

(For the Period of July 1, 2016 to June 30, 2018)

CHARACTER & FITNESS QUESTIONS

DURING THE LAST TWO-YEAR REGISTRATION PERIOD OF JULY 1, 2014, TO JUNE 30, 2016 HAVE YOU, IN ANY JURISDICTION, FOR ANY REASON:

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. been called before or appeared before any board or panel for discussions or questions concerning violations of the law or rules pertaining to the practice of medicine, or for unethical conduct?..... | _____ | _____ |
| 2. been charged with or convicted of or pled nolo contendere to any felony or misdemeanor? <i>Submit with your application certified copies of all court records related to any such charges, pleas and/or convictions.</i> | _____ | _____ |
| 3. been charged with or convicted of a violation of the Controlled Substance Act or any other federal, state or local law pertaining to the manufacture, distribution, prescribing, or dispensing of controlled substances? <i>Submit with your application certified copies of all court records related to any such charges, pleas and/or convictions.</i> | _____ | _____ |
| 4. had limitations, restrictions or conditions placed upon your license to practice by a medical board, or had your license to practice suspended, revoked or subjected to any kind of disciplinary action, including censure, reprimand or probation by a medical board, and/or are any disciplinary actions pending against you?..... | _____ | _____ |
| 5. voluntarily surrendered (not expired) to a medical board or limited your medical license with a medical board?..... | _____ | _____ |
| 6. had any hospital privileges, and/or postgraduate training, limited, restricted, suspended, revoked, or subjected to any kind of disciplinary action, including censure, reprimand or probation? <i>If "yes," you must have the facility submit directly to the Board by the renewal deadline all documentation related to your answer.</i> | _____ | _____ |
| 7. voluntarily resigned from any medical staff or voluntarily limited such staff privileges while under investigation by any health care institution or committee thereof or prior to any final decision by a hospital or health care facility's governing board?..... | _____ | _____ |
| 8. been denied the right to take an examination for licensure in any state or been ejected from any medical examination?..... | _____ | _____ |
| 9. been denied a license to practice medicine?..... | _____ | _____ |
| 10. had your DEA registration restricted or removed?..... | _____ | _____ |
| 11. been convicted of Medicare or Medicaid fraud, and/or received any sanctions, including restriction, suspension or removal from practice imposed by an agency of the federal or state government?..... | _____ | _____ |
| 12. had any judgments or settlements arising from medical professional liability rendered or made against you, and if so, how many? _____ <i>For each judgment or settlement, provide the name(s) of the claimant(s), your insurer, whether you are reporting a judgment or a settlement and the amount and date of each judgment or settlement</i> | _____ | _____ |
| 13. been addicted to, or received treatment for the use or misuse of, prescription drugs and/or illegal chemical substances, or been dependent upon alcohol or received treatment for alcohol dependency? (You may answer "no" if you are a participant in a written voluntary agreement with the West Virginia Medical Professionals Health Program, Inc., the West Virginia Board of Medicine designated physician health program.) <i>If you answer yes and have gone through a rehabilitation program during the time frame designated above, you MUST have that program furnish this Board a report of your treatment and progress by the renewal deadline.</i> | _____ | _____ |
| 14. had any interruption in your practice of medicine which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the medical profession in a manner consistent with standards of conduct for the medical profession?..... | _____ | _____ |
| 15. had anything occur which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the medical profession in a manner consistent with the standards of conduct for the medical profession?..... | _____ | _____ |

ALL YES ANSWERS MUST BE ACCOMPANIED BY A WRITTEN EXPLANATION, SIGNED AND DATED BY YOU, EXPLAINING IN DETAIL YOUR YES ANSWER(S). YOU MUST ALSO ENCLOSE OR CAUSE TO BE SUBMITTED ALL REQUESTED SUPPORTIVE DOCUMENTATION.

By placing my signature herein below, I attest that I have carefully read the questions in this application and have answered them completely. All of my answers and statements made herein are true and correct. I understand that any license renewed on the basis of this application is based upon the truthfulness and completeness of the statements I have made herein. I understand that furnishing false information in connection with this application constitutes good cause for the revocation of my license to practice medicine in West Virginia. I understand and agree that if any of my answers or other information provided in this application changes prior to July 1, 2016, I have a duty to notify the Board and to amend and/or supplement my application immediately.

PHYSICIAN'S ORIGINAL SIGNATURE: _____ DATE: _____