



Privacy Act Information The information requested is solicited under Title 38, United States Code, Chapters 73 and 74. The information requested is collected primarily to determine your qualifications and suitability for employment. If you are employed by the VA, the information will be used to make pay and benefit determinations and, as necessary, in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. Information may be released without your prior consent where authorized by Title 38, U.S.C., and the Privacy Act of 1974 (5 U.S.C. 552a) or where required by other statute outside the VA to another Federal, State or local agency, to the National Practitioner Data Bank which is administered by the Department of Health and Human Services, to State licensing boards, the American Medical Association, Federation of State Medical Boards, and/or appropriate professional organizations or agencies to assist the VA in determining your suitability for hiring and for employment, to periodically verify, evaluate and update your clinical privileges and licensure status, to report apparent or potential violations of law, to provide statistical data upon proper request, or to provide information to a Congressional office in response to an inquiry made at your request. Such information may also be released without your prior consent to Federal agencies, State licensing boards, the Federation of State Medical Boards, or similar boards or entities, in connection with the VA's reporting of information concerning your separation or resignation as a professional staff member under circumstances which raise serious concerns about your professional competence. Information concerning payments related to malpractice claims and adverse actions which affect clinical privileges also may be released to State licensing boards and the National Practitioner Data Bank. The information you supply may be verified through a computer matching program at any time.

IDENTIFYING DATA

|                        |                                    |
|------------------------|------------------------------------|
| TYPE OF APPOINTMENT    | NAME (LAST, FIRST, MIDDLE INITIAL) |
| SOCIAL SECURITY NUMBER | SPECIALTY                          |

Have any of the following ever been, or are they in the process of being--either on a voluntary or involuntary basis--denied, revoked, suspended, reduced, limited, placed on probation, not renewed, withdrawn, or relinquished while under investigation or for disciplinary reasons? Each "yes" response requires a complete explanation.

- 1. Professional Registration / License in any State?  Yes  No
- 2. State Controlled Substance Registration?  Yes  No
- 3. Membership on any hospital, agency, insurance program, medical staff or as a participant in a research program been the subject of focused individual monitoring?  Yes  No
- 4. Participation in Medicare / Medicaid Program, or been convicted of and or investigated for making and or using false, fictitious, or fraudulent statements, representations, writings or documents, regarding a material fact in connection with the delivery of, or payment for health care benefits, items or services that would be in violation of the Criminal False Claims Act?  Yes  No
- 5. Other Health Care Organizations (PPO, MCO, etc)?  Yes  No
- 6. Clinical Privileges?  Yes  No

7. Federal DEA Registration?  Yes  No
8. Board Certification?  Yes  No
9. ECFMG Certification?  Yes  No
10. Professional Society Membership?  Yes  No
11. Has your faculty membership in any professional school been removed or subject to disciplinary action?  Yes  No
12. Have you ever been convicted of a felony?  Yes  No
13. Have you ever been involved in administrative, or judicial proceedings in which professional malpractice on your part has been alleged?  Yes  No
14. Have you ever had any problems with your health status which might interfere with your ability to perform the procedures and essential function of the position for which you have applied, with or without reasonable accommodation, according to accepted standards of professional performance and without posing a direct threat to other staff and patients?  Yes  No
15. Within the last 5 years have you been discharged from any position for any reason?  Yes  No
16. Within the last 5 years have you resigned or retired from a position after being notified you would be disciplined or discharged, or after questions about your clinical competence was raised?  Yes  No

***All information and documentation submitted by me in this questionnaire is accurate, complete, and made in good faith, to the best of my knowledge.***

SIGNATURE

DATE

PRINTED NAME