

Clinical Practice Credentials

The following questions are relevant to “credentialing” physicians for the clinical practice privileges in hospitals, medical groups, and with health care plans. These or similar questions will be asked of all physicians by these institutions or agencies. Therefore, it is prudent to explore these issues in some manner in advance of offering faculty appointment.

If you answer ‘Yes’ to any of the questions below, please explain on another sheet of paper.

1. Has your medical/professional license/registration ever been suspended, limited, denied, terminated, canceled, investigated, disciplined, placed on probation or have you ever received or been asked to sign a letter of agreement or letter of concern? Yes No
2. Has your Drug Enforcement Administration (DEA), Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND) or other state narcotic certification ever been suspended, limited, denied, canceled, revoked, voluntarily or involuntarily surrendered or placed on probation? Yes No
3. Has any of your academic appointments, clinical employment, clinical privileges, professional liability insurance, participation on any health plans, professional societies or board certification ever been, or currently in process of being, either on a **voluntary** or **involuntary** basis, denied, revoked, relinquished, suspended, reduced, limited, placed on probation, not renewed, terminated or under investigation? Yes No
4. Have you ever been charged with or convicted of or pled guilty to a felony? Yes No
5. Have you ever voluntarily resigned or withdrawn an application from an organization to avoid an investigation? Yes No
6. Have you ever had a malpractice claim filed against you? If yes, how many? _____
Was there a judgment against you? Yes No
Are there any claims currently pending? **Please provide a brief description of each case including the status.** Yes No
7. Have you ever been reported to the National Practitioner Data Bank (NPDB) or Healthcare Integrity Protection Data Bank (HIPDB) for any reason? Yes No
8. Have you ever been excluded from participation in the Medicare program, Medicaid program, or any other federal or state program? Yes No
9. Have you been covered on a claims-made policy for professional liability insurance?
If yes, was a tail coverage policy purchased? Yes No
 Yes No
10. Have you been counseled or otherwise disciplined for alleged disruptive behavior or unprofessional conduct? Yes No
11. If applicable, current visa type: _____ status: _____. Yes No
12. Attached are the relevant portions of the application from the Oklahoma State Medical Licensure Board, hospital privileges, and OU Physicians (on behalf of third party payers). Please review the questions carefully. Affirmative answers to any of the questions may delay or prevent you from obtaining necessary licenses, credentialing, and hospital privileges. Based on your review of these applications, are you aware of any information that would delay or prevent you from securing licensing, credentialing, or privileging? See Attachment 1. Yes No
13. Are you aware of any information that could potentially adversely affect the safety and welfare of patients under your care? Yes No

If you answer yes to any of the questions above please explain on another sheet of paper.

Print Name
Pre-Credentialing Questionnaire Rev 08/2015

Signature

Date

**THIS DOCUMENT IS PROVIDED TO YOU FOR YOUR INFORMATION ONLY.
PLEASE DO NOT COMPLETE OR RETURN.**

Licensure Board, Medical Privileging and Payer Questions

1. Have you ever been arrested, charged with or convicted of a felony or misdemeanor? Yes No
2. Have you ever been convicted of, pled no lo contendere to, or pled guilty to any crime related to your professional practice? Yes No
3. Are you now or have you, within the past two years, been addicted to or used in excess any drug or chemical substance including alcohol? Yes No
4. Do you currently have or have you had within the past two years, any mental, emotional or nervous disorder or condition which could affect, or if untreated could affect your ability to practice competently? Yes No
5. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payer? Yes No
6. Have you ever been expelled, suspended, sanctioned, restricted or limited in your participation with Medicaid, Medicare, or any other federal or state programs? Yes No
7. Have you ever withdrawn your application for appointment, reappointment, and/or clinical privileges or resigned from the medical staff while under investigation, threat of investigation, or before a decision by a hospital/healthcare facility's governing board was rendered? Yes No
8. Have you ever had an application for initial appointment to a medical staff and/or clinical privileges denied by any hospital or other healthcare entity? Yes No
9. Have your clinical privileges or medical staff membership ever been voluntarily or involuntarily reduced, denied, limited, suspended, revoked, not renewed, subject to probationary conditions, refused, or have any such actions ever been recommended by a standing medical staff committee or governing board of any hospital or healthcare organization? Yes No
10. Have you ever been denied membership, had disciplinary action taken, or denied renewal by a state or county medical society, hospital, healthcare facility, or other medical organization? Yes No
11. Has your specialty board certification or eligibility ever been denied, revoked, relinquished, not renewed, suspended, or reduced or have proceedings towards any of those ends ever been instituted against you? Yes No
12. Have you ever entered into an agreement with a federal, state, or local jurisdictional body to avoid formal action? Yes No
13. Have you ever been the subject of disciplinary action by a hospital, clinic, residency program or professional school? Yes No
14. Have you ever been named as a defendant in a civil suit (including malpractice)? Yes No
15. Is there any pending or has there been any settled, filed or threatened professional liability litigation in which you are a party? Yes No
16. Have there been any final judgments or settlements of professional liability made against you? Yes No
17. Have you ever had professional liability insurance declined, canceled, rated up because of unusual risk, issued on special terms or renewal refused? Yes No
18. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? Yes No
19. Have any disciplinary actions been initiated or are any pending against you by any state licensure boards? Yes No
20. Have you been requested to appear before a licensing or disciplinary agency in relation to your professional conduct? Yes No
21. Has your license to practice in any jurisdiction, DEA or narcotic registration ever been denied, limited, suspended, revoked voluntarily or involuntarily surrendered or otherwise acted against, or is any such action currently pending? Yes No