

# Health Care for the Homeless Medical Staff Statement of Fitness

**If a YES answer is provided please attach an explanation.**

1. Has any professional, medical, or governmental agency (including Medicare or Medicaid) ever investigated, suspended, revoked or taken any other action against your narcotic License or your License to Practice?

YES

NO

If yes, explain

2. Have you ever had professional liability insurance refused, declined, cancelled, terminated, not renewed or accepted on special terms?

YES

NO

If yes, explain

3. Have you ever had privileges at any hospital or other institution reduced, revoked, restricted, or suspended?

YES

NO

If yes, explain

4. Do you have, or have had any physical condition, mental condition, or chemical dependency condition (alcohol or other substance dependency) that does or has interfered with your ability to practice medicine or perform appropriate clinical duties?

YES

NO

If yes, explain

5. Have you ever been convicted of a criminal offense?

YES

NO

If yes, explain

6. Have you ever been involved in Malpractice claims or suits leading to judgments?

YES

NO

If yes, explain

7. Do you currently have any Malpractice claims that are pending?

YES

NO

If yes, explain

8. Have you ever been refused participation, disciplined, or terminated from the network of a managed care organization?

YES

NO

If yes, explain

9. Do you or your family have ownership or investment or other business interests in any clinical laboratory, diagnostic or testing center, hospital, surgicenter, or other business dealing with the provision of ancillary health services?

YES

NO

If yes, explain

## ATTESTATION

All information submitted on this statement, dated \_\_\_\_\_ is true and complete to my best knowledge and belief. I also attest that I possess the ability to perform the essential functions of the position with or without accommodation.

I acknowledge that lack of completeness and accuracy of information on this application constitutes cause for denial of my application for membership or participation.

Signature \_\_\_\_\_  
(Signature stamps not accepted)

Name \_\_\_\_\_  
(Print)

Date \_\_\_\_\_