



BEHAVIORAL HEALTH DIVISION CREDENTIALING ATTESTATION

Please review the items below and mark your responses.

Explain any items answered with “Yes” on **Attestation Addendum (page 3)**.

	Yes	No	
1. Do you have any limitations or incapacities that would affect your ability to perform any of the position's essential functions (with or without accommodation)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has a licensing board or certifying entity in any state ever revoked, limited, restricted, suspended, placed on probation/conditional status, or taken other disciplinary action against you/your health care-related license/certification?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you ever voluntarily surrendered a health care-related professional license?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has a health care-related professional society, hospital, or other facility ever denied, cancelled, or revoked your membership or privileges?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you currently have privileges** in good standing at any hospitals/clinics? Please list the hospitals/clinics: _____ **Privileges are granted to physicians based on their current medical credentials and previous performance.	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/> Not in good standing
6. Have you ever been convicted of a felony, including a conviction for which you have received an expungement or pardon? * *If you answered “Yes” you must complete the Attestation Addendum (page 2).	<input type="checkbox"/>	<input type="checkbox"/>	
For the following questions, include convictions for which you have received an expungement or pardon: 7a. Have you ever been convicted of a misdemeanor involving fraud, theft, embezzlement, breach of fiduciary responsibility or other financial misconduct?*	<input type="checkbox"/>	<input type="checkbox"/>	
7b. Have you ever been convicted of a misdemeanor involving controlled substances?*	<input type="checkbox"/>	<input type="checkbox"/>	
7c. Have you ever been convicted of any offense involving obstruction of an investigation or audit? * *If you answered “Yes” to 7a, 7b or 7c, you must complete the Attestation Addendum (page 2).	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you presently engage in any illegal drug use?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do you have any history of liability claims filed against you as a provider?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are you aware of, or have you been told or otherwise made aware of, any provider information entered in the National Practitioner Data Bank (NPDB)? The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers.	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby attest that the above information is true, correct and complete, to the best of my knowledge.

Signature: _____ **Date:** _____

Printed Name: _____

The Sonoma County Department of Health Services – Behavioral Health Division (DHS–BHD) complies with federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or any other protected class.

BEHAVIORAL HEALTH CREDENTIALING ATTESTATION ADDENDUM

1. If you answered “Yes” to the BH Credentialing Attestation Form question(s): #6 and/or #7a, #7b or #7c (page 1), then review and select the applicable convictions (mark applicable check boxes below):

(a) Mandatory Exclusion

- (1) Conviction of Program–Related Crimes – Any conviction related to the delivery of an item or service under Medicare (Title XVIII), or under any State health care program.
- (2) Conviction Relating to Patient Abuse – Any conviction relating to neglect or abuse of patients in connection with the delivery of a health care item or service.
- (3) Felony Conviction Relating to Health Care Fraud – Any conviction after 1996, relating to: fraud, theft, embezzlement, breach of fiduciary responsibility or other financial misconduct.
- (4) Felony Conviction Relating to Controlled Substance – Any conviction after 1996, involving the unlawful manufacture, distribution, prescription or dispensing of a controlled substance.

(b) Permissive Exclusion

- (1) Conviction Relating to Fraud – of a criminal offense consisting of a misdemeanor relating to fraud, theft, embezzlement, breach of fiduciary responsibility or other financial misconduct.
- (2) Conviction Relating to Obstruction of an Investigation or Audit.
- (3) Misdemeanor Conviction Relating to a Controlled Substance.

(c) Not applicable

- None of the convictions described above apply.

For all felony or applicable (7a–7c) misdemeanor convictions, complete required information on Attestation Addendum (page 3).

In accordance with 1128 (42 U.S. Code §1320a-7) and Section 1101 (42 U.S. Code § 1301), the Secretary of Health and Human Services could make the determination to change a permissive exclusion to a mandatory exclusion. If The Secretary makes this determination, a notification will be issued to the individual.

I hereby attest that I will immediately notify the BH Credentialing Manager at BHQA@sonomacounty.gov, if I am notified that I have been excluded from state health programs and/or Medicare.

Signature: _____

Date: _____

Printed Name: _____

BEHAVIORAL HEALTH CREDENTIALING ATTESTATION ADDENDUM

For all felony or applicable (7a–7c) misdemeanor convictions, please respond with the following information: **1)** The date of each conviction, **2)** Type of each conviction, **3)** Location of conviction (**county and state**), and **4)** Facts for the conduct involved for each conviction.

For other “Yes” answers from page 1, explain the details regarding the item(s).