

# ADDENDUM TO ERAS APPLICATION



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER  
School of Medicine

Name (Printed)

Department

PROFESSIONAL  
LIABILITY

Have there been or are there currently pending any malpractice claims, suits, settlements or arbitration proceedings involving your professional medical practice?  Yes  No

**If yes, please provide list and status on separate sheet.**

DISCIPLINARY ACTIONS

Have any of the following ever been, or are any currently in the process of being investigated, denied, revoked, suspended, placed on probation, not renewed, or voluntarily relinquished? **If yes, please provide full explanation on a separate sheet.**

Medical license in any state	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other professional registration/license	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DEA/controlled substances registration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Membership on any hospital medical staff Clinical privileges or prerogatives/rights on any medical staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other institution affiliation (e.g. medical school, HMO, etc.) Professional society membership or fellowship /Board certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other type of professional sanction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been any felony criminal charges or charges of crimes involving moral turpitude brought against you in the last five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If yes, please provide full explanation on separate sheet, including resolution of charges.**

REFERENCES

**LETTERS OF REFERENCE, IN ADDITION TO THE DEAN'S LETTER, HAVE BEEN REQUESTED FROM THE FOLLOWING INDIVIDUALS:**

Name and Title	Institution	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**NOTARIZED COPY OF ORIGINAL MEDICAL SCHOOL DIPLOMA REQUIRED**

**PLEASE RETURN COMPLETED APPLICATION TO:**

Texas Tech University School of Medicine  
Director of Residency Training  
Department of \_\_\_\_\_  
3601 4th Street Lubbock, Texas 79430

**I FULLY UNDERSTAND THAT ANY MISSTATEMENTS IN OR OMISSIONS FROM THIS APPLICATION CONSTITUTE CAUSE FOR DENIAL OF ACCEPTANCE IN OR CAUSE FOR SUMMARY DISMISSAL FROM THE RESIDENCY/FELLOWSHIP TRAINING PROGRAM. ALL INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE TO MY BEST KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT TTUHSC HAS THE RIGHT TO REQUEST ADDITIONAL INFORMATION NOT PROVIDED ON THIS APPLICATION, AND I AGREE TO CONFORM TO ALL RULES AND REGULATIONS OF TTUHSC.**

DATE

SIGNATURE OF APPLICANT

**Professionalism, Medical Liability:**

**Full disclosure:** It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant. Your responses on your application are evaluated as evidence of your candor and honesty. An honest "yes" answer to a question on your application is not definitive as to the Board's assessment of your present moral character and fitness, but a dishonest "no" answer is evidence of a lack of candor and honesty, which may be definitive on the character and fitness issue. Please be advised that a false response to any of these questions may be grounds for denial of licensure and reported to the appropriate data banks.

<p>If you believe your offense was <b>sealed or expunged</b>, you <b>must</b> read the instructions on Form R before you answer "No," to ensure your full and honest disclosure.</p> <p><b>Please answer the questions 1(a)-(d) below with regard to any action taken by any state, province, territory, U.S. federal jurisdiction, or country.</b></p> <p><b>1(a).</b> Have you ever been arrested?</p>	<p style="text-align: center;"><b>Yes      No</b> If Yes, submit Form R</p>
<p><b>1(b).</b> Have you been cited or ticketed for, or charged with any violation of the law? (You may exclude minor traffic violations. You must report any offenses involving alcohol or drugs.)</p>	<p style="text-align: center;"><b>Yes      No</b> If Yes, submit Form R</p>
<p><b>1(c).</b> Are you currently the subject of a grand jury or criminal investigation?</p>	<p style="text-align: center;"><b>Yes      No</b> If Yes, submit Form R</p>
<p><b>1(d).</b> Have you ever been convicted of an offense, placed on probation, or granted deferred adjudication or any type of pretrial diversion? (You may exclude minor traffic violations. You must report any offenses involving alcohol or drugs.)</p>	<p style="text-align: center;"><b>Yes      No</b> If Yes, submit Form R</p>
<p><b>2(a).</b> Have you ever been suspended from practice, disciplined, disqualified, denied permission to take an examination for licensure, allowed to resign or voluntarily surrender your license in lieu of disciplinary action by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country? (This would include but is not limited to, informal or confidential disciplinary orders, consent orders, agreed orders, or letters of warning.)</p>	<p style="text-align: center;"><b>Yes      No</b> If Yes, submit Form S</p>
<p><b>2(b).</b> Have there <b>ever</b> been any formal or informal charges, complaints, or grievances filed (regardless of the outcome) concerning your conduct by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country?</p>	<p style="text-align: center;"><b>Yes      No</b> If Yes, submit Form S</p>
<p><b>2(c).</b> Are there now pending any formal or informal charges, complaints or grievances concerning your conduct by any licensing authority in any state, province, territory, U.S. federal jurisdiction, or country?</p>	<p style="text-align: center;"><b>Yes      No</b> If Yes, submit Form S</p>
<p><b>2(d).</b> Have you ever been denied or required to surrender a federal or state controlled substance permit?</p>	<p style="text-align: center;"><b>Yes      No</b> If Yes, submit Form S</p>
<p><b>3(a).</b> Has an academic program, health care entity or professional organization ever taken against you, through either oral or written communication, any of the following public or private actions:</p> <ul style="list-style-type: none"> <li>(i) limitation, reduction, suspension, revocation or denial of privileges?</li> <li>(ii) warning, censure, reprimand, or formal admonishment?</li> <li>(iii) monitoring of admissions and/or treatment plans?</li> <li>(iv) placement on academic or disciplinary probation?</li> <li>(v) request of termination, withdrawal or resignation?</li> <li>(vi) acceptance of voluntary resignation in lieu of further investigations or other action?</li> </ul>	<p style="text-align: center;"><b>Yes      No</b> <b>Yes      No</b> <b>Yes      No</b> <b>Yes      No</b> <b>Yes      No</b> <b>Yes      No</b> If Yes, submit Form U</p>
<p><b>3(b).</b> Is any such action pending?</p>	<p style="text-align: center;"><b>Yes      No</b> If Yes, submit Form U</p>
<p><b>3(c).</b> Are you currently under investigation by any academic program, health care entity, or professional organization?</p>	<p style="text-align: center;"><b>Yes      No</b> If Yes, submit Form U</p>
<p><b>4(a).</b> Has a professional liability claim ever been filed against you or has such a claim been paid on your behalf?</p>	<p style="text-align: center;"><b>Yes      No</b> If Yes, have Form I completed by every malpractice who has insured you and submit Form V</p>
<p><b>4(b).</b> Have you ever been charged with or alleged to have committed unprofessional conduct, professional incompetence, negligence, or malpractice in any criminal or civil proceeding?</p>	<p style="text-align: center;"><b>Yes      No</b> If Yes, submit Form V</p>
<p><b>4(c).</b> While serving in the US Military or the Public Health Service, or while employed, contracted or privileged by a federal facility was a malpractice claim or medical liability suit filed that involved the care that you had delivered?</p>	<p style="text-align: center;"><b>Yes      No</b> If Yes, submit Form V</p>
<p><b>5.</b> Within the past five years, have you been diagnosed, treated, or admitted to a hospital or other facility for any of the following:</p> <ul style="list-style-type: none"> <li>(i) Major depressive disorder, bipolar disorder, schizophrenia, schizoaffective disorder, or any severe personality disorder?</li> <li>(ii) Alcohol or substance dependency or addiction?</li> <li>(iii) A physical or neurological impairment?</li> <li>(iv) A sexual disorder, including, but not limited to pedophilia, exhibitionism, voyeurism, frotteurism, or sexual sadism?</li> </ul>	<p style="text-align: center;"><b>Yes      No</b> <b>Yes      No</b> <b>Yes      No</b> <b>Yes      No</b> If Yes, submit Form W</p>