



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 license 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 Match violation from NRMP, or are you presently obligated to another program for which you do not have a waiver?

Yes ☐ No ☐

If yes, please explain:

Have you ever resigned or been asked to resign from a residency or fellowship training program?

Yes ☐ No ☐

If yes, please explain:

Have you ever had any professional sanctions or disciplinary actions taken against you? This includes any disciplinary actions (probation, suspension, non-promotion, non-renewal, extension of training, termination) during medical school, residency, or fellowship training.

Yes ☐ No ☐

If yes, please explain:

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.

Name: _____

Date: _____

Signature: _____