

9. Does the applicant have:
- a. any current or previous restrictions, terms, or limitations on their practice
 Yes No
 - b. any unresolved complaints and investigations about which they have been notified
 Yes No Unable to respond
 - c. any complaints/investigations referred to discipline hearing or alternate resolution
 Yes No
 - d. any sanctions or censures
 Yes No
 - e. revocation or suspension of registration/licensure
 Yes No
 - f. voluntarily relinquished registration/licensure to prevent commencement or completion of an investigation, review or other proceeding
 Yes No

Please provide details on reverse and attach copies of any relevant documentation for “yes” answer to item 9 above.

10. For jurisdictions with reserved acts or actions, has this applicant been granted access to any reserved acts (e.g. diagnosis)?

Yes No N/A

- a) If yes, please specify:

- b) If applicant has been denied such access, please provide details

Signature of Official

Date

Name and Title

Regulatory Body

Telephone #

Email Address