



Disciplinary Disclosure Statement

(To be completed by each therapist in an applicant agency)

Professional Liability Claims:

Have you ever been denied professional liability coverage? yes no

Has your professional liability coverage ever been terminated by action of the insurance company? yes no

Has your professional liability carrier excluded any specific procedures from your coverage or otherwise restricted your practice or coverage? yes no

***If you answered yes to any of the above, please provide a detailed explanation on a separate sheet.

Have there been, or are there currently pending, any malpractice claims, lawsuits, settlements or arbitration proceedings involving your professional practice? yes no

Have you been named as a defendant or accused of discrimination or harassment in any employment related complaint, administrative proceeding, or lawsuit? yes no

***If you answered yes to either of the above, please complete the Malpractice Questionnaire for each case. .

Disciplinary Actions:

Has your license to practice in any state been denied, limited, suspended, revoked, or been voluntarily or involuntarily surrendered, either as a result of an investigation of your activities or in settlement or compromise of such an investigation or because proceedings were threatened or initiated against you? yes no

Have you been denied membership or subject to any disciplinary action in any HMO, or other institutional healthcare provider, local, state or national professional society, or have any such proceedings to revoke, suspend, modify or restrict been instituted against you? yes no

Have you been suspended, sanctioned or otherwise restricted or denied from participating in any private, federal or state health insurance program (such as Medicaid, Medicare)? yes no

Have you 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? yes no

Have you been convicted of a crime, excluding minor traffic violations, whether or not a sentence was imposed? yes no

Have you been the subject of any professional misconduct proceedings (other than malpractice claims)? yes no

Has any disciplinary action been initiated or is any pending against you by any state licensure board? yes no

Has any request for corrective action or investigation (other than normal quality assurance reviews) involving your clinical practice, competence or professional conduct been initiated by any hospital, medical staff or other medical organization, or is any such action currently pending? yes no

***If you answered yes to any of the above, please provide a detailed explanation on a separate sheet.

Signature _____

Date _____