

Educational Background:

9. a. College _____ from _____ to _____ Degree _____

_____ from _____ to _____ Degree _____

b. Medical School _____ from _____ to _____ Degree _____

_____ from _____ to _____ Degree _____

1. Honors and awards _____

c. AMA-approved Residency

Type _____

_____ to _____
Name of Hospital City State or Country Month Year Month Year

Type _____

_____ to _____
Name of Hospital City State or Country Month Year Month Year

2. Medical Licensure _____

10. Has your license to practice medicine in any jurisdiction ever been limited, suspended, or revoked? ___ Yes ___ No ___ N/A

11. Has your Narcotics Number ever been rescinded? ___ Yes ___ No ___ N/A

12. Has any hospital ever suspended, diminished, revoked, or failed to renew your privileges? ___ Yes ___ No ___ N/A

13. Have you ever been denied membership or renewal thereof, or been subject to disciplinary proceedings, in any medical organization? ___ Yes ___ No ___ N/A

14. Have you ever had any malpractice judgments against you within the past five years? ___ Yes ___ No ___ N/A

15. Have you ever been convicted of a felony? ___ Yes ___ No ___ N/A

If you have answered Yes to any of items 10-15, a full statement of explanation must be attached.

(Signed) _____

I hereby authorize The George Washington University Hospital, its Medical Staff, and their representatives to consult with administrators and members of the staffs of other institutions with which I have been associated and with others who may have information bearing upon my competence, character, and ethical qualifications. I further consent to the inspection by the Hospital, the Medical Staff, and their representatives of all documents, including records at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the responsibilities of the position applied for, as well as my moral and ethical qualifications for that position.

I hereby release from liability all representatives of The George Washington University Hospital and its Medical Staff for their acts performed in good faith and without malice in connection with the evaluation of my application and my credentials and qualifications; and I hereby release from any liability any and all individuals and organizations who provide information to The George Washington University Hospital or its Medical Staff in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for this position, and I hereby consent to the release of such information.

A photocopy of this form shall have the same effect as the original.

Signature

Date

UNIVERSITY POLICY ON EQUAL OPPORTUNITY

The George Washington University does not discriminate against any person on the basis of race, color, religion, sex, national origin, age, handicap, or veteran status. This policy covers all programs, services, policies, and procedures of the University, including admission to education programs and employment. The University is subject to the District of Columbia Human Rights Laws.

Inquiries concerning the application of this policy and federal laws and regulations concerning discrimination in education or employment programs and activities may be addressed to Susan B. Kaplan, Assistant Treasurer for Legal Matters, The George Washington University, Washington, D.C. 20052, (202) 994-6503, or to the Assistant Secretary for Civil Rights for the U.S. Department of Education.

Disabled individuals who need special information should call the Office of Disabled Student Services, (202) 994-8250 (TDD/voice).