

**ROCKFORD ANESTHESIOLOGISTS ASSOCIATED, LLC
PHYSICIAN
INITIAL APPLICATION FORM**

Name : _____ Date Available: _____
 Last First Initial

List other names by which you have been known and reason for change: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Preferred Method of Contact: _____ Email Address: _____

Date Certified and Certificate Number: _____

If hired, will you be able to provide proof of legal authorization to work in the U.S. as of your start date? _____

LIST ALL MEDICAL LICENSES (PREVIOUS AND CURRENT)

State	Number	Issue Date	Expiration Date

EDUCATION

High School _____ Dates From/To _____

Undergraduate _____ Degree _____ Dates From/To _____

Medical School _____ Degree _____ Dates From/To _____

Internship _____ Type _____ Dates From/To _____

Residency-1 _____ Type _____ Dates From/To _____

Residency-2 _____ Type _____ Dates From/To _____

Fellow _____ Type _____ Dates From/To _____

LIST ALL FACILITIES WHERE YOU CURRENTLY HAVE OR HAVE HAD PRIVILEGES:

Facility _____

Address _____

Dates From/To _____ Nature of Privileges _____

Facility _____

Address _____

Dates From/To _____ Nature of Privileges _____

Facility _____

Address _____

Dates From/To _____ Nature of Privileges _____

Facility _____

Address _____

Dates From/To _____ Nature of Privileges _____

Facility _____

Address _____

Dates From/To _____ Nature of Privileges _____

WORK HISTORY

Provide information regarding **all** past employment **from completion of training until present**. Explain all time gaps over thirty (30) days, and indicate if you do not wish your current employer to be contacted.

Employer _____
Address: _____ City/State/Zip Code _____
Dates From/To _____ Title/Job Responsibilities _____

Employer _____
Address: _____ City/State/Zip Code _____
Dates From/To _____ Title/Job Responsibilities _____

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Address: _____ City/State/Zip Code _____
Dates From/To _____ Title/Job Responsibilities _____

Employer _____
Address: _____ City/State/Zip Code _____
Dates From/To _____ Title/Job Responsibilities _____

If you have additional licenses, facilities and work history, please list on a separate sheet of paper and attach to this application.

DISCLOSURE QUESTIONS:

Have you ever had a professional liability judgment against you, had a claim settlement paid on your half, or are there any currently pending professional liability suits, actions, or claims filed against you? _____

Have you ever been charged with or convicted of a crime in any State or country, other than minor traffic violations? (Note: You are not obligated to disclose sealed or expunged records of conviction or arrest.) _____

Have you ever been disciplined, investigated, reprimanded, had privileges or a license denied, suspended or revoked by a licensing agency, accrediting body, health care entity or society, or are any such actions pending? _____

Are you able to perform the essential duties of the position for which you are applying, with or without reasonable accommodation? _____

Are you currently engaged in the illegal use of any legal or illegal substance, and/or do you currently overuse and/or abuse alcohol or any controlled substances? _____

If you answer yes to any of the above questions, please provide an explanation on a separate sheet of paper and attach to this application.

Signature

Date

Please attach a current Curriculum Vitae/Resume to this form.

RELEASE

I hereby authorize the educational facilities, the chief(s)/director(s)/Human Resources Department of the clinical department(s), the hospital(s), and other facilities in which I currently have or formerly have had staff privileges, professional certification boards, state regulatory and licensing departments, professional liability insurance carriers, other professional monitoring entities, and present and past employers to submit information requested by Rockford Anesthesiologists Associated, L.L.C. ("RAA") including otherwise privileged or confidential material relative to my professional qualifications, credentials, past and present malpractice coverage, claims and suit information, clinical and/or professional competence, work history and background (including, but not limited to, performance, disciplinary and attendance records, wage/salary information, etc.), character, ethics, or any other matter having bearing on the credentialing procedure. I hereby release and hold harmless all such entities, their representatives, employees and agents from any and all liability for any damages which may result from providing this information as long as such release of information is done in good faith and without malice. I also hereby consent to a criminal background check.

I agree that a copy of the authorization has the same effect as an original.

I acknowledge that the acceptance of this application does not constitute a contract for employment and that no representative of RAA other than the President and CEO has any authority to enter into any agreement to the contrary.

I understand that a condition of this application is that any misrepresentation, misstatement or omission from this application, whether intentional or not, is cause for automatic and immediate rejection of this application by RAA, and may lead to immediate termination and/or render any signed employee agreement null and void.

Signature

Date

Printed Name