

Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee or any other professional group? Yes No

If yes, please explain:

Have you ever been convicted of a violation of any federal, state, county or municipal law, regulation or ordinance (including traffic violations for which a fine of \$150 or more was imposed, this includes driving under the influence of alcohol and/or drugs)? Yes No

If yes, please explain:

Have you ever been affiliated (as an officer, owner, director, trustee, partner, advisor or consultant) with any institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.) within the past five years that might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? Yes No

If yes, please explain:

Do you know anyone who might take any steps, overtly or covertly, to attack your appointment? Yes No

If yes, please explain:

Is there anything in public records that, if discovered, would be embarrassing to you, the state, or the administration? Yes No

If yes, please explain

References

List two physicians that have known you well within the past five (5) years. Include a current, complete address and telephone number:

Name	Mailing Address	Zip Code	Area Code / Phone Number
1.			
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2.			

I certify that the facts contained in this application are true and correct to the best of my knowledge. I agree that any misstatement, misrepresentation, or omission of a fact may result in my disqualification for appointment.

Signature:

Date:

Return to the Arkansas Medical Society by fax or email no later than October 1, 2012.
P.O. Box 55088 | Little Rock, AR 72215 | 501-224-8967 | 501-224-6489 fax | boardappointments@arkmed.org