

Practitioner Claims History Self-Attestation

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Form for the practitioner to list professional liability (malpractice) coverage and every claim, suit or settlement. It's a disclosure by the practitioner, not a primary-source verification: compare it with carrier loss runs and the NPDB.

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.

Part 1 — Practitioner

Full name	
Other / former names	
Degree	
Specialty	
NPI	
State license # and state	

Part 2 — Coverage history

List every professional liability carrier, self-insured program, FTCA-deemed employer or patient compensation fund that covered you during the look-back period your organization requires.

Carrier / program	Policy #	Dates (from - to)	Claims-made or occurrence	Limits (per claim / aggregate)	Tail or prior-acts coverage? Dates

Explain any gap in coverage (dates and reason):

Gap dates and explanation	
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Part 3 — Claims, suits and settlements

List every claim, suit, arbitration or settlement naming you, open or closed, with or without payment. Or check here

☐ I have had no claims during the period.

Date of incident	Date filed / reported	Allegation / your role	Carrier	Status (open / closed) and date closed	Payment made? Amount

Part 4 — Other questions

Question	Yes	No / details
Has any professional liability coverage ever been denied, cancelled, non-renewed or surcharged?	☐	☐
Do you know of any incident that may lead to a claim and has not been listed above?	☐	☐
Have you made any payment out of personal funds to settle a claim?	☐	☐

If you answered "Yes" to any question, please explain on a separate page.

Attestation

I attest that the information above is complete and correct to the best of my knowledge. I understand it will be compared with carrier reports and the National Practitioner Data Bank, and I authorize my current and past carriers to release my coverage and claims information to the organization named on my application.

Practitioner signature	
Printed name	
Date	