

## Section II - Disclosure Questions - *continued*

### Other Sanctions or Investigations

- 13 To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank? ☐ Yes ☐ No
- 14 Have you ever received sanctions from or been the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)? ☐ Yes ☐ No
- 15 Have you ever been investigated, sanctioned, reprimanded or cautioned by a military hospital, facility, or agency, or voluntarily terminated or resigned while under investigation by a hospital or healthcare facility of any military agency? ☐ Yes ☐ No

### Malpractice Claims History

- 16 Have you had any malpractice actions within the past 5 years (pending, settled, arbitrated, mediated or litigated)? ☐ Yes ☐ No
- ☐ If yes, please check this box and complete and submit Attachment G.

### Criminal

- 17 Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony that is reasonably related to your qualifications, competence, functions, or duties as a medical professional? ☐ Yes ☐ No
- 18 Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony including an act of violence, child abuse or a sexual offense? ☐ Yes ☐ No
- 19 Have you been court-martialed for actions related to your duties as a medical professional? ☐ Yes ☐ No

### Ability to Perform Job

- 20 Are you currently engaged in the illegal use of drugs? ("Currently" means sufficiently recent to justify a reasonable belief that the use of drug may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. "Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. § 812.22. It "does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law." The term does include, however, the unlawful use of prescription controlled substances.) ☐ Yes ☐ No
- 21 Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety? ☐ Yes ☐ No

### Ability to Perform Job

- 22 Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients? ☐ Yes ☐ No
- 23 Are you unable to perform the essential functions of a practitioner in your area of practice, with or without reasonable accommodation? ☐ Yes ☐ No

*Please use the space on page 10 to explain yes answers to any question except #16.*