



OKLAHOMA

State Board of Osteopathic Examiners

RENEWAL PROFESSIONAL STANDARDS QUESTIONNAIRE

Note: If you have any questions regarding this Professional Standards Questionnaire, please feel free to contact the Board's Executive Director.

- 1. Within the last twelve (12) months, or since your last renewal, have you been served notice of any professional liability lawsuit, malpractice, or any other civil action filed against you?** Yes, or No; if Yes: explain in detail with the court jurisdiction, case number, and a brief summary of the allegations at issue. It is not uncommon for physicians to contact their legal counsel or insurance carrier for assistance in responding to this question.
- 2. Within the last twelve (12) months, or since your last renewal, have you been a party to any civil settlement or judgment, including but not limited to professional liability lawsuit, malpractice, Medicaid fraud, or Medicare fraud?** Yes, or No: if Yes: explain in detail with the court jurisdiction, case number, and a brief summary of the allegations at issue. It is not uncommon for physicians to contact their legal counsel or insurance carrier for assistance in responding to this question.
- 3. Within the last twelve (12) months, or since your last renewal, have you resigned, surrendered, or been terminated from any medical training program, residency program, hospital staff/faculty, managed care organization, group practice, or any other setting?** Yes, or No; if Yes: explain in detail.
- 4. Within the last twelve (12) months, or since your last renewal, did you resign, retire, terminate, surrender or not renew in lieu of termination or firing any state medical license, hospital privileges, or specialty board membership while under investigation?** Yes, or No; if Yes: explain in detail.
- 5. Within the last twelve (12) months, or since your last renewal, are you aware of any disciplinary action being taken against you, or is any disciplinary action or investigation pending against your license to practice osteopathic medicine in any other state or territory?** Yes, or No; if Yes: explain in detail.
- 6. Within the last twelve (12) months, or since your last renewal, has any action been taken against your DEA drug permit or your OBND drug permit, including but not limited to revocation, suspension, voluntary surrender, fines, or restrictions?** Yes, or No; if Yes: explain in detail.

7. **Within the last twelve (12) months, or since your last renewal, were you arrested, indicted, charged with, agreed to a deferred sentence, or convicted of any crime other than a traffic violation? Pleas of guilty, non-fault, nolo contendere, deferred sentence, Alford plea, or other such plea for the alleged criminal activity shall be deemed a conviction. All arrests should be reported here.** Yes, or No; if Yes: explain in detail. If you answered “yes” regarding an arrest, indictment, or charge, please provide the following: date and time of arrest or filing of charges, arresting department/agency, report or case numbers, county or city where the arrest or charges occurred. It is not uncommon for physicians to contact their legal counsel for assistance in responding to this question.
8. **Within the last twelve (12) months, or since your last renewal, were you arrested, indicted, charged with, agreed to a deferred sentence, or convicted of a traffic violation involving the use of drugs, alcohol, or any other chemical substances? Pleas of guilty, non-fault, nolo contendere, deferred sentence, or Alford plea, or other such plea for the alleged criminal activity shall be deemed a conviction. Any and all arrests for a traffic violation that involves the use of drugs, alcohol, or any other chemical substance, shall be reported here regardless of any charges filed.** Yes, or No; if Yes: explain in detail. If you answered “yes” regarding an arrest, indictment, or charge, please provide the following: date and time of arrest or filing of charges, arresting department/agency, report or case numbers, county or city where the arrest or charges occurred. It is not uncommon for physicians to contact their legal counsel for assistance in responding to this question.

*List 16 hours of Continuing Medical Education (Course Name, Course Sponsor, Date Completed and Hours):

*List 1 hour of Proper Prescribing (Course Name, Course Sponsor, Date Completed and Hours):

*Attestation Statement: I, (print name) _____, have to the best of my knowledge, complied with the laws and rules regulating the osteopathic profession. By signing this document, I am stating that the information written and answered on this form are true and correct.

Signature

Date

FITNESS TO PRACTICE ATTESTATION

I, _____, hereby attest that I am fit to practice osteopathic medicine and not impaired in any way that would affect my ability to provide safe and competent care to my patients.

I acknowledge and understand my professional and ethical obligations as an osteopathic physician and am committed to fulfilling them to the best of my ability.

I acknowledge and understand that I have the responsibility to report any change in my physical or mental health that may affect my ability to practice osteopathic medicine safely to the Oklahoma State Board of Osteopathic Examiners.

I acknowledge and understand that the failure to adequately address a health condition, where I am unable to practice medicine within reasonable skill and safety to patients, can result in the Board taking action against my state-issued license to practice medicine.

I acknowledge and understand that I am aware of the resources available to me through the Oklahoma Health Professionals Program ("OHPP") and the Oklahoma State Board of Osteopathic Examiners should I need assistance in maintaining my fitness to practice or if I encounter any impairment in the future.

Contact Information

Name: Oklahoma Health Professionals Program ("OHPP")

Phone: 405/601-2536

Website: www.okhpp.org

I acknowledge and understand that my osteopathic medical license is a privilege, and I will make every effort to preserve the public trust in the medical profession.

Signature

Date