

FORM L

Applicant's Name _____

Page 3

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8. Has applicant, to your knowledge, ever been guilty of:

(a) Fraud or dishonesty?

Yes

No

(b) Unprofessional conduct?

Yes

No

9. To your knowledge, has the applicant ever:

(a) been warned, censured, reprimanded, disciplined, had admissions monitored or privileges limited or suspended?

Yes

No

(b) had disciplinary action taken against him/her by a licensing agency?

Yes

No

(c) been denied or surrendered a federal or state controlled substance permit?

Yes

No

(d) been arrested, fined, charged with or convicted of a crime, indicted, imprisoned or placed on probation?

Yes

No

(e) been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in his/her behalf or paid such a claim him/herself?

Yes

No

(f) been placed on probation, asked to withdraw, or reprimanded?

Yes

No

(g) been terminated, resigned in lieu of termination or during investigation?

Yes

No

10. If you answered "yes" to any of the above questions, please provide any additional information you may have, including the names of other individuals who may have information concerning this applicant.

11. Are the dates of privileges provided by the applicant on the top portion of this form accurate?

Yes

No

12. If not, please provide the correct dates: Beginning month ____ / year ____ Ending month ____ / year ____

Evaluating Physicians Name: _____

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Signature

Date: _____

REMINDER: Evaluating Physician after completing this evaluation, place this form in an envelope of the hospital/institution that you represent, seal the envelope and place your signature over the outside sealed envelope flap. Send to:
Texas Medical Board
PRC, MC-240
P.O. Box 2029
Austin, TX 78768-2029