

XII. ATTESTATION QUESTIONS

Please answer the following questions "yes" or "no." If your answer to question A through K is "yes," or if your answer to L is "no," please provide full details on a separate sheet.

A. Has your license to practice medicine in any jurisdiction, your Drug enforcement Administration (DEA) registration or any applicable narcotic registration in any jurisdiction ever been denied, limited, restricted, suspended, revoked, not renewed, or subject to probationary conditions, or have you voluntarily or involuntarily relinquished any such license or registration or voluntarily or involuntarily accepted any such actions or conditions, or have you been fined or received a letter of reprimand or is such action pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Have you ever been charged, suspended, fined, disciplined, or otherwise sanctioned, subjected to probationary conditions, restricted or excluded, or have you voluntarily or involuntarily relinquished eligibility to provide services or accepted conditions on your eligibility to provide services, for reasons relating to possible incompetence or improper professional conduct, or breach of contract or program conditions, by Medicare, Medicaid, or any public program, or is any such action pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Have you ever been denied, for possible incompetence or improper professional conduct, or breach of contract, clinical privileges, membership, contractual participation or employment by any medical organization (e.g., hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), private payer (including those that contract with public programs), medical society, professional association, medical school faculty position or other health delivery entity or system) or have your clinical privileges, membership, contractual participation or employment at any such organization ever been suspended, restricted, reduced, subject to probationary conditions, revoked or not renewed, or is any such action pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Have you ever surrendered, allowed to expire, voluntarily or involuntarily withdrawn a request for membership or clinical privileges, terminated contractual participation or employment, or resigned from any medical organization (e.g., hospital medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), medical society, professional association, medical school faculty position or other health delivery entity or system) while under investigation for possible incompetence or improper professional conduct, or breach of contract, or in return for such an investigation not being conducted, or is any such action pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E. Have you ever surrendered, voluntarily withdrawn, or been requested or compelled to relinquish your status as a student in good standing in any internship, residency, fellowship, preceptorship, or other clinical education program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F. Has your membership or fellowship in any local, county, state, regional, national, or international professional organization ever been revoked, denied, reduced, limited, subject to probationary conditions, or not renewed, or is any such action pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G. Have you ever been denied certification/recertification by a specialty board, or has your eligibility, certification or recertification status changed (other than changing from eligible to certified)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
H. Have you ever been convicted of any crime (other than a minor traffic violation)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I. Do you presently use any drugs illegally?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
J. Have any judgments been entered against you, or settlements been agreed to by you within the last seven (7) years, in professional liability cases, or are there any filed and served professional liability lawsuits/arbitrations against you pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
K. Has your professional liability insurance ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance, or has any professional liability carrier provided you with written notice of any intent to deny, cancel, not renew, or limit your professional liability insurance or its coverage of any procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
L. Are you able to perform all the services required by your agreement with, or the professional staff bylaws, or the Healthcare Organization to which you are applying, with or without reasonable accommodation, according to accepted standards of professional performance and without posing a direct threat to the safety of patients?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I hereby affirm that the information submitted in this Section XVI, Attestation Questions, and any addenda thereto is true, current, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material, omission or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement.

Print Name Here: _____

Physician Signature _____ Date _____
 (Stamped Signature Is Not Acceptable)

Physician Name: _____.