

ZOI15

APPLICANT RELEASE/AGREEMENT/ATTESTATION

By submitting this application, I consent to the exchange of information and documents by and between **ZOI15**, and persons, institutions, individuals, licensing agencies, federal and state governmental bodies with whom I have been associated which are material to evaluating and monitoring my professional practices, qualifications, competence, morality or ethics.

I also authorize my professional liability carrier(s) to disclose to **ZOI15** information regarding any malpractice claim, settlement, and/or judgment made against the undersigned known to the carrier. I hereby release the carrier from any liability resulting from the authorized disclosure of this information.

I understand that **ZOI15** may perform searches of public records and other available data sources to investigate my personal and professional history relevant to evaluating my qualifications and competencies.

I am informed and acknowledge that federal and state law provide immunity protections to certain individuals and entities for their acts/or communications in connection with evaluating the qualifications of practitioners. I hereby release **ZOI15** from liability for all acts performed and statements made in good faith in connection with evaluating my application and credentials and in monitoring my professional activities to the extent that those acts and/or communications are protected by state or federal law.

I further release from liability all individuals and organizations which, in good faith, provide information to the extent that those acts and/or communication are protected by state or federal law.

I understand that **ZOI15** will rely upon the information given in this application to assess my qualifications. Such information will be considered confidential. However, where permitted by law, I understand that authorized persons may have access to the application and any related information.

By filling this application, I agree to be bound by the bylaws, rules and policies of **ZOI15**.

If/when appointed, I specifically agree to: 1) refrain from fee splitting or other inducements relating to patient referrals; 2) refrain from delegating responsibility for diagnoses or care of patients to any practitioner who is not qualified to undertake this

responsibility or who is not adequately supervised; 3) refrain from deceiving patients as to the identity of any practitioner providing treatment or services; 4) seek consultation whenever appropriate, necessary, or required; 5) abide by generally recognized ethical principles applicable to my profession, including maintaining patient confidentiality; 6) provide continuous care and supervision as needed to all patients for whom I have responsibility; 7) accept committee assignments and such other duties and responsibilities as shall be assigned to me.

I also agree to provide updated current information regarding all questions on this application form as such information becomes available and such additional information as may be requested by **ZOI15**. I understand that failure to produce this information or additional information will prevent my application from being evaluated and acted upon.

The information given in this application is accurate and fairly represents the current level of my training, experience, capability and competence to exercise the clinical privileges requested and/or perform the duties of the position. Where appropriate, I have the right to review the information submitted in support of my application. Where appropriate, I may correct erroneous information. However, as a condition to making this application, I understand that any material misrepresentations or misstatements in, or omissions from this application, whether intentional or not, shall constitute cause for automatic and immediate denial of appointment, participation, and/or clinical privileges. If appointment and participation have been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery may result in immediate suspension or termination of such appointment and participation.

I understand that my final appointment and participation are contingent upon my furnishing information regarding my health status and demonstrating that my physical and mental health condition is adequate to perform the essential duties of the membership and/or position involved.

I hereby affirm that the information furnished by me in this application and otherwise in connection with it is true to the best of my knowledge and is furnished in good faith. I understand that I have the burden of producing adequate information for proper evaluation of this application. I agree to inform **ZOI15** of any changes or modifications to the information provided herein so that, at all times, **ZOI15** has accurate and current information.

I agree that this Authorization is valid from the date signed below until my contract with, or status as a practitioner or provider of services for, **ZOI15** is severed. I

understand that if I no longer provide services to or on behalf of **ZOI15.**, I may withdraw this Authorization at any time by doing so in writing.

Applicant Signature & Date

Print Name