STANFORD HOSPITAL AND CLINICS
HOUSE STAFF INFORMATION FORM

Name: _____
Last First Middle

Stanford Program_____

Social Security No._____

Permanent Email Address_____

Telephone No._____ (Please Circle: Cell/Home)

In Emergency Notify_____ Relationship_____

Telephone No._____

Medical School_____ Graduation Date: _____
(Month/Year)
California Medical License No._____ Expiration Date: _____
(If Applicable)

Training History:

Specialty Training Site Name & Location

PGY I_____Dates_____

PGY II_____Dates_____

PGY III_____Dates_____

PGY IV_____Dates_____

PGY V_____Dates_____

PGY VI _____Dates_____

PGY VII _____Dates_____

Birth Date: _____ Birth Place: _____

Gender: _____ Ethnicity: _____

Citizen of: _____ If not a U.S. citizen, Visa Status: _____

Marital Status: _____ Military/Veteran: _____

House Staff Information Form Page Two

Name: _____
Last First Middle

Have you ever been convicted or pled no contest to a felony?
Yes_____ No_____ If yes, please explain on a separate sheet of paper.

Have you ever been convicted or pled no contest to a misdemeanor involving financial, moral impropriety, the use of illicit substances or driving under the influence of alcohol?
Yes_____ No_____ If yes, please explain on a separate sheet of paper.

Have you ever been placed on academic probation or been required to complete an academic remediation plan?
Yes_____ No_____ If yes, please explain on a separate sheet of paper.

Have you ever been placed on administrative leave for poor performance or misconduct?
Yes_____ No_____ If yes, please explain on a separate sheet of paper.

Have you ever had your license to practice medicine suspended or revoked?
Yes_____ No_____ If yes, please explain on a separate sheet of paper.

Have you ever had your hospital privileges restricted, suspended or revoked?
Yes_____ No_____ If yes, please explain on a separate sheet of paper.

Signature: _____ Date: _____