

Renewal Questionnaire

1. Since your last renewal, have there been any changes in your practice? () Yes () No
2. Since your last renewal, did you or anyone you are legally responsible for, have a new claim, new potential claim , new licensing board complaint, recently been found guilty of an ethics violation or professional misconduct, been convicted of a crime or are you aware of any circumstances that may lead to a claim or board complaint being made? () Yes () No
3. Do you currently participate in the New York Medical Excess Liability Program? () Yes () No

If Yes, please provide the information requested below:

Do you currently have a primary affiliation with a NY State general hospital with professional privileges? () Yes () No

What Risk Management courses have you completed in the last year?

(Please provide us with your certificate(s) of completion.)

4. Are you currently practicing in more than one state or county? ()Yes () No
If Yes, please list the state(s) and county you are practicing in:

COUNTY

STATE

% OF PRACTICE

| COUNTY | STATE | % OF PRACTICE |
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Signature _____ Date _____

Save form first on your computer before emailing.