

Last Name	First Name	Social Security Number	Discipline
ACTIONS & SANCTIONS	Have you ever been employed where your employment was terminated by the employer?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, please explain		
	Have malpractice claims, lawsuits, settlements, or judgments been made against you?* <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many?
	Has your malpractice insurance coverage ever been denied, limited (excluded from any specific procedures), or canceled?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, please explain		
	Do you have your own professional liability insurance coverage?* <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list name of carrier and amounts of coverage
	Have you ever been the object of an administrative, civil, or criminal complaint or investigation regarding sexual misconduct?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please explain		
Have you ever been placed on probation, terminated, or placed under any disciplinary action during your training program?* <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain			