



## Disclosure Statement

**To be completed by the applicant, employee, intern, volunteer, contractor or BOD.**

**If you answer YES, please explain on a separate sheet of paper include your signature.**

### A. PROFESSIONAL SANCTIONS

1. Have you ever been, or are you now in the process of being denied, revoked, terminated, suspended, restricted, reduced, limited, sanctioned, placed on probation, monitored, or not renewed for any of the following? Or have you voluntarily or involuntarily relinquished, withdrawn, or failed to proceed with an application for any of the following in order to avoid an adverse action or to preclude an investigation or while under investigation relating to professional competence or conduct?

- a. License to practice any profession in any jurisdiction YES  NO
- b. Other professional registration or certification in any jurisdiction YES  NO
- c. Specialty or subspecialty board certification YES  NO
- d. Membership on any hospital medical staff YES  NO
- e. Clinical privileges at any facility, including hospitals, ambulatory surgical centers, skilled nursing facilities, etc. YES  NO
- f. Medicare, Medicaid, FDA, NIH (Office of Human Research Protection), governmental, national or international regulatory agency or any public program YES  NO
- g. Professional society membership or fellowship YES  NO
- h. Participation/membership in an HMO, PPO, IPS, PHO or other entity YES  NO
- i. Academic Appointment YES  NO
- j. Authority to prescribe controlled substances (DEA or other authority) YES  NO

2. Have you ever been subject to review, challenges, and/or disciplinary action, formal or informal, by an ethics committee, licensing board, medical disciplinary board, professional association or education/training institution? YES  NO

3. Have you been found by a state professional disciplinary board to have committed unprofessional conduct as defined in applicable state provisions? YES  NO

4. Have you ever been the subject of any reports to a state, federal, national data bank, or state licensing or disciplinary entity? YES  NO

### B. CRIMINAL HISTORY

1. Have you ever been charged with a criminal violation (felony or misdemeanor) resulting in either a plea bargain, conviction on the original or lesser charge, or payment of a fine, suspended sentence, community service or other obligation? YES  NO

a. Do you have notice of any such anticipated charges? YES  NO

b. Are you currently under governmental investigation? YES  NO

2. Have you had findings made against you in any civil adjudicative as defined in RCW 43.43.830 ? proceeding YES  NO



**C. LITIGATION AND MALPRACTICE COVERAGE HISTORY**

1. Have allegations or claims of professional negligence been made against you at any time, whether or not you were individually named in the claim or lawsuit? YES  NO

2. Have you or your insurance carrier(s) ever paid any money on your behalf to settle/resolve a professional malpractice claim (not necessarily a lawsuit) and/or to satisfy a judgment (court-ordered damage award) in a professional lawsuit? YES  NO

3. Are there any such claims being asserted against you now? YES  NO

4. Have you ever been denied professional liability coverage or has your coverage ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged)? YES  NO

Have you ever used or been known by any aliases and/or other names? YES  NO

(If your answer is yes, please list the names by printing below):

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I warrant that all the statements made on this form and on any attached information sheets are complete, accurate, and current. I understand that any material misstatements in, or omissions from, this statement constitute cause for denial of employment or cause for summary dismissal from the entity to which this statement has been submitted.

• Note: Discovery Behavioral Healthcare will confirm your answers to these questions by:

1. Running a Washington State Patrol check for criminal conviction;
2. Searching the Office of Inspector General Database for participants excluded from participating in Federal health care programs;
3. Searching the Washington Courts database for civil adjudications as listed below; and,
4. For licensed personnel, checking the Department of Health credentials database for disciplinary actions.

We will make a copy of the report available to you upon your request.

I attest, by signing below, that I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_