

Authorization and Release

I hereby authorize you and your agents to consult with any representative(s) of the medical/professional or administrative staff of any health care organizations with which I have or have had employment, practice, association or privileges, and any other organizations (including without limitation state licensing boards and other sources of information) or individuals who have information bearing on my credentials, competence, professional performance, clinical skills, judgement, character, and ethical qualifications, and to inspect such records which shall be material to the evaluation of my professional qualifications and competence to carry out the privileges I am requesting, as well as to my moral and ethical qualifications.*

- Yes
- No

I hereby authorize any health care organizations with which I have or have had employment, practice, association or privileges, and any other organizations (including without limitation state licensing boards and the National Practitioner Data Bank) or individuals who have information bearing on my credentials, competence, professional performance, clinical skills, judgement, character and ethical qualification to provide and/or release information (both written and oral) to you and your agents bearing on my credentials, competence, professional performance, clinical skills, judgement, character and ethical qualifications.

Such information includes but is not limited to information regarding any and all malpractice actions, pending or final disciplinary actions and alterations in privileges, and any information with respect to whether I am able to perform the essential functions of the position for which I have applied or the privileges I have requested with or without reasonable accommodation, according to accepted standards of professional practice and without posing a direct threat to patients or staff (including without limitation information regarding any impairment due to the use of drugs or alcohol).*

- Yes
- No

I authorize and request my medical malpractice liability insurance carrier to release information to you and your agents regarding any claims or actions for damages pending or closed, whether or not there has been a final disposition.*

- Yes
- No

I hereby release from liability any and all individuals and organizations that provide information to you and your agents for the purpose of verifying my background, experience, qualifications and credentials. I also hereby release from liability you and your agents for their acts performed in good faith and without malice in connections with the evaluation of my professional skills competence, character credentials and qualifications and the exchange of information with respect to my professional skills, competence, character, credentials and qualifications.*

- Yes
- No

I agree that a photocopy of this Authorization and Release statement will be as valid as the original, and that this Authorization and Release Statement will remain valid unless revoked by me in writing, or the date on which you and your agents next conduct recredentialing.*

- Yes
- No

Signature with Date* _____

Print full name* _____

Disclosure

If you answer YES to any of the following questions, please provide:

- (1) a detailed explanation of your involvement,
- (2) the date the action was initiated,
- (3) the current status, including any final outcome,
- (4) amount of judgement/settlement or adverse decision, and
- (5) a copy of any court order, consent order and findings, settlement agreement or other documentation regarding the current status for each matter. If a matter is pending, include a letter from your attorney providing detailed information regarding current status of the matter and any related documentation (e.g., indictment, statement of charges, Summons & Complaint, answer...).

1. **Have you ever been convicted of a misdemeanor related to your professional functions?***

Yes No

2. **Have you ever been charged or convicted of a felony in any state?***

Yes No

3. **Have you ever been investigated by any professional or licensure board, professional association, private payor, state or federal regulatory agency, or other authority?***

Yes No

4. **Has your clinical license, certification, DEA, CDS, or ability to practice in any jurisdiction ever been stipulated, denied, restricted, suspended, reduced, revoked, not renewed, placed on probation, or otherwise limited in any way by a licensing agency or other regulatory bodies?***

Yes No

5. **Have you ever voluntarily relinquished your professional license, certification or other authority to practice for any reason, including as an alternative to disciplinary action?***

Yes No

6. **Are you aware of any formal disciplinary or criminal charges pending against you?***

Yes No

7. **Are you aware of any complaints against you filled with any licensing, certification, or other regulatory body?***

Yes No

7a. **Has it ever been determined that you have operated outside the recognized boundaries of your professional competencies?***

Yes No

- 7b. Has your employment, hospital privileges, managed care organization or EAP participation, or other privileges or participation status ever been denied, restricted, suspended, reduced, revoked, not renewed, placed on probation or otherwise limited in any way?***
- Yes No
- 8. Have you ever been involuntarily terminated from professional employment or a hospital staff, or, terminated by a managed care organization, EAP or any other organization that granted you privileges or participation status?***
- Yes No
- 9. Have you ever resigned with knowledge of an investigation about you by a professional employer, hospital staff, managed care organization, EAP or any other organization that granted you privileges or participation status?***
- Yes No
- 10. Are you aware of any disciplinary actions that have been initiated against you by a professional employer, hospital staff, managed care organization, EAP or any other organization that granted you privileges or participation status?***
- Yes No
- 11. Are you aware of any complaints against you filed with a professional employer, hospital staff, managed care organization, EAP or any other organization that granted you privileges or participation status?***
- Yes No
- 12. Has a professional liability carrier ever denied, limited, not renewed or cancelled your coverage?***
- Yes No
- 13. Are you now or have you ever been sanctioned or excluded from federal, state or local government programs?***
- Yes No

14. Have any malpractice suites, professional liability suits, arbitration or other proceedings ever been instituted against you?*

- Yes No

Ability to Perform Essential Job Functions

Are you able to perform the essential functions of a practitioner in your area of practice?*

- Yes
 No

Do you require accommodations in order to perform these functions?*

- Yes
 No

Are you currently engaged in the illegal use or abuse of drugs or controlled substances?*

- Yes
 No

Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients?*

- Yes
 No