

MALPRACTICE HISTORY REPORT

The Board requires information on all malpractice suits in the five-year period of active practice preceding the date of filing your application. For each such malpractice suit in which you have been named, complete the Malpractice Liability Claims Information Form and submit insurance papers or other formal documentation of the outcome/status.

NAME AND ADDRESS OF PROFESSIONAL LIABILITY INSURER IN OTHER STATE:

1. _____
2. _____
3. _____

NUMBER, DATE, AND DISPOSITION OF ANY MEDICAL MALPRACTICE SETTLEMENT OR AWARD RELATING TO THE QUALITY OF MEDICAL TREATMENT.

If you have had no malpractice suits, write **NONE**: _____
(N/A or Not Applicable ***is not an accepted response***)

<u>Number</u>	<u>Date</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that the above is a true and accurate statement.

Print Name _____

Signature _____ Date _____