



ALABAMA PSYCHIATRIC PHYSICIANS ASSOCIATION

A District Branch of the American Psychiatric Association

Application for Distinguished Fellowship Questionnaire on Ethical Complaints or Sanctions

In order to responsibly process your Distinguished Fellowship application, please provide the following information, which shall remain confidential and not be disclosed outside the Distinguished Fellowship Committee.

Please return this form with your preliminary application.

Name _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you ever had a complaint of an ethical violation Brought against you and sustained with APPA or any other District Branch of the APA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been disciplined, sanctioned, or otherwise been found to have engaged in unprofessional conduct by the Alabama Board of Medical Examiners or any other state licensing or professional regulatory board? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had hospital privileges restricted, revoked or denied? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there any complaint or informational or formal proceeding pending with any of the above? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above questions is yes, please explain the circumstances on a separate sheet of paper and attach it to this application.

Signature _____

Answering "Yes" to any of the above questions will not necessarily disqualify you. Please remember that this information will remain confidential and not be disclosed outside the Distinguished Fellowship Committee. Thank you!