

Malpractice Insurance Questionnaire

While we try to minimize paperwork demands on our network providers, our insurance carrier requires we ask you to respond to these questions. Since we are required to keep responses on file, we ask that you return the completed form to First Sun EAP. We appreciate your continuing support and thank you for assisting us in this way.

1. Have you ever been convicted of a crime involving sex-related or child/elder abuse related offenses?
Yes____ No____

2. Have you ever been convicted of any other crime? (other than minor traffic violations)
Yes____ No____

3. Have you ever had an incident that resulted in an allegation of sexual, child or elder abuse?
Yes____ No____

Was a claim made against you? Yes____ No____ If yes, please give details on back of form.

Was the case settled? Yes____ No____

Taken to trial? Yes____ No____

4. Have you ever been sanctioned for an ethical violation?
Yes____ No____ If yes, please give details on back of form.

Was a claim made against you? Yes____ No____ If yes, please give details on back of form.

Was the case settled? Yes____ No____

Taken to trial? Yes____ No____

Were there any recommendations or restrictions made for you? Yes____ No____

5. Have you ever been trained in the area of sexual, child and elder abuse in aspects such as how to recognize the signs and what to do if a client/child/aging person reports that someone has abused him or her?
Yes____ No____

6. Are you supervised on a regular basis to monitor your relationship and professional services with clients/children/aging persons?
Yes____ No____

7. Do you participate in peer supervision or consult with peers when needed? Yes____ No____

8. If you are without supervision resources, do you agree to contact First Sun EAP so that we can work with you to provide peer supervision or to find adequate supervision resources? Yes____ No____

9. Do you agree to contact First Sun EAP should you be charged with or convicted or any ethical violation or crime including sex-related or child/elder abuse related offenses? Yes____ No____

10. Do you have malpractice insurance? Yes____ No____

If yes, please attach evidence thereof and return with this form.

Network Provider's Name and Credentials

Signature

Date