Oregon

Kate Brown, Governor

Attachment A

Professional Liability Action Detail — Confidential

Please list any past or current professional liability claim or lawsuit, which has been filed against you. **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 Credentialing Application will invalidate the application.