



## Application for Medical Students / Externs or Interns / Residents

All information below must be completed and all questions answered "Yes" or "No". Please provide any extra explanations on a separate page. Submit this form with a copy of CV.

\_\_\_\_\_  
Name Date of Birth SSN

\_\_\_\_\_  
Address Phone number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Medical School Address Degree

\_\_\_\_\_  
Expected Graduation Date Student / Extern or Resident / Intern

\_\_\_\_\_  
Hospital / Training Location Address

\_\_\_\_\_  
Program Start Date (Eff. Date) Program End Date (Exp. Date)

### Questions: (Please explain all "Yes" answers on separate page)

- |   |     |    |
|---|-----|----|
| 1. Have you ever been named in a suit or subject of disciplinary or investigatory proceedings or reprimand by an administrative or governmental agency, hospital or professional association? | Yes | No |
| 2. Have you ever had any insurance canceled, declined or refused to renew?  | Yes | No |
| 3. Have you ever been convicted of a felony?  | Yes | No |
| 4. Have you ever sought treatment for drug or alcohol addiction?  | Yes | No |
| 5. Will you perform or assist in any surgical procedures? (List All)  | Yes | No |

I HEREBY DECLARE THAT I HAVE READ THE ABOVE APPLICATION AND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. I FURTHER ACKNOWLEDGE ANY MISREPRESENTATION OR LACK OF NOTIFYING THE CARRIER OF CHANGES IN MY PRACTICE MAY RESULT IN COVERAGE BEING VOIDED.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name