

FORM W
“Yes” Response to Questions 19-20
Mental and Physical Health Section

If your response to any part of Questions 19 or 20 was “Yes”, use the following instructions to submit a statement explaining the details. Use additional paper as necessary. Each page must carry a signature and the date.

Statement Details: Your statement should include but not be limited to the following components:

- Diagnosis.
- Prognosis and treatment plan.
- Current status
- List of medications taken within the past 5 years relative to your response.
- Name, address, and telephone number of physicians who have provided treatment within the past 5 years.
- The manner in which the condition(s) impaired your behavior, judgment, understanding, capacity to recognize reality, ability to function in school, work, or other important life activities, or, impairs your ability to safely and competently practice medicine.
- Restrictions or conditions, if any, that have been imposed upon your practice by any licensing agency or health care facility due to such condition(s).
- How you intend to accommodate such condition(s) in your medical practice.

Required Records - All records are to be submitted directly from the originating source to the Board’s offices. Have each facility, physician, psychologist, sponsor, or other persons or entities that have been involved in the diagnosis or treatment of your disorder, condition, or addiction submit documents. Documentation should include but not be limited to:

- Inpatient records
- Outpatient records
- Treatment records
- Personal physician records
- Counseling records

For Alcohol/Chemical Substance Dependency:

1. Personal Statement: Your statement should also include, but is not limited to, the following components:

- Substance of choice.
- How the substance was obtained.
- Dates of use.
- Sobriety date.
- Reasons for use
- Current status.

2. Required Records - All records are to be submitted directly from the originating source to the board’s offices. Supply any records relative to treatment for alcohol/ chemical substance abuse, including, but not limited to:

- Contracts with impaired support groups.
- Records on file with law enforcement agencies and licensing agencies
- Letters of compliance.
- Substance screening records (urine, hair and blood screens).
- AA/NA attendance records.

Note on Mental, Physical, Neurological Conditions:

The Board understands that mental health counseling or treatment is a normal part of many person's lives and such counseling or treatment does not of itself disqualify an applicant from the practice of medicine. Furthermore, the board does not wish to pry into the private affairs of applicants. However, the board is obligated to determine whether an

Applicant’s Signature

Date

Printed name

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applicant is physically or mentally fit to practice medicine and, therefore, must inquire into such matters to the extent necessary to make such determination.

If you answered "Yes" to Question 20, - explain how the limitations caused by your mental health condition or substance abuse problem are reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program.

Applicant's Signature

Date

Printed name