

() () () () - () () () ()

State Agency

Address

Address

City

City

State

Zip Code

Start Date

Start Date

End Date

Country

Phone Number

Phone Number

Fax Number

() () () () - () () () ()

() () () () - () () () ()

Are you a foreign medical graduate? If yes have you passed the FLEX or ECFMG exams? Yes No

ECFMG Number

ECFMG Number

Please attach a copy of your ECFMG Certificate

DRUG ENFORCEMENT ADMINISTRATION (attach copies)

Federal DEA Number

Federal DEA Number

Current Yes No

State DEA Number

State DEA Number

Current Yes No

Do you write prescriptions for controlled substances? Yes No

MEMBERSHIP IN PROFESSIONAL SOCIETIES

List all professional fellowships, memberships, and societies, past and present, including state and county medical societies with dates. If additional space is required, please attach a separate sheet and make reference to this section.

Professional Association

Professional Association

Address

Address

City

State

Zip Code

Start Date

Start Date

End Date

Phone Number

Phone Number

Fax Number

() () () () - () () () ()

() () () () - () () () ()

Professional Association

Professional Association

Address

Address

City

State

Zip Code

Start Date

Start Date

End Date

Phone Number

Phone Number

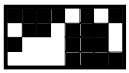
Fax Number

Fax Number

Please enter the last four (4) digits of your Social Security Number in the space provided at the right above.

Social Security Number





MEMBERSHIP IN PROFESSIONAL SOCIETIES - continued

Professional Association

Address

City

State

Zip Code

_____ - _____

Start Date

End Date

____/____/____ - ____/____/____

Phone Number

Fax Number

(____)____-____ (____)____-____

Professional Association

Address

City

State

Zip Code

_____ - _____

Start Date

End Date

____/____/____ - ____/____/____

Phone Number

Fax Number

(____)____-____ (____)____-____

Professional Association

Address

City

State

Zip Code

_____ - _____

Start Date

End Date

____/____/____ - ____/____/____

Phone Number

Fax Number

(____)____-____ (____)____-____

Professional Association

Address

City

State

Zip Code

_____ - _____

Start Date

End Date

____/____/____ - ____/____/____

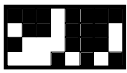
Phone Number

Fax Number

(____)____-____ (____)____-____

Please enter the last four (4) digits of your Social Security Number in the space provided at the right above.





ADDITIONAL INFORMATION - foreign languages

Language

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Language fluently written
 Yes No

Language fluently spoken
 Yes No

Language

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Language fluently written
 Yes No

Language fluently spoken
 Yes No

Are you trained in signing for the English language?
 Yes No

Are you trained in signing for any other language?
 Yes No

How many credit hours of continuing medical education have you completed during the past **TWO** years?

| | | |
|--|--|--|
| | | |
|--|--|--|

How many category I hours?

| | | |
|--|--|--|
| | | |
|--|--|--|

Do you have valid AMA Physician's Recognition Award?

Yes No

Expiration Date

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | / | | | / | | | | |
|--|--|---|--|--|---|--|--|--|--|

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|--|--|--|--|
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|--|--|--|--|

