

National Physicians Alliance Board Application - Disclosure Form

Please complete the following items to be considered as a candidate for the board of the National Physicians Alliance.

1. Have any of the following ever been (or are currently in the process of being) challenged, denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or relinquished voluntarily or involuntarily?

	Yes	No
Medical or license in any state	<input type="radio"/>	<input type="radio"/>
Drug Enforcement Administration (DEA) Registration	<input type="radio"/>	<input type="radio"/>
Any Professional Registration or License	<input type="radio"/>	<input type="radio"/>
Academic Appointment	<input type="radio"/>	<input type="radio"/>
Membership on any Hospital or Health Care Organization Medical Staff	<input type="radio"/>	<input type="radio"/>
Clinical Privileges	<input type="radio"/>	<input type="radio"/>
Prerogatives or Rights on any Medical Staff	<input type="radio"/>	<input type="radio"/>
Professional Society Memberships	<input type="radio"/>	<input type="radio"/>
Any other type of professional review action or sanction	<input type="radio"/>	<input type="radio"/>
Professional liability insurance	<input type="radio"/>	<input type="radio"/>

If you answered yes to any of the items above, please provide a full explanation.

2. Have any felony criminal charges been brought against you?

☐ Yes ☐ No

If yes, please provide a full explanation.

3. Did you receive any compensation from pharmaceutical companies within the past year?

☐ Yes

☐ No

If yes, please provide a full explanation.

4. Did you receive any compensation from medical device companies within the past year?

☐ Yes

☐ No

If yes, please provide a full explanation.

Signature _____

5. Name

6. Date

Today MM DD YYYY
 / /

Please submit this form, your current CV, and your letter of interest to:

<https://driveuploader.com/upload/4u9R97LhYs/>