

Application Summary

8/15/18 7:20 AM

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Application Detail

License Type:	Medical Doctor
Application:	Medical Doctor: Initial International Graduate Application
Application Date:	08/15/2018 (mm/dd/yyyy)

Application Questions

Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice?	No
At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances?	No
Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not consume alcohol and/or do not engage in the illegal use of illicit or controlled substances?	No
Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature?	No
Have you ever held or applied for a license, privilege, registration or certificate to practice medicine in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	No
Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?	No

Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action? **No**

Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended? **No**

Have you ever been rejected or censured by a professional association or society? **No**

In relation to the performance of your professional services in any profession: Have you ever had a final judgment rendered against you? **No**

In relation to the performance of your professional services in any profession: Have you ever entered into any settlement of any legal action? **No**

In relation to the performance of your professional services in any profession: Are there any legal actions pending against you or to which you are a party? **No**

Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction? **No**

My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state)? **No**

Personal Detail

First Name: **Axel**

Middle Name: **Franz Kurt**

Last Name: **Grothey**

Professional Qualifier: **MD**

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