

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS

1. Has your license ever been revoked, suspended, or cancelled?
2. Have you ever been denied a license?
3. Have you ever been a defendant in a legal action involving professional liability (malpractice); have you ever been named in a malpractice suit, had a professional liability claim paid on your behalf, or paid such a claim on yourself?
4. Have you ever been a patient for the treatment of mental illness?
5. Have you ever been addicted to alcohol or drugs or been treated for an addictions to alcohol or drugs?
6. Have you ever been convicted of a felony?

If you answered YES to any of the questions above, PLEASE GIVE DETAILS: (Use a separate sheet or provide any documentation, if necessary)

I, hearby certify under oath that all statements I have made herein are true.

(Applicant's Signature)

(Date Signed)

***Important: Please return this completed questionnaire to headquarters along with your license renewal form and fee. Failure to submit a completed Disclaimer Form will result in delay of your license renewal.**

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