

| FORMAL DISCIPLINE BY A LICENSING BOARD IN OR OUTSIDE CALIFORNIA<br>WITHIN THE PAST SEVEN (7) YEARS CONTINUED   |                              |                             | PMBC<br>Use<br>Only      |
|--|------------------------------|-----------------------------|--------------------------|
| 38. Have you ever been charged with, or been found to have committed unprofessional conduct, professional misconduct, professional incompetence, gross negligence, or repeated negligence acts by any medical licensing board or hospital?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 39. Have you ever resigned from a medical staff in lieu of disciplinary or administrative action?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 40. Is any disciplinary action pending against your hospital or staff privileges?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 41. Have you ever had staff privileges in a hospital terminated, denied, suspended, limited, revoked, or not renewed?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 42. Have you ever had any healing arts license or certificate disciplined by another state or federal territory?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| <p><b>A "YES" response to questions 30 – 42 requires a signed and dated written explanation. Include certified copies of all applicable court records and/or other legal documents, including all statements of disposition, relief from disabilities, certification of conduct or other documents.</b></p>  |                              |                             |                          |
| <b>CRIMINAL RECORD HISTORY</b>   |                              |                             |                          |
| <p><b>You are not required to disclose any information or documentation about your criminal history. However, you may choose to provide mitigating information about your criminal history for purposes of determining whether the crime/crimes is/are substantially related to qualifications, functions, or duties of podiatric medicine or to demonstrate evidence of your rehabilitation. Any disclosure about your criminal history or mitigating information is VOLUNTARY. Your decision not to disclose this information shall not be a factor in the Board's decision to grant or deny an application for licensure. If you would like to voluntarily provide the Board with mitigation information, you may do so by attaching the information to your application.</b></p> |                              |                             |                          |
| <b>PRACTICE IMPAIRMENT OR LIMITATIONS</b>  |                              |                             |                          |
| <p><b>If you give an affirmative answer to any of the questions below, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical or other condition(s) to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are eligible for licensure.</b></p>   |                              |                             |                          |
| 43. Have you ever enrolled in, been required to enter into, or participated in any drug, alcohol, or substance abuse recovery program or impaired practitioner program?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 44. Have you ever been treated for or had a recurrence of a diagnosed addictive disorder?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 45. Have you ever been diagnosed with an emotional, mental, or behavioral disorder that may impair your ability to practice podiatric medicine safely?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 46. Have you ever been diagnosed with a neurological or other physical condition that may impair your ability to practice podiatric medicine safely?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
|  |                              |                             | <b>P1FA</b>              |

**PRACTICE IMPAIRMENT OR LIMITATIONS CONTINUED**

|   |                              |                             |                          |
|---|------------------------------|-----------------------------|--------------------------|
| 47. Do you have any other condition that may in any way impair or limit your ability to practice podiatric medicine safely?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 48. Do you suffer from a progressive disorder or a health condition that will likely result in a general decline in health or function that may impair or limit your ability to practice podiatric medicine safely?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| <b>A “yes” response to questions 43 – 48 requires a signed and dated written explanation.</b>   |                              |                             |                          |
| <p><b>Applicants who knowingly make a false statement of fact in response to any of the questions on this application, may have their application denied.</b></p> <p><b>If an affirmative answer is given to any of the questions on this application, the Board will assess the nature, the severity and the risks associated with the granting of an unrestricted license, whether conditions should be imposed, or whether you are eligible for a license.</b></p> |                              |                             |                          |
| <p align="center"><b><i>FINGERPRINT CLEARANCES FROM BOTH THE DEPARTMENT OF JUSTICE<br/>AND THE FEDERAL BUREAU OF INVESTIGATIONS<br/>MUST BE RECEIVED PRIOR TO THE ISSUANCE OF<br/>A DOCTOR OF PODIATRIC MEDICINE LICENSE IN CALIFORNIA</i></b></p> <p align="center">If you have ever been convicted of a misdemeanor or felony, the record of conviction will be reported to the Board as a result of your fingerprint inquiry.</p>                                  |                              |                             |                          |
|   |                              |                             | <b>P1FB</b>              |