PROFESSIONAL QUESTIONS AND ATTESTATION

FOR EACH "YES" RESPONSE, PLEASE INCLUDE A DETAILED EXPLANATION WITH THIS FORM. IF QUESTION IS "NOT APPLICABLE," PLEASE MARK "NO" FOR EACH RESPONSE.

	Yes	No
1. In the last five (5) years, have you had any gaps of six (6) months or greater, where you did not work as a practitioner in this current discipline? If "YES," please explain the reason(s) for any gap(s) on a separate page. Please mark "NO" if any gaps occur between education and first employment.	☐	☐
2. Has your license(s) to practice in any jurisdiction(s), whether completed or still pending, ever been denied, limited, suspended, revoked, not renewed; or have you ever been placed under probation, subjected to disciplinary action or have you voluntarily relinquished any item in anticipation of any of these actions?	☐	☐
3. Has your professional liability insurance ever been denied, suspended, revoked, canceled, or not renewed?	☐	☐
4. Have any of your DEA or State Drug Certificate registrations ever been denied, suspended, canceled or subjected to any disciplinary action?	☐	☐
5. Has your status as a provider, or membership with any professional organization, ever been denied, suspended, disciplined, canceled, sanctioned; or are you currently under investigation by any municipal, state, federal or any other governmental agency, HMO, PPO or other prepaid health plan? (e.g. Medicare, Medi-Cal, Medicaid).	☐	☐
6. Are your privileges or memberships at any hospital or institution (Military service) currently under investigation or have they ever been denied, suspended, reduced, disciplined, or not renewed?	☐	☐
7. Are you prevented from performing any procedures within the scope of privileges and duties as a healthcare provider?	☐	☐
8. Do you currently, or did you in the last five years, engage in the unlawful use of drugs, including the improper use of prescription drugs?	☐	☐
9. Do you have any felony or misdemeanor charges pending against you, other than a traffic violation, or have you ever been convicted or pleaded "nolo contendere" to a felony?	☐	☐
10. Have you been involved, within the last ten (10) years, or are you currently involved in ANY claims/lawsuits, settlements, or judgments (other than divorce or custody)? If yes, please provide detailed information on a separate sheet of paper including: docket # of the case, location of the court, the names of the party plaintiff(s) and defendant(s), description and date(s)of the incident(s), your involvement, current disposition, and the amount of settlement.	☐	☐
11. Are you currently practicing WITHOUT, or with an EXPIRED, Professional Liability/Malpractice Insurance?	☐	☐

I authorize VerifPoint/CreDENTALs to consult with professional liability carriers, and other persons or entities to obtain information concerning my professional qualifications, including competence, ethics and other qualifications. I, the undersigned, hereby certify that the information requested by VerifPoint/CreDENTALs is truthful, correct and complete in all respects, and I further understand that the intentional submission of false or misleading information or the withholding of relevant information is grounds for ***termination*** as a participating provider with the affiliated organization contracted with VerifPoint/CreDENTALs. The undersigned hereby agrees to notify Verifpoint/CreDENTALs of any changes in the above information.

Practitioner's Signature: _____

(no signature stamps)

Sign Date: _____

Print Name: _____

License State: _____ **License #:** _____

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Remit To: PPO USA Network PO Box 6707 Lee's Summit MO 64064-6707 Phone: 800-821-4991 Fax: 816-257-4433

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