

UNION HOSPITAL, INC.
APPLICANT/EMPLOYEE QUESTIONNAIRE AND CERTIFICATION

NAME: _____
(Print)

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

1. Have you ever been kept out of, barred from, excluded, suspended, debarred or otherwise restricted from or otherwise sanctioned or disciplined by Medicare or Medicaid programs or any other federally or state funded health care programs?

2. Have any of the entities that you listed in response to question # 1 been kept out of, barred from, excluded, suspended, debarred or otherwise restricted from or otherwise sanctioned or disciplined by Medicare or Medicaid programs or any other federally or state funded health care programs?

3. Have you ever been convicted of a health care related felony or health care related misdemeanor (including a plea bargain or other arrangement with prosecuting authorities)? If so, please explain, including the nature of the charge(s) and the disposition of any such charge.

(CONTINUED ON BACK)

4. Have any disciplinary actions or investigations been initiated or are any pending against you by any federal or state licensure board or regulatory body? If so, please explain. If not applicable, please indicate as not applicable.

5. Have you ever defaulted on a Health Education Assistance Loan? If so, please explain.

6. Have you ever had your license suspended or revoked? If so, in which state? When? Summarize the reasons underlying this action. If not applicable, please indicate as not applicable.

7. List any health care or health care-related business in which you or a member of your family or household has a direct or indirect ownership or controlling interest in 5 % or more. Include any Medicare or Medicaid provider numbers for each (attach extra pages if necessary).

I certify that all information I have submitted in connection with this application is true and accurate. I fully understand and agree as a condition of my application for employment that any misrepresentation, misstatement in or omission from this application, whether intentional or not, constitutes good cause for automatic termination.

(Signature)

Printed:_____

Date:_____