

Please answer **Yes** or **No** to the questions, sign BY HAND and date at the bottom:

YES	NO	
		1. Are you legally authorized to work in the United States?
		2. Have you ever withdrawn your application for a medical position at any facility?
		3. Have you ever withdrawn your request for clinical privileges at any facility?
		4. Have you ever been bonded?
		5. Have you ever or are you currently the subject of an investigation by any private, state or federal health insurance program or state licensing board?
		6. Have you ever or are you currently under investigation by any state licensing board or federal agency?
		7. Have you ever or are you currently the subject of any adverse action reports to a state or federal databank?
		8. In the past 10 years, has your liability insurance ever been canceled or denied?
		9. Do you have any malpractice lawsuits against you in the last 10 years?
		10. Have you had any claim settlements not involving litigation or arbitration by you or on your behalf in the last 10 years?
		11. Are you currently a defendant in a pending malpractice suit?
		12. Have you been dishonorably discharged from the military?
		13. Have any of the following ever been or are currently being denied, revoked or not renewed, suspended, restricted, placed on probation or placed under other disciplinary action, either voluntarily or involuntarily in this or any other state: <ul style="list-style-type: none"> <li>a. Medical or professional license</li> <li>b. DEA or CDS/BNDD registration</li> <li>c. Hospital medical staff membership</li> <li>d. Clinical privileges or other hospital rights</li> <li>e. Employment by an institution or hospital</li> <li>f. Professional society memberships</li> <li>g. Participation in any private state or federal health insurance programs</li> <li>h. Participation in an HMO, PPO or any other managed care program</li> <li>i. Board certification</li> </ul>

\*\*\*\*If you answer yes to questions 2-13, please create a separate document, reference those specific questions, provide an explanation for the answer, and attach it with your completed questionnaire. Answering "yes" to any of the questions regarding criminal history will not constitute an automatic bar to employment. Factors such as date of the offense, nature of the violation and rehabilitation will be taken into account.

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

Printed Name: \_\_\_\_\_

By signing above, I agree that the information contained above and on any additional attached documents is accurate and complete.