

Application #:

Action Against:
 NP MD

**NURSE PRACTITIONER INITIAL AND
SUBSEQUENT APPROVAL TO PRACTICE
CLAIMS INFORMATION**

The NP applicant and MD must complete this form for **each** liability or malpractice claim. **Please make as many photocopies of this form as needed.** Complete one form for each claim or suit. **Original** signatures of the nurse practitioner applicant and MD are required on each completed form.

1. Briefly describe the details of the allegations against you. Include the patient's name, a brief history, comments regarding the examination and care surrounding the allegations. If suits are pending a very brief summary of the allegations or charges must be included regardless of the litigation state. Simply stating that the charges were dismissed is inadequate. If charges were dismissed, please provide official documentation regarding the dismissal.

2. Date of the claim: _____

3. If an insurance carrier was involved, list the name, address and telephone number.

4. Is the claim pending? Yes No

5. Was there a judgment or settlement? Yes No

6. What was the amount and date of the judgment **OR** settlement?

Amount _____

Date _____

7. Comments: _____

I certify that the information which I have given is correct to the best of my knowledge.

Signature/Title of Nurse Practitioner Applicant
or Supervising Physician Completing the Form
(ORIGINAL SIGNATURE)

Date

Co-Signature/Title of Nurse Practitioner Applicant
or Supervising Physician
(ORIGINAL SIGNATURE)

Date