Oklahoma State Board of Osteopathic Examiners

Professional Standards Questionnaire

1. Within the last twelve (12) months, was a professional liability lawsuit filed against you? Yes or No

2. Within the last twelve (12) months, was disciplinary action taken against you by any medical training program, hospital, managed care organization, group practice or other setting? Yes or No

3. Within the last twelve (12) months, did you resign while under investigation; or were your privileges or contract not renewed in lieu of termination or firing? Yes or No

4. Within the last twelve (12) months, was board disciplinary action taken against you - or pending - affecting your license in another state? Yes or No

5. Within the last twelve (12) months, did you suffer personal illness or injury that adversely affects your ability to practice osteopathic medicine? Yes or No

6. Within the last twelve (12) months, did you enter or complete a treatment program for substance abuse? Yes or No

7. Within the last twelve (12) months, were you charged with or convicted of a DUI or DWI? Yes or No

8. Within the last twelve (12) months, were your DEA/OBNDD permits revoked, suspended, fined or restricted? Yes or No

9. Within the last twelve (12) months, were you convicted, indicted, arrested or charged with a felony or other crime? Pleas of guilty, non-fault, nolo contendere or other such plea for alleged criminal activity shall be deemed a conviction. Yes or No

If you answered **Yes to any of the Professional Standards Questions you need to write an explanation on a separate sheet of paper.*

*List 16 hours of Continuing Medical Education (Course Name, Course Sponsor, Date Completed and Hours):

*List 1 hour of Proper Prescribing (Course Name, Course Sponsor, Date Completed and Hours):

***Attestation Statement:** I, (print name) _____, have to the best of my knowledge, complied with the laws and rules regulating the osteopathic profession. By signing this document, I am stating that the information written and answered on this form are true and correct.

_____ _____

Signature Date

CONTACT INFORMATION/CHANGE OF ADDRESS

Please mail completed form to:

OKLAHOMA STATE BOARD OF OSTEOPATHIC EXAMINERS

4848 N. Lincoln Blvd, Suite 100
Oklahoma City, OK 73105

(Please print all information)

NAME: _____

LICENSE NUMBER: _____

Principal Practice Address:

_____

_____

_____

_____

Office Telephone: _____ **NPI#**_____
(National Provider Identifier)

Office FAX: _____

Home Address:

_____

_____

_____

Home Telephone: _____

Home FAX: _____

Cell Phone: _____

E-mail Address: _____

Preferred Mailing Address:

_____

_____

_____

_____

Practice Mode Status (also note changes like: in Residency or Fellowship; no longer in a Residency; no longer retired; etc):

_____

_____ _____

Signature *Date*