**PROFESSIONAL PRACTICE QUESTIONS**

Please answer the following Yes or No questions. Note that “N/A” is not an acceptable response except for question #16. **If you answer YES to any question, you must give details including name, address, and telephone number of significant parties on a separate sheet of paper. You must respond to each question.**

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| 1. Has your professional liability coverage ever been terminated by action of the insurance company (except as a result of the company ceasing to offer insurance coverage to physicians or other practitioners)? | [ ]  Yes | [ ]  No |
| 2. Have you ever been denied professional liability insurance coverage? | [ ]  Yes | [ ]  No |
| 3. Has your professional liability carrier ever excluded any specific procedures from your coverage? | [ ]  Yes | [ ]  No |
| 4. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization? | [ ]  Yes | [ ]  No |
| 5. Have you ever had any sanctions imposed by Medicare and/or Medicaid? | [ ]  Yes | [ ]  No |
| 6. Have you ever been convicted of a misdemeanor or felony (excluding minor traffic violations) in the United States or any crime in another country? | [ ]  Yes | [ ]  No |
| 7. Have you ever been arrested, indicted, charged, or been a defendant in a trial, regardless of the outcome, of any crime involving:* Intoxication
* Illegal use, possession or distribution of an illegal substance
* Trafficking of DEA Schedule II drugs
* Sexual offenses
* Domestic violence; or
* Harm to a minor
 | [ ]  Yes | [ ]  No |
| 8. Have you ever been subject to investigation by a governmental entity or licensing board that could have resulted, or did result, in licensure sanctions or other adverse actions, irrespective of the outcome? | [ ]  Yes | [ ]  No |
| 9. Has your application for licensure or license to practice in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered, or denied?  | [ ]  Yes | [ ]  No |
| 10. Are any currently held licenses pending investigation or being challenged? | [ ]  Yes | [ ]  No |
| 11. Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature? | [ ]  Yes | [ ]  No |
| 12. Have you ever been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings)? | [ ]  Yes | [ ]  No |
| 13. Have your privileges at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked or not renewed, except for medical records delinquency? | [ ]  Yes | [ ]  No |
| 14. Have you ever agreed not to exercise your clinical privileges while under investigation? | [ ]  Yes | [ ]  No |
| 15. Have you ever resigned from a healthcare entity while under investigation for or to avoid modification, suspension, or termination of privileges? | [ ]  Yes | [ ]  No |
| 16. Has your federal or state narcotics registration certificate in any jurisdiction ever been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or surrendered, or is it currently being challenged? | [ ]  Yes | [ ]  No[ ]  N/A |
| 17. Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please list on a separate sheet of paper for each case:1. Name, age, sex of patient/claimant.
2. Date(s) and type of treatment and/or surgery that led to the allegations against you.
3. Nature of allegations in claims/suits. Specify whether a suit was ever filed.
4. Names of other practitioners and hospital, if any, involved in claims or suit.
5. Disposition or current status of claim or suit (be specific).
6. Name of insurance carrier defending you.
7. Name of defense attorney.
 | [ ]  Yes | [ ]  No |
| 18. Do you know of any reason why you cannot perform the essential duties of the clinical privileges/functions which you are requesting, with or without a reasonable accommodation according to acceptable standards of professional performance and without posing a direct threat to patients? | [ ]  Yes | [ ]  No |
| 19. Do you use illegal drugs or have you illegally used drugs in the past five years? | [ ]  Yes | [ ]  No |
| 20. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, prescription medication or alcohol? | [ ]  Yes | [ ]  No |
| 21. Have you ever, for any reason:a. Resigned from or withdrawn from a medical or professional school or postgraduate training program?b. Been suspended, dismissed, or expelled from a medical or professional school or postgraduate training program?c. Been placed on probation or remediation, including academic probation or remediation, by a medical or professional school or postgraduate training program?d. Taken a leave of absence or break from, or had any interruptions or extensions in, a medical or professional school or postgraduate training program for any reason, personal or professional (including illness or disability, pregnancy or maternity, any academic issues, or other similar reasons)? | [ ]  Yes[ ]  Yes[ ]  Yes[ ]  Yes | [ ]  No[ ]  No[ ]  No[ ]  No |

**Please fax or e-mail this completed form to:**

Hospital Services Corporation

Credentials Verification Services

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