

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC HEALTH
 Office of PROFESSIONAL & OCCUPATIONAL INVESTIGATIONS
 1033 O Street, Suite 500 Lincoln, Nebraska 68508
 402-471-0175

INDICATE THE TYPE OF SITUATION YOU ARE REPORTING

- Loss or Voluntary Limitation of Privileges Resignation from Staff Loss of Employment
 Professional Liability Credential Denied or Disciplined Membership Lost Court Conviction

IDENTIFYING INFORMATION - COMPLETE ALL ITEMS

Name	First:	Middle/MI:	Last:	Maiden
Work Address	Street/PO/Route:			
	City:		State:	Zip:
Home Address	Street/PO/Route:			
	City:		State:	Zip:
Home Phone Number (Optional):			Work Phone Number (Optional):	
Cell Phone Number (Optional):			Email Address Number (Optional):	

LIST THE FIELD AND NUMBER FOR EACH NEBRASKA LICENSE, CERTIFICATE, OR REGISTRATION HELD

License Field	License Number

PATIENT OR CLIENT NAME ASSOCIATED WITH THIS REPORT

Name	First:	Middle/MI:	Last:	Maiden
Address	Street:			
	City:		State:	Zip:
Date of Birth:				

FACILITY, BOARD, ASSOCIATION, JURISDICTION, EMPLOYER, OR HOSPITAL ASSOCIATED WITH THIS REPORT

Name:

Address:	Street:			
	City:		State:	Zip:

LOSS OR VOLUNTARY LIMITATION OF PRIVILEGES OR RESIGNATION FROM STAFF OR LOSS OF EMPLOYMENT REPORT

1. I lost my privileges in a hospital or other health care facility due to alleged:

- Incompetence
- Negligence
- Unethical or unprofessional conduct
- Physical, mental, or chemical impairment

2. I voluntarily limit my privileges or resigned from the staff of a health care facility while under the formal or informal investigation or evaluation by the facility or a committee of the facility for issues of:

- Clinical incompetence
- Unprofessional conduct
- Physical, mental, or chemical impairment

3. I lost my employment due to alleged:

- Incompetence
- Negligence
- Unethical or unprofessional conduct
- Physical, mental, or chemical impairment

Date the above action occurred:

Date of Incident that led to 1, 2, or 3 above:

Name of person investigating or acting on privileges or employment:

Name of facility:

Address:

Street:

City:

State:

Zip:

Phone Number:

Facility Name Incident occurred at if different:

Facility Address Incident occurred at if different:

DESCRIBE THE CONDUCT, OMISSION, OR OTHER REASON THAT CAUSED YOUR LOSS OF EMPLOYMENT OR AFFECTED YOUR PRIVILEGES

PROFESSIONAL LIABILITY REPORT

1. I had a professional liability claim that resulted in an adverse judgement, settlement, or award, including settlements made prior to suit; OR
2. My professional liability insurance coverage has been canceled, limited, or otherwise modified due to a professional liability claim; OR
3. I have been refused professional liability insurance coverage on an initial or renewal basis due to professional liability claim.
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Date(s) on which the act(s) or omission(s) which gave rise to the action or claim occurred:

Date of <input type="checkbox"/> judgement <input type="checkbox"/> settlement or <input type="checkbox"/> award:	Day:	Month:	Year:
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Date of payment:	Amount:
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Case Number:

Name of court or adjudicative body:

Address:	Street:		
	City:	State:	Zip:

Name of insurer, employer, other person, or entity making payment of the claim:

Address:	Street:		
	City:	State:	Zip:

Contact Person:

Name of patient, client, or other person to whom or for whose behalf payment was made:

Address:	Street:		
	City:	State:	Zip:

Name of location or where act(s) or omission(s) occurred:

Address:	Street:		
	City:	State:	Zip:

Description of the act(s) or omission(s) upon which the action was based:

CREDENTIAL DENIED OR DISCIPLINED, MEMBERSHIP LOST, OR COURT CONVICTION REPORT

1. I was denied a credential or other form of authorization to practice by a state, territory, or other jurisdiction, including any military or federal jurisdiction, due to alleged:
- Incompetence
 - Negligence
 - Unethical or unprofessional conduct
 - Physical, mental, or chemical impairment
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2. I had disciplinary action taken against a credential or other form of permit by another state, territory, or jurisdiction, including any federal or military jurisdiction, or I had a settlement of such action, or I voluntarily surrendered or had a limitation placed on my credential or other form of permit.
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3. I lost my membership in a professional organization due to alleged:
- Incompetence
 - Negligence
 - Unethical or unprofessional conduct
 - Physical, mental, or chemical impairment
-

Name of board, association, organization, or jurisdiction taking action:

Name:

Phone Number:

City:

State:

Zip:

Date Action Takes:

Date Action Effective:

Duration of Action:

Nature of the action and description of any terms and conditions:

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4. I was convicted of a misdemeanor or felony in Nebraska or another state, territory, or jurisdiction, including any federal or military jurisdiction. (Do not report speeding or parking tickets.) Include copy of conviction.
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Name:

City:

State:

Zip:

Date of Conviction:

Case Number

Under Appeal? To: (Court)

Name of crime for which convicted:

Sentence imposed, including duration and any terms and conditions: