

**UNMC College of Dentistry
Postgraduate Program Personal Information Form**

Applicant's Name _____

Please indicate one answer for each question.

1	Has your membership in any medical or dental society or organization ever been suspended or revoked?	Yes	No
2	Has your Drug Enforcement Agency (DEA) number ever been suspended or revoked <u>OR</u> is any review/challenge currently pending?	Yes	No
3	Is any malpractice litigation currently pending in which you are involved as a defendant?	Yes	No
4	Have you ever been a defendant in a malpractice litigation in which judgment was made against you in a court of law or which was settled by an award to the plaintiff before reaching trial?	Yes	No
5	Has your license to practice dentistry in any state or region ever been suspended or revoked <u>OR</u> is any review/challenge currently pending?	Yes	No
6	Have you ever been denied a dental license or the right to take a licensing examination?	Yes	No
7	Have you ever been notified or reprimanded by an agency or any complaint relative to the practice of dentistry?	Yes	No
8	Are you now, or have you ever been addicted to, or have you ever undergone treatment during the last eight (8) years for the use of narcotics or drugs or excessive use of intoxicating liquors?	Yes	No
9	Have you ever been charged with, arrested for, or convicted of, plead guilty or not contest to, or forfeited bail for any criminal conduct under law or ordinance, excluding only minor traffic violations?	Yes	No

For any **YES** responses, please append details on a separate sheet.

I certify that I have read the foregoing questions and have answered the same fully and frankly. Said answers are complete and are true of my own knowledge. I understand that false information may result in the denial of my application.

Applicant's Signature _____

Date _____