

**Use this form to make the required written explanation concerning any affirmative responses to personal history questions. Use reverse side to provide required addresses. Make additional copies of this form if necessary. PRINT LEGIBLY OR TYPE YOUR RESPONSE. Refer to the instructions you received with the application which show the specific information needed, such as circumstances, results, etc., concerning each affirmative response. See separate form for response to the malpractice question.**

**Signature:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

Use this form to list the full names, mailing addresses, phone numbers, specific dates, etc., for any person, hospital, facility, etc., related to your affirmative responses to the personal history questions.

Question # \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone number \_\_\_\_\_ Dates \_\_\_\_\_  
Area code \_\_\_\_\_

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