

4. **DEA:** Has your DEA Number ever been suspended, revoked, subjected to probation, placed on conditional status or limited? YES NO
5. **Criminal Offenses:** Have you ever been convicted of a felony or involved in charges relating to moral or ethical turpitude? YES NO
- a. Have you ever been named as a defendant in any criminal proceeding? YES NO
6. **Disciplinary Actions:** Have you ever been the subject of disciplinary proceedings by any professional association or organization (e.g. state licensing board, medical school, state, hospital, etc.)? YES NO
- a. Have you ever been the subject of disciplinary proceedings or investigations at any hospital or healthcare facility? YES NO
7. **Malpractice Action:** Have you ever been named or have any malpractice action(s) been brought or settled against you in the last 5 years? YES NO
- a. To your knowledge, is any malpractice action currently pending against you? YES NO

I hereby attest that all the information in this application is warranted to be true, correct and complete.

NAME (PLEASE PRINT)

SIGNATURE

DATE

Please select specialty for Fellowship.

- | | | |
|---|--|--|
| <input type="checkbox"/> Trauma
Roy Sanders, M.D. | <input type="checkbox"/> Adult Reconstruction
Kenneth Gustke, M.D.
Thomas Bernasek, M.D.
Steven Lyons, M.D.
Michael Miranda, D.O. | <input type="checkbox"/> Shoulder & Elbow
Mark Frankle, M.D.
Mark Mighell, M.D. |
| <input type="checkbox"/> Foot & Ankle
Arthur Walling, M.D.
Michael Clare, M.D. | <input type="checkbox"/> Spine
James Billys M.D. | <input type="checkbox"/> Hand
Alfred Hess, M.D. |

Please send application, CV, 5-year claims history and three letters of recommendation to the attention of:

Dawne Philip
Florida Orthopaedic Institute
5 Tampa General Circle, Suite 710
Tampa, Florida 33606