



PRIVATE PROVIDER NETWORK – MANAGED CARE SERVICES
CONTRACTOR ELIGIBILITY APPLICATION
ATTACHMENT O

BACKGROUND CHECK AND ELIGIBLTY

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| 12. Are you currently a San Mateo County Employee? If you are you need to complete the Incompatible Activities and Outside Employment Form | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| 13. Have you ever voluntarily relinquished your license to practice social work? (LCSW) | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| 14. Has your license to practice clinical psychology in any jurisdiction ever been limited, suspended, or revoked – or is such action pending or instituted? (PHD MD) | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| 15. Has your license to practice medicine or drug enforcement administration registration in any jurisdiction ever been limited, suspended, or revoked – or is such action pending or instituted? (MD, NP) | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| 16. Has your specialty board of certification of eligibility ever been denied, revoked, relinquished, not renewed, suspended, or reduced – or is such action pending or instituted? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| 17. Have you ever been denied membership or renewal thereof, because of formal peer review, or been subject to disciplinary action in any medical organization – or by Medicare, Medicaid, or any public program – or is any such action pending? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| 18. Have you ever resigned or surrendered clinical privileges from a clinical staff while under investigation for possible incompetence or improper professional conduct or in return for such an investigation not being conducted? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| 19. Have your privileges at any hospital ever been suspended, diminished, revoked, or not renewed – or is such action pending or instituted? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| 20. Have you ever been the subject of disciplinary action by the Board of Behavioral Sciences or any other state licensing board? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| 21. Have you ever been refused membership on a hospital medical staff? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| 22. Do you have any history of professional liability claims in the last 5 years that resulted in settlement or judgment paid on your behalf? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| 23. Do you have any physical or mental condition which impairs your ability to practice? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |

If yes, please explain:

Continue on next page

24. Do you have any history or current active participation with illegal drug use, alcohol abuse, or other substance abuse? No Yes

25. Have you ever been convicted of or pleaded guilty to a felony? No Yes

I do hereby attest to the accuracy and completeness of the information provided.

Signature: _____