

STATEMENT OF PROFESSIONAL HISTORY

Please answer the following questions referring to the instructions, if applicable.

1. Have you ever been censured, disciplined, dismissed or expelled from, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following:
- Any hospital, nursing home, clinic, or similar institution;
 - Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
 - Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
 - Any third party reimbursement program, whether governmental or private?
- Yes No

If your answer is "yes", give full details, names, addresses, etc. on separate notarized statement.

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?
- Yes No

If your answer is "yes", give names of professional society or association, date and reasons your membership or certification was suspended or revoked on a separate notarized statement.

3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?
- Yes No

If your answer is "yes", give full details, names, addresses, etc. on a separate notarized statement.

4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?
- Yes No

If your answer is "yes" give full details, names, addresses, etc. on a separate notarized statement.

5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit.
- Yes No

If your answer is "yes" give full details, names, addresses, etc. on a separate notarized statement.

6. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?
- Yes No

If your answer is "yes" give full details on a separate notarized statement and submit notarized copy of agreement.

7. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have a felony under the laws of this state?
- Yes No

If your answer is "yes" give full details on a separate notarized statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case.

On this ____ day of _____ (month/ year) _____ (**applicant's name**) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

*Tape a recent
photograph
of applicant here.*

DO NOT STAPLE

All of the above statements contained herein are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

Sworn to me this _____ day of _____ (month/year) _____.

Notary Public Signature _____ My Commission Expires _____

Please return all three pages of this application and the fee for \$315.00 (certified check or money order) made payable to, "Treasurer, State of Connecticut" to:

Department of Public Health
Remittance Processing
410 Capitol Ave., MS# 12 MQA
P.O. Box 340308
Hartford, CT 06134-0308

IMPORTANT: Please do not send this form and fee unless you have read and understood the licensing policies and requirements. All fees are nonrefundable.