



Carl M. Brashear - Radcliff Veterans Center Licensure History, Self-Attestation

I hereby authorize the *Carl M. Brashear Radcliff Veterans Center, 100 Veterans Drive, Radcliff, Kentucky 40160*, to make inquiries and consult with all persons, places of employment, education, malpractice carriers, State licensing boards, or other similar government and non-governmental entities who may have information bearing on my moral, ethical and professional qualifications and competence to carry out the scope of practice/privileges I have requested. I authorize release of such information and copies of related records and/or documents to these officials.

I authorize the *Carl M. Brashear Radcliff Veterans Center*, to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me sufficient to enable them to make such inquiries.

I release from liability all those who provide information to the *Carl M. Brashear Radcliff Veterans Center*, in good faith and without malice in response to such inquiries.

Signature

Date

Have any of the following ever been, or are they in the process of being; on a voluntary or involuntary basis-denied, revoked, suspended, reduced, limited, placed on probation, not renewed, withdrawn, or relinquished while under investigation or for disciplinary reasons?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.**
If additional space required for answer, attach separate sheet.

1. Professional Registration/License in any State?

Explanation:

Yes

No

2. State Controlled Substance Registration?

Explanation:

Yes

No

- | | | | |
|-----|---|-----|----|
| 3. | Membership on any hospital, agency, insurance program, medical staff or been the subject of focused individual monitoring?
Explanation: | Yes | No |
| 4. | Participation in Medicare/Medicaid Program, or been convicted of an or investigated for making and or using false, fictitious, or fraudulent statements, representations, writing or documents, regarding a material fact in connection with the delivery or, or payment for health care benefits, items or services that would be in violation of the Criminal False Claims Act?
Explanation: | Yes | No |
| 5. | Other Health Care Organizations (PPO, MCO, etc)?
Explanation: | Yes | No |
| 6. | Clinical Privileges?
Explanation: | Yes | No |
| 7. | Federal DEA Registration?
Explanation: | Yes | No |
| 8. | Board Certification?
Explanation: | Yes | No |
| 9. | ECFMG Certification?
Explanation: | Yes | No |
| 10. | Professional Society Membership?
Explanation: | Yes | No |

11. Has your faculty membership in any professional school been removed or subject to disciplinary action?
 Explanation: Yes No
12. Have you ever been convicted of a felony?
 Explanation: Yes No
13. Have you ever been involved in administration, or judicial proceedings in which professional malpractice on your part has been alleged?
 Explanation: Yes No
14. Have you ever had any problems with your health Status, that 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?
 Explanation: Yes No
15. Within the last 5 years have you been discharged from any position for any reason?
 Explanation: Yes No
16. Within the last 5 years have your resigned or retired from a position after being notified you would be disciplined or discharged, or after question about your clinical competence was raised?
 Explanation: 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

 Print name