GRADUATE MEDICAL EDUCATION QUESTIONNAIRE

You are required to complete this form prior to participating in a Residency or Fellowship Program at Rush University Medical Center. Some of these questions may not be applicable to you if you are beginning a residency for the first time. In addition, if you answer "yes" to any of the following questions, please provide an explanation on an additional page or pages. A "yes" answer will not automatically result in your disqualification for admission to a Residency or Fellowship Program at Rush:

1.	Have you ever been convicted of a crime, or pleaded guilty and been placed on probation, court supervision or another preconviction program?	Yes ___	No ___	
2.	Has your license to practice medicine in any jurisdiction ever been surrendered, denied, limited, restricted, suspended or revoked?	Yes ___	No ___	N/A ___
3.	Has your Drug Enforcement Administration number or any federal or state license, registration or permit to prescribe drugs been surrendered, denied, limited restricted suspended or revoked?	Yes ___	No ___	N/A ___
4.	Has your membership status or clinical privileges ever been surrendered, denied, limited, restricted, suspended or revoked at any other hospital or institution?	Yes ___	No ___	N/A ___
5.	Have you voluntarily surrendered your membership status or clinical privileges under threat of sanctions referred to in Question 4 above?	Yes ___	No ___	N/A ___
6.	Has your status as a student in any clinical education program ever been limited, placed on probation, restricted, suspended or revoked?	Yes ___	No ___	
7.	Has your membership in any professional organization ever been surrendered, denied, limited, restricted, suspended or revoked?	Yes ___	No ___	
8.	Has your employment or other relationship with a HMO, PPO, IPA or other alternative health care delivery system ever been surrendered, denied, limited, restricted, suspended or revoked?	Yes ___	No ___	N/A ___
9.	Within your participation in the Medicare or Medicaid programs, have any sanctions been imposed upon you? If yes, please provide documentation.	Yes ___	No ___	N/A ___
10.	Have you been denied professional liability insurance or has your professional liability insurer refused to renew your policy or place limitation on the scope of your coverage?	Yes ___	No ___	N/A ___
11.	As a result of professional liability lawsuits, have any adverse judgments been rendered against you or settlements been made on your behalf in the past five years? If yes, please provide: 1) case name, 2) case number, 3) brief description of the facts, 4) your involvement, 5) the amount of settlement or judgment.	Yes ___	No ___	
12.	Are you currently a defendant in any malpractice lawsuit? If yes, please provide case name and number.	Yes ___	No ___	

I hereby affirm that the information provided in this application (and the program application) is true and complete to the best of my knowledge and that any falsified information or significant omissions may disqualify me from further consideration of admission to the Residency or Fellowship Program of Rush University Medical Center and may be considered as justification for dismissal if discovered after my admission to the Residency or Fellowship Program of Rush University Medical Center.

_____ _____ ____/_____/0__

Signature **Print Name** **Date**