



PHYSICIAN CANDIDATE LIABILITY QUESTIONNAIRE

Candidate Name:D	epartment:
Emory seeks to determine very early in the recruitment process whether candidates have problems that could pose a barrier to state licensure, hospital credentialing, or acceptance by our payers. To aid in this process, we ask candidates to respond to the brief questionnaire below. Following a review of the responses, Emory may seek further information from the candidate. Please note that this screening tool does not replace requirements for a candidate to complete the standard Emory credentialing processes, standard employment application process, and other standard pre-employment processes.	
	No Yes
Are you currently a US citizen, permanent resident, or otherwise e on an ongoing, indefinite basis? (Note that employment-related vi valid only with respect to a designated employer.)	
Are you board certified in your primary specialty? - However, here the private of an investigation and the private of th	
 Have you been the subject of an investigation or adverse action by education program; professional or research organization or societ private, federal, or state agency or institution, regarding participati program (Medicare, Medicaid, HMO, PPO, PHO, PSHCC, MCO, an explanation. 	y; professional licensing body; or on in a third party payment network, or system)? If yes, attach
 Have you been the subject of an investigation or adverse action by 	
DEA) regarding your prescription of controlled substances? If yes	
 Have you been the subject of any report(s) to a state or federal data disciplining entity? If yes, attach an explanation. 	-
 Has your application for clinical privileges or medical staff privile any hospital or healthcare facility been denied in whole or in part? 	
Is any such action pending? If yes, attach an explanation.	
 Have you been convicted of or entered a plea for any criminal offee except driving under the influence of drugs or alcohol. If yes, attact 	h an explanation.
• Are criminal charges currently pending against you? If yes, attach	
 Are you currently using illegal drugs or legal drugs in an illegal m explanation. 	
 Are there any past or pending professional liability claims, suits, juproceedings against you? If yes, attach an explanation 	idgments, settlements or arbitration
 Are you aware of any formal demand for payment or similar claim submitted to your insurer by a patient or patient's representative, o proceeding? If yes, attach an explanation. 	
 Is there any other incident or matter that may give rise to a concern explanation. 	n? If yes, please attach an
ADDITIONAL QUESTIONS FOR ALL CANDIDATES OT LEAVING A TRAINING PROGRAM:	HER THAN THOSE
 Has your liability insurance coverage ever been terminated or not yes, attach an explanation. 	renewed by action of the insurer? If
 Have you ever been denied liability insurance coverage? If yes, at 	tach an explanation
I understand and agree that my signature on this Questionnaire certifies that my responses herein and any related information I provide are truthful, accurate, and complete. I further understand and agree that any false or incomplete response may disqualify me from consideration for employment with Emory or may subject me to adverse action, up to and including termination of employment or faculty appointment, when any such inaccuracy or incompleteness is discovered following employment.	
Candidate Signature:	Date: