FORM S
“Yes” Response to Questions in
Actions by Health Professional Licensing or Certification Authorities/
Disciplinary Action History Section

If your response to any of the questions in the Actions by Health Professional Licensing or Certification Authorities/Disciplinary Action History Section, was “Yes”:

1. Submit a statement below explaining the details. Use a separate form for each incident. Use additional paper if necessary. Each page must carry a signature and the date.
2. Have the appropriate authority send all records regarding its investigation, action or pending action directly to the Board’s offices.

Applicant’s Signature ______________________ Date ______________________

Printed name ________________________________________