

Are you/will you be a member of the faculty of a Connecticut medical school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Quinnipiac University <input type="checkbox"/> University of Connecticut School of Medicine <input type="checkbox"/> Yale University School of Medicine
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Do you/will you have current responsibility for graduate medical education in Connecticut?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list any **revocation or restriction of hospital privileges** for reasons related to competence or quality of patient care that has been taken by a hospital's governing body or any other official of the hospital after procedural due process has been afforded. Also include the resignation from or the non-renewal of medical staff privileges or the restriction of privileges at a hospital during the course of an investigation. Please list only those that have occurred within the past ten (10) years.

Hospital, City and State	Date	Description

Please list **medical malpractice court judgments and all medical malpractice arbitration awards** in which a payment was awarded to a complaining party in the last ten (10) years in any state that you have held an active license. Also list all settlements of malpractice claims in which a payment was made to a complaining third party in the last ten years in any state in which you have held an active license.

Date Resolved	Amount Paid	Practice Specialty Payment Related To

Please list any **felony convictions** in any state within the last ten (10) years. For the purpose of this section a person shall be deemed to be convicted of a crime if the licensee plead guilty or was found or adjudged guilty by a court of competent jurisdiction or has been convicted of a felony by the entry of a plea of nolo contendere in any state.

Date of Conviction	Conviction

Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: Any hospital, nursing home, clinic, or similar institution; Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public; Any professional school, clinical clerkship, internship, externship, preceptorship; or postgraduate training program; Any third party reimbursement program, whether governmental or private?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered yes to any of the above questions regarding your professional history, please provide full details and provide supporting documentation (e.g. certified court copy with court seal affixed, complaint, answer, judgment, settlement or disposition) that will assist this office's review.

NOTARIZATION: On this _____ day of _____ 20____, the above referenced individual personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein or any document attached hereto are true in every respect.

Sworn to before me this ____ day of _____ 20_____.

Signature of Applicant

 My Commission Expires: _____
Signature of Notary Public