



# New Mexico VAPC3/Choice Network Initial Practitioner Credentialing Application



**PERSONAL**

**Name:**



**PROFESSIONAL EXPERIENCE / WORK HISTORY**

**PLEASE USE MONTH / YEAR FORMAT.** In chronological order, list professional experience attained since completion of medical school to the present. **Explain all breaks, greater than 6 months.** If necessary, attach additional 8-1/2 x 11 sheet(s).

<b>Location</b>		From:	To:
Street :			
City	ST	Zip:	



# MALPRACTICE/LIABILITY INSURANCE

## MALPRACTICE/LIABILITY INSURANCE (Attach copy of current malpractice certificate)

CURRENT CARRIER:

POLICY #:

ADDRESS:

CITY, ST, ZIP:

AMOUNTS OF COVERAGE:

ISSUE DATE:

EXP DATE:

### PROFESSIONAL LIABILITY CLAIMS HISTORY DETAIL/EXPLANATION

Please provide the following information for all current open, settled, dismissed and/or judgments for professional liability claims filed against you within the last ten years. Please answer the following questions for EACH claim. Duplicate this page as necessary.

Patient name:

Plaintiff name (if other than patient):

Your involvement in the case (Attending, consulting):

Date of occurrence (month/day/year):

Your status in the case (Primary or co-defendant):

Date claim was filed (month/day/year):

Professional liability insurance carrier involved:

Additional defendants:

Describe the allegation and alleged injury to the patient:

Provide explanation or information of the events leading to the allegation:

Claimant/Plaintiff filed suit in court?  Yes  No

Court Case #:

State:

County/Parish:









