



Additional Information Form

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

Has your medical license ever been suspended/revoked/voluntarily terminated? Yes No

If yes, please

Have you been named in a malpractice case? For each medical malpractice claim in which you have been involved, please identify whether or not 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 ever 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 ever 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:

For any yes answers, you may be contacted by someone in the GME office to provide additional information.

I certify that the information contained on this form is complete and accurate to the best of my knowledge. I understand that any "yes" answers, false, or missing information may disqualify me from consideration for a position; may result in an investigation by the USF GME office; or if employed, may constitute cause for termination from the program. In addition, I consent to the transfer of my personal data to the USF Morsani College of Medicine GME office in the United States.

Name: _____

Signature: _____

Date: _____