



4. **DEA:** Has your DEA Number ever been suspended, revoked, subjected to probation, placed on conditional status or limited?  YES  NO
5. **Criminal Offenses:** Have you ever been convicted of a felony or involved in charges relating to moral or ethical turpitude?  YES  NO
- a. Have you ever been named as a defendant in any criminal proceeding?  YES  NO
6. **Disciplinary Actions:** Have you ever been the subject of disciplinary proceedings by any professional association or organization (e.g. state licensing board, medical school, state, hospital, etc.)?  YES  NO
- a. Have you ever been the subject of disciplinary proceedings or investigations at any hospital or healthcare facility?  YES  NO
7. **Malpractice Action:** Have you ever been named or have any malpractice action(s) been brought or settled against you in the last 5 years?  YES  NO
- a. To your knowledge, is any malpractice action currently pending against you?  YES  NO

I hereby attest that all the information in this application is warranted to be true, correct and complete.

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please select specialty for Fellowship.

**Trauma**

Claude Sagi, M.D.

**Foot & Ankle**

Arthur Walling, M.D.

**Spine**

Antonio Castellvi, M.D.

**Adult Reconstruction**

Kenneth Gustke, M.D.

Thomas Bernasek, M.D.

George Haidukewych, M.D.

Steven Lyons, M.D.

**Sports Medicine**

Adam Morse, D.O.

Seth Gasser, M.D.

**Shoulder & Elbow**

Mark Frankle, M.D.

Mark Mighell, M.D.

Please send application, CV, 5-year premium history and three letters of recommendation to the attention of:

Dawne Philip  
Florida Orthopaedic Institute  
4 Columbia Drive, Suite 710  
Tampa, Florida 33606