

UC San Diego

HEALTH SCIENCES

UC San Diego House Officer Attestation Questionnaire

The attached appointment letter for a training position at UC San Diego is contingent upon the results of the signed attestation questionnaire and completion of a criminal background check. **A "Yes" answer to any question other than number 1 requires a detailed explanation (attach separate pages if necessary).** After review of the explanation of "Yes" answers, the offer of appointment may be withdrawn or the conditions of the offer revised.

1. Are you able to perform all of the duties and services (including procedures) required by your training program and meet all applicable programmatic standards? (If you require a reasonable accommodation please attach a separate sheet with explanation) Yes No
2. Have you been treated for or had a recurrence of a diagnosed addictive disorder? Yes No
3. Have you been diagnosed with an emotional, mental, or behavioral disorder that impairs your ability to practice medicine safely or to meet the programmatic standards of your specialty? Yes No
4. Have you ever been diagnosed with a neurological or other physical condition that impairs your ability to practice medicine safely or to meet the programmatic standards of your specialty? Yes No
5. Do you have any other condition (including communicable health condition) which impairs your ability to practice medicine safely, to meet the programmatic standards of your specialty, or that poses a risk to your patients? Yes No
6. Do you use drugs illegally or use prescription medications not under the supervision of a licensed healthcare professional? Yes No
7. Regardless of the final outcome (dismissal, expunged, conviction, etc.) have you ever been charged with, convicted of, pled guilty or nolo contendere to any state or federal crime (other than minor traffic offenses)? Yes No
8. Have you been named as a defendant in any criminal complaint or is there any criminal investigation pending in any state or foreign country against you? Yes No
9. Have you ever been convicted of any sex offense, including but not limited to any offense involving a child? Yes No
10. Have you ever been terminated, dismissed, expelled, resigned, placed on probation, disciplined or placed under investigation, or have any limitations or special requirements been placed upon you for any reason in a prior educational experience or training program (including undergraduate, medical school, or graduate medical education)? Yes No
11. Have you ever had a license to practice medicine or allied health profession denied, revoked, limited or placed on probation, or subject to any other disciplinary action? Yes No
12. Has your Drug Enforcement Administration (DEA) registration ever been denied, limited, restricted, revoked, not renewed, or subject to any probationary conditions, or have you voluntarily or involuntarily relinquished it or have you ever been notified you are the subject of an investigation that is still pending? Yes No
13. Have you ever been denied certification or re-certification by a specialty board? Yes No
14. Have any malpractice claims been filed or judgments entered against you or another entity on your behalf in a professional liability case or is a case pending? Yes No
15. Have you ever been enrolled in, required to enter into, or participated in a drug or alcohol treatment or recovery program or impaired practitioner program? Yes No

By my signature below, I attest that I have provided complete and truthful information and answered these questions to the best of my knowledge. I give permission to UC San Diego to verify the information provided above, or request further information or documentation. I understand that failure to comply with a request for further information may result in withdrawal of the offer of appointment or that the terms and conditions of the offer may be revised.

Signature

Date

Printed Name

Program

