

## DISCLOSURE QUESTION EXPLANATIONS Continued

Name

5. Have any conditions [excluding routine Focused Professional Practice Evaluation (FPPE) assigned when new privileges are granted] ever been imposed on your appointment and clinical privileges at any hospital, health care facility, or managed care organization or network, including but not limited to general consultation requirements, proctoring, monitoring, additional training requirements, a performance improvement plan, probation, or any other conditions pertaining to any of the following: your clinical quality, behavioral conduct and/or professional competence?

**Complete the following. Provide copies of relevant documents (e.g. performance improvement plan).**

<b>Condition 3</b>	Date Imposed:	Imposed By:	
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Have you completed the conditions of the corrective action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Description of the violation

Conditions of the corrective action

<b>Condition 4</b>	Date Imposed:	Imposed By:	
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Have you completed the conditions of the corrective action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Description of the violation

Conditions of the corrective action

## DISCLOSURE QUESTION EXPLANATIONS Continued

Name

5. Have any conditions [excluding routine Focused Professional Practice Evaluation (FPPE) assigned when new privileges are granted] ever been imposed on your appointment and clinical privileges at any hospital, health care facility, or managed care organization or network, including but not limited to general consultation requirements, proctoring, monitoring, additional training requirements, a performance improvement plan, probation, or any other conditions pertaining to any of the following: your clinical quality, behavioral conduct and/or professional competence?

**Complete the following. Provide copies of relevant documents (e.g. performance improvement plan).**

**Condition 5**

Date Imposed:

Imposed By:

Have you completed the conditions of the corrective action?

Yes

No

Description of the violation

Conditions of the corrective action

**Condition 6**

Date Imposed:

Imposed By:

Have you completed the conditions of the corrective action?

Yes

No

Description of the violation

Conditions of the corrective action