

Colorado Division of Professions and Occupations
Office of Licensing—Medical
 1560 Broadway, Suite 1350
 Denver, CO 80202
 Phone: (303) 894-7800 / Fax: (303) 894-7693
www.dora.colorado.gov/professions

REPORT OF PRACTICE HISTORY
 (See instructions on following page)

	Dates of Practice		Facility Name	Address (Street & Number, City, State, ZIP)	Reference (Name and Title)	Nature of Practice
	From mm/yyyy	To mm/yyyy				
1	6/23/2015	6/30/2018	University of Colorado Anschutz Medical Center	12631 East 17th Avenue, B177 Aurora, CO 80045	Geoffrey Connors, M.D. Program Director, Internal Medicine Residency Training Program	Internal Medicine Residency
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Supplying false information in an application for a license is punishable by law.

I state under penalty of perjury in the second degree, as defined in Colorado Revised Statutes 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license.

Applicant Signature

Applicant Last Name (print)

Date

10/2012