

FORM E1

MALPRACTICE QUESTIONNAIRE

REINSTATEMENT PHYSICIAN LICENSURE

INSTRUCTIONS: Complete, sign, and date the Malpractice Questionnaire. **This form must be completed for each case: 1) you have been named as a defendant; from which you have been dismissed; and which is pending, and accompanied by the appropriate documentation from the courts and mailed to the Board.** Do not take shortcuts on documenting malpractice. You must give a detailed summary of your actual involvement in the treatment of the patient. Failure to do so can result in delays in the processing of your application. Summaries by you attorney or your insurance company are not accepted in lieu of this documentation. The Georgia Composite Medical Board requires a copy of the Plaintiff's Complaint, and either the Settlement Agreement, Dismissal Order or Summary Judgment. Copies can be your own, or obtained either from your attorney or county clerk's office and must be 8-1/2 by 11 in size. Do not submit two-sided copies.

Full Name of Physician _____ Business Telephone Number _____

Address _____ City _____ State _____ Zip Code _____

None; if none, please complete information above, sign, date and return the form to be included in your file.

Name of Patient: _____
 Last Name _____ First Name _____ Middle Name _____

Age of Patient _____ Years

Date of Occurrence: ____/____/____

Location of Incident: _____
 Site _____
 Address _____
 City _____ County _____ State _____ Zip _____

Position in Case: Intern Resident Primary Physician Other:

Filed Against: Individual Physician Group Hospital

List Names of Other Physicians/Hospitals: _____

Attach to this document a detailed, typewritten summary of the circumstances surrounding the incident and your involvement in your own words. Do not reference other documents – include them with the summary. Even if the incident occurred while you were an intern or resident, a summary must accompany this form.

Disposition: Pending Settled Dismissed

If settled, provide the following information: In Court Out of Court Date of settlement: ____/____/____

Total Amount of Settlement: \$ _____ Amount Attributable to you: \$ _____

Signature _____ Date _____