

Attachment A

****Name** _____

*Each individual who will provide **direct** services must answer the following questions. If any of the questions are answered “yes,” identify the individual involved and full information including dates, details, and results on a separate sheet and submit it with the application. Copy this page for each individual providing direct services, as necessary.*

Have you ever had:

	<u>YES</u>	<u>NO</u>	<u>Not applicable</u>
1. Membership on any hospital, medical or allied health provider staff revoked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provider status with any group or health maintenance organization revoked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical privileges revoked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Membership in a professional society or association revoked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Any other type of disciplinary action or professional sanction by a licensing body or professional society?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Academic appointment terminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Professional liability insurance cancelled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Driver’s license revoked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have any judgments or settlements been made against you in professional liability cases or are there any pending law suits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Within the past 5 years, or since your initial certification or licensure (if applicable), a conviction of a felony or any crime against a child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Any physical and/or psychological problems which might adversely affect your ability to provide services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you **personally** ever been involved with a founded or substantiated case of child abuse and neglect? No Yes *If yes, explain.*
