



Universal Health Services, Inc.

367 South Gulph Road, P.O. Box 61558, King of Prussia, PA 19406 P: (610) 382-3397 F: (610) 878-3965

DISCLOSURE QUESTIONS

PLEASE PROVIDE A COMPLETE, SIGNED AND DATED EXPLANATION ON A SEPARATE SHEET IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED IN THE AFFIRMATIVE.

Licensure:

1. Yes No Has your license, registration, or certification to practice in your profession ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, voluntarily surrendered while under investigation, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state licensing board - or is such action pending?
2. Yes No Has there ever been any challenge to your licensure, registration, or certification?

Hospital Privileges:

3. Yes No Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical records when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board?
4. Yes No Have you ever voluntarily or involuntarily surrendered, limited your privileges or not reapplied for privileges while under investigation - or resigned before a decision was made by a governing body?
5. Yes No Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)?

Education, Training and Board Certification:

6. Yes No Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, residency, fellowship, preceptorship or other clinical education program? If you are currently in a training program, have you been placed on probation, disciplined, formally reprimanded suspended or asked to resign?
7. Yes No Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship or other clinical education program?
8. Yes No Have any of your board certifications or eligibility ever been revoked?
9. Yes No Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation?



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DEA or State Controlled Substance Registration (DEA / DPS):

10. Yes No Has your Federal DEA and/or State Controlled Substances (CDS/DPS) certificate(s) or authorization(s) ever been challenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished - or is such action pending?

Medicare, Medicaid or other Governmental Program Participation:

11. Yes No Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or otherwise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental health care plans or programs?

Other Sanctions or Investigations:

12. Yes No Are you currently, or have you ever been, the subject of an investigation by any hospital, licensing authority, DEA or CDS/DPS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal or state health program?
13. Yes No Are you currently, or have you ever been a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?
14. Yes No To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank?
15. Yes No Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)?
16. Yes No Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, or agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or healthcare facility or any military agency?
17. Yes No Have you ever been the subject of focused individual monitoring relating to your clinical competence or professional conduct at a hospital, health care facility, or managed care organization?
18. Yes No Have you ever been the subject of formal or informal review, challenges, disciplinary actions for unprofessional conduct or unethical behavior?

Professional Liability Insurance Information and Claims History:

19. Yes No Has your professional liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your individual liability history?
20. Yes No Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history?



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21. Yes No Have you ever had any professional liability actions (pending, settled, arbitrated, mediated or litigated)? Please complete the attached Professional Liability Addendum

Ability to Perform Job:

22. Yes No Do you have any reason to believe that you would pose a risk to the safety or well being of your patients?

23. Yes No Are you able to perform the essential functions of a practitioner in your area of practice with or without accommodation?

24. Yes No **Are you a party to a contract (such as a non-compete agreement) that may prohibit or restrict your employment? If yes, please explain.**

25. Yes No **Do you have any reason to believe that you may not be able to obtain hospital privileges?**

26. Yes No **Will you require sponsorship now or in the future to work for IPM?**

READ CAREFULLY AND PROVIDE DOCUMENTATION IF NEEDED

27. Yes No **Do you have the unrestricted right to work in the U.S.?**

ATTESTATION SIGNATURE AND DATE

I hereby certify that all the information on this application form is complete, true, and accurate.

Electronic Signature Yes No

Signature: _____ **Date:** _____

Name: _____



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PROFESSIONAL LIABILITY ADDENDUM TO INITIAL/REAPPOINTMENT APPLICATIONS

If you answered 'yes' to disclosure question #21, please provide the following detailed information for each malpractice claim brought against you, including pending claims, lawsuits, dismissed or dropped claims or lawsuits, settlements, or final judgments. (Please make additional copies of this page if needed.)

Claim #1:

Occurrence date:	Amount paid/in reserve to resolve claim:	Institution Involved (i.e. hospital, etc.):
Insurance Carrier Name:		
Insurance Carrier Address/City/State/Zip:		
Current claim status (open/closed/pending/resolved, etc.):	Date Closed:	
Details of Allegations:		

Claim #2:

Occurrence date:	Amount paid/in reserve to resolve claim:	Institution Involved (i.e. hospital, etc.):
Insurance Carrier Name:		
Insurance Carrier Address/City/State/Zip:		
Current claim status (open/closed/pending/resolved, etc.):	Date Closed:	
Details of Allegations:		

Electronic Signature: Yes No

Signature: _____ Date: _____

Name: _____



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Utilize this section to provide additional information or explanation on any questions you answered “yes” to:

I authorize UHS Physician Recruitment to consult with any third party who may have information bearing on my professional qualifications, credentials, clinical competence, character, ethics, behavior, or any matter reasonably having a bearing on my qualifications and authorize such third parties to release information to **UHS Physician Recruitment**.

Electronic Signature: Yes No

Signature: _____ **Date:** _____

Name: _____



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NPDB Self-Query Instructions

In the interest of recruiting the highest quality physicians to our communities, Universal Health Services (UHS) requires that candidates accepting an offer from a private practice with an income guarantee and/or other financial support from a UHS hospital perform a self-query of the National Practitioner Data Bank (NPDB). This self-query only takes a few moments to complete and costs just \$3.00.

Please follow the below steps to order a self-query and report from the NPDB website.

- Access the NPDB website at <https://www.npdb.hrsa.gov/>
- Click on **Start a Self-Query Order**
- Agree to the terms in the Rules of Behavior and Subscriber Agreement
- Choose **Personal** NPDB search and complete all four steps
- Once the NPDB has received and processed your request, a report in PDF format will be sent to you at your designated email address
- Send a copy of your NPDB report to your recruiter

We appreciate your cooperation in this process. Please let us know if you have any questions.

Thank you!