

NPA Board Applicant Questionnaire

Name _____

Have any of the following ever been (or are currently in the process of being) challenged, denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or relinquished voluntarily or involuntarily? If yes, provide a full explanation on a separate sheet and attach.

- Medical or license in any state **Yes** **No**
- Drug Enforcement Administration (DEA) Registration **Yes** **No**
- Any Professional Registration or License **Yes** **No**
- Academic Appointment **Yes** **No**
- Membership on any Hospital or Health Care Organization Medical Staff **Yes** **No**
- Clinical Privileges **Yes** **No**
- Prerogatives or Rights on any Medical Staff **Yes** **No**
- Professional Society Memberships **Yes** **No**
- Any other type of professional review action or sanction **Yes** **No**
- Professional liability insurance **Yes** **No**
- Have any felony criminal charges been brought against you? **Yes** **No**

Did you receive any compensation from pharmaceutical companies within the past year?
Yes **No**

If yes, please provide a full explanation on a separate sheet and attach.

Did you receive any compensation from medical device companies within the past year?
Yes **No**

If yes, please provide a full explanation on a separate sheet and attach.

Signature

Date

Approved 6.12.2011