Renewal Questionnaire

1. Since your last renewal, have there been any changes in your practice? ◯ Yes ◯ No

2. (a) Since your last renewal, have you or anyone you are legally responsible for: (1) had a claim made against them; (2) been named in a licensing board complaint; (3) been found guilty of an ethics violation or professional misconduct; (4) been convicted of a crime? ◯ Yes ◯ No

   (b) Are you aware of any circumstances, not previously reported to APA or Darwin that may lead to a claim or board complaint being filed/made against you or anyone you are legally responsible for? ◯ Yes ◯ No

3. Is any person insured in this renewal, including yourself, engaged in any sexual misconduct with any current or former patient or any current or former patient's family member? (Sexual misconduct means any actual or alleged erotic physical contact or attempt, threat or proposal thereof.) ◯ Yes ◯ No

4. Are you currently practicing in more than one state or county? ◯ Yes ◯ No

   If Yes, please list the state(s) and county you are practicing in:

COUNTY	STATE	% OF PRACTICE

Signature_____ Date_____

Email Form **Print Form**

Save form first on your computer before emailing.