Attestations

If you answer "Yes" to any of the following questions, please attach a complete written explanation. If you have been named in a malpractice action, please include a <u>complete copy</u> of the original complaint and the order of settlement.

	Yes	No
1. Have you ever been named in a malpractice action?	☐	☐
2. Have you ever had any professional liability cases pending, any settlements made, or any judgments entered against you?	☐	☐
3. Have you ever been denied malpractice insurance coverage by any carrier as a result of previous malpractice liability experience?	☐	☐
4. Has your license or certification to practice in any jurisdiction ever been denied, limited, restricted, revoked, suspended, voluntarily relinquished, terminated, subjected to disciplinary action, nor renewed or otherwise acted upon in an adverse manner?	☐	☐
5. Have you ever been suspended, fined, disciplined, or otherwise sanctioned or excluded from receiving payment under Medicaid or MediCare?	☐	☐
6. Have you ever been subjected to disciplinary action by any medical organization, public agency, MCO, HMO or other provider network or organization?	☐	☐
7. Has any hospital or facility ever dismissed you from its staff?	☐	☐
8. Have you ever been convicted of a criminal offense other than a minor traffic violation?	☐	☐
9. Are you presently using illegal drugs?	☐	☐
10. Do you have an impairment which, even with reasonable accommodation, would interfere with your ability to provide professional services?	☐	☐

PRACTIONER NAME: _____

PRACTITIONER SIGNATURE: _____

DATE: _____