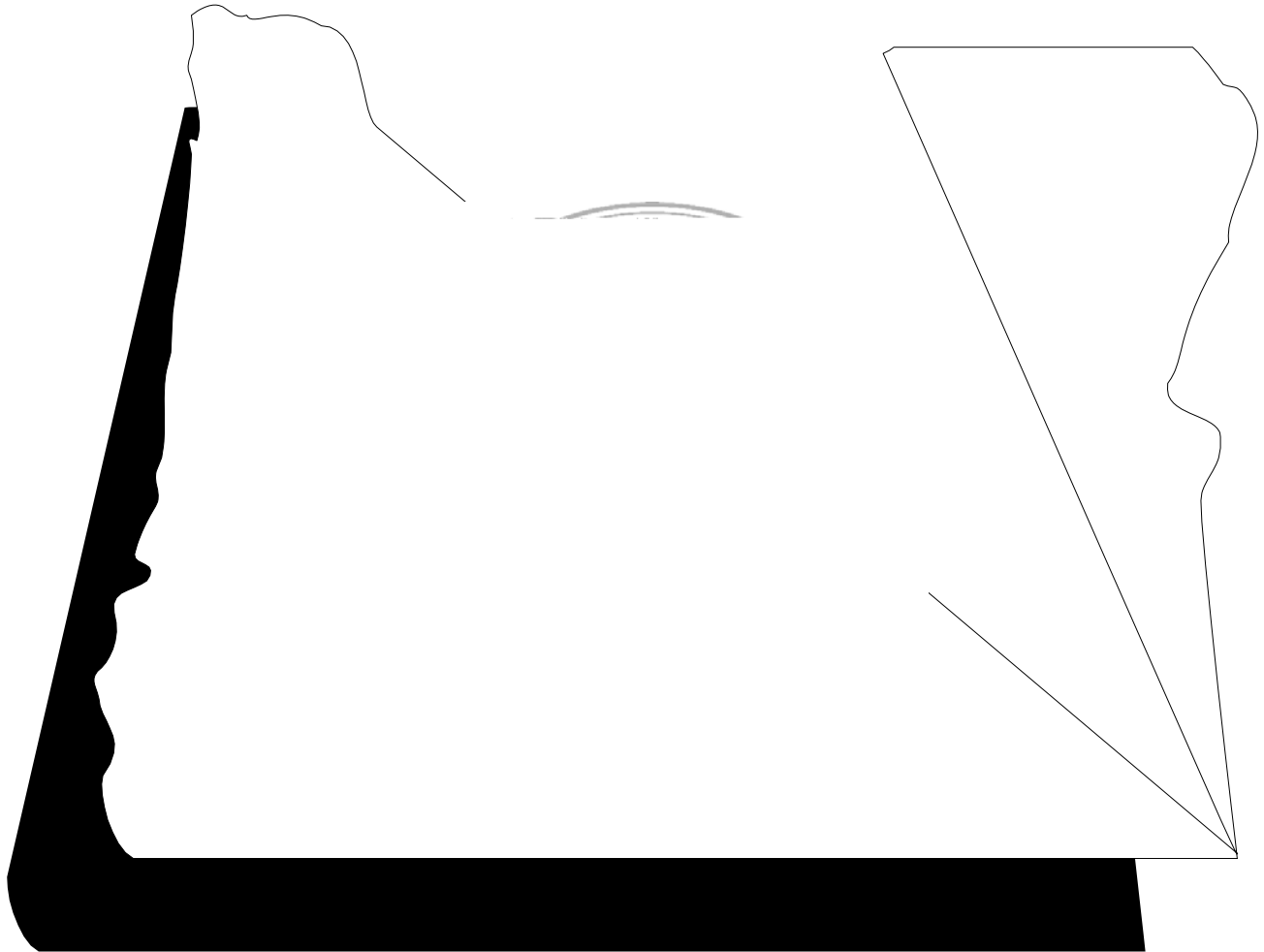


OREGON PRACTITIONER RECREDENTIALING APPLICATION



APPLICATION PROFESSIONAL LIABILITY ACTION DETAIL (ATTACHMENT A) GLOSSARY OF TERMS AND ACRONYMS

Purpose: Established by 2 U H J R Q house bill 2999, the Advisory & Committee on Physician Credentialing Information (ACPCI) develops uniform applications used by hospitals and health plans to credential and recredential PRACTITIONERS within the State of Oregon.

REVIEWED, AMENDED AND APPROVED
BY THE ADVISORY COMMITTEE ON PHYSICIAN CREDENTIALING INFORMATION (ACPCI)
5/1/12

B. Please explain any gaps greater than two (2) months in the past three (3) years. Include activities and/or names and dates where applicable. Please attach additional sheets, if necessary.		Does not apply <input type="checkbox"/>
Activities and/or names:	From month/year:	To month/year:

XV. PROFESSIONAL LIABILITY INSURANCE

Current insurance carrier/provider of professional liability coverage:		Ú[&^ } ~ { à^!:	V^]^ [- & [ç^!æ* (check one) & ODL <input checked="" type="checkbox"/> 2 FF X <input type="checkbox"/> UHQF
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**Please list all previous professional liability carriers within the past three (3) years.
Please attach additional sheets, if necessary.**

Does not apply

Insurance carrier/provider of professional liability coverage:	Ú[&^ } ~ { à^!:	V^]^ [- & [ç^!æ* (check one) & ODL <input checked="" type="checkbox"/> 2 FF X <input type="checkbox"/> UHQF
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**OREGON PRACTITIONER RECREDENTIALING APPLICATION
AUTHORIZATION AND RELEASE OF INFORMATION FORM**

Modified Releases Will Not Be Accepted

I grant permission for the release of the credentials information contained in this practitioner application.

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