

**You must make a selection on every line.**

Name: \_\_\_\_\_

(Please print)

## COMPETENCY INFORMATION

**PLEASE ANSWER THE FOLLOWING QUESTIONS.** If any answers to the questions are in the **affirmative**, attach an explanation on a separate sheet. ***IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION.***

For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice medicine"** is to be construed to include all of the following:
  - a. The cognitive capacity to make appropriate clinical diagnosis, exercise reasoned medical judgments, to learn, and keep abreast of medical developments;
  - b. The ability to communicate those judgments and medical information to patients and other healthcare providers, with or without the use of aids or devices, such as voice amplifiers; and
  - c. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV, tuberculosis, drug addiction, and alcoholism.
3. **"Chemical substances"** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
4. **"Currently"** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.
5. **"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g., heroin, or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

### QUESTIONS: CIRCLE YOUR ANSWER

1. Do you currently have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?	YES	NO	
a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?	YES	NO	N/A
b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?	YES	NO	N/A
2. Do you currently use chemical substances?	YES	NO	
a. If yes, do they in any way impair or limit your ability to practice medicine with reasonable skill and safety?	YES	NO	N/A

b. If yes, please list:

**QUESTIONS: CIRCLE YOUR ANSWER**

3. Are you currently engaged in the illegal use of controlled substances?	YES	NO	
a. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances?	YES	NO	N/A
4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?	YES	NO	
5. If you have ever held or applied for a license or certificate to practice medicine in any state, country, or province, has or was it ever been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? *	YES	NO	
6. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action? *	YES	NO	
7. Have you ever applied for and been denied a state or federal controlled substance certificate?	YES	NO	
a. If you have possessed such a certificate has it ever been revoked, suspended, restricted, otherwise disciplined, or voluntarily surrendered under threat of investigation or disciplinary action?	YES	NO	N/A
8. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic offense? *	YES	NO	
9. Have you ever been rejected or censured by a medical society?	YES	NO	
10. In relation to the performance of your professional services in any profession:			
a. Have you ever had a final judgement rendered <u>against</u> you; *	YES	NO	N/A
b. Have you ever had settlement of any legal action rendered <u>against</u> you; *	YES	NO	N/A
c. Are there any legal actions pending <u>against</u> you or to which you are a party?	YES	NO	N/A
11. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? *	YES	NO	N/A

**\*Affirmative response requires final documents or orders from the issuing states, courts, and/or agencies.**

\_\_\_\_\_  
Incoming Resident's Signature

\_\_\_\_\_  
Date

"I declare, under penalty of perjury (Tenn. Code Ann. Section 39-16-702(a)(4)) that all of the foregoing answers, statements, or assertions are true and correct. Full and truthful answers are a requirement of the Professionalism Policy, GME Policy 125. If any of the above answers are later determined by the University to not be true and correct, the University may revoke my appointment as a Resident and/or take any other academic action which it deems appropriate."