



Select below the facility type where employed, and if the facility has established a quality assurance program as indicated. If working at more than one location, list each employer separately and attach.

Federally-qualified health center. Pursuant to 42 U.S.C. § 1396d(l)(2)(B).

Rural health clinic. Pursuant to 42 U.S.C. § 1395x(aa)(2).

Upon approval of your application, you will be issued a Rural Authorization registration certificate. This registration expires 2 years after the date on which it was issued and must be renewed on or before that date.

|    | <b>PERSONAL<br/>DATA</b>  | <b>Y</b>                 | <b>N</b>                 |
|----|---|--------------------------|--------------------------|
| 1. | Within the past 10 years, was your certificate or license suspended, revoked, restricted, or denied in any state, federal or foreign jurisdiction?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Within the past 10 years, were you disciplined for unprofessional conduct such as patient abuse, incompetence, negligence, or unsafe practices?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Within the past 10 years, were you convicted of a felony, or named in any past or pending civil suit alleging incompetence or negligence in the care of others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Are you presently afflicted by any medical condition which may impair your ability to practice with reasonable skill and safety?                                | <input type="checkbox"/> | <input type="checkbox"/> |

If **YES** to any of questions 1 through 4, submit an explanation with this application. <sup>2</sup>

<sup>2</sup> A Yes answer does not necessarily preclude licensure.

#### **CHILD SUPPORT INFORMATION <sup>3</sup>**

- I am **NOT** subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order, or am in compliance with a plan approved by the district attorney (or other public agency enforcing the order for the repayment of the amount owed pursuant to the order); or
- I am subject to a court order for the support of one or more children and am **NOT** in compliance with the order or plan approved by the district attorney (or other public agency enforcing the order for the repayment of the amount owed pursuant to the order).

<sup>3</sup> This application cannot be processed until the applicant checks the appropriate box.

#### **ATTESTATION**

I, \_\_\_\_\_, attest that I am the person described and identified in this application; that I have answered all questions in this application truthfully and completely; that any furnished supporting documentation is accurate to the best of my knowledge. I understand that prior to making a determination regarding my application, the Division may require additional information from me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_