

Attachment B

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| **Professional Liability Action Detail — Confidential** |
| Please list any past or current professional liability claim or lawsuit, which has been filed against you **in the past five (5) 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.

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