Thank you for your recent intrest in our clinical position(s) with Healthy Wings Family & Psychiatric Healthcare. To ensure that you have the best possible experience we would like start with questions to get to know you better.

|  |  |
| --- | --- |
| Name:       | Date: Click here to enter a date. |
| Location/City:       | Zip Code:       |
| Best Phone Number to reach you:       |
| Email address:       |
| What is the best time to reach you for a telephone conversation:       |

|  |
| --- |
| * How did you hear about Healthy Wings Family & Psychiatric Healthcare?
 |
| * If you were refered what was the name of the Healthy Wings Family & Psychiatric Healthcare employee?
 |
| * Have you ever worked for Healthy Wings Family & Psychiatric Healthcare?
 |
| * + If “Yes”, When and who was your manager at the time?
 |
| * Why are you looking to make a change?
 |
| * Which state(s) do you have a current NP license?
 |
| * Is the license(s) active, inactive or a temp license?
 |
| * When does your license(s) expire? Month:  Year:
 |
| * In what state(s) do you have prescriptive authority?
 |
| * + What is the expiration date for your prescriptive authority? Click here to enter a date.
 |
| * What is your NP license(s) number?
 |
| * Who is your **NP** board certification/test with?  **AANP or** **ANCC?**
 |
| * When does your certification (not membership) expire? Month:  Year:
 |
| * Area of specialty: **FNP, ANP, Geriatric-Adult, GNP, PMHNP**?
 |
| * What is your NPI number, if any?
 |
| * What is your DEA number, if any?
 |
| * What is your CAQH number, if any?
 |
| * Per our policy, we can only take BLS or ACLS. What current certification do you hold?
 |
| * Do you have your Master’s Degree in Nursing**?**
 |
| * Years of experience as an NP?
 |
| * Are you looking full time, part time or per diem work?
 |
| * How soon are you looking to make a change?
 |
| * Please describe how you have worked in an electronic medical record format:
 |
| * On occasion, medical care may be completed in the homes of our patients. What are your concerns about providing care to potentially lower socio-economic members?
 |
| * Do you have any commitments that will prevent you from attending orientation at our corporate office?
 |
| * + If “Yes”, when would you not be able to attend orientation?
 |

Healthy Wings Family & Psychiatric Healthcare requires that all clinical providers be credentailed through our internal process. A part of that credentailing process is to review your licensure, percriptive authorty, Medicare/Medicaid, judgments, DMV, and/or other related cirumstances concerning your ability to be fully credentailed with the health plans that Healthy Wings Family & Psychiatric Healthcare have a partnership.

Please complete the following questions with a **Yes** or **No** response.

|  |
| --- |
| Has your license to practice in any jurisdiction ever been denied, restricted, limited, suspended or revoked, either voluntarily or involuntarily? [ ]  Yes [ ]  No  |
| Have you ever been reprimanded, disciplined, counseled, or been subject to similar action by any state licensing agency with respect to your license to practice? [ ]  Yes [ ]  No |
| Has your DEA or state controlled substances registration ever been restricted, limited, suspended (even if the suspension was stayed), or revoked, either voluntarily or involuntarily? [ ]  Yes [ ]  No |
| Have any disciplinary proceedings ever been instituted against you or are any actions now pending with respect to your privileges or your license? [ ]  Yes [ ]  No  |
| Have you ever been denied participation in Medicare, Medicaid, or any other governmental or quasi-governmental health-related program? [ ]  Yes [ ]  No  |
| Have you ever been reprimanded, censured, excluded, suspended (even if the suspension was stayed), debarred, or disqualified from participating in Medicare, Medicaid, or any other governmental or quasi-governmental health-related program? [ ]  Yes [ ]  No  |
| Have any complaints ever been filed against you with a nursing board, medical society, or licensing authority?  [ ]  Yes [ ]  No |
| Have any professional liability judgments ever been entered against you? [ ]  Yes [ ]  No |
| Have you ever been denied professional liability insurance coverage or had your professional liability insurance coverage canceled by your carrier? [ ]  Yes [ ]  No |
| Have you ever opted out of a Medicare/Medicaid program? [ ]  Yes [ ]  No  |
| Do you currently have active Malpractice insurance coverage? [ ]  Yes [ ]  No  |

You have completed the clinical questioner for a clinical opportunity with Healthy Wings Family & Psychiatric Healthcare. Our process:

1. Please email this completed questioner to the corporate office’s email listed above.
2. Our Practice Director will contact you to follow-up on the questioner, and to schedule an interview with you. The Practice Director will spend 45-60 minutes with you speaking about you professional background, career highlights and desires, and provide a greater insight into Healthy Wings Family & Psychiatric Healthcare.
3. If selected, a clinical interview with one of the clinical managers for the region will be scheduled for you. This interview will include a deeper understanding of your clinical career, and opportunity to grow with the Healthy Wings Family & Psychiatric Healthcare clinical team.

The Healthy Wings Family & Psychiatric Healthcare recruitment team looks forward to learning more about your professional career, and how our clinical care is changing the lives of those we serve.

Revised: 12/2022