



Wake Forest Baptist Medical Center
Department of Radiology
Breast Imaging Section
Medical Center Boulevard
Winston-Salem, North Carolina 27157-1088

Breast Imaging Fellowship Form

Full Name

Date of Birth

States in which you have a full active medical license

	Yes	No
1. Has your license to practice medicine in any jurisdiction every been limited, suspended, or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been refused membership in a hospital staff?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your request for any specific clinical privileges ever been denied or granted with stated Limitations?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have your privileges at any institution ever been limited, restricted, or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your narcotics registration ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action, in any medical organization?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been diagnosed with or do you have a medical condition that limits or impairs your ability to practice medicine?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you engaged in use of any chemical substance(s) that in any way interfered with your Abilities to practice medicine?	<input type="checkbox"/>	<input type="checkbox"/>