I have been provided with a copy of Hawaii Revised Statutes, § 453-8 concerning physician licensure. I understand that my admission to, or continuation in, the _______________________ Residency/Fellowship Training Program requires that I be eligible for either temporary and/or permanent licensure by the Hawaii State Board of Medical Examiners.

I further understand that I may be denied a license, or any license granted may be revoked, limited or suspended by the Board if I have committed any conduct or act prohibited by HRS 453-8. Any such action regarding my license or application therefore may result in ineligibility for admission into, or continuation in, a residency/fellowship program in the State of Hawaii.

Accordingly, I have reviewed the conduct specified in HRS 453-8 and attest under penalty of perjury that my answers indicated by my initials in each “Yes” or “No” block below are truthful:

Yes____ No____ (1) Procured, or aided or abetted in procuring, a criminal abortion;
Yes____ No____ (2) Employed any person to solicit patients for one’s self;
Yes____ No____ (3) Engaged in false, fraudulent, or deceptive advertising, including, but not limited to:
(A) Making excessive claims of expertise in one or more medical specialty fields;
(B) Assuring a permanent cure for an incurable disease; or
(C) Making any untruthful and improbable statement in advertising one’s medical or surgical practice or business;
Yes____ No____ (4) Been habituated to the excessive use of drugs or alcohol; or been addicted to, dependent on, or a habitual user of a narcotic, barbiturate, amphetamine, hallucinogen, or other drug having similar effects;
Yes____ No____ (5) Engaged in the practice of medicine while the ability to practice is impaired by alcohol, drugs, physical disability, or mental instability;
Yes____ No____ (6) Procured a license through fraud, misrepresentation, or decei or knowingly permitted an unlicensed person to perform activities requiring a license;
Yes____ No____ (7) Engaged in professional misconduct, hazardous negligence causing bodily injury to another, or manifest incapacity in the practice of medicine or surgery;
Yes____ No____ (8) Displayed incompetence or multiple instances of negligence, including, but not limited to, the consistent use of medical service which is inappropriate or unnecessary;
Yes____ No____ (9) Engaged in conduct or practice contrary to recognized standards of ethics of the medical profession as adopted by the Hawaii Medical Association or the American Medical Association;
Yes____ No____ (10) Committed a violation of the conditions or limitations upon which a limited or temporary license is issued;
Yes____ No____ (11) Been subjected to revocation, suspension, or other disciplinary action by another state or federal agency of a license, certificate, or medical privilege for reasons as provided in this section;
Yes____ No____ (12) Been convicted, whether by nolo contendere or otherwise, of a penal offense substantially related to the qualifications, functions, or duties of a physician, notwithstanding any statutory provision to the contrary;
Yes____ No____ (13) Committed a violation of chapter 329, the uniform controlled substance act, or any rule adopted thereunder;
Yes____ No____ (14) Failed to report to the board, in writing, any disciplinary decision issued against me in another jurisdiction within thirty days after the disciplinary decision is issued; or
Yes____ No____ (15) Submitted to or filed with the board any notice, statement, or other document required under this chapter, which is false or untrue or contains any material misstatement or omission of fact.

DATE        NAME  
03/12/03
NOTE: TO BE COMPLETED BY ALL INCOMING RESIDENTS/FELLOWS PRIOR TO EXECUTION OF FIRST HRP APPOINTMENT AGREEMENT. NOT REQUIRED FOR REAPPOINTED HRP RESIDENTS/FELLOWS.

HAWAII RESIDENCY PROGRAMS, INC.

ADDITIONAL PRE-EMPLOYMENT BACKGROUND DISCLOSURES

I understand that in order to be accepted as a resident or fellow in the _____________ Residency/Fellowship Program and receive an Appointment to residency/fellowship training, I have been required, and will be required, to provide background information concerning my previous education, employment, and training. If I am thereafter accepted and offered an Appointment to residency/fellowship training, I will be required as a part of that Agreement to sign Exhibit D, a sample of which is attached to this disclosure. Understanding this requirement, I attest under penalty of perjury that the following information is true, correct, and complete:

1. Have you ever applied for a temporary or permanent medical license in any other state or country?
   - Yes ____ No ____
     (a) If “yes” in what state or country?
     - Yes ____ No ____
     (b) Was a license granted?
        - Yes ____ No ____
     (c) Was a license ever denied, suspended or revoked?
        - Yes ____ No ____

2. Do you now hold a valid license to practice medicine in any other state or country?
   - Yes ____ No ____

3. Have you participated in any residency/fellowship training programs other than those sponsored by Hawaii Residency Programs, Inc.?
   - Yes ____ No ____
     (a) If “yes” please provide:
        Name of program(s):
        Dates of training:
        Was Certificate of Completion received?
        - Yes ____ No ____
        If Certificate of Completion was not received, please state reason:
Was there any interruption in your previous residency/fellowship training exceeding 30 days, either while in training or after leaving said training program?

Yes ___  No ______

(b) Have you ever been advised, either orally or in writing, that you were being considered for probation?

Yes ____  No _____

(c) Have you ever been advised, either orally or in writing, that you were being placed on probation?

Yes ____  No _____

(d) If you answered “yes” to either of the 2 questions above, state the reason provided to you for being considered for or placed on probation:

(e) Have you ever been advised, either orally or in writing, that you were being considered for non-renewal of your resident/fellowship training appointment or employment agreement?

Yes ____  No _____

(f) Have you ever been advised, either orally or in writing, that you would not receive a renewal of your resident/fellowship training appointment or employment agreement?

Yes ____  No _____

(g) If you answered “yes” to either of the 2 questions above, please state the reason provided to you for being considered for non-renewal or for not being reappointed to residency/fellowship training:

4. To your knowledge, have you ever been the subject of a medical malpractice claim, either in a lawsuit or in a claim before any state or federal agency?

Yes ____  No _____

(a) If you answered “yes” to the above question, please provide information about the general nature of the claim, the status of the claim, where it is pending, whether it has been resolved, and if so, the resolution:

I declare under penalty of perjury that the above information is true, accurate, and complete to the best of my information and belief.

______________________________________________
Date  Signature  03/12/03
EXHIBIT D

HAWAII RESIDENCY PROGRAMS, INC.
CERTIFICATION OF ACCURACY OF INFORMATION PROVIDED
AND
ACKNOWLEDGMENT OF THE RIGHT OF HRP TO RESCIND THIS CONTRACT

1. I hereby certify all information provided by me in my employment application documents and interviews, and all other information, certifications, and representations provided by me in the course of applying for employment at Hawaii Residency Programs, Inc. is truthful and accurate. I understand that if any information provided by me in employment application documents and interviews, or any other information, certifications, and representations provided by me in the course of applying for employment at Hawaii Residency Programs, Inc. is found to be false, untruthful, misleading, or materially incomplete, that such will be cause for immediate rejection of my application for employment.

2. I further understand that if I am hired as a resident of Hawaii Residency Programs, Inc. and at any time thereafter it is discovered that any information provided by me in my employment application documents and interviews, or any other information, certifications, and representations provided by me in the course of applying for employment at Hawaii Residency Programs, Inc. is found to be false, untruthful, misleading, or materially incomplete, I will be subject to immediate termination from employment and cancellation of this contract.

____________________________________ ______ __________________________
HAWAII RESIDENCY PROGRAMS, INC. RESIDENT

____________________________________ ______ __________________________
DATE DATE