

**PROFESSIONAL QUALIFICATIONS
MEDICAL/PEER REVIEWERS**

OMB No. 0720-0005
OMB approval expires

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1. PHYSICIAN/REVIEWER'S NAME

2. YEAR OF BIRTH

3. ADDRESS

4. MEDICAL INFORMATION

a. STATE

b. YEAR OF DEGREE

c. SCHOOL

d. YEAR OF LICENSE

e. AMERICAN SPECIALTY BOARDS

D R A F T

f. SPECIALTIES

g. TYPE OF PRACTICE

h. NATIONAL SCIENTIFIC MEDICAL SOCIETIES

5. PROFESSIONAL APPOINTMENTS

a. STATE

b. SCHOOL

c. TITLE AND CURRENT STATUS

d. OTHER INFORMATION

D R A F T

6. SOURCES OF INFORMATION (Professional Listing)

a. NAME OF DIRECTORY

b. YEAR

c. EDITION

d. PAGE

e. OTHER SOURCES