

UCLA Medical Staff /House Staff Supplemental Application

Print Name Here_____ Dept._____

Please complete all questions and sign on the back.

1. Do you have any physical or mental condition or substance abuse problem that in any way impairs or limits your ability to practice medicine safely? No

If yes, please check the appropriate box(es) below:

- A condition which required admission to an inpatient psychiatric treatment facility.
 Alcohol or chemical substance dependency or addiction.
 Emotional, mental or behavioral disorder.
 Other (explain)_____

2. Have you been cited for a violation of HIPAA rules and regulations at any medical center or health care system? Yes No

3. Have you ever voluntarily withdrawn, or been requested to withdraw or not completed any internship, residency, fellowship, preceptorship or other clinical education program?
Yes No

4. Have you ever been denied permission to take an examination for medical licensure or Board certification in any state, country, or U.S. federal jurisdiction?
Yes No

5. Have you ever been denied a license, permission to practice medicine or any other healing art in any state, country, or U.S. federal jurisdiction, or is any such action pending?
Yes No

6. Have you ever voluntarily surrendered a license to practice in the healing arts in this or any other state, or voluntarily surrendered your narcotic (controlled substance) permit (state or federal) to any licensing board or any other agency, or is any such action pending?
Yes No

7. In the course of the practice of medicine or any other healing art, has a claim or action for damages ever been filed against you that resulted in a malpractice settlement, judgment or arbitration award of \$30,000 or more?
Yes No

8. 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 staff in lieu of disciplinary or administrative action, or is any such action pending?
Yes No

9. Are you able to perform all the duties and responsibilities required by your program and the Healthcare Organization(s) to which you are appointed with or without reasonable accommodation, according to accepted standards of professional performance and without posing a direct threat to the safety of patients?

Yes No

10. A) Have you ever been convicted of or pled nolo contendere to ANY offense in any state in the United States or a foreign country? This includes a citation, infraction, misdemeanor and/or felony, except for minor traffic violations. Serious traffic convictions such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked MUST be reported. If in doubt as to whether a conviction should be disclosed, it is better to disclose the conviction.

Yes No

B) Have you ever been convicted of or pled nolo contendere to any violation of any federal, state, local or a foreign country law(s) relating to the possession, use, illegal sale, transportation, manufacture, distribution or dispensing of controlled substances, or is any such action pending?

Yes No

C) Have you ever been arrested, charged or convicted of a sex crime, or any offense involving a child victim?

Yes No

You are required to disclose any conviction that has been set aside, diverted, deferred, dismissed, pardoned, set aside or expunged from the court record (*per California Medical Board*). **Please be aware that as a condition of employment at UCLA Medical Center, a criminal background check is done on all house staff.**

Violation and Location	Date	Penalty or Disposition
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For yes answers to questions 1–8 please indicate the circumstances in the area below:

(You may add additional sheets if necessary).

I hereby affirm that the information submitted is true, correct and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my postgraduate training.

Signature_____Date_____