ADDENDUM TO APPLICATION

Name of Applicant: _______________________________________________

If you have answered YES to question 10a of the application, please complete the following questions:

1. Please list the institution(s) and indicate the hours you practice at each:

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Number of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Please describe the nature of work done at each facility:

________________________________________________________________
________________________________________________________________
________________________________________________________________

3. Are you doing in-patient work? ____Yes ____No
   If yes, are you treating your own patients or the facility’s patients? __________
   If they are the facility’s patients and they are assigned to you, are you the only treating psychiatrist while they are at the facility? ____Yes ____No
   If no, please explain. _____________________________________________
   ________________________________________________________________

Please note: If the facility covers you for your work, it will be excluded from coverage. If you are not covered by the facility, it is possible that a debit may be applied to cover you for the additional exposure you have. This would apply especially in the case where you are not the only treating psychiatrist for the patients to whom you are assigned.

DAR-ADDENDUM