New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Medical Examiners
P.O. Box 183
Trenton, New Jersey 08625
(609) 826-7100

Verification of Privileges/Affiliation/Employment/Appointment

_____
License Applicant's Name

_____
Hospital/Facility Name

_____
Street Address

_____
City State/Country ZIP/Postal Code

_____
(Area Code) Telephone Number

_____
Position held at your facility

Please return completed form to:

BMEApp@dca.njoag.gov

from ___ /___ /_____ to ___ /___ /_____

1. Was this podiatrist placed on probation, suspended or in any way sanctioned/disciplined while at your facility? ☐ Yes ☐ No
2. Was this podiatrist granted a leave of absence while employed at your facility? ☐ Yes ☐ No
3. Were any restrictions placed on this podiatrist's activities or privileges that were not placed on others holding similar positions? ☐ Yes ☐ No
4. Was this podiatrist subject to non-routine monitoring and/or non-routine quality assessment review? ☐ Yes ☐ No
5. Was this podiatrist involuntarily removed from a call schedule? ☐ Yes ☐ No
6. Was this podiatrist the subject of a negative review while at your facility? ☐ Yes ☐ No
7. Was this podiatrist the subject of an investigation while at your facility? ☐ Yes ☐ No
8. Were any malpractice actions filed naming this podiatrist during his/her period of employment at your facility? ☐ Yes ☐ No
9. Did this podiatrist leave your facility in good standing? ☐ Yes ☐ No
10. Would you recommend this podiatrist for privileges or consider rehiring this podiatrist at your facility? ☐ Yes ☐ No

If you answered "Yes" to any one of questions 1-8, please attach an explanation. You may also attach additional comments or information that the N.J. State Board of Medical Examiners should consider prior to determining this applicant's eligibility for licensure. All attachments should be on your facility's letterhead.

_____
Printed Name and Title of Certifying Official

_____
Signature of Certifying Official

_____
Date form was completed

Hospital Seal

If the hospital does not have a seal, a letter attesting to this fact, on hospital stationery, must accompany this certificate.