

FORM L – Acupuncture

Applicant's Name _____

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6. Has applicant, to your knowledge, ever been guilty of:
- (a) Fraud or dishonesty? Yes No
 - (b) Unprofessional conduct? Yes No
7. If the English language is not the native language of this applicant, do you feel that he/she has the ability to adequately communicate in the English language? Yes No
8. To your knowledge, has the applicant ever:
- (a) been warned, censured, disciplined, had admissions monitored or privileges limited? 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
9. 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.

10. Are the dates of privileges provided by the applicant on the top portion of this form accurate? Yes No
- If not, please provide the correct dates: Beginning month ____ / year ____ Ending month ____ / year _____

NOTE: All reports received on a licensure applicant are confidential and are not subject to disclosure under the Texas Open Records Act; however, the board must disclose such reports if they are relied upon in a contested denial of licensure.

Evaluating Professional's Name: _____
Printed Signature

Title: _____ Address: _____

Phone: _____ Fax: _____ E-mail: _____

Evaluating Professional's State of Licensure _____ Your License No.: _____

REMINDER: Evaluating Professional - after completing this evaluation, place this form in an envelope of the hospital/institution/clinic that you represent, seal the envelope and place your signature over the outside sealed envelope flap.