

5. Since the issuance of your license being renewed, have any of your professional licenses been the subject of a disciplinary proceeding, settlement agreement or consent decree undertaken or issued by any professional licensing authority in any jurisdiction? Yes____ No____

6. Since the issuance of your license being renewed, has any disciplinary action been taken against you by any hospital or other health care facility, or international, national, state or local professional association?
Yes____ No____

7. Since the issuance of your license being renewed, has any malpractice claim or a malpractice law suit been brought against you?
Yes____ No____

8. Since the issuance of your license being renewed, has certification by NCCAOM or ACNO been suspended or revoked?
Yes____ No____

9. Since the issuance of your license being renewed, have you been convicted of a felony or a misdemeanor? Yes____
No____

The information provided on both parts of the renewal application form and the documentation provided to support the renewal application are true, accurate, complete and unaltered. I acknowledge that, pursuant to RSA 641:3, the knowing making of a false statement on the renewal application form is punishable as a misdemeanor.

Signature of Applicant

Date

