CREDENTIALING ATTESTATION

Please review the items below and mark your responses. Explain any items answered with **“Yes”** on a separate page.

**Yes No**

|  |  |  |
| --- | --- | --- |
| **1.** Do you have any limitations or inabilities that would affect your ability to perform any of the position's essential functions (with or without accommodation)? |  |  |
| **2.** Has a licensing board or certifying entity in any state ever revoked, limited, restricted, suspended, placed on probation/conditional status, or taken other disciplinary action against you/your health care-related license/certification? |  |  |
| **3.** Have you ever voluntarily surrendered a health care-related professional license? |  |  |
| **4.** Has a health care-related professional society, hospital, or other facility ever denied, cancelled, or revoked your membership or privileges? |  |  |
| **5.** Do you currently have privileges\*\* in good standing at any hospitals/clinics? Please list the hospitals/clinics: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \*\*Privileges are granted to physicians based on their current medical credentials and previous performance. |  | N/A | Not in good standing |
| **6.** Have you ever been convicted of a felony?\*  **\*If you answered “Yes” you must complete the Attestation Addendum (page 2).** |  |  |
| **7a.** Have you ever been convicted of a misdemeanor involving fraud, theft, embezzlement, bread of fiduciary responsibility or other financial misconduct?\*  **7b.** Have you ever been convicted of a misdemeanor involving controlled substances?\*  **7c.** Have you ever been convicted of any offense involving obstruction of an investigation or audit?\*  **\*If you answered “Yes” to 7a, 7b or 7c, you must complete the Attestation Addendum (page 2).** |  |  |
| **8.** Do you presently engage in any illegal drug use? |  |  |
| **9.** Do you have any history of liability claims filed against you as a provider? |  |  |
| **10.** Are you aware of, have you been told or otherwise made aware of, any provider information entered in the National Practitioner Data Bank (NPDB)?  The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. |  |  |

I hereby attest that the above information is true, correct and complete to the best of my knowledge.

**Signature:**  **Date:**

**Printed Name:**

[Organization name] complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or any other protected class.

**BEHAVIORAL HEALTH CREDENTIALING ATTESTATION ADDENDUM 1**

1. **If you answered “Yes” to the BH Credentialing Attestation Form question(s): #6 and/or #7a, #7b or #7c (page 1), then review and select the applicable convictions (mark applicable check boxes below):**

**(a) Mandatory Exclusion**

(1) Conviction of Program-Related Crimes – Any conviction related to the delivery of an item or service under Medicare (Title XVIII), or under any State health care program.

(2) Conviction Relation to Patient Abuse – Any conviction relating to neglect or abuse of patients in connection with the delivery of a health care item or service.

(3) Felony Conviction Relating to Health Care Fraud – Any conviction after 1996, relating to: fraud, theft, embezzlement, breach of fiduciary responsibility or other financial misconduct.

(4) Felony Conviction Relating to Controlled Substance – Any conviction after 1996, involving the unlawful manufacture, distribution, prescription or dispensing of a controlled substance.

**(b) Permissive Exclusion**

(1) Conviction Relating to Fraud – of a criminal offense consisting of a misdemeanor relating to fraud, theft, embezzlement, breach of fiduciary responsibility or other financial misconduct.

(2) Conviction Relating to Obstruction of an Investigation or Audit.

(3) Misdemeanor Conviction Relating to a Controlled Substance.

**If any of the above boxes are selected, provide the following information on a separate page:** **1) The date of each conviction, 2) Type of each conviction and 3) Facts for the conduct involved for each conviction.**

1. **N/A - If none of the convictions described above apply, select not applicable.**

1 Source reference: *42 U.S. Code §1320a–7*: [Social Security Act §1128 (ssa.gov)](https://www.ssa.gov/OP_Home/ssact/title11/1128.htm)

PERMISSIVE EXCLUSION ATTESTATION

If a “Yes” was answered for a permissive exclusion on the credentialing attestation, please respond with the following information: **1)** The date of each conviction, **2)** Type of each conviction and **3)** Facts for the conduct involved for each conviction.

In accordance with 1128 (42 USC 1320a-7) and Section 1101(6), The Secretary of State could make the determination to change a permissive exclusion to a mandatory exclusion. If The Secretary of State makes this determination a notification will be issued to the individual.

I hereby attest that I will immediately notify BH Credentialing Manager at [BHQA@sonoma-county.org](mailto:BHQA@sonoma-county.org), if I am notified that I have been excluded from state health programs and/or Medicare.

**Signature:**  **\_\_\_\_\_\_\_\_\_\_**  **Date:**

**Printed Name: \_\_\_\_\_**