

20-44-2. Term of permit.

STATEMENT OF HOSPITAL

I _____ acting in behalf of the

_____ name of hospital

certify to the identity of the signer of the above application and that Dr. _____
_____ for the applicant herein, has been appointed an intern or
resident) in this hospital for the period _____ to _____
(if a resident, state to which service the applicant is appointed. _____).

Signed _____

Official title _____

Date _____

20-44-2. Term of permit.

Permits shall be for the term of one year from date of issuance and may be renewed at the board's discretion for an additional year in the original or another hospital in Connecticut upon reapplication by the physician.

20-44-3. Cancellation or revocation.

Permits shall be subject to cancellation or revocation (a) if the physician holding the permit is separated from the hospital where he is serving for any cause; (b) if in the opinion of the hospital he is not competent because of lack of education and training; (c) if the physician is guilty of unprofessional conduct or misconduct.