

Pre-Screening Form

As part of the on-boarding process, USF GME will conduct a criminal background check (GME-199) and drug screen (GME-198).

Has your medical lice	ense ever been suspended/revoked/voluntarily terminated?		
Yes □ No □			
If yes, please explain:			
Have you been named in a malpractice case? For each medical malpractice claim in which you have been involved, please identify whether the claim is still open, full details regarding the circumstances surrounding the claims, and the amount that was paid on your behalf to settle the claim (if at all).			
Yes □ No □			
If yes, please explain:			
Is there anything in your past history that would limit your ability to be licensed or would limit your ability to receive hospital privileges?			
Yes □ No □			
If yes, please explain:			
Have you been convicted of a misdemeanor in the United States or had adjudication withheld for a misdemeanor in the United States? For each misdemeanor, please describe the nature of the crime(s), charge(s), date and place of conviction and the legal disposition of the case.			
Yes □ No □			
If yes, please explain:			
Have you been convicted of a felony or had adjudication withheld for a felony in the United States? For each felony, please describe the nature of the crime(s), charge(s), date and place of conviction and the legal disposition of the case.			
Yes □ No □]		
If yes, please explain:			

Have you received a I which you do not have		are you presently obligated to another program for
Yes □ No □]	
If yes, please explain:		
understand that any "yes may result in an investig	s" answers, false, or missing informa gation by the USF GME office; or if e consent to the transfer of my perso	omplete and accurate to the best of my knowledge. I ation may disqualify me from consideration for a position; employed, may constitute cause for termination from the nal data to the USF Morsani College of Medicine GME
Name:		Date:
Signature:		