

University of Michigan School of Public Health
Preventive Medicine Residency Program
Supplementary Application

Please answer each question. If you answer "yes" to any of the following questions, please provide complete information on a separate sheet of paper and attach to this page.

	Yes	No
1. Do you have any problems with your health status which might affect your ability to carry out your required clinical duties as a resident?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you received any type of sanction or are you currently under investigation by a hospital, state licensing agency or other health care organization?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you allowed a medical license to expire?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever surrendered, retired, or relinquished any medical license?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your license to practice medicine in any jurisdiction been limited, suspended, or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
6. If you have ever had a DEA number, has your DEA number to prescribe controlled substances been limited, suspended, or revoked? (Check here if you have never had a DEA number: [])	<input type="checkbox"/>	<input type="checkbox"/>
7. Have your privileges at any hospital been suspended, diminished, revoked, not renewed involuntarily, or reduced?	<input type="checkbox"/>	<input type="checkbox"/>
8. If you have ever had any specialty boards, has your specialty board status been suspended, diminished, revoked, or not renewed? (Check here if you have never had any specialty board status: [])	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been denied appointment, or renewal thereof, or been subject to disciplinary action by any medical/hospital organization?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been named in a malpractice action?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you currently charged with, or have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>

Sign name

Date

Print name