**L**ouisiana **S**tate **B**oard of **M**edical **E**xaminers

**Oath or Affirmation -** INITIAL LICENSURE - Allied Health Personnel

**NOTE:** Yes answers must be explained in an affidavit (a typed, notarized explanation in your own words).

|  |  |  |  |
| --- | --- | --- | --- |
|   |  | **Yes** | **No** |
| 1 | In the 5 years prior to this application have you had any physical injury or disease or mental illness or impairment, which could reasonably be expected to affect your ability to practice medicine or other health profession? | [ ]  | [ ]  |
| 2 | In the 5 years prior to this application have you been referred to or obtained treatment for a substance abuse disorder including alcohol abuse? | [ ]  | [ ]  |
| 3 | Have you **EVER** been arrested for, cited for, charged with, convicted of; or pled guilty to; or pled *nolo contendere* to, a violation of **ANY** municipal, state or federal statute?  I**nclude anything expunged or judicially removed for any reason.** (You ***do not*** have to report misdemeanor traffic offenses or traffic ordinance violations **unless** theyinvolve alcohol or drugs). | [ ]  | [ ]  |
| 4 | Have you failed a professional licensure or certification examination? | [ ]  | [ ]  |
| 5 | Has your application for any professional license, certificate, or registration been denied by any state licensing board or federal authority? | [ ]  | [ ]  |
| 6 | Do you hold any professional licenses, certificates, or registrations which have been the subject of investigation or revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action,(including remediation and /or non-disciplinary sanctions)by any state licensing board or federal authority?  | [ ]  | [ ]  |
| 7 | Have you voluntarily surrendered any professional license, or agreed with any licensing authority not to seek re-licensure in order to avoid disciplinary action, investigation or inquiry? | [ ]  | [ ]  |
| 8 | Were you the subject of an inquiry or investigation by any hospital, clinic, or other health care institutions? | [ ]  | [ ]  |
| 9 | Were you the subject of disciplinary action, placed on academic probation, or asked to undergo additional training or remediation during your education/training for licensure? | [ ]  | [ ]  |
| 10 | Has your membership in a professional society been revoked, suspended, or disciplined or have you resigned membership while under investigation  | [ ]  | [ ]  |
| 11 | In the 10 years prior to this application have any malpractice claims been settled by you or on your behalf? | [ ]  | [ ]  |
| 12 | Has any court determined you are currently in violation of a court’s judgment or order for the support of dependent children?  | [ ]  | [ ]  |
| 13 | **If you are seeking an expedited military permit, please respond to the following:**Do you have a complaint, allegation, or investigation by anyone or any entity, currently pending against you, which is related to unprofessional conduct and/or an alleged crime? If so, please note, by law, the LSBME cannot issue or deny an applicant’s military permit until the complaint, allegation, or investigation is resolved, or the applicant otherwise satisfies the criteria for permanent licensure in Louisiana to the satisfaction of the LSBME. | [ ]  | [ ]  |

***OATH OR AFFIRMATION OF APPLICANT***

I HEREBY SWEAR OR AFFIRM:

* That all statements made and information provided in or with this application are true, correct and complete.
* That I am the person named in the credentials herewith presented and that I am the original and lawful possessor of such documents.
* That the photograph submitted to LSBME is a true likeness of me and that it was taken within the last 60 days.
* That in consideration of the issuance to me of a license/certificate to practice in Louisiana, I swear that I shall observe, abide by and uphold the laws of the State of Louisiana governing my practice and that I shall abstain from unethical, deceptive and fraudulent methods of practice and from immoral, unprofessional and unethical conduct, and that

 I shall not associate professionally with nor become a partner or employee of any person who resorts to such practices.

* I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of said license/certificate and surrender of the rights and privileges accorded me there under.
* I have not, prior to or during the pendency of an application to the board, been guilty of any act, omission, condition, or circumstance which would provide legal cause under R.S. 37:1285 for the suspension or revocation of license.
* I have not, prior to or in connection with his application, made any representation to the board, knowingly or unknowingly, which is in fact false or misleading as to a material fact or omits to state any fact or matter that is material to the application.
* I have not made any representation or failed to make a representation or engaged in any act or omission which is false, deceptive, fraudulent, or misleading in achieving or obtaining any of the qualifications for a license or permit required by this Chapter.

Category of licensure you are applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Full Name

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ year\_\_\_\_\_\_\_\_\_\_\_

(Notary Seal)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ My commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 NOTARY PUBLIC