

Geriatric Psychiatry Fellowship Applicant Attestation and Affidavit

1. Have you had any malpractice claims, settlements, and/or lawsuits pending or closed during the past 10 years? Yes No
2. Has your professional license in any state or jurisdiction ever been revoked, suspended, canceled, or restricted? Yes No
3. Have you ever been denied a professional license in any state? Yes No
4. Have you ever been requested to appear before any professional society or licensing or because of a complaint or charge? Yes No
5. Have you ever had any action taken against you by any federal, state, or local drug enforcement agency, or had your DEA permit limited, denied, or revoked? Yes No
6. Has your status as a member of the staff of any hospital, clinic, or any other facility, or the scope of your privileges that any such facility, ever been decreased or terminated? Yes No
7. Are you now or have you ever been dependent on upon the use of alcohol, stimulants, or other habit-forming drugs? Yes No
8. Have you ever been convicted of a criminal felony? Yes No

Should you have answered yes to any of these questions please attach a written explanation.

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.

Signature of Applicant: _____

Printed Name: _____ Date: _____