



PHYSICIAN CANDIDATE LIABILITY QUESTIONNAIRE

Candidate Name: _____ Department: _____

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 eligible to work for Emory in the US on an ongoing, indefinite basis? (Note that employment-related visas are time-limited and may be valid only with respect to a designated employer.)		
▪ Are you board certified in your primary specialty?		
▪ Have you been the subject of an investigation or adverse action by: a hospital or healthcare facility; education program; professional or research organization or society; professional licensing body; or private, federal, or state agency or institution, regarding participation in a third party payment program (Medicare, Medicaid, HMO, PPO, PHO, PSHCC, MCO, network, or system)? If yes, attach an explanation.		
▪ Have you been the subject of an investigation or adverse action by a state or federal agency, (e.g., DEA) regarding your prescription of controlled substances? If yes, attach an explanation.		
▪ Have you been the subject of any report(s) to a state or federal data bank or state licensing or disciplining entity? If yes, attach an explanation.		
▪ Has your application for clinical privileges or medical staff privileges or change in staff category at any hospital or healthcare facility been denied in whole or in part? If yes, attach an explanation.		
▪ Is any such action pending? If yes, attach an explanation.		
▪ Have you been convicted of or entered a plea for any criminal offenses? Exclude traffic violations, except driving under the influence of drugs or alcohol. If yes, attach an explanation.		
▪ Are criminal charges currently pending against you? If yes, attach an explanation.		
▪ Are you currently using illegal drugs or legal drugs in an illegal manner? If yes, attach an explanation.		
▪ Are there any past or pending professional liability claims, suits, judgments, settlements or arbitration proceedings against you? If yes, attach an explanation..		
▪ Are you aware of any formal demand for payment or similar claim alleging professional liability submitted to your insurer by a patient or patient's representative, other than through a lawsuit or other proceeding? If yes, attach an explanation.		
▪ Is there any other incident or matter that may give rise to a concern? If yes, please attach an explanation.		
ADDITIONAL QUESTIONS FOR ALL CANDIDATES OTHER THAN THOSE LEAVING A TRAINING PROGRAM:		
▪ Has your liability insurance coverage ever been terminated or not renewed by action of the insurer? If yes, attach an explanation.		
▪ Have you ever been denied liability insurance coverage? If yes, attach 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: _____