

Physician Qualification Form

Write **Yes** or **No** next to each question. Provide explanations for **Yes** answers in a separate document.

Has your medical license in any state ever been limited, denied, suspended, revoked, or surrendered, or have you ever received disciplinary actions of any kind on any license?

Have your privileges at any hospital ever been suspended, limited or revoked (even if they were subsequently reinstated)?

Have you ever been denied membership or renewal thereof or been subject to disciplinary action by any medical organization?

Have you ever been involved, directly or indirectly, in a claim, potential claim or suit arising out of the rendering or failing to render professional services (even if the suit was subsequently dropped or dismissed)?

Do you currently have any potential claims or suits, or are you aware of any claims or suits pending, rising from the rendering or failing to render of professional services?

Has your professional liability insurance ever been denied, canceled or renewal refused?

Has your DEA certificate ever been denied, canceled, or renewal refused?

Have you ever been charged with or convicted of a felony or a misdemeanor, pleaded “nolo contendere” or have you ever been placed on probation for any offense other than a traffic violation (including any charges that were dropped or reduced)?

Have you ever been the subject of an investigation by any private, federal, or state agency concerning your participation in any private, federal or state health insurance program?

Have you ever been suspended, sanctioned, or otherwise restricted from participating in any private, federal, or state health insurance program?

Have you ever been addicted to a controlled substance that has affected your ability to perform the duties of a physician?

I certify that this information is true and complete to the best of my knowledge.

Print Name (Provider)

Signature (Provider)

Date