

Are you at the present time known by any other name? If so, what name? NO

Have you been licensed under another name(s)? If so, what name(s)?
NO

Have you been denied a license/registration by a medical licensing board? Yes ___ No X

Has a medical licensing board started disciplinary action against your license/registration? Yes ___ No X

Have you been charged with violation of a federal, state or local statute (except minor traffic citations)? Yes ___ No X

Have you had disciplinary action started against you by a hospital staff, a state or county medical society, HMO, PPO, IPA or PRO? Yes ___ No X

Have you had a malpractice settlement or judgment against you? Yes ___ No X

Do you have any malpractice or medically related claims or lawsuits pending against you? Yes X No ___

Have you had, during the past five years, personal or legal problems with narcotics, alcohol or other dangerous drugs? (If you are now participating in a Board-Approved treatment program, you may answer no.)
[REDACTED]

Do you currently have a physical or psychological impairment that, in any way, affects your ability to safely practice medicine?
[REDACTED]

I verify that all the above information is true and accurate.

Stephan Ball 4-3-96
Signature of Licensee/Registrant Date