



BEHAVIORAL HEALTH DIVISION CREDENTIALING ATTESTATION

Please review the items below and mark your responses. Explain any items answered with “Yes” on a separate page.

	Yes	No	
1. Do you have any limitations or inabilities 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"/>
6. Have you ever been convicted of a felony?*	<input type="checkbox"/>	<input type="checkbox"/>	
*If you answered “Yes” you must complete the Attestation Addendum (page 2).			
7a. Have you ever been convicted of a misdemeanor involving fraud, theft, embezzlement, bread 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?*	<input type="checkbox"/>	<input type="checkbox"/>	
*If you answered “Yes” to 7a, 7b or 7c, you must complete the Attestation Addendum (page 2).			
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, 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 Behavioral Health Division 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

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 Relation 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.

If any of the above boxes are selected, provide the following information on a separate page: 1) The date of each conviction, 2) Type of each conviction and 3) Facts for the conduct involved for each conviction.

2. N/A - If none of the convictions described above apply, select not applicable.

¹ Source reference: 42 U.S. Code §1320a–7: [Social Security Act §1128 \(ssa.gov\)](https://www.ssa.gov)