

# Medical Program - Background Check Questionnaire

(Alternative to Criminal Record Check)

For Medical Professionals and Medical Students

Purpose: This questionnaire serves as an alternative to submitting a criminal background check for medical program participation.

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Contact: \_\_\_\_\_

Current Position/Status: \_\_\_\_\_

Institution/University: \_\_\_\_\_

## BACKGROUND CHECK QUESTIONS

1. Have you ever been convicted of any criminal offense?  Yes  No
2. Have you been subject to professional disciplinary action?  Yes  No
3. Do you have medical conditions affecting your ability to participate?  Yes  No
4. Have you had restrictions placed on your professional practice?  Yes  No
5. Are you currently involved in any legal proceedings?  Yes  No

## DECLARATION

I declare that the information provided above is true and accurate to the best of my knowledge.

I understand that providing false information may result in the termination of my participation in the program.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Certification of Criminal Record Clearance

I have conducted a direct interview with the applicant for this program (the signatory above) regarding the presence or absence of a criminal record.

Signature:



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