

This Attestation to be completed by House Staff / Clinical Fellow applicants only.

Statement of Applicant - Attestation

-- I fully understand that any significant misstatements in, or omissions from, this application may constitute cause for denial of appointment to or summary dismissal from, the Hospital's Resident Staff and/or The Johns Hopkins University.

-- All information submitted by me in this application is true to the best of my knowledge and belief.

-- I authorize the Hospital and/or the University and their representatives to consult with other hospitals and institutions and their representatives and others, in regard to this application.

-- I release from liability the Hospital and/or University, their representatives and agents for their actions or omissions performed in good faith and without malice in evaluating the application as well as those who provide information to the Hospital and/or University in good faith and without malice, and I consent to the release of such information, including otherwise privileged or confidential information.

-- I consent to the release of information to other hospitals and institutions and persons with a legitimate interest and agree to hold the Hospital and/or the University, their representatives and agents free of liability for their actions performed in good faith as a part of the quality assurance program, the credentialing process, peer review and medical evaluation activities.

-- I agree that, upon the request of any board or committee responsible for credentials review, I shall undergo a complete physical and/or mental health evaluation (concerning my ability to care for patients and/or my ability to work cooperatively with colleagues and support staff) by a physician who is mutually acceptable to me and the board or committee requesting evaluation, and shall agree to make the report of the evaluation a part of the application.

-- I authorize and consent to the release of all credentialing, performance, quality, utilization, disciplinary and other relevant information to any other Johns Hopkins Health System entity at which I am a member of the Medical, Affiliate, or Resident Staff or to which I may apply in connection with my application for appointment, or in connection with any peer review or disciplinary process, and I release Johns Hopkins Medicine, its representatives and agents, from any liability for releasing such information in good faith and without malice.

-- I release all individuals and organizations (including but not limited to professional liability carriers, law enforcement agencies, medical associations, U.S. government agencies to include the U.S. armed services, and licensing boards) who in good faith and without malice provide information to Johns Hopkins Medicine and its representatives from any liability in connection with this application. I consent to the release of such information, including otherwise privileged or confidential information.

-- I understand and agree that acceptance of this application does not constitute approval or acceptance of participation within any entity that contracts with Johns Hopkins Medicine.

-- I understand that the information required herein is continuing in nature and I agree to provide any changes in the information provided; i.e., address, name, certification and dates, licensure, etc. I agree to furnish, upon request, an update on any information provided in this application.

A copy of the Statement of Applicant may be used as original.

Date _____

Signature _____

Printed Name _____

The Johns Hopkins Institutions do not discriminate on the basis of race, color, sex, religion, age, national or ethnic origin, sexual orientation, handicap, veteran status, or any other occupationally irrelevant criteria.