

Applicant Name: _____
Last First Middle Suffix

Signature of Applicant _____ Date _____

Chronology of Activities: Please provide a chronological listing of **all medical and non-medical employment** for the past ten (10) years. Use an additional page to account for non-professional activities and any other gaps in time between professional experiences, including military duty.

10. Chronology of Activities

Dates: From/To	Practice/Employment
1. From: To:	<p>Practice/Employment Name _____</p> <p>Practice/Employment Address _____ City _____ State _____ Zip Code _____ Country _____</p> <p>Position & Department: _____ % Clinical _____ % Administrative _____</p> <p><input type="checkbox"/>Employment <input type="checkbox"/>Staff Privileges <input type="checkbox"/>Affiliation <input type="checkbox"/>Other _____</p>
2. From: To:	<p>Practice/Employment Name _____</p> <p>Practice/Employment Address _____ City _____ State _____ Zip Code _____ Country _____</p> <p>Position & Department: _____ % Clinical _____ % Administrative _____</p> <p><input type="checkbox"/>Employment <input type="checkbox"/>Staff Privileges <input type="checkbox"/>Affiliation <input type="checkbox"/>Other _____</p>
3. From: To:	<p>Practice/Employment Name _____</p> <p>Practice/Employment Address _____ City _____ State _____ Zip Code _____ Country _____</p> <p>Position & Department: _____ % Clinical _____ % Administrative _____</p> <p><input type="checkbox"/>Employment <input type="checkbox"/>Staff Privileges <input type="checkbox"/>Affiliation <input type="checkbox"/>Other _____</p>
4. From: To:	<p>Practice/Employment Name _____</p> <p>Practice/Employment Address _____ City _____ State _____ Zip Code _____ Country _____</p> <p>Position & Department: _____ % Clinical _____ % Administrative _____</p> <p><input type="checkbox"/>Employment <input type="checkbox"/>Staff Privileges <input type="checkbox"/>Affiliation <input type="checkbox"/>Other _____</p>
5. From: To:	<p>Practice/Employment Name _____</p> <p>Practice/Employment Address _____ City _____ State _____ Zip Code _____ Country _____</p> <p>Position & Department: _____ % Clinical _____ % Administrative _____</p> <p><input type="checkbox"/>Employment <input type="checkbox"/>Staff Privileges <input type="checkbox"/>Affiliation <input type="checkbox"/>Other _____</p>