

DISCLOSURE QUESTION EXPLANATIONS Continued

Name

7. Have you ever been the subject of a focused individual monitoring agreement, performance improvement plan, practitioner wellness agreement, or other similar plan or arrangement relating to your clinical quality, behavioral conduct, and/or professional competence at any hospital, health care facility, or managed care organization or network?

Condition 3

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 4

Date Imposed:

Imposed By:

Have you completed the conditions of the corrective action?

Yes

No

Description of the violation

Conditions of the corrective action

DISCLOSURE QUESTION EXPLANATIONS Continued

Name

7. Have you ever been the subject of a focused individual monitoring agreement, performance improvement plan, practitioner wellness agreement, or other similar plan or arrangement relating to your clinical quality, behavioral conduct, and/or professional competence at any hospital, health care facility, or managed care organization or network?

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