



# FORM L

Applicant's Name \_\_\_\_\_  
 Printed

**This is important:** All information on this Form L, (including attachments that you provide as the Evaluating Physician) regarding a licensure applicant is confidential pursuant to §164.007(c) of the Medical Practice Act. **However, the Board must provide a copy of this Form L and attachments to an applicant when an application is referred to the Licensure Committee for licensure determination. Any information furnished by you is further subject to Chapter 160.010, of the Medical Practice Act, Immunity from Civil Liability.**

**FOR TRAINING POSITIONS – Completion of the Verification of Post Graduate Training and the Verification of Professional History sections are required.**

**FOR NON-TRAINING POSITIONS – Only completion of the Verification of Professional History section is required.**

<b>VERIFICATION OF POST GRADUATE TRAINING</b>		
This section relates to postgraduate training. If this individual did not complete postgraduate training at this institution please skip to the Verification of Professional History section.		
<p><b>PROGRAM PARTICIPATION: (For training positions only)</b></p> <p>Report <i>incomplete</i> postgraduate years (PGY) <i>separately</i> from those that were successfully completed.</p> <p>If the postgraduate year is currently in progress, report the <i>expected</i> completion date in the "To" field.</p> <p>Report Internships, Residencies and Fellowships separately. Use one section per department.</p>	<p><b>PGY:</b> _____</p> <p>___ Internship                      ___ Residency                      ___ Fellowship                      ___ Research</p>	<p>Department: _____</p> <p>From: ___/___/___      To: ___/___/___</p> <p>Credit received?  <input type="checkbox"/> Full   <input type="checkbox"/> *Partial   <input type="checkbox"/> in progress</p> <p>*For partial credit– how many months? _____</p>
	<p><b>PGY:</b> _____</p> <p>___ Internship                      ___ Residency                      ___ Fellowship                      ___ Research</p>	<p>Department: _____</p> <p>From: ___/___/___      To: ___/___/___</p> <p>Credit received?  <input type="checkbox"/> Full   <input type="checkbox"/> *Partial   <input type="checkbox"/> in progress</p> <p>*For partial credit– how many months? _____</p>
	<p><b>PGY:</b> _____</p> <p>___ Internship                      ___ Residency                      ___ Fellowship                      ___ Research</p>	<p>Department: _____</p> <p>From: ___/___/___      To: ___/___/___</p> <p>Credit received?  <input type="checkbox"/> Full   <input type="checkbox"/> *Partial   <input type="checkbox"/> in progress</p> <p>*For partial credit– how many months? _____</p>
<p><b>UNUSUAL CIRCUMSTANCES: (For training positions only)</b></p> <p>Please attach an explanation for any "yes" response.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No    1. Did this individual ever take a leave of absence or break from training?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No    2. Did this individual resign from training?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No    3. Were any limitations or special requirements placed upon this individual for professionalism or behavioral issues?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No    4. Did this individual ever receive a written warning or documented counseling about his/her behavior?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No    5. Was this individual ever placed on probation for any reason?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No    6. Is this individual currently under investigation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No    7. Were this individual's privileges or duties ever reduced, suspended, or revoked?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No    8. Did this individual experience delayed promotion or delayed advancement to the next level?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No    9. Was this individual informed his/her contract would not be renewed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No    10. Was this individual suspended, terminated, or dismissed from training?</p>	

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## VERIFICATION OF PROFESSIONAL HISTORY

1. This evaluation is based on  Personal Knowledge  Review of Credential File
2. How long have you known the applicant? Years \_\_\_\_\_ Months \_\_\_\_\_
3. Is the applicant related to you?  Yes  No
4. Do you know the applicant well?  Yes  No
5. Has your acquaintance with the applicant continued until recent date?  Yes  No
6. Do you consider the applicant:
  - (a) Reliable?  Yes  No
  - (b) Ethical?  Yes  No
  - (c) Of good character?  Yes  No
7. Please rate the applicant:

	Excellent	Good	Average	Poor
(a) Professional ability				
(b) Attention to duties				
(c) Breadth of education				
(d) Interpersonal skills				

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

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.

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

Evaluating Physicians Name: \_\_\_\_\_  
Printed

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_