

Practitioner Attestation Questionnaire

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Common disclosure questions. Edit the wording and look-back periods to match your policy, your accreditor and applicable law. Have counsel review health-related questions for ADA compliance.

GENERAL TEMPLATE — NOT LEGAL ADVICE. This document is a generic starting point from All Things Credentialing. It is not tied to any specific accreditor's standards, state law or payer contract. Adapt it to your bylaws, policies, current accreditation standards and applicable law, and have it reviewed by your compliance team or counsel before use.

Practitioner name	
NPI	
Date	

#	Question	Yes / No	If yes, explanation attached?
1	Has your license to practice in any jurisdiction ever been denied, limited, suspended, revoked, placed on probation, or voluntarily surrendered, or is any such action pending?	☐ Yes ☐ No	☐
2	Has your DEA or state controlled-substance registration ever been denied, limited, suspended, revoked or voluntarily surrendered?	☐ Yes ☐ No	☐
3	Have you ever been excluded, suspended, debarred or sanctioned by Medicare, Medicaid or any other Federal or state health care program?	☐ Yes ☐ No	☐
4	Have your clinical privileges or medical staff membership ever been denied, limited, suspended, revoked, not renewed, or voluntarily relinquished while under investigation?	☐ Yes ☐ No	☐
5	Has your board certification ever been revoked, suspended or voluntarily surrendered?	☐ Yes ☐ No	☐
6	Have you ever been convicted of, or pleaded guilty or no contest to, a felony or a misdemeanor related to health care?	☐ Yes ☐ No	☐
7	Have any professional liability claims or lawsuits been filed, settled or adjudicated against you in the past [] years? If yes, attach details.	☐ Yes ☐ No	☐

#	Question	Yes / No	If yes, explanation attached?
8	Has your professional liability insurance ever been denied, cancelled, or non-renewed?	☐ Yes ☐ No	☐
9	Do you have any condition that would affect your ability to perform the privileges or services requested, with or without reasonable accommodation?	☐ Yes ☐ No	☐
10	Are you currently using any illegal drugs?	☐ Yes ☐ No	☐

If you answered yes, explanation (question # and details)	
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Attestation

I attest that the information in this questionnaire and my application is correct and complete. I understand that misstatements or omissions may be grounds for denial or termination. I agree to notify the organization promptly of any change to these answers.

Signature	
Date	