

Supplemental A

Please answer these questions in full. DO NOT ANSWER THESE QUESTIONS if you are seeking to be employed by the credentialing entity.

1. Citizenship: Are you a citizen of the United States? Yes No If no, please provide appropriate documentation.

2. Date of Birth: Month ___ Day ___ Year ____ Gender: Male Female

3. Are you currently engaged in the illegal use of drugs? (Currently means sufficiently recent to justify a reasonable belief that the use of drugs may have an ongoing impact on one's ability to practice your profession. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. "Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. § 812.22. It "does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law." The term does include, however, the unlawful use of prescription controlled substances and alcohol).

Yes No

4. Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety?

Yes No

5. Do you have any reason to believe that you would pose a risk to the safety or well being of your patients?

Yes No

6. You must provide the following documents unless you are seeking to be employed by the credentialing entity.

A. One recent passport size photograph of yourself or a copy of your current driver's license.

B. Permanent Resident Card or Visa Status (if applicable).

Please print your name: _____

Signature

Date

REMEMBER TO SAVE THE COMPLETED APPLICATION