PracticeMatch
LEADS TO YOUR RESULTS

Candidate Name: _____

PRESENTATION QUESTIONS

Important: If you answered YES to any of the above questions, please provide detailed explanation on this form or attach appropriate copies.

Please answer YES or NO.

1) _____Has your medical license in any state ever been limited, denied, suspended, or revoked?

2) _____Have you ever voluntarily surrendered any license to practice medicine?

3) _____Have your privileges at any hospital ever been suspended, diminished or revoked?

4) _____Have you ever been denied membership or renewal thereof or been subject to disciplinary action by any medical organization?

5) _____Are you now or have you ever been involved, directly or indirectly, in a claim, potential claim or suit arising out of the rendering or failing to render professional services, or are you aware of any potential claims or suits? If Yes, please provide a written explanation.

6) _____Has your professional liability insurance ever been denied, canceled or renewal refused?

7) _____Has your DEA certificate ever been denied, canceled, or renewal refused?

8) _____Have you ever been convicted of a felony, pleaded "nolo contendre" or have you ever been placed on probation for any offense other that a traffic violation?

9) _____Have you ever been the subject of an investigation by any private, federal, or state agency concerning your participation in any private, federal, or state health insurance program?

10) _____Have you ever been suspended, sanctioned, or otherwise restricted from participating in any private, federal, or state health insurance program?

_____ _____

Printed Name Signature Date

PROFESSIONAL REFERENCE

For PracticeMatch, to obtain professional references, please complete the following with a list of contacts with whom you have directly worked. Thank you.

Reference #1:

Name:_____

Address:_____

Facility:_____

Home: (___)_____Fax: (___)_____E-mail:_____

Reference #2:

Name:_____

Address:_____

Facility:_____

Home: (___)_____Fax: (___)_____E-mail:_____

Reference #3:

Name:_____

Address:_____

Facility:_____

Home: (____)_____ Fax: (____)_____ E-mail:_____

Reference #4:

Name:_____

Address:_____

Facility:_____

Home: (____)_____ Fax: (____)_____ E-mail:_____

DISCLOSURE STATEMENT AND AUTHORIZATION TO

OBTAIN INFORMATION AND RECORDS-PROFESSIONAL SERVICES APPLICATION

By applying for placement through PRACTICEMATCH, (hereafter referred to as PM), I (may sometimes be referred to as applicant) hereby agree to be interviewed by members of PM staff and authorize PM and its agents and/or representatives to consult with and/or verify information (including obtaining all records concerning applicant) with administrators and members of medical staffs of any and all institutions, hospitals, clinics, medical groups or doctors with which I have been associated or worked with and with all other persons or entities, including past and present malpractice carriers, who may have information bearing on my professional competence, character, and ethical qualifications or any other information concerning me.

I hereby consent and give authority to representatives and/or agents of PM and all of its clients or customers, including clinics, hospitals, doctors or medical groups to obtain and review all records or other information that may be material to the evaluation of my professional qualifications and competence to carry out services for PM clients. Further, I consent to representatives and/or agents of PM and all of its clients or customers, including clinics, hospitals, doctors or medical groups to conduct a personal and professional background reference check including verification of licensing and certifications, verification of education and transcripts and DEA/state narcotics license(s)/certification(s) and all other records or information concerning me.

I hereby release PM and all of its agents and/or representatives from any liability from any and all of their activities conducted in connection with this authorization. Further, I hereby release from liability any and all individuals and organizations who provide information to PM or its representatives, in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for provision of services to PM clients, and I hereby consent to the release of any and all such information.

I FULLY UNDERSTAND THAT ANY MISSTATEMENT IN OR OMISSIONS CONTAINED IN MY APPLICATION, CONSTITUTES CAUSE FOR TERMINATION OF CONTRACT WITH WPS OR CAUSE FOR CANCELLATION OF PMLT CONTRACT ASSIGNMENT. ALL INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE TO MY BEST KNOWLEDGE AND BELIEF.

_____ _____

Printed Name Signature Date