Name (Last, First Middle) **Program** **Last Four Digits of SSN**

Attestation (Continuing Appointment)
Office of Graduate Medical Education
University of California, San Francisco
2021-2022

Complete this form truthfully and in its entirety and sign below. The offer of a training position at UCSF is dependent upon the results of your signed attestation statement and its review by the program**. Any "yes" response requires a detailed explanation on a separate page. Failure to provide an adequate explanation may result in the delay or rejection of your (re-)appointment.** After review of your explanation of "yes" statements, our offer of a contract for training may be revoked or the conditions of the offer revised.

1.	Has any medical malpractice judgment been entered against you in any professional liability case(s)?	Yes	No
2.	Has any settlement been made in any professional liability case in which you or your insurance carrier had to or agreed to make a monetary payment?	Yes	No
3.	Are you aware of any malpractice claims currently pending/under investigation against you?	Yes	No
4.	Has any policy been canceled, or has any professional liability insurer refused to renew your policy or placed limitations on the scope of your coverage?	Yes	No
5.	Do you currently have, or have you had a problem associated with the use or misuse of drugs or controlled substances of any kind (whether obtained by prescription or otherwise), or alcohol? If yes, on a separate sheet please give a full explanation, including, without limitation, frequency and amount of use, the time period in which you engaged in such use, and the date last used.	Yes	No
6.	Do you have any reason you cannot safely perform all the essential mental and physical functions related to the specific clinical privileges you are requesting or required by your agreement with your training program and the School of Medicine, with or without reasonable accommodation, according to accepted standards of professional performance, and without posing a significant health and safety risk to others? If yes, on a separate sheet, please describe the essential function(s) and state the reason why you may not be able to safely perform it.	Yes	No
7.	Voluntarily or involuntarily, have any of the following ever been, or are currently being, denied, revoked, suspended, relinquished, withdrawn, reduced, limited, placed on probation, not renewed, or currently pending/under investigation?		

Medical/Psychology license in any state	Yes	No	Membership on any hospital medical staff	Yes	No
Other professional registration/license	Yes	No	Clinical privileges, prerogatives/rights on any medical staff	Yes	No
DEA Certificate of registration	Yes	No	Board Certification	Yes	No
Academic appointment	Yes	No	Any other type of professional sanction	Yes	No

8.	Have you been subject to any disciplinary action in medical school or a post-graduate training program, or in any health care organization or medical society, or is any such action pending?	Yes	No
9.	Has any monitoring requirement been imposed?	Yes	No
10.	Have you resigned or taken a leave of absence in order to avoid possible revocation, suspension, or reduction of privileges at any hospital, institution, or training program?	Yes	No
11.	Have there been any, or are there any, misdemeanor or felony criminal convictions against you, or charges pending against you, including those under the Criminal Control Act?	Yes	No
12.	Are there any pending or completed administrative agency, government, or court cases, decisions or judgments involving allegations that you failed to comply with laws, statutes, regulations, or other legal requirements that may be applicable to the practice of your profession or to your rendition of service to patients?	Yes	No
13.	Are there any prior or pending government agency or third party payer proceedings or litigation challenging or sanctioning your patient admission, treatment, discharge, charging, collection, or utilization practices, including, but not limited to, Medicare Medicaid fraud and abuse proceedings or convictions?	Yes	No
14.	Since the age of 18, has any allegation of sexual misconduct been substantiated against you through a formal investigation by any educational institution, employer, regulatory or law enforcement agency, or other organization or entity, or through any other administrative or judicial proceeding?	Yes	No
15.	Are you now or, since the age of 18, have you been subject to any administrative or disciplinary action (e.g., no-contact order, investigatory leave, reprimand, probation, suspension), dismissal, or voluntary or involuntary separation from a post-secondary educational institution (college, university), medical staff, medical group, or employer related to allegations of sexual misconduct?	Yes	No
16.	Has any health professional licensing authority subjected you to any administrative or disciplinary action (as described above) related to allegations of sexual misconduct?	Yes	No
17.	Have you ever been arrested for, convicted of, or pled guilty or nolo contendere to any criminal sexual misconduct offense or been named as a defendant, or found liable or otherwise responsible, in any civil action that alleged sexual misconduct?	Yes	No
18.	Have you ever been required to be accompanied by a chaperone when examining, diagnosing, or treating patients as a result of an allegation of sexual misconduct made against you (answer "no" if chaperones were consistently present as a matter of institutional policy and not in response to a specific allegation against you)?	Yes	No

Candidate for House Staff (Re-)Appointment

My signature below indicates that I have provided complete and truthful information and answered the questions on this page completely and honestly. I give permission for UCSF to validate any of the information provided above and in my CV, including, but not limited to, previous training, previous medical staff appointments, and medical degree, at any time.

Trainee Signature Date

Program Director

My signature below indicates that I have reviewed this candidate's responses to the questions and recommend him/her for house staff (re-)appointment.

Program Director Signature Date