

# ANNUAL RESIDENT/FELLOW QUESTIONNAIRE

Resident/Fellow Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contract Start Date: \_\_\_\_\_ Contract End Date: \_\_\_\_\_

Training Program Name: \_\_\_\_\_

**Answer the following questions. If you have had any legal actions taken against you in the prior academic year, provide a complete explanation and supporting documentation such as copies of all complaints, malpractice claims, adverse or disciplinary actions, arrest pleadings, judgements, or final orders. Sign and date all pages submitted.**

YES	NO	
		<b>a)</b> Do you have a physical or mental condition that could impair your ability to practice medicine or that would cause reasonable questions to be raised about your physical, mental, or professional competency including drug and alcohol abuse?
		<b>b)</b> Has any licensing or disciplinary board of any jurisdiction or any entity of the Armed Services ever denied your application for licensure, registration, certification, or limited licensure, reinstatement or renewal, or taken any action against your license, registration, certification or limited licensure, including but not limited to reprimand, suspension, revocation, a fine, or non-judicial punishment?
		<b>c)</b> Have you ever surrendered or allowed your medical or any other healthcare license, registration, certification, or limited license to lapse, or have you ever withdrawn an application for any of the above, while you were under investigation by any licensing or disciplinary board of any jurisdiction or an entity of the Armed Services?
		<b>d)</b> Have any complaints, investigations, or charges ever been brought against you; or, are any currently pending in any jurisdiction by any licensing or disciplinary board or an entity of the Armed Services?
		<b>e)</b> Have you pled guilty, nolo contendere, been convicted of, received probation before judgement or other diversionary disposition for any criminal act?
		<b>f)</b> Have you committed an offense involving alcohol or controlled dangerous substances to which you pled guilty, nolo contendere or for which you were convicted or received probation before judgement? Such offenses include, but are not limited to, driving while under the influence of alcohol and/or controlled dangerous substances.
		<b>g)</b> Excluding minor traffic violations, are you currently under arrest or released on bond, or are there any current or pending charges against you in any court of law?
		<b>h)</b> Has a malpractice claim or legal action for damages been filed, settled or awarded <b><u>against you in any jurisdiction</u></b>
		<b>i)</b> Has any hospital, HMO, or other related healthcare institution, or military entity denied your privileges, denied any application for privileges, failed to renew your privileges or limited, restricted, suspended or revoked your privileges for any reason except for medical record tardiness or non-payment of staff dues?
		<b>j)</b> Has your employment by any hospital, HMO, or other healthcare institution, or military entity been terminated for any disciplinary reasons?
		<b>k)</b> Have you ever voluntarily resigned from any hospital, HMO, healthcare institution or military entity while under investigation by that institution for disciplinary reasons?
		<b>l)</b> Has any postgraduate residency or fellowship training program ever denied your application, failed to renew your contract, or terminated any contract or appointment for any disciplinary reason or while you were under investigation for any disciplinary reasons?
		<b>m)</b> Have you ever voluntarily terminated any postgraduate residency training program or fellowship contract or appointment while under investigation by that program or related institution for any disciplinary reasons?
		<b>n)</b> Have you been suspended, placed on probation, formally reprimanded or asked to resign while in a postgraduate residency training program or fellowship?

Resident/Fellow Signature: \_\_\_\_\_