

## 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, arising 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

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