

Skip navigation

Introduction	Osteopathic Physician and Surgeon's-Initial License-Unrestricted Information	- Enforcement Questions -
Information Privacy Act		
Transaction Suitability	Press "Previous" to return to the previous section. Enter appropriate details and press "Next" to continue.	
Questions	To save and exit this application, click on the "Cancel" button	
Application Questions		
Name and Personal/Organization Details	* Has a claim or action for damages ever been filed against you in the course of the practice of medicine or any other healing art which resulted in a malpractice settlement, judgment or arbitration award of over \$30,000.00?	O Yes O No
Contact Details	Has there ever been any peer group or professional association inquiry or action involving your practice or relationship with patients alleging unprofessional conduct, wrongdoing or negligence?	O Yes O No
Education History		
General Information	Have you ever withdrawn an application from any hospital, public entity or	O Yes O No
Written Examination	licensing agency?	
Previous Application or	If you answered Yes to the previous question, when?	(mm/dd/yyyy)
License	Have you ever had staff privileges in a hospital denied, suspended, limited, revoked or not renewed for medical disciplinary cause, or resigned from a medical	O Yes O No
AOA/ACGME Accredited Postgraduate Training Programs	staff in lieu of disciplinary or administrative action, or is any such action pending?	
	Have you ever had a medical or any healing art license restricted, suspended,	O Yes O No
AOA/ACGME Accredited	revoked, disciplined or denied in any state?	
Postgraduate Training Programs	Have you ever been denied permission to practice medicine or any healing art in any state?	O Yes O No
Medical License(s)	Do you have any condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety, including but not limited to any of the following?	
Pre-Medical Education		O Yes O No
nforcement Questions		A condition which required
Disciplinary History		admission to an inpatient psychia
Steven M. Thompson Loan	Do you have any condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety, including but not limited to, any of the following? IF YES, PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW:	Alcohol or chemical substance dependency or addiction
Repayment		Emotional, mental or behavioral
File Attachments		disorder
Application Summary		Other (explain)
	FOR ANY OF THE BOXES CHECKED ABOVE, PLEASE SUBMIT COMPLETE OF RECORDS, EVIDENCE OF ONGOING REHABILITATION TREATMENT, AND A PER	