







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 and 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]

Start Date

Stop Date

Chief of Staff

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

Address

[Grid for address]

City

State

Zip Code

[Grid for city, state, and zip code]

Training Program

[Grid for training program]

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

**Residency**

Institution

[Grid for institution name]

Start Date

Stop Date

Chief of Staff

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

Address

[Grid for address]

City

State

Zip Code

[Grid for city, state, and zip code]

Training Program

[Grid for training program]

Institution

[Grid for institution name]

Start Date

Stop Date

Chief of Staff

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

Address

[Grid for address]

City

State

Zip Code

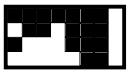
[Grid for city, state, and zip code]

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[Grid for Social Security Number]







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**Preceptorship - continued**

Address

[Grid for address]

City

State

Zip Code

[Grid for city, state, zip code]

Training Program

[Grid for training program]

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

Institution

[Grid for institution]

Start Date

Stop Date

Chief of Staff

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

Address

[Grid for address]

City

State

Zip Code

[Grid for city, state, zip code]

Training Program

[Grid for training program]

Institution

[Grid for institution]

Start Date

Stop Date

Chief of Staff

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

Address

[Grid for address]

City

State

Zip Code

[Grid for city, state, zip code]

Training Program

[Grid for training program]

**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, rank]

Public Health Institution

[Grid for public health institution]

Start Date

Stop Date

[Grid for start date, stop date]

Address

[Grid for address]

City

State

Zip Code

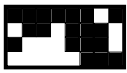
[Grid for city, state, zip code]

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]

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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 fields]

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 fields]

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 fields]

Practice Type

[Grid for Practice Type]

Address

[Grid for Address]

City

State

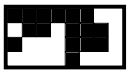
Zip Code

[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]





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**PROFESSIONAL PRACTICE - continued**

Start Date	End Date	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Practice Type

Address

City State Zip Code

Start Date	End Date	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Practice Type

Address

City State Zip Code

Start Date	End Date	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Practice Type

Address

City State Zip Code

Start Date	End Date	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Practice Type

Address

City State Zip Code

Start Date	End Date	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

**ACADEMIC APPOINTMENTS**

Institution

Address

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

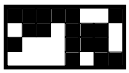
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**INSTITUTIONAL APPOINTMENTS - continued**

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

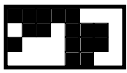
Fax Number

[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]





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**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

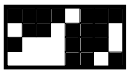
[Grid for Phone Number, Fax Number]

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]

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**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

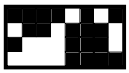
[Grid for Start Date, End Date, Country]

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]







**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.

\_\_\_\_\_





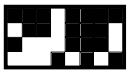












**ADDITIONAL INFORMATION - foreign languages**

Language

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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?

--	--	--

Expiration Date

Do you have valid AMA Physician's Recognition Award?

Yes  No

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

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