



**FORM B (SUPPLEMENT TO APPLICATION):
SUPPLEMENTAL QUESTIONNAIRE FOR OBSTETRICS & GYNECOLOGY**

1. In the last 10 years, have you limited your practice to Gynecology only? **Yes** **No**

If YES, on what date did you limit your practice to Gynecology only: ____/____/____

2. In the last 10 years, have you employ(ed) or supervise(ed) any nurse midwives? **Yes** **No**

3. In the last 10 years, have you performed abortions? **Yes** **No**

If YES, how many have you performed per year for the past 5 years? _____

4. In the last 10 years, have you delivered or participated in the delivery of a child who was diagnosed as having any kind of brain damage or hypoxic event? **Yes** **No**

5. In the last 10 years, have you delivered or participated in the delivery of a child who was diagnosed as having seizures in the first 72 hours of the child's life? **Yes** **No**

6. In the last 10 years, have you delivered or participated in the delivery of a child where the parents complained of the baby having shoulder dystocia or brachial plexus injury? **Yes** **No**

7. In the last 10 years, have you delivered or participated in the delivery of a child where the mother died within 72 hours of delivery? **Yes** **No**

8. Have you delivered any babies in the last 5 years that have died during or shortly after birth? **Yes** **No**

9. Have you reported any and all sub-optimal results or outcomes to your current or prior carriers? **Yes** **No**

If you answered yes to any of these questions numbered 4-9, above, please complete Form A and report these incidents immediately to your current or prior carrier.

Signature _____ Date ____/____/____