

WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE - APPLICATION FOR RESIDENT PHYSICIAN INTERVIEW

1. Name _____ Social Security # _____ - _____ - _____
2. Applying for _____ in the Department of _____
3. Mailing Address _____ City/State/Zip _____
4. Country of Citizenship _____ Visa Status (if applicable) _____
5. Current Professional Position _____
(i.e., academic position & institution, private practice and location)
6. Medical Degree _____
School/University _____ City/State _____ Date of Graduation _____
7. Residency Program _____
Faculty/Institution _____ City/State _____ Date of Training _____

Faculty/Institution _____ City/State _____ Date of Training _____
- Specialty/Fellowship _____
Faculty/Institution _____ City/State _____ Date of Training _____
8. If you are transferring from another residency or institution, please state your reason for leaving.

9. Current Medical licensure & DEA # 1. _____
(State of licensure) (License number) (Status) (DEA number)
2. _____
(State of licensure) (License number) (Status) (DEA number)

ANSWERS TO THE FOLLOWING QUESTIONS ARE REQUIRED FOR CONSIDERATION FOR A RESIDENCY POSITION:

1. Has your license to practice your profession in any jurisdiction ever been revoked, suspended, reduced, not renewed or voluntarily suspended? _____yes _____no _____never been licensed
2. Has your staff membership at any hospital or institution ever been revoked, suspended reduced or not renewed? _____yes _____no
3. Do you presently or have you ever in the past had a physical or mental health condition, including but not limited to alcohol or drug dependency, that affects or is reasonably likely to affect your duty to perform professional or medical staff duties appropriately? _____yes _____no
4. Have you ever been allowed to resign your position rather than face any charge or investigation on the part of the medical staff? _____yes _____no
5. Have you ever been investigated by any state board of medicine or any medical regulatory board regarding any wrong doing on your part or complaint filed against you? _____yes _____no
6. Have you ever been investigated for an alleged DEA violation? _____yes _____no
7. Have you ever been excluded from providing services in any federal health care program? _____yes _____no
8. Have you ever been named in a malpractice suit? _____yes _____no
9. Have you ever been convicted of a felony? _____yes _____no

If you answered yes to any of these questions, please furnish additional information on a separate sheet.

Date _____ Signature of Applicant _____