

Additional questions and requirements for medical and dental personnel.

Please answer the following questions. If any answers are in the affirmative, please attach an extra sheet of paper explaining the issue in detail. This is necessary both for the HCJB's and your own protection while you serve in Ecuador.

| | YES | NO |
|---|-----|----|
| 1) Has your certificate or license to practice medicine, dentistry, or nursing in any state or country ever been suspended, restricted, revoked, curtailed or voluntarily suspended under threat of suspension or revocation? | | |
| 2) Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, restricted, limited or voluntarily suspended under threat of suspension or revocation? | | |
| 3) Have you ever been diagnosed as needing treatment in or advised to be admitted to any facility for substance abuse or psychiatric treatment? | | |
| 4) Has your state or federal controlled substances certificate (DEA or equivalent) ever been revoked, suspended, restricted or voluntarily suspended under threat of suspension or revocation? | | |
| 5) Have you ever been rejected or censured by a medical, dental, or nursing society? | | |
| 6) Have you ever had a judgment rendered against you, or any legal action, settled or pending, relating to the performance of your professional service? | | |
| 7) Have you ever applied for a medical, dental, or nursing license and been denied for any reason? | | |

Please include along with your application a notarized copy of your medical school diploma and specialty certificate. (Ecuadorian authorities do not accept copies that have not been notarized.)

NAME:

SIGNATURE: