

ATTACHMENT A

PROFESSIONAL LIABILITY ACTION DETAIL – <u>CONFIDENTIAL</u>	
Please list any past or current professional liability claim or lawsuit, which has been filed against you in the past three (3) years. Photocopy this page as needed and submit a separate page for EACH professional liability claim/lawsuit. It is not acceptable to simply submit court documents in lieu of completing this document. Please complete each field. Please attach additional sheet(s), if necessary.	
Practitioner's Name (print or type):	
Month / Day / Year of the incident: and clinical details:	
Your role and specific responsibilities in the incident:	
Subsequent events, including patient's clinical outcome:	
Month / Day / Year the suit or claim was filed:	
Name and address of insurance carrier/professional liability provider that handled the claim:	
Your status in the legal action (primary defendant, co-defendant, other):	
Current status of suit or other action:	
Month / Day / Year of settlement, judgment, or dismissal:	
If case was settled out-of-court, or with a judgment, settlement amount attributed to you:	
I verify the information contained in this form is correct and complete to the best of my knowledge.	
Signature:	Date:

Modification to the wording or format of the Oregon Practitioner Recredentialing Application will invalidate the application.