

ECU Health Medical Center

AN EQUAL OPPORTUNITY EMPLOYER

RESIDENT APPLICANT DATA FORM

Specialty/Subspecialty Applying To: _____

First	Middle	Last

Completion of this form in its entirety is required of all residency and fellowship applicants.

Please check your applicable citizenship status:
Applicants must meet one of the following statuses.

A citizen or national of the United States

Have a current J-1 Visa*

Plan to apply for a J-1 Visa*

must obtain J-1 status prior to start date

Pending Permanent Resident with valid
Employment Authorization Card

Permanent Resident

Alien #: _____

Political Asylum with valid
Employment Authorization Card

Refugee with valid
Employment Authorization Card

**** J1 Visa is the only Visa accepted for training at ECU Health Medical Center (J2, H1-B, H4, or other Visas are not accepted).***

Terms and Conditions

Please **initial** that you have reviewed and agree to the terms and conditions contained in the following documents, located at <https://gme.ecu.edu/contract/>

Employment Agreement

GME Policies

Pre-employment Drug Test

New employees of ECU Health Medical Center, including resident physicians and fellows, will undergo a pre-employment drug screen. A positive drug screen will result in non-employment and the trainee will be unable to begin the training program. Any questions should be directed to the Office of Graduate Medical Education at 252-847-4268.

Answer the following Employment and North Carolina Medical Board Resident Training License Application questions. Disclosing a “yes” response is not, itself, disqualifying.

If any answers are YES, you are required to provide a detailed description on the attached page. Failure to completely disclose information below or at time of applying for the NC Resident or Dental Training License can disqualify you from employment/training.

- Yes No 1. Are you aware of any complaint or investigation or inquiry, ever, regarding you that has been received or conducted by any of the following:
- Professional licensing board or agency (NC Medical Board actions do not need to be included)
 - Military service
 - Medical or professional organization/association
 - Local, state, federal, or other governmental agency
 - Private or governmental insurance company or payor
 - Hospital or other healthcare organization
 - Professional certifying board

¹Complaint includes, but is not limited to, any instance where any person or organization has raised a concern regarding you or your practice regardless of the outcome.

²Investigation includes, but is not limited to, an inquiry into (in person or otherwise), examination or inspection of, or gathering of evidence or information regarding you or your practice regardless of the outcome. This also includes requests to meet with or appear before a professional licensing board or agency, formally or informally.

- Yes No 2. Have you ever:
- Withdrawn a license or registration application
 - Been denied a license or registration
 - Surrendered a license or registration
 - Had a license or registration restricted or limited in any way
 - Placed a license or registration on inactive status while under investigation

- Yes No 3. Have you ever been separated or discharged other than honorably from the U.S. military, foreign military, Veteran’s Administration or public health service?

- Yes No 4. While at any professional school or training program (***this includes medical school***), have you ever:
- Been suspended, placed on scholastic or disciplinary probation, expelled or requested to resign
 - Withdrawn or gone on leave of absence while under investigation or threat of investigation or disciplinary action?

- Yes No 5. Have you ever had an action³ taken against you by a health care institution⁴, including employers and group practices? If so, list each occurrence in the space provided at the end of this application. **NOTE: Your answer should be "yes" if you had remediation, suspension, and/or probation in medical school.**

³Action includes:

- Warnings
- Censures
- Disciplines
- Admissions monitored
- Privileges limited, suspended, or revoked
- Remediation
- Probation
- Suspension or termination of employment
- Withdrawal or resignation under threat of investigation or disciplinary action
- Denial of staff membership or credential

⁴Health care institutions include:

- Hospitals
- Health maintenance or preferred provider organizations
- Any facility in which you trained (**including medical school or training programs**)
- Any group practice
- Any other organization that issues credentials to physicians

- Yes No 6. Have you ever been charged⁵ with, arrested for or convicted⁶ of a Misdemeanor or Felony including, but not limited to, Driving Under the Influence ("DUI") or Driving While Impaired ("DWI") and any other violation of the law involving the operation of some means of transportation while under the influence of drugs or alcohol? If so, you must list every misdemeanor/felony charge, arrest and conviction on attached sheet providing: date of charge/conviction, what you were charged with/convicted of, city and state in which charged/convicted, sentence imposed, and detailed explanation and attach to this form.

- Failure to report may result in denial of licensure, fines or other public disciplinary action. You must report all charges, arrests and convictions for driving while intoxicated, driving under the influence, careless and reckless driving and any offenses involving serious injury or death. Minor traffic offenses are not required to be reported.
- Do not report expunged charges or convictions for which you possess written documentary proof of expungement. Do not assume any previous charge, arrest or conviction has been expunged unless you have in your possession an official written court order or document, signed by a judge, which explicitly orders the charge, arrest or conviction sealed and/or expunged.

⁵Charged: if you have been arrested, indicted, or arraigned for a criminal act, even if the charge was later dismissed.

⁶Convicted: if you plead guilty, were found guilty by a court, entered a plea of nolo contendere (no contest) or received a prayer for judgment continued (PJC) or deferred prosecution agreement for a violation of federal, state or local law.

Applicant Name

Yes No 7. Have you ever had an action⁷ taken against you by a regulatory entity⁸? If so, list each occurrence.

⁷Action includes:

- Revocation
- Suspension
- Probation
- Limitation/restriction
- Disciplinary/non-disciplinary action and fine
- Private action and letter
- Issuance of a license through an order
- License denials

⁸Regulatory entity includes:

- All professional licensing boards and agencies
- Military service
- Medical or professional organization or association
- Local, state, federal, or other governmental agency
- Private or governmental insurance company or payor
- Hospital or other healthcare organization
- Professional certifying board
- The U.S. Food and Drug Administration
- The U.S. Drug Enforcement Agency
- Medicare or Medicaid

8. List all relevant information on a separate sheet and attached it to this form for any of the following scenarios that apply to you:

Yes No Have you ever been named in a malpractice lawsuit?

Yes No Have you ever had a medical malpractice lawsuit filed against you that was resolved with a judgment (regardless of appeal), award, payment, or settlement regardless of whether the payment or settlement was in your name?

Yes No Have you ever been aware of a malpractice settlement or payment that was made involving your care of a patient?

Yes No Have you ever had a professional liability insurance policy cancelled, denied, or not renewed?

Applicant Name

Disclosure/Authorization Statement

ECU Health Medical Center and its subsidiaries hereby disclose to you that a consumer report may be obtained for employment purposes as part of a pre-employment background investigation and at any time during your employment.

I understand that this document authorizes ECU Health Medical Center and its subsidiaries to procure a consumer report as part of a pre-employment investigation of my background. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for any ECU Health Medical Center entity by which I am employed to procure consumer reports at any time during my employment period.

In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, motor vehicle bureaus, military services, government agencies, and persons to release information that they may have about me to ECU Health Medical Center or any of its subsidiaries, or any agent acting on behalf of ECU Health Medical Center or any of its subsidiaries. I hereby release all parties providing such information from any claims, liability, damages and responsibility for doing so.

This authorization, in original or copy form, shall be valid for pre-employment reports and any future reports or updates that may be requested. I understand that I have the right to request additional disclosure as to the nature and scope of the investigation of my background upon written request to ECU Health Medical Center within a reasonable period of time from the date hereof.

Applicant's Signature (E-sign ok)

Date

