

**Ending Medical Censorship: A Make Americans Free Again (MAFA) Initiative
Practitioner Registration Form**

Name _____

Address _____

City State Zip _____

Phone (_____) _____ email address _____

Are you licensed? If yes, please answer the following questions:

States in which you hold a license _____

Occupations for which you are licensed _____

Have you ever been investigated by a state licensure board or had your license suspended? ____
yes ____ no

if yes, are you willing to be interviewed re this experience? ____ yes ____ no

If you are unlicensed, please answer the following questions

Modalities you practice _____

Have you ever been investigated by a state licensure board? ____ yes ____ no

if yes, are you willing to be interviewed re this experience? ____ yes ____ no

Any other disciplinary actions, lawsuits, employer terminations, etc. to report?

I am currently a member of MAFA. If not, please enter my info in your data base _____ (initial here)

Enclosed or below is my contribution to the MAFA Healthcare Legal Defense Fund. I acknowledge the following: MAFA reserves the right to determine, in its sole and absolute discretion, which case defenses it will fund and which legal counsel will receive MAFA funding to represent targeted practitioners. A contribution to the Fund does not guarantee to the contributor that MAFA will fund the contributor's defense or preferred legal counsel. The Fund will invest in defending licensed practitioners against the following: investigation, licensure suspension or revocation, or other discipline due to issues related to free speech, patient choice, informed medical decision-making and baseless accusations.

The Fund will invest in defending unlicensed practitioners accused of unlicensed practice as long as they do not engage in the following: surgery, x-ray radiation, administering or dispensing legend drugs and controlled substances, practices that invade the human body by puncture of the skin, setting fractures, the use of medical devices as defined by state law, any practice included in the practice of dentistry as defined in state law, or the manipulation or adjustment of articulations of joints or the spine.

All contributions are non-refundable.

This Fund is not an insurance policy and is not a substitute for malpractice insurance. Practitioners asking for assistance are required to provide information about their malpractice coverage to MAFA and to exhaust coverage offered by such insurance first before requesting MAFA funding. MAFA has no obligation to fund attorneys selected by practitioners, malpractice or other insurance carriers, which it has not authorized or approved. Acceptance of cases will be determined, in part, based on the date practitioners contribute. Practitioners must be members of MAFA in order to access benefits.

Annual Contribution to the MAFA Healthcare Legal Defense Fund: \$100

**Payment method: ____ check enclosed (checks payable to The Wellness Forum Foundation) OR
Credit Card # _____ exp date _____
code (3 digits on the back of some; 4 digits for AMEX) _____**

Signature _____

questions? email pamopper@msn.com or call 614 841 7700 email your completed application or mail to:
510 East Wilson Bridge Road Suite G Worthington Ohio 43085