

University of Kentucky
SUPPLEMENTAL INFORMATION FORM
Addendum to Application

1. Have you ever voluntarily or involuntarily withdrawn from, had your appointment not renewed at, or been dismissed from any school or training program?
 Yes No
2. Have you ever been suspended, placed on probation or reprimanded at a school or training program?
 Yes No
3. Have you ever voluntarily or involuntarily withdrawn from, had your appointment not renewed or been dismissed from a medical staff appointment?
 Yes No
4. Have your clinical privileges ever been voluntarily or involuntarily revoked, suspended, reduced or not renewed at any hospital or health care facility?
 Yes No
5. Have you ever been involved in medical malpractice suits with judgments or settlements?
 Yes No
6. Has your license or registration (state, DEA, etc.) to practice any profession in any jurisdiction ever been voluntarily or involuntarily relinquished, suspended, terminated, restricted or limited?
 Yes No
7. Have you ever withdrawn an application for a license to practice any profession?
 Yes No
8. Has your membership in any local, state or national medical or dental or other association or society ever been voluntarily or involuntarily revoked or suspended?
 Yes No
9. Do you currently have, or have you had, any physical, mental or emotional condition which impaired, or might reasonably impair your ability to practice your profession safely and competently?
 Yes No
10. Do you currently have, or have you had, a dependency on, or abuse of, alcohol or drugs, which impaired, or might reasonably impair, your ability to practice your profession safely and competently?
 Yes No
11. Have you ever been convicted of a felony or misdemeanor by a State, Federal or International court?
Are any criminal charges presently pending against you in any court?
 Yes No
12. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," on the next page, provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error to repay the debt. Yes No

(Supplemental Information Form, Addendum to Application)

13. Are you a male born after December 31, 1959? () Yes () No

13.a. If "YES" Have you registered with the Selective Service System? () Yes () No

13.b If "NO to 13.a.," describe your reason(s) - when answering, please include your social security number: _____

FOR ANY QUESTIONS ANSWERED "YES," PLEASE PROVIDE A DETAILED EXPLANATION:
(Attach a separate sheet if necessary)

14. Please list the names and addresses of any hospitals, clinics, medical centers or health care facilities at which you currently hold or previously held clinical privileges (include moonlighting and all locum tenens assignments):

Dates (From-To)	Hospital/Clinic/Office Name	Complete Address (City/State or County/Zip Code)
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Please list all states, territories, provinces, or foreign countries in which you are or have ever been licensed in any profession (include instructional or training permits).

State/Province	License Type	License Number	Date of Issuance	Current? Yes/No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby state that the information provided is true, accurate, and complete to the best of my knowledge and belief.

(Signature of Applicant)

(Date)

(Print Name)