

Post Graduate Fellowship in Oncology Nursing Supplementary Information

Complete and submit in the **DISCOVER** system.

_____ use(d) the following names: _____
(Name of applicant) (Former names/ Assumed name)

Do you have a DEA registration? YES NO *If yes, provide information below:*

DEA registration number _____ Expiration Date _____

How did you hear about the MD Anderson APRN fellowship program? *Please check all that apply.*

Academic institution/University Friend/Professional colleague Internet search engine

MD Anderson Cancer Center Post Graduate Fellowship website

MD Anderson Cancer Center employee. Name of employee: _____

Professional society/conference. Name of conference/organization: _____

Other: _____

Licensure Issues and Disciplinary Action

A. Has your license to practice as an RN or Advanced Practice Registered Nurse in the US ever been denied, limited, suspended, revoked, or not renewed?

YES NO *If yes, please provide an explanation below.*

B. Have any disciplinary actions been initiated or are there any pending actions against you by any State Licensure Board?

YES NO *If yes, please provide an explanation below.*

C. Has your federal/state-controlled substances or narcotics registration ever been limited, revoked, suspended or not renewed, voluntarily or involuntarily, and is such registration subject to any pending challenge?

YES NO *If yes, please provide an explanation below.*

Signature: _____ Date: _____