



Alaska State Medical Board

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: MedicalBoard@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

Medical Board Mandated Reporting Form

Please use this form for reporting a malpractice settlement, criminal charge or conviction, disciplinary action, action taken on hospital privileges, a threat to the health and welfare of patients or the public, or incompetent or unprofessional conduct by a licensee. Please attach supporting documents to corroborate the information you report on this form, including charging documents, court order, or insurance claims.

PART I Personal Information - Reporter			
Full Legal Name:		Title:	
Mailing Address:	P.O. Box or Street	City	State Zip
Email Address:		Contact Phone:	
License Type:	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DPM <input type="checkbox"/> PA-C <input type="checkbox"/> N/A	Alaska License Number:	
Signature:		Date Signed:	

PART II Personal Information – Licensee (If Different from Above)			
Full Legal Name:		Title:	
Mailing Address:	P.O. Box or Street	City	State Zip
Email Address:		Contact Phone:	
License Type:	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DPM <input type="checkbox"/> PA-C	Alaska License Number:	

PART III Report Type and Relationship to Licensee

Alaska law mandates certain events or conditions involving licensees of the State Medical Board (physicians, podiatrists, physician assistants) to be reported to the Board. Please indicate the type of report you are making and your relationship to the licensee who is the subject of the report:

1. **Yes, I am self-reporting.** (Must be reported within 30 days. AS 08.64.345, 12 AAC 40.967)

Type of Report:

- a. A malpractice claim settlement or civil action in which damages have been or are to be paid by on behalf of the licensee to the claimant or plaintiff. *(Please provide final court order or insurance claim documents with the submission of this form.)*
- b. A DUI or other criminal charge by law enforcement agency. *(Please provide the charging document with the submission of this form.)*

I have reported to the Physician's Health Committee (PHC)

I have NOT reported to the Physician's Health Committee (PHC)

Is this your first offense?

Yes

No

- c. A criminal conviction. *(Please provide the final court order with the submission of this form.)*

Is this your first offense?

Yes

No

- d. A disciplinary action taken by another licensing jurisdiction, health care entity, or regulatory agency. *(Please provide a copy of the final order or closure letter for the license action with the submission of this form.)*

- e. My hospital privileges have been denied, revoked, suspended, or limited by a hospital or other health care facility for disciplinary reasons. *(Please provide the written notice from the hospital or other health care facility with the submission of this form.)*

2. **Yes, I am a Hospital Personnel reporting a physician for whom:**
(Must be reported within 7 working days after the action is taken. AS 08.64.336(b))

a. hospital privileges have been revoked, suspended, conditioned, restricted, or refused

b. a consultation requirement was imposed

c. hospital privileges were resigned while under an investigation that could have resulted in revocation, suspension, conditioning, restricting or refusal to grant privileges, or the imposition of a consultation

3. **Yes, I am a treating physician who is treating a person licensed to practice medicine or osteopathy in this state for alcoholism or drug addiction, or for mental, emotional, or personality disorders.** I believe there is probable cause that this person may constitute a danger to the health and welfare of their patients or the public if they continue to practice. I understand I must report the condition found. AS 08.64.336(a).

4. **Yes, I am licensed by the State Medical Board and have facts pertaining to:**
(12 AAC 40.967)

a. incompetent or repeated negligent conduct, gross negligence, unprofessional conduct, sexual misconduct, or other illegal conduct by another licensee under AS 08.64.326.

PART IV Description of Allegation

Describe what happened or the concern. (If malpractice claim, leave this section blank and complete "Nature of Allegation" in Part VI.)

-- COMPLETE NEXT SECTIONS FOR MALPRACTICE CASES ONLY --

PART V Case Information

Case/Claim/Court/ Chart Number:		Date(s) of Incident:	
Date of Award or Settlement:		Total Amount of Award or Settlement Paid on Your Behalf:	
Type of Award or Settlement: <input type="checkbox"/> CA (Court Award) <input type="checkbox"/> PC (Private Compromise) <input type="checkbox"/> SET-A A (Settlement after initiation civil action) <input type="checkbox"/> SET-B (Settlement before initiation civil action) <input type="checkbox"/> For malpractice claim settlement or civil action, I am including a final court order or insurance claim documents with the submission of this form.			
Location of Medical Records: (Indicate Hospital, Doctor's Office ,Etc.)			

PART VI Nature of Allegation

Complete description of the alleged malpractice case including the duration of patient-physician relationship, frequency of patient contacts, any external factors that have bearing on the case, initial diagnosis, treatment plan, follow-up by both the physician and patient, and other pertinent information. *Attach additional pages, if needed.*

PART VII Licensee's Response to Allegations

Licensee's response to allegations including extenuating factors, complications, and other pertinent information. *Attach additional pages, if needed.*



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

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Notary Signature Page

(Malpractice Reports ONLY)

PART VIII Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Physician Printed Name:			
	Physician Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Signature Page

(All Other Reports – NOT Malpractice)

PART IX Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

For A DUI or other criminal charge by law enforcement agency, I am including the charging document with the submission of this form.

Physician Signature:		Date Signed:	
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Sec. 08.64.336. Duty of physicians and hospitals to report.

(a) A physician who professionally treats a person licensed to practice medicine or osteopathy in this state for alcoholism or drug addiction, or for mental, emotional, or personality disorders, shall report it to the board if there is probable cause that the person may constitute a danger to the health and welfare of that person's patients or the public if that person continues in practice. The report must state the name and address of the person and the condition found.

(b) A hospital that revokes, suspends, conditions, restricts, or refuses to grant hospital privileges to, or imposes a consultation requirement on, a person licensed to practice medicine or osteopathy in the state shall report to the board the name and address of the person and the reasons for the action within seven working days after the action is taken. A hospital shall also report to the board the name and address of a person licensed to practice medicine or osteopathy in the state if the person resigns hospital staff privileges while under investigation by the hospital or a committee of the hospital and the investigation could result in the revocation, suspension, conditioning, or restricting of, or the refusal to grant, hospital privileges, or in the imposition of a consultation requirement. A report is required under this subsection regardless of whether the person voluntarily agrees to the action taken by the hospital. A report is not required if the sole reason for the action is the person's failure to complete hospital records in a timely manner or to attend staff or committee meetings. In this subsection "consultation requirement" means a restriction placed on a person's existing hospital privileges requiring consultation with a designated physician or group of physicians in order to continue to exercise the hospital privileges.

Sec. 08.64.345. Reports relating to malpractice actions and claims. A person licensed under this chapter shall report in writing to the board concerning the outcome of each medical malpractice claim or civil action in which damages have been or are to be paid by or on behalf of the licensee to the claimant or plaintiff, whether by judgment or under a settlement. This report shall be made within 30 days after resolution of the claim or termination of the civil action.

12 AAC 40.930. Requirements for Reporting the Outcome of Malpractice Claims or Actions. (a) A person licensed under this chapter shall submit to the board a signed, notarized report on a form provided by the department, explaining the outcome of each malpractice claim or action against the licensee in which damages have been or are to be paid, whether by judgement or settlement. Reports shall be submitted to the board within 30 days of the date of the resolution of the claim or action.

(b) Malpractice reports shall include the

- (1) name and address of the licensee;
- (2) telephone number of the licensee;
- (3) date of the occurrence;
- (4) summary of the alleged malpractice;
- (5) summary of the licensee's response to the allegations;
- (6) case, claim, or court number of the malpractice claim or action; if a court action was not filed, the medical record or chart number, and the location of the records relating to the alleged malpractice;
- (7) amount of the award or settlement paid or to be paid by or on behalf of the licensee;
- (8) date of award or settlement;
- (9) following type of resolution of the claim or action:
 - (A) court or jury award;
 - (B) settlement following initiation of civil court action;
 - (C) settlement before the initiation of civil court action;
 - (D) other private compromise.

(c) Failure to submit a malpractice report required by this section constitutes unprofessional conduct under 12 AAC 40.967 and is subject to disciplinary action by the board.

12 AAC 40.967. UNPROFESSIONAL CONDUCT. For purposes of AS 08.64.240(b) and AS 08.64.326, "unprofessional conduct" means an act or omission by an applicant or licensee that does not conform to the generally accepted standards of practice for the profession for which the applicant seeks licensure or a permit under AS 08.64 or which the licensee is authorized to practice under AS 08.64. "Unprofessional conduct" includes the following:

(19) filing (B) to report to the board or the board's representatives facts known to the licensee regarding incompetent or repeated negligent conduct, gross negligence, unprofessional conduct, sexual misconduct, or other illegal conduct by another licensee under AS 08.64.326;

(20) failing to report to the board or the board's representatives that the licensee's hospital privilege have been denied, revoked, suspended, or limited by a hospital or other health care entity for disciplinary reasons by the physician in charge; this paragraph does not apply to a temporary suspension pending completion of medical records by the governing body of the hospital or other health care facility;

(26) failing to report to the board, no later than 30 days after (A) the effective date of the action, any criminal charges by a law enforcement agency, or any disciplinary action against the licensee taken by another licensing jurisdiction, health care entity, or regulatory agency; (B) the date of conviction, any conviction of a crime referred to in AS 08.64.326(a)(4);