

Arkansas State Medical Board
Centralized Credentials Verification Service

Phone: (501) 296-1951

Fax: (501) 296-1806

www.armedicalboard.org

Yes ____ No ____ Do you currently maintain individual or group malpractice insurance coverage? *If NO, list reason:* _____

Policy number (s): _____ Coverage amounts: _____ Expiration date: _____

Insurance Carrier(s)Name: _____ If Group (List Group Name Policy is under): _____

1. Yes ____ No ____ *Since your last attestation, have your privileges or medical staff membership at any hospital or other healthcare organization been denied, suspended, diminished, voluntarily or involuntarily relinquished, revoked or not renewed, or is any such action pending?** *If YES, briefly explain on attached page.*
2. Yes ____ No ____ *Since your last attestation, have you been charged or convicted of (including a plea of guilty or *nolo contendere*) a felony? (NOTE: Applicants must answer affirmatively if records, charges, or convictions have been pardoned, expunged, plead down, released or sealed.)** *If YES, briefly explain on attached page or attach copies of your documents.*
3. Yes ____ No ____ *Since your last attestation, has your license or certificate to practice medicine or Drug Enforcement Administration registration in any jurisdiction (state or country) been challenged, denied, reduced, limited, suspended, revoked, placed on probation, not renewed, voluntarily or involuntarily relinquished, or is any such action pending?** *If YES, briefly explain on attached page.*
4. Yes ____ No ____ *Since your last attestation*