

MCG Secondary Application Questions

1. Are you now presently dependent upon the use of alcohol, stimulants or other habit-forming drugs?
 Yes No
2. Have you entered a plea bargain, been arrested, indicted or convicted for violating any local, state or federal law including DUI (excluding minor traffic violations)? "Conviction" shall include a finding or verdict of guilt, or a plea of guilty, or a plea of nolo contendere in a criminal proceeding, regardless of whether the adjudication of guilt or sentence is withheld or not entered.
 Yes No
3. Have you ever been arrested or indicted for allegedly violating any local, state or federal law(s) (excluding minor traffic violations)? Yes No
4. Do you have any charge(s) felony and/or misdemeanor) currently pending against you for violation of any federal, state, country, military, or local law, regulation or ordinance?
 Yes No
5. Have you ever held a medical license in any state? Yes No
State _____ License # _____ expiration date: _____
6. Has your license to practice medicine in ANY state/jurisdiction ever been restricted, suspended, limited, cancelled or revoked? Yes No
7. Have you ever been denied the privilege of taking an examination given by any licensing Board or agency?
 Yes No
8. Has any licensing Board or agency ever denied you a certificate or a license? Yes No
9. Has any licensing Board or agency ever refused you renewal of a certificate or a license? Yes No
10. Have you ever voluntarily surrendered a medical license? Yes No
11. Have you ever had any restrictions as a Medicaid or Medicare provide Yes No
12. To your knowledge, are you the subject of an investigation by any licensing Board or agency as of the date of this application? Yes No
13. Are you currently registered with the DEA? If yes, provide the number, expiration date and state of issue.
_____ Yes No
14. Have you ever voluntarily surrendered a controlled substance registration? Yes No
15. Have you ever voluntarily surrendered a DEA registration? Yes No
16. Have you ever been denied a DEA registration number? Yes No
17. Have you ever been issued a restricted DEA registration? Yes No
18. Has your DEA registration ever been limited, restricted, cancelled, suspended or revoked? Yes No
19. Have you at any time had any malpractice claims and/or lawsuits filed or threatened against you?

20. Has any medical malpractice claim (potential or actual claim) against you ever been settled, regardless of whether fault was admitted or disclaimed? Yes No
21. Did you go through the National Residency Matching Program to obtain a graduate medical education position? Yes No
22. Have you ever withdrawn or requested a waiver from the National Resident Matching Program? Yes No
23. Have you ever been in violation of the terms of agreement with the National Residency Matching Program? Yes No
24. Have you ever transferred from one graduate medical education program to another? Yes No
If yes, did you leave the program in good standing? Yes No
25. Have you ever been restricted, suspended, terminated or requested to voluntarily or involuntarily resign from any graduate medical education program? Yes No
26. Have you have any gaps in graduate medical education training? Yes No
27. Are you in default on a state or federally funded and/or guaranteed school loan? Yes No
28. Are you in default on child support payments? Yes No
29. Have there been any patient or staff complaints filed against you? Yes No
30. Have you ever been cited for violation of patient rights? Yes No
31. Have you ever been requested to appear before any professional society or licensing board because of a complaint or charge? Yes No

Authorization to Work in the U.S.A.

If hired, can you provide proof of authorization to work in the United States? Yes No

Applicant's affidavit:

I certify that all the information contained in the 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 : _____ **Date:** _____