





Individual Practitioner Profile (Continued)

- 1. Have any malpractice claims or suits ever been filed against you?  Yes  No
- 2. Has your professional license in any state ever been denied, revoked, limited, suspended, put on probation or voluntarily relinquished?  Yes  No
- 3. Has your DEA permit ever been denied, revoked, limited, suspended, or voluntarily relinquished?  Yes  No
- 4. Have you ever been convicted of a criminal offense?  Yes  No
- 5. Have you ever been disciplined by a state board of dental examiners or a misconduct board?  Yes  No
- 6. Have you ever been subject to peer review action?  Yes  No
- 7. Have you ever had, or do you currently have, a chemical dependency or substance abuse condition?  Yes  No
- 8. Do you have any mental or physical condition that results in an inability to perform the essential functions of your profession, with or without accommodation?  Yes  No
- 9. Do you now or have you ever had any sanctions against you by the Office of Inspector General (OIG), Medicare and/or Medicaid?  Yes  No
- 10. Are you eligible for DEA or CDS certification?  Yes  No
- 11. If applicable, are your hospital privileges in good standing?  Yes  No
- 12. Does your office use infection control and barrier techniques according to CDC standards?  Yes  No
- 13. Does your office clean and heat sterilize high-speed, air-driven hand pieces and prophylaxis angles after each patient?  Yes  No
- 14. Do you take initial medical/dental history with periodic updates?  Yes  No
- 15. Do you routinely use a dental or medical consent form for treatment?  Yes  No

**If you answered “yes” to questions one through seven, please provide dates, circumstances and dispositions on a separate sheet of paper.**

I hereby certify that the information provided and the answers to the questions on this profile are accurate and complete. I agree to immediately notify Delta Dental of Virginia in writing of any changes, including any changes to my professional liability insurance. I hereby give Delta Dental permission to request information from other entities regarding my professional credentials and qualifications. This release of information will not remain valid in the event the Participating Dentist Agreement is terminated.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

**Delta Dental of Virginia welcomes providers’ suggestions on how we might improve our credentialing process.** Call 800.367.3531, ext. 3328 to speak with a Provider Relations Specialist.