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.

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| 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: | |

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| * 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.

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| 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