

New Jersey Physician Recredentialing Application

(Please type or print)

All sections must be completed fully or clearly marked as "not applicable."
No area should be left blank.

SECTION 1			
Personal Information			
Physician Name (Last)	(First)	(MI)	(Jr., Sr., etc.)
UPIN		Social Security Number	
Corporate Name (if different from name above)		Professional Degree(s)	

Practice Location Information - Primary Office			
Primary Office Address	City	State	Zip Code
Telephone No.	Fax No.		
Tax ID Number and Associated Individual Group Number and Name for This Location			
Non-English Languages Spoken (Health Care Provider)	Non-English Languages Spoken (Office Staff)	Handicap Access <input type="checkbox"/> Yes <input type="checkbox"/> No	

Continuing Education			
Please list all continuing education for the past two years.			
Course Name	Location	Date Taken	Number of CME/CEUs

Professional/Medical Specialty	
	Board Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No

Professional Certificates, Licenses, Identification Numbers			
Are you a Member of your State Medical Society? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary State License Number	State	Expiration Date
List any additional licenses (current or expired) within the last 15 years:			
License Number	State	Expiration Date	
Federal DEA Number	Expiration Date		
CDS Number	Expiration Date		

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Hospital Affiliations			
Primary Admitting Facility		From:	To:
Type of Appointment (Active, Courtesy, etc.)		Specialty	
Additional Facilities:			
Name	Specialty	From/To	Restrictions

Professional Liability Insurance Coverage			
Name of Current Malpractice Insurance Carrier			
Address		City	State
			Zip Code
Policy Number	Period of Coverage	Amount of Coverage per Occurrence \$	Amount of Coverage Aggregate \$

Additional Office Information			
Address		City	State
			Zip Code
Telephone No.		Fax No.	
E-mail Address		Does this office have capability for electronic billing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Other Sanctions or Investigations

- 14. Are you currently or have you ever been the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal or state health program? Yes No
- 15. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank? Yes No
- 16. Have you ever received sanctions from or been the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)? Yes No
- 17. Has a patient, employee, or co-worker ever accused you of sexual harassment or other illegal misconduct that resulted in an investigation, sanction or other formal action? Yes No
- 18. During your military career, if applicable, have you ever been investigated, sanctioned, reprimanded or cautioned by a military hospital, facility, or agency, voluntarily terminated or resigned while under investigation by a hospital/healthcare facility of any military agency? Yes No

Professional Liability Insurance Information

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Ability to Perform Job	
26.	Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Are you currently engaged in the illegal use of drugs? ("Currently" means sufficiently recent to justify a reasonable belief that the use of drugs may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of an application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. "Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. section 812.22. It "does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law." The term does include, however, the unlawful use of prescription controlled substances.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety? <input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Do you have any reason to believe that you would pose a risk to the safety or well being of your patients? <input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Do you have Professional Liability (Malpractice) Insurance coverage in force? (If "No," please explain below.) <input type="checkbox"/> Yes <input type="checkbox"/> No

