

HEALTH CARE FACILITY INQUIRY REGARDING HEALTH CARE PROFESSIONAL

SECTION I – INQUIRY (TO BE COMPLETED BY INQUIRING HEALTH CARE FACILITY)	
INQUIRING HEALTH CARE FACILITY	
Name of Inquiring Health Care Facility	Date of Inquiry
Address of Inquiring Health Care Facility	
Name and Title of Contact Person	Phone
Email Address	Fax Number
<p>Certification pursuant to N.J.A.C. 13:45E-6.1(a): I certify that the Health Care Facility has authorized me to make this inquiry, and that I am making it for the purpose of evaluating a health care professional for (<i>check all that apply</i>):</p> <p style="text-align: center;"> <input type="checkbox"/> Employment <input type="checkbox"/> Granting Privileges <input type="checkbox"/> Continuing Employment <input type="checkbox"/> Continuing Privileges </p>	
Signature	Date
HEALTH CARE FACILITY TO RECEIVE THIS INQUIRY	
Name of Health Care Facility	
Address of Health Care Facility	
Name and Title of Contact Person (if known)	Phone
Email Address	Fax Number
HEALTH CARE PROFESSIONAL ABOUT WHOM INQUIRY IS BEING MADE	
Name of Health Care Professional	
Maiden or Other Name(s) Used	
Credential of Professional	Professional License/Certification Number
SECTION II – RESPONSE (TO BE COMPLETED BY HEALTH CARE FACILITY RESPONDING TO THIS INQUIRY)	
Date Inquiry Received	Date Response Sent
Name of Health Care Professional	
Title(s) of Positions Held by Health Care Professional	
Dates the Health Care Professional was Employed by Responding Facility From: _____ To: _____	Is the Health Care Professional's employment ongoing with the Health Care Facility responding to this request? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates the Health Care Professional held Privileges at Responding Facility From: _____ To: _____	Does the Health Care Professional continue to hold privileges with the Health Care Facility responding to this request? <input type="checkbox"/> Yes <input type="checkbox"/> No

**HEALTH CARE FACILITY INQUIRY REGARDING HEALTH CARE PROFESSIONAL
(Continued)**

SECTION II – RESPONSE (Continued)

If the health care professional no longer is employed by, and/or no longer holds privileges at, the responding health care facility, state the reason for the separation of the health care professional from employment and/or the cessation of the health care professional's privileges at the responding health care facility (*attach additional sheets if necessary*):

During the seven years preceding the date of this inquiry, have you submitted any report about this health care professional to (*check all that apply*):

- the Clearinghouse Coordinator within the Division pursuant to N.J.S.A. 26:2H-12.2b?
- the Medical Practitioner Review Panel pursuant to N.J.S.A. 26:2H-12.2a? and/or
- any Board? (*state Name of Board*): _____

If you submitted a report to any of the entities above, please indicate the status of the Report:

- Clearinghouse Coordinator: Accepted Rejected Pending
- Medical Practitioner Review Panel: Accepted Rejected Pending
- Board: Accepted Rejected Pending

If report is either "accepted" by or "pending" before any of the above, attach copies of reports and any supporting documentation submitted to these entities when returning this form to the inquiring facility.

If report was "rejected," do not attach copies.

Did the health care professional receive a written performance evaluation from the responding facility?

- Yes No (*If "No," proceed to Section III.*)

If "Yes,"

- a. was the evaluation signed by the evaluator? Yes No
- b. was the evaluation shared with the employee? Yes No
- c. did the health care professional have the opportunity to respond to the evaluation? Yes No

If the answer to any of the questions above is "No," proceed to Section III.

If the answers to all questions above are "Yes," then, taking into consideration the health care professional's response to the evaluation, if any, provide information about the health care professional's job performance as it relates to patient care. (*See instructions. Attach additional sheets if necessary.*)

Is the health care professional eligible for re-employment by the responding health care facility?

- Yes No

Is the health care professional eligible for reinstatement of privileges at the responding health care facility?

- Yes No

SECTION III - SIGNATURE

I certify that the foregoing statements made by me are truthful and made in good faith and without malice. I am aware that if any of the foregoing statements made by me are untruthful, made in bad faith, and/or with malice, I am subject to punishment and the responding health care facility is subject to penalties pursuant to N.J.S.A. 26:2H-12.2c and N.J.A.C. 8:30-1.6.

Name (<i>print</i>)	Title
Signature	Date