

The American Board of Pediatric Neuropsychology

ABPdN YEARLY ATTESTATION FORM

BOARD MEMBER NAME: _____

ADDRESS: _____

Phone: _____

Fax: _____

Email: _____

PROFESSIONAL LIABILITY INSURANCE:

Please provide a copy of your malpractice coverage Form

LICENSE TO PRACTICE:

Please provide an updated copy of your license to practice independently (as defined by the ABPdN Bylaws)

Please answer the following:

If any of your answers below are YES, please detail on a separate sheet:

1. Has your professional liability insurance coverage ever been terminated by action of an insurance company?

YES___ NO___

2. Have you been denied professional liability insurance coverage or rated in a higher than average risk class for your professional specialty?

YES___ NO___

3. Have any disciplinary actions ever been initiated and/or are any pending now against you by any state licensing board, whether or not you were a member of the professional standards board initiating said action ?

YES___ NO___

4. Has your license to practice psychology in any state been denied, limited, suspended, revoked or voluntarily relinquished?

YES___ NO___

5. Have you ever been suspended, sanctioned, or otherwise restricted from participating in any private, federal, or state health insurance program (for example, Medicare, Medicaid, or any managed care company)?

YES___ NO___

6. Have you been the subject of an investigation by any state, federal, or private agency concerning your participation in any state, federal, or private, health insurance program?

YES___ NO___

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7. Has your application for appointment or reappointment, or your privileges at any hospital or other health care facility ever been denied, reduced, suspended or not renewed?

YES___ NO___

8. Have you ever been denied membership or renewal thereof, or been subject to disciplinary proceedings in any professional organization?

YES___ NO__

If answers to either of the following questions are YES, please attach detailed information. Explanations must include: county or jurisdiction in which the suit was filed; name of the plaintiff and the date the suit was filed.

1. Have any professional liability claims, suits, or judgments ever been made against you or are such claims, suits, or judgments currently pending or have you ever been made aware that any will be filed?

YES___NO___

2. Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?

YES___NO___

HEALTH STATUS:

1. Have you ever had, or are you currently aware of having any physical, mental or emotional condition, or chemical dependency/substance abuse problem which may interfere with your ability to care for patients in any way?

YES___NO___

(If the answer(s) to any part of this question is YES, please attach detailed information on a separate sheet.)

I certify that all of the information provided herein is accurate. I understand and agree that if any of the information I have provided is proven to be false or misleading, if in the future my behavior results in the probation or suspension of my license, or I become the subject of an ethics investigation on the part of the APA or my State Psychological Association, my board certification status may suspended or revoked. I agree to use my credentials appropriately and will not use the ABPdN credentials or any other credentials that I might have to mislead consumers or colleagues to believe that I have been trained or examined in areas other than that both truthful and accurate. I understand that to retain my board certification, I must be licensed at the independent level (HSPP) as defined in the ABPdN bylaws.

Applicant's Name (Please Print)

Applicant's Signature

DATE

**Please return to: 3570 Blackthorn Court, Suite 2
South Bend, Indiana 46628**