

XII. Attestation Questions

This section to be completed by the Practitioner. Modification to the wording or format of these Attestation Questions will invalidate the Application..

Please answer the following questions “yes” or “no”. If your answer to any of the following questions is “yes”, please provide details and reasons including dates, as specified in each question, on an Explanation Form and attach to the Application.

For the purpose of the following questions, the term “adverse action” means a voluntary or involuntary termination, loss of, reduction, withdrawal, limitation, restriction, suspension, revocation, denial, surrender, resign, relinquish, reprimand, censure, sanction, subject to probation, placed under special or intensified review, withdrawn or failed to proceed with an application, denied or recommended for denial, any such action pending or in progress, or non-renewal of membership, clinical privileges, academic affiliation or appointment or employment. “Adverse action” also means, with respect to professional licensure registration or certification, any previously successful or currently pending challenges to such licensure, registration or certification including any voluntary or involuntary restriction, suspension, revocation, denial, surrender, non-renewal, admonishment, public or private reprimand, probation, consent order, reduction, withdrawal, limitation, relinquishment, or failure to proceed with an application for such licensure, registration or certification.

A. To your knowledge, have you ever been the subject of an adverse action (or is an investigation or adverse action currently pending) by:	
1. a hospital or other healthcare facility (e.g., surgical center, nursing home, renal dialysis facility, etc.)?	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No
2. an education facility or program (e.g., dental or other health care professional school, residency, internship, etc.)?	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No
3. a professional organization or society?	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No
4. a professional licensing body (in any jurisdiction for any profession)?	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No
5. a private, federal, or state agency regarding your participation in a third party payment program (Medicare, Medicaid, Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), Preferred Hospital Organization (PHO), Provider-Sponsored Health Care Corporations (PSHCC), network, system, managed care organization, etc.)?	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No
6. a state or federal agency (DEA, etc.) regarding your prescription of controlled substances?	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No
B. To your knowledge, have you ever been the subject of any report(s) to a state or federal data bank or state licensing or disciplining entity?	
	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No

XII. Attestation Questions - continued

<p>C. Have you ever voluntarily or involuntarily resigned, terminated or surrendered medical staff privileges or employment from a hospital, group practice or other health care facility or medical staff to avoid disciplinary action or investigation or while under investigation, or is such an investigation pending?</p> <p><input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No</p>
<p>D. Have you ever been suspended, fined, disciplined, investigated, expelled, sanctioned or otherwise restricted or excluded from participating in any private, federal or state health insurance program (for example, Medicare or Medicaid) or are any such proceedings in progress?</p> <p><input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No</p>
<p>E. Has any professional review organization under contract with Medicare or Medicaid ever made an adverse quality determination concerning your treatment rendered to any patient or are any such proceedings in progress?</p> <p><input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No</p>
<p>F. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony or misdemeanor that is reasonably related to your qualifications, competence, functions, or duties as a health care professional or are you currently under indictment or currently have pending against you any such charges?</p> <p><input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No</p>
<p>G. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony or misdemeanor that alleged fraud, an act of violence, child abuse, or a sexual offense or sexual misconduct or are you currently under indictment or currently have pending against you any such charges?</p> <p><input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No</p>
<p>H. In the last ten years, have you been found liable or responsible for or named in any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a health care professional or that alleged fraud, an act of violence, child abuse, or a sexual offense or sexual misconduct?</p> <p><input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No</p>
<p>I. Have you ever been court-martialed for actions related to your duties as a health care professional?</p> <p><input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No</p>