



Questionnaire for Physician Privileges at CCH/Jim Wilmot Surgery Center

Yes__ No__ Are you currently Board Certified in your specialty?

Yes__ No__ Do you hold a current state medical license?

Yes__ No__ Do you hold a current federal DEA and/or state drug registration?

Yes__ No__ Do you hold a current certification in __BLS __ACLS __ATLS __PALS?

ACTIONS/SANCTIONS* Have any of the following been, or are any currently in the process of being investigated, denied, revoked, suspended, refused, limited, placed on probation or placed under disciplinary action?

Yes__ No__ Medical license in any state?

Yes__ No__ DEA Registration?

Yes__ No__ Academic appointment?

Yes__ No__ Membership and/or employment on any hospital staff or a private practice?

Yes__ No__ Clinical privileges on any medical staff?

Yes__ No__ Participation in any private, state, or federal health insurance program(ex.Medicare)?

DISCIPLINARY ACTION*

Yes__ No__ Have you ever been convicted of a misdemeanor or felony or are you currently under indictment or charged with any alleged criminal activities?

Yes__ No__ Have you ever been the subject of a state licensing board inquiry?

Yes__ No__ Do you have any current or past history of chemical/substance dependency?

Yes__ No__ Have you ever been the object of an administrative, civil, or criminal complaint or investigation regarding sexual misconduct?

Yes__ No__ Have you ever surrendered a medical license, staff privileges, DEA registration or consented to a limitation of the same pending a review investigation?

*If any questions have been answered **YES** please attach a full explanation.

Please supply us with the contact information of (2) professional references within your specialty and a current Curriculum Vitae.

Name_____Signature_____Date_____