

**ADDITIONAL QUESTIONS FOR CREDENTIALING OF
INTERNS AND RESIDENTS**

- 1) Has your application to practice in any jurisdiction ever been denied? If yes, please state details on a separate sheet. Yes No
- 2) Has your license to practice in any jurisdiction ever been suspended, revoked, not renewed, or voluntarily or involuntarily limited? If yes, please state details on a separate sheet. Yes No
- 3) Has your staff membership status or privileges at any hospital or other health care institution ever been revoked, suspended, reduced, not renewed, or otherwise involuntarily suspended? If yes, please state details on a separate sheet. Yes No
- 4) Have you ever made a request or application for a change in clinical privileges at any hospital or other health care institution that was denied? If yes, please state details on a separate sheet. Yes No
- 5) Have you ever been denied membership or renewal thereof, or been subject to disciplinary proceedings (including suspension or revocation of membership) in any medical or professional organization? If yes, please state details on a separate sheet. Yes No
- 6) Have you ever had any voluntary changes to staff membership, privileges, or licensure in any jurisdiction? If yes, please state details on a separate sheet. Yes No
- 7) Have you ever had a federal narcotics number or a state license registration to prescribe or dispense any class of drug denied, not renewed, suspended, revoked, or otherwise voluntarily or involuntarily terminated? If yes, please state details on a separate sheet. Yes No
- 8) Have you had or do you have an active medical, mental health, or chemical dependency problem which would adversely affect your ability to deliver optimal care to patients? If so, please explain. Yes No
- 9) Have you ever been convicted of a felony or a crime, or named as a defendant, related to or growing out of your practice? If yes, please state details on a separate sheet. Yes No
- 10) Have you ever had or do you currently have a malpractice case or judgment against you? If yes, please state details on a separate sheet and include date, name, court in which filed. Yes No
- 11) Have you ever been convicted under federal or state law, or named as a defendant, of a criminal offense consisting of a felony or misdemeanor relating to fraud, theft, embezzlement, breach of fiduciary responsibility or other financial misconduct, or in any way related to Medicare, Medicaid or any other federal or state health care program? If yes, please state details on a separate sheet. Yes No

12) Have you ever been convicted under federal or state law, or named as a defendant, of a criminal offense consisting of a felony or misdemeanor relating to neglect or abuse of patients? If yes, please state details on a separate sheet. Yes No

13) Have you ever been convicted of a criminal offense under federal or state law, or named as a defendant, consisting of a felony or misdemeanor relating to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance? If yes, please state details on a separate sheet. Yes No

14) Have you ever been temporarily or permanently excluded from participation in Medicare, Medicaid or any other federal or state health care program, at any administrative level? Yes No

If you have ever been temporarily or permanently excluded from participation in Medicare, Medicaid or any other federal or state health care program, at any administrative level, please describe on a separate sheet of paper the date(s) of exclusion, the reason(s) for exclusion, and your current status, including actions leading to reinstatement and the date(s) or anticipated date(s) of reinstatement.

15) Have you ever been temporarily or permanently ineligible for reimbursement from Blue Cross, Blue Shield or any other program of third party reimbursement? Yes No

If you have been temporarily or permanently ineligible for reimbursement from Blue Cross, Blue Shield or any other program of third party reimbursement, please describe on a separate sheet of paper the date(s) you became ineligible for reimbursement, the reason(s) for exclusion from Blue Cross, Blue Shield or any other program of third party reimbursement, and your current status, including actions leading to reinstatement, the date(s) or anticipated date(s) of reinstatement.

16) Have you ever been an officer or director of, or employed by, a hospital, corporation, professional corporation, limited liability company, partnership or joint venture which has been temporarily or permanently excluded from participation in Medicare, Medicaid or any other federal or state health care program, or which has been temporarily or permanently ineligible for reimbursement from Blue Cross, Blue Shield or any other program of third party reimbursement? Yes No

If you answered yes to the above question, please describe on a separate sheet of paper the name of the hospital, corporation, professional corporation, limited liability company, partnership or joint venture, the date(s) you served as an officer or director, and/ or the date(s) of your employment, the date(s) of exclusion, your title, and a description of your duties and responsibilities.

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Signature of Applicant

Date