

**Graduate Medical Education Questions to be Completed Upon Interview
At the Discretion of the Program Director**

The attached is to be completed at the time of interview by every applicant at the discretion of the program director. If a program decides to use this document, it should be given to all applicants.

If used, only rank those who have completed this document.

If used, send to the GME Office with other application materials upon acceptance to the program.

Copy the document on the next two pages double sided.



TO BE COMPLETED BY ALL RESIDENTS/FELLOWS APPLYING TO BECOME MEMBERS OF THE MEDICAL STAFF

If the answer to any of the questions below is “Yes,” provide a full explanation in the space provided at the end of this form.

1. Have you ever been reported to the National Practitioner Data Bank, Healthcare..... YES NO Integrity and/or Protection Data Bank?
2. Has your employment, medical staff appointment, panel participation, affiliation YES NO or clinical privileges ever been voluntarily or involuntarily suspended, diminished, revoked, refused or limited in any hospital, health care facility or managed care organization, IPA or PPO including to avoid disciplinary action for reasons related to professional competence or conduct?
3. Has your license to practice your profession in any jurisdiction every been limited, YES NO restricted, suspended, revoked, denied or subject to probationary conditions?
4. Have you ever voluntarily or involuntarily relinquished your license to practice..... YES NO your profession in any state?
5. Have you ever been suspended, sanctioned or otherwise restricted from participating..... YES NO in any private, federal or state health insurance program (including Medicare, Medicaid or a managed care organization)?
6. Has your narcotics registration certificate ever been voluntarily or involuntarily YES NO limited, restricted, denied renewal, suspended or revoked?
7. Have you ever been denied membership, membership renewal or been subject YES NO to any professional review, censure or reprimand in any medical organization or professional society – local, state or national?
8. Have you ever been subject to disciplinary action by a state agency or YES NO professional body (i.e., Medical Society, IPRO, OPMC)?
9. Has your specialty board certification or qualification ever been voluntarily or YES NO involuntarily denied, revoked, relinquished, not renewed, suspended or reduced?
10. Do you have any pending misconduct charges against you in this state or any other state?..... YES NO
11. Have you ever been convicted of a misdemeanor or felony in any jurisdiction? YES NO
12. Are you presently or have you ever been subject to any suspension, revocation, discontinuance, YES NO limitation, restriction, monitoring or probationary proceedings?
13. Have you ever been cited for violation of patient rights as set forth by the YES NO Federal Law and/or NYS Department of Health or any other state department of health?

14. Has your professional liability insurance coverage ever been surcharged, suspended YES NO
or terminated by action of any insurance company?
15. Has your professional liability insurance coverage ever been denied or not renewed..... YES NO
by action of any insurance company?
16. Has your present professional liability insurance carrier excluded any specific..... YES NO
procedures from your coverage? **If "Yes," list the procedure(s), the date(s) the exclusion(s)
commenced in the space below.**
17. Have any professional liability suits been filed against you which are currently pending..... YES NO
in this or any other state?
18. Have any professional liability judgments and/or settlements ever been made against..... YES NO
you or on your behalf?

If "Yes" to any of the above questions, please explain:

If "Yes," list the procedure(s) the date(s) the exclusion(s) commenced in the space below. (Question 16)

**Attestation: I hereby waive any confidentiality provision concerning the information provided in this application,
pursuant to New York State Public Health Law section 2805-k.**

1. I attest that the information provided is complete, true and accurate. TRUE FALSE
2. I agree to update this form while it is being processed, should there be any TRUE FALSE
change in the information provided.
3. I understand that any misrepresentation, misstatement or omission on this form TRUE FALSE
could result in revocation of any privileges/employment granted and subject to reporting
according to NYS regulations.
4. I am not currently using any illegal drug, nor have I during the past two years. TRUE FALSE

DATE: _____ APPLICANT SIGNATURE _____

APPLICANT PRINTED NAME _____