



# HEALTH CARE PROFESSIONAL'S REPORTING FORM

(This form is to be used only by licensed health care professionals.)



## INFORMATION ABOUT HEALTH CARE PROFESSIONAL SUBMITTING THIS REPORT

Name of health care professional submitting report: \_\_\_\_\_

Health care professional license type: \_\_\_\_\_

Health care professional license number: \_\_\_\_\_

Telephone number: \_\_\_\_\_ (include area code)

E-mail address: \_\_\_\_\_

Health care professional's street address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code: \_\_\_\_\_

## INFORMATION ABOUT HEALTH CARE PROFESSIONAL BEING REPORTED

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Type of professional license or certificate held: \_\_\_\_\_ License or certificate number: \_\_\_\_\_  
(If known)

## ADDITIONAL INFORMATION

A health care professional shall promptly notify the division if that health care professional is in possession of information which reasonably indicates that another health care professional has demonstrated an impairment, gross incompetence or unprofessional conduct which would present an imminent danger to an individual patient or to the public health, safety or welfare.

- The health care professional has demonstrated:
  - impairment
  - gross incompetence
  - unprofessional conduct which would present an imminent danger to an individual patient or to the public health, safety or welfare
- Approximate date of the health care professional's conduct: \_\_\_\_\_
- Details of the health care professional's conduct related to impairment, gross incompetency and/or unprofessional conduct.

Signature of person submitting report: \_\_\_\_\_ Date of report: \_\_\_\_\_

Reports should be submitted to:

**Francine Widrich**  
New Jersey Division of Consumer Affairs  
PO Box 46024  
Newark, NJ 07102

To fax a report, please call 973-504-6310 for the fax number.

*For Office Use Only*  
Case number: DCA \_\_\_\_\_  
(To be assigned by the Division of Consumer Affairs)