

Chicago Dental Society Foundation Clinic

Doctor/Hygienist Confidential Questionnaire

Please respond to the following questions. Attach explanation for any "YES" answers.

1. A) Are you now or have you ever been involved in any malpractice suit? Yes__ No__
B) has any malpractice claim, settlement, not involving litigation or arbitration,
Ever been paid by you or paid on your behalf? Yes__ No__
2. Has your professional liability insurance ever been denied, suspended, and canceled or not
Renewed? Yes__ No__
3. Have you had your license to practice suspended, revoked or restricted? Yes__ No__
4. Have you had hospital privileges granted, denied or revised? Yes__ No__
5. Have you voluntarily surrendered or had your DEA license suspended or revoked? Yes__ No__
6. Have any grievances been filed against you with your dental society, peer review or OSHA? Yes__ No__
7. Do you maintain your continuing education credits? Yes__ No__
8. Are you a member of a local, state or national dental association? Yes__ No__
9. Are you a member of the Chicago Dental Society? Yes__ No__
10. Are you versed with OSHA and ADA guidelines for infection control? Yes__ No__
11. Have you ever been convicted of a crime (other than a traffic offense), or are you currently under
Indictment for an alleged crime? Yes__ No__
A) Have you ever been the object of an administrative, civil, or criminal complaint or investigation?
Regarding sexual misconduct? Yes__ No__
12. If you are not currently practicing dentistry: Date of retirement _____
If not retired, please attach explanation.

I authorize the CDSF Clinic to consult with educational institutions, members of dental societies, Professional liability carriers, the Federation of State Dental Boards; and other persons or entities to obtain Information concerning my educational background, professional qualifications, including competence, ethics and other qualifications. I release the CDSF Clinic from any and all liability for its acts performed in good faith and without malice in obtaining information and evaluating my application. I consent to the release, by any person or entity to CDSF Clinic of all information that may be relevant to other confidential or privileged information. I release from any and all liability anyone providing this information in good faith and without malice. I understand that I have the burden of providing this information to the CDSF Clinic to demonstrate my qualifications. I attest that the information provided is accurate and complete to the best of my knowledge. I understand that any omission or misstatement in this application may constitute grounds for denial of this application as a volunteer at the CDSF Clinic.

Name: _____
(please Print)

Signature: _____

Date: ____/____/____