

Application Summary

10/8/18 12:59 PM

Page 1 of 6

Application Detail

License Type:	Medical Doctor
Application:	Initial Mandatory Practitioner Profile Questionnaire
Application Date:	10/08/2018 (mm/dd/yyyy)

Application Questions

Do you hold a certification, specialty or subspecialty from any specialty board recognized by the board regulating the profession for which you are licensed?(This question refers to any certification, specialty or subspecialty from any specialty board recognized by the American Medical Association, American Osteopathic Association, American Podiatry Association, American Chiropractic Association, American Dental Association, APN certifications or any other specialty certifying body as determined by your Tennessee licensing board.)	No
Do you currently hold staff privileges at a hospital?	No
Do you participate in any managed care plans?	No
Do you participate in any TennCare plan(s)?	No
Within the previous ten (10) years, have you ever had any final disciplinary action taken against you by an agency regulating your license, in this state or any other jurisdiction?(The term final means the matter was fully adjudicated at a hearing and the appeal's period expired, or that the applicable board issued an agreed order or consent decree. The term disciplinary action includes, but is not limited to: <ul style="list-style-type: none">• Probation• Limitation/Restriction• Suspension• Revocation• Voluntary relinquishment in lieu of disciplinary action• Compulsory surrender of license or privilege)	No

- Civil or other monetary fine or penalty
- Restriction of privileges in lieu of, or in settlement of, a pending disciplinary case related to competence or character)

Within the previous ten (10) years, have you ever had your hospital privileges revoked or involuntarily restricted for reasons related to competence or character by the hospital's governing body?(The term final means the matter was fully adjudicated at a hearing and the appeal's period expired, or that the applicable governing body or the hospital issued an agreed order or consent decree. The term disciplinary action against your privileges includes, but is not limited to:

- Curtailed
- Limited
- Suspended
- Revoked
- Any other adverse action taken against a privilege by a medical/health related institution
- Compulsory surrender of license or privilege
- Civil or other monetary fine or penalty.)

No

Within the previous ten (10) years, have you ever been asked to or allowed to resign from or had any medical staff privileges restricted or not renewed by any hospital in lieu of or in settlement of a pending disciplinary action related to competence or character?(The term final means the matter was fully adjudicated at a hearing and the appeal's period expired, or that the applicable governing body or the hospital issued an agreed order or consent decree. The term disciplinary action includes, but is not limited to:

- Resignation from or non-renewal of medical staff membership at a hospital in lieu of, or in settlement of, a pending disciplinary case related to competence or character
- Restriction of privileges in lieu of, or in settlement of, a pending disciplinary case related to competence or character)

No

Have you within the most recent ten (10) years, been found guilty, regardless of whether adjudication of guilt was withheld, or pled guilty or nolo contendere to a criminal misdemeanor or felony in any jurisdiction?(This part requires you to report any state or federal felony criminal offense

No

also requires the reporting of misdemeanor offenses, regardless of classification, in which any element of the offense involves sex; alcohol or drugs; physical injury or threat of injury to any person; abuse or neglect of any minor, spouse or the elderly; fraud or theft in Tennessee or another jurisdiction; or unlicensed practice within the most recent ten (10) years. If any misdemeanor conviction reported is expunged, a copy of the order of expungement signed by the judge must be submitted to the Department before the conviction will be removed from any profile.)

Have you had a medical malpractice court judgment, arbitration award, or settlement against you since May 19, 1998?(You are required to indicate all medical malpractice court judgments, arbitration awards, or settlements in which a payment was awarded to a complaining party beginning with judgments or settlements entered or executed within the previous ten (10) years. That means if the act or event leading to the claim occurred greater than ten (10) years but was finally adjudicated against you within the last ten (10) years, you must indicate that claim in the space provided. JUDGMENTS OR SETTLEMENTS BELOW THE FOLLOWING AMOUNTS ARE NOT REQUIRED TO BE SUBMITTED. Pending malpractice claims are not required to be reported unless/until final adjudication against you.

No

A) For Medical Doctors and Osteopathic Physicians, judgments or settlements below \$75,000 are not required to be

B) For Chiropractors, judgments or settlements below \$50,000 are not required to be submitted. submitted.

C) For Dentists, judgments or settlements below \$25,000 are not required to be submitted.

D) For all other professions, judgments or settlements below \$10,000 are not required to be submitted.)

Addresses

Practice Address

Name:

West Clinic, P.C.

Address:

7759 Wolf River Blvd