

APPLICATION FOR A NEBRASKA LICENSE TO PRACTICE VETERINARY MEDICINE AND SURGERY

General Requirements:

- Be a graduate of an AVMA accredited veterinary school, or hold either an ECFVG certificate or a PAVE certificate;
- Pass the Nebraska State Jurisprudence Examination with a score of at least 70; and
- Qualify for either “licensure by examination” or “licensure by reciprocity”.

Licensure by Examination: Applicants must have pass the North American Veterinary Licensing Examination (NAVLE) **within the last five years** with a converted score of at least 70.

Licensure by Reciprocity: In addition to the general requirements, applicants must meet both of the following conditions:

- 1) Have been actively engaged in the practice of veterinary medicine and surgery at least one of the three years immediately preceding the application under a license in another state or territory of the United States, the District of Columbia, or a Canadian province.
- 2) Passed either the NAVLE or NBE/CCT with a converted score of at least 70.

How to apply: The following items must be submitted to this Department.

- ❑ **A completed *Application for License to Practice Veterinary Medicine and Surgery***
- ❑ **A completed Nebraska State Jurisprudence Examination.** The open-book jurisprudence exam is included in this packet. You will need to refer to the following statutes and regulations in order to complete the exam:
 - a) Uniform Credentialing Act;
 - b) Statutes Relating to Veterinary Medicine and Surgery;
 - c) Regulations Governing the Practice of Veterinary Medicine and Surgery;
 - d) Regulations Governing Mandatory Reporting By Health Care Professionals, Facilities, Peer and Professional Organizations, and Insurers; and
 - e) Statutes Relating to Pharmacy.

Please obtain these documents on the web at http://dhhs.ne.gov/publichealth/Pages/crl_medical_vet_vet_regs.aspx If you do not have web access contact our office for copies.

- ❑ **Proof of Age.** A copy of applicant’s birth certificate, driver’s license, or other valid verification of age. Applicants must be at least 19 years of age.
- ❑ **Proof of citizenship/legal residency.** Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a **copy** of at least one of the following documents:
 1. A U.S. Passport (unexpired or expired);
 2. A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 3. An American Indian Card (I-872);
 4. A Certificate of Naturalization (N-550 or N-570);
 5. A Certificate of Citizenship (N-560 or N-561);
 6. Certification of Report of Birth (DS-1350);
 7. A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 8. Certification of Birth Abroad (FS-545 or DS-1350);
 9. A United States Citizen Identification Card (I-197 or I-179);
 10. A Northern Mariana Card (I-873);
 11. An Alien Registration Receipt Card (Form I-551, otherwise known as a “Green Card”);
 12. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 13. A document showing an Alien Registration Number (“A#”); or
 14. A Form I-94 (Arrival-Departure Record)

- ❑ **Criminal Background Check.** Applicants must submit fingerprints to the Nebraska State Patrol. The State Patrol will forward the results of the background check to our office. Instructions regarding the criminal background check are on the web at <http://dhhs.ne.gov/publichealth/Documents/backgroundchecks.pdf>. You may contact our office to obtain the blank fingerprint cards.
- ❑ **Official transcript or certificate of educational equivalence.** Graduates of AVMA-accredited veterinary programs must have certified transcripts sent to this office directly from their school. Applicants who did not graduate from an AVMA-accredited program must have official documentation of ECFVG or PAVE certification sent to this office directly from the issuing agency.
- ❑ **Official documentation of NAVLE or NBE scores.** Scores must be sent directly to this office from the American Association of State Veterinary Boards (AAVSB). Score transfers can be ordered online at www.aavsb.org or by phone at (877) 698-8482.
- ❑ **Certification of licensure** (when applying by reciprocity). If applying by reciprocity, a certification of licensure must be sent directly to this office from the licensing agency of the jurisdiction where the applicant was initially licensed as a veterinarian. The certification must indicate whether or not the license has been disciplined in any manner, and the nature of any disciplinary actions taken. (Not required if applying by examination.)
- ❑ **Application fee**
Submit the fee amount listed in the box corresponding to month and year in which you are submitting your application. Be aware that you may be required to submit additional funds depending on when license is actually issued. Checks should be made payable to *Licensure Unit, State of Nebraska*.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even ex. 2008	62.50	62.50	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00
Odd ex. 2009	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00	62.50	62.50	62.50

All veterinary licenses in Nebraska expire on April 1st of even years. The application fee is reduced to \$62.50 when the license is issued within six months of the expiration date.

APPLICANTS TO TAKE THE NAVLE: If you wish to apply to take the NAVLE through Nebraska, you need to submit the [NAVLE Approval through Nebraska Application](#) and the required application fee directly to the National Board of Veterinary Medicine Examiners (NBVME). In addition, you will need to submit the NBVME [NAVLE Application](#) and the required NAVLE fee directly to the NBVME. Instructions and forms for this process are online at www.nbvme.org. NBVME's telephone number is 701/224-0332.

Accreditation: To obtain accreditation to sign health papers for brucellosis or tuberculosis or to do state program work, contact the USDA/APHIS Veterinary Services office at (402) 434-2300.

DEA Registration: You must apply for a Federal Controlled Substances Registration if you intend to administer, prescribe, or dispense controlled substances in Nebraska. Applications are available online at www.deadiversion.usdoj.gov. If you obtain a DEA Registration, you will need to submit a photocopy of the registration to our Department.

New graduates cannot practice under the license of another veterinarian or a license from another state. Graduate status does not authorize you to practice without a Nebraska license.

All license application materials should be returned to:

**Nebraska Department of Health and Human Services
Division of Public Health, Licensure Unit
PO Box 94986
Lincoln NE 68509-4986**

Contact our office at dhhs.medicaloffice@nebraska.gov or 402/471-2118

CRIMINAL BACKGROUND CHECKS

Instructions – Revised 07/2015

Criminal Background Check Notification: Pursuant to Neb. Rev. Stat. §38-131 (provided below), an applicant for an initial license to practice as a registered nurse or a licensed practical nurse or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. Applicants are able to receive any national criminal history record that may pertain to them directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and may then freely disclose any such information to whomever they choose. Applicants must authorize the dissemination of any national criminal history record that may pertain to them to the Department of Health and Human Services (DHHS) when applying for licensure. Applicants are entitled to challenge the accuracy and completeness of any information contained in any such report and will be provided a copy of the criminal history background report, if any, received if they appear at the DHHS in person and present proper identification. Information on how to challenge an applicant's federal report can be found at FBI.gov. To challenge an applicant's Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. Applicants may obtain a prompt determination as to the validity of their challenge before the DHHS makes a final decision about their application for licensure.

Neb. Rev. Stat. §38-131 - **Criminal background check; when required.** (1) An applicant for an initial license to practice as a registered nurse or a licensed practice nurse or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. Except as provided in subsection (3) of this section, the applicant shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. (2) This section shall not apply to a dentist who is an applicant for a dental locum tenens under section 38-1122, to a physician or osteopathic physician who is an applicant for a physician locum tenens under section 38-2036, or to a veterinarian who is an applicant for a veterinarian locum tenens under section 38-3335. (3) An applicant for a temporary educational permit as defined in section 38-2019 shall have ninety days from the issuance of the permit to comply with subsection (1) of this section and shall have his or her permit suspended after such ninety-day period if the criminal background check is not complete or revoked if the criminal background check reveals that the applicant was not qualified for the permit. Source: Laws 2005, LB 306, § 2; Laws 2005, LB 382, § 15; Laws 2006, LB 833, § 1; R.S.Supp 2006, § 71-104.01; Laws 2007, LB247, § 60; Laws 2007, LB463, § 31; Laws 2007, LB481, § 2; Laws 2011, LB687, § 1; Laws 2015, LB129. Effective Date: August 30, 2015

FINGERPRINTING PROCEDURE – Please read and follow these instructions carefully to avoid delays in processing.

Fingerprints must be obtained and submitted to the Department with your application for licensure. The Department is required to verify to the Nebraska State Patrol that you have made application for licensure in Nebraska prior to the Nebraska State Patrol processing your request for a criminal background check. The applicant must send the fee for the Criminal Background Check (\$28.75) separately, directly to the Nebraska State Patrol as explained below.

Criminal background checks are NOT expedited for any reason.

1. If you received a printed application from the Licensure Unit, two fingerprint cards were enclosed. Take the fingerprint cards (2) to any State Patrol office or law enforcement agency. Contact information for the Nebraska State Patrol offices is included with these instructions. You must call ahead to schedule an appointment at the Nebraska State Patrol offices. Please note that some offices have limited hours when fingerprinting will be conducted.
2. If you obtained your application online, fingerprint cards can be obtained by contacting the Licensure Unit. Fingerprint cards may also be available at any State Patrol office or law enforcement agency. The fingerprint cards are the standard FBI Applicant format, form number FD 258, and are blue and white cards.
3. **DO NOT FOLD THE FINGERPRINT CARDS.**
4. Live Scan fingerprinting refers to both the technique and the technology used by law enforcement agencies and private facilities to capture fingerprints electronically, without the need for the more traditional method of ink and paper. Live Scan is available at all Nebraska State Patrol locations. If Live Scan is used in Nebraska to capture your fingerprints, the Nebraska State Patrol will NOT give you cards to submit with your application. They will submit the cards to the Department directly for verification of application. Although other states may have Live Scan available, it is common that other states will not capture fingerprints using Live Scan for persons who are being fingerprinted for purposes outside of that state. Applicants outside of Nebraska may have traditional ink and paper fingerprints done where they are located, or they may travel to a Nebraska State Patrol location to use Live Scan.
5. The Nebraska State Patrol does not charge for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or in other states may charge a fee.
6. You must take one form of photo ID with you when obtaining your fingerprints. Acceptable forms of ID include a driver's license, visa or passport. If you are from a foreign country and do not have one of these forms of photo identification, provide any documentation issued by your country, legal sovereign or consulate.

7. Please print your full name, address with zip code, *Social Security Number, date and place of birth, and physical identifiers on the fingerprint cards. **DO NOT sign the fingerprint cards until** the law enforcement officer has verified your signature with the form of identification that you provide. **DO NOT write in the field labeled ORI.**

**Social Security Number: If you do not have a United States Social Security Number, you must provide in the "Miscellaneous No: MNU" section a Government issued identification number, a "consulate" number or a Passport Number. Please indicate the type of number provided.*

8. If you are one of the following professions: Dental, Physician, APRN*, Physician Assistant, Optometrist, Podiatrist, Veterinarian, Temporary Educational Permit or Wholesale Drug Distributor, put Controlled Substance License in the box labeled "Reason Fingerprinted". If you are applying for an RN or LPN license put Nursing License in the box labeled "Reason Fingerprinted".

New APRN/RN applicants (individuals applying for both at the same time) will need to submit two different sets of cards and pay twice. Each license applied for requires an individual background check.

9. After the fingerprinting procedure is completed, the cards should **NOT** be given to you.

- **If you obtained the cards from the Licensure Unit**, request the person who took your fingerprints to place the cards in the envelope provided by the Licensure Unit along with your completed application for licensure, and mail the envelope to the Department.
- **If you obtained the cards from a State Patrol office or other law enforcement agency**, request the person who took your fingerprints to place the cards in an envelope provided by you (**DO NOT FOLD THE FINGERPRINT CARDS**) along with your completed application for licensure, and mail the envelope addressed to: **Nebraska DHHS, Division of Public Health, Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, NE 68509-4986**

The fee for Criminal Background Check is to be sent separately, directly to the Nebraska State Patrol. The \$28.75 fee, made payable to the Nebraska State Patrol, can be paid by a personal check, money order, cashier's check and credit card. **When sending payment, it is important to include a note that clearly identifies the name of the person for whom the criminal background check is requested, and the type of license for which the person is applying.**

Payment must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 3800 NW 12th ST, STE A, Lincoln NE 68521.**

Pay by credit card at www.ne.gov/go/nsp. This is an internet pay site through PayPort. You can pay by echeck (additional fee of \$1.75) or credit card (additional fee of \$.90). The website will ask you to select the type of payment you are making. You need to choose "Controlled Substance License". You will then need to put in the applicant's name, date of birth and the last 4 digits of social security number (optional). If a company is paying for an applicant – the applicant's information needs to be submitted on this page. The second page of the website will ask for information about the payer, which may or may not be the applicant.

10. ****This process takes several weeks for the results of your criminal background check to be received by the Department.** No licensing decision will be made until all information is received.**

Office of the Nebraska State Patrol

Days/Hours that Fingerprinting Conducted

Troop A
4411 S 108th ST
Omaha, NE 68137
Phone: 402-331-3333

Monday through Friday 8:00 a.m. to 4:30 p.m.
(appointment required)

Troop B
1401 Eisenhower AVE
Norfolk NE 68701
Phone: 402-370-3456

Usually on Tuesdays
(appointment required)

Troop C
3431 Potash
Grand Island NE 68802
Phone: 308-385-6000

Mondays from 10:00 a.m. to noon
and from 1:00 p.m. to 2:45 p.m.
(appointment required)

Troop D
300 West South River Rd
North Platte NE 69101
Phone: 308-535-8265 ext. 219

Monday, Tuesday, Thursday, Friday
from 8:30 a.m. to 5:00 p.m.
Wednesday from 8:30 a.m. to 2:30 p.m.
(appointment required)

Troop E
4500 Avenue I
Scottsbluff NE 69361
Phone: 308-632-1211

Wednesdays after 1:00 p.m.
(appointment required)

Criminal Identification Division (CID)
3800 NW 12th ST STE A
Lincoln NE 68521
Phone: 402-479-4971

Monday through Friday 8:00 a.m. to 4:00 p.m.
(appointment required)
Last person fingerprinted at 4:00 p.m.



Department of Health and Human Services
 Division of Public Health - Licensure Unit
 301 Centennial Mall South
 P.O. Box 94986 - Lincoln, Nebraska 68509
 Telephone #: 402-471-2118

Lic# _____

Date: _____

Office Use Only
 Revised 01/2015

**APPLICATION FOR LICENSE TO PRACTICE
 VETERINARY MEDICINE AND SURGERY**
 PLEASE PRINT OR TYPE
 Fee: 250.00

APPLYING BY:

Examination (Check this box if you took the NBE/CCT or the NAVLE within the last five (5) years.

Reciprocity (Check this box if you took the NBE or NAVLE more than five (5) years ago.

All applicants must contact the American Association of Veterinary State Boards (AAVSB) to forward their NBE and CCT or NAVLE scores directly to the State of Nebraska. (www.aavsb.org)

Section A – Personal Information: (All applicants must complete this section) Items 1 and 2 are public information. Name and Licensure information will be displayed on the INTERNET at <http://www.nebraska.gov/LISSearch/search.cgi>

NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.

1	Legal Name	First:	Middle Name:	Last:
	Maiden Name	Other Names you are known as (AKA):		
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth: Month/Day/Year:	Place of Birth (city/state/country):		Gender: M F
4	Check the Appropriate Box(es)	<input type="checkbox"/> Social Security Number (SSN);	SSN#	
		<input type="checkbox"/> Alien Registration Number ("A#");	A#	
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number	I-94 #	
If you have both a SSN and an A# or I-94 number, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.				
Phone		Fax (optional)		
Licensee E-mail Address		Credentialing contact e-mail Address (optional)		

Section III			
1	Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during veterinary school or postgraduate training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Section IV			
1	Have you ever been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever been convicted of a misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Section V			
1	Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever surrendered your state or federal controlled substances registration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you ever had your state or federal controlled substances registration restricted or disciplined in any way?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Section VI			
1	Have you ever been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Are you aware of any professional liability claims currently pending against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section D – Licensure in Other States/Provinces (All Applicants must complete this section)			
Have you ever been licensed as a veterinarian in another state, province or jurisdiction?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, list all states, provinces and jurisdictions where you have been or are currently license, and include license number and expiration date.			
State/Provence	License Number	Initial Issue Date	Expiration Date

Section E – Reciprocity Information Applicants applying by *reciprocity* must complete the following questions. Applicants applying by examination should proceed to Section G.

List the name and address of the agency issuing initial license, date issued, initial license number and expiration date.

State or Canadian Province	Initial License Number	Initial Issue Date	Expiration Date
Have you requested to have certification of your initial veterinary license sent directly to the State of Nebraska from the state or province of initial licensure?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been actively engaged in the practice of veterinary medicine and surgery at least one of the three years immediately preceding this application under a license in another state or territory of the United States, the District of Columbia, or a Canadian Province?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Give the names of facilities, addresses and dates at locations where you have been actively engaged in the practice of veterinary medicine and surgery for the past three years. Use additional paper if needed.			
Name of Facility/Program	Address	City/State	Dates at Location

Section F – Controlled Substances Registration (All applicants must complete this section)

<p>A separate Nebraska Controlled Substance Registration is not required upon providing proof of a Federal Controlled Substances Registration (DEA Number) to this office. Check one of the following:</p>	<p><input type="checkbox"/> I have enclosed a photocopy of my <i>current</i> Federal Controlled Substances Registration. My Federal Controlled Substances Registration Number is _____, and it expires on _____.</p> <p><input type="checkbox"/> I am currently applying for a Federal Controlled Substances Registration, and will send a photocopy of such when I receive the registration</p> <p><input type="checkbox"/> I do not have nor am I applying for a Federal Controlled Substances Registration and I will not be prescribing, administering or dispensing controlled substances in the State of Nebraska. I understand that at such time that I do intend to prescribe, administer or dispense controlled substances in Nebraska, I will first need to have a Federal Controlled Substances Registration issued to me. At that time I am also to supply photocopy of the registration to the State of Nebraska.</p>
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Section G – Practice Prior to Credential (All applicants must complete this section)

An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

<p>Have you actively practiced veterinary medicine in Nebraska prior to being issued a license? Effective July 1, 2004, the Department is authorized to assess an Administrative Penalty in the amount of \$10.00 per day, not to exceed a total of \$1000.00 when evidence exists that a person has practiced veterinary medicine prior to being issued a license.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>If yes, how many days have you <u>actually practiced</u> veterinary medicine in Nebraska?</p>	# of days: _____	
	Name of Business: _____	
	City: _____	
	Telephone #: _____	

SECTION H – ATTESTATION (All applicants must complete this section)

Lawful Presence in the United States Attestation: For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

Please check only one of the boxes below:

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Alien or Non-Immigrant Status: If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

If you are an Alien or Non-Immigrant, your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

Criminal Background Check Notification: Pursuant to Neb. Rev. Stat. §38-131, an applicant for an initial license to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. I understand that I am able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose. By signing this application, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Department of Health and Human Services (DHHS) with whom I am applying for licensure. I understand that I am entitled to challenge the accuracy and completeness of any information contained in any such report, and that you will provide me a copy of the criminal history background report, if any, you receive on me if I appear at the DHHS in person and present proper identification. Information on how to challenge your federal report can be found at FBI.gov. To challenge your Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my application for licensure.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete; and
3. I am of good character.

Print Name _____ Signature _____ Date _____

* Required Misdemeanor/Felony Conviction Information

If you have had any misdemeanor or felony convictions you must submit:

- a. Official Court Record, which includes charges and disposition;
- b. Copies of Arrest records;
- c. A letter from the applicant explaining the nature of the conviction;
- d. All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
- e. A letter from the probation officer addressing probationary conditions and current status, if the petitioner is currently on probation.

** Required Malpractice Information

Professional Liability (Malpractice) Information:

If You Answered YES To Section VI Question #1: Indicate the total number of claims you have had which resulted in:

- a. An adverse judgment against you;
- b. A settlement made on your behalf, including those made prior to suit in which the patient released any professional liability claim against you;
- c. An award was required or made by you or on your behalf.

Submit a detailed explanation of each claim to include the following:

1. Name, sex and age of patient
2. Date of occurrence
3. Initial event (procedure/diagnosis)
4. Subsequent event that precipitated the claim – include the time sequence in relation to the initial event
5. Damages – a description of damages or alleged damages resulting from the initial and subsequent events
6. Date of filing of malpractice claim in court (if applicable)
7. Outcome of claim – include the court disposition, whether or not the case was settled, and the amount of any monetary settlement or judgment made on your behalf.
8. Date of final outcome of claim.

If You Answered YES To Section VI Question #2: Indicate the total number of malpractice claims that are currently pending against you. Submit the following for each pending claim:

- a. A **detailed explanation** of the claim to include the information as outlined above, numbers 1-6;
- b. Copies of the court documents that outline the **statement of charges** (often called the “Complaint”);
- c. **Letter from the attorney** stating the current status of the claim.