

Print Full Legal Name:			
Last 4 of Social Security Number: XXX-XX			
Applying for a license to practice:			

2. List in chronological order all professional practices since graduation, including internships, residencies, hospital affiliations and absences from work. **PLEASE ACCOUNT FOR ALL TIME.** If engaged in private practice, list all hospital affiliations. If none, please explain.

<u>From</u>	<u>To</u>	Name and Address of Setting/Organization	Position Held	
	Work Number	Home Number	Email Address	
Signature: Date:				