



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 Form

License Applicant's name: _____

Hospital/Facility name: _____

Hospital/Facility address: _____
Street City State Zip Code Country

Telephone number: _____
Include area code

Position held at your hospital/facility: _____ from _____ to _____
Month/Day/Year Month/Day/Year

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

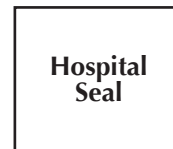
If you answered "Yes" to any one of questions 1-8, please attach an explanation. You may also attach additional comments or information that the N.J. State Board of Medical Examiners should consider prior to determining this applicant's eligibility for licensure. All attachments should be on your facility's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

 Print Name and Title of Certifying Official

 Date

 Signature of Certifying Official

Please return directly to: **State Board of Medical Examiners**
P.O. Box 183
Trenton, New Jersey 08625-0183



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