



Office of Academic Affairs
222 Station Plaza North, Suite 510
Mineola, NY 11501
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Legal History Questionnaire

Name (please print): _____

Residency or Fellowship Program: _____

Please note: An affirmative response to any of the questions below will not necessarily result in a denial of admission to the program.

1. Are there any criminal charges currently pending against you?
Yes _____ No _____ If yes, please explain on a separate sheet.
2. Have you ever been convicted of a felony?
Yes _____ No _____ If yes, please explain on a separate sheet.
3. Have there been any allegations or findings against you based on violations of patient's rights?
Yes _____ No _____ If yes, please explain on a separate sheet.
4. Are you currently licensed health-care practitioner under New York or any other state(s) laws?
Yes _____ No _____ If yes, please answer the following questions and attach copies of license and current registration certificate.

- a. Have you ever had any professional misconduct proceedings pending against you?
Yes _____ No _____
If yes, explain the substance of each allegation and its disposition on a separate sheet.
- b. Have you been named in any medical malpractice action?
Yes _____ No _____
If yes, please explain the substance of each case and its disposition on a separate sheet.
- c. Have any of the following ever been denied, revoked, suspended, reduced, limited, placed on probation, not renewed, imposed, or voluntarily relinquished? If yes, please provide a full explanation on a separate sheet.

Medical or Professional license or registration in New York
Or other state? Yes _____ No _____

DEA Registration? Yes _____ No _____

Staff membership at any other institution? Yes _____ No _____

Clinical privileges at any other institution? Yes _____ No _____

Any type of professional sanction: Yes _____ No _____

Professional liability insurance? Yes _____ No _____

Participation in Medicare/Medicaid? Yes _____ No _____

- d. Have any investigational proceedings begun which could lead to a reduction or limitation on any of the items in questions 4c above?
Yes _____ No _____ If yes, please explain on a separate sheet.

- e. Have there been any criminal or civil penalties imposed upon you in connection with your participation in a governmental program for the provision of medical services?
Yes _____ No _____

Signature

Date