

Agreement to Notify
CONDITION OF CONTINUED
Employment, Independent Contract, or Clinical Privileges
in accordance with Michigan Acts 27, 28, 29 of 2006 and CMS Guidelines

1. NAME: _____

2. Condition of Continued (Please check one):

_____ EMPLOYMENT

_____ INDEPENDENT CONTRACT

_____ CLINICAL PRIVILEGES (Physicians)

3. STATEMENT REGARDING CRIMINAL ARREST AND OR CONVICTION:

I HEREBY STATE AND AGREE THAT I WILL IMMEDIATELY NOTIFY, UPON ARREST FOR, OR SUBSEQUENT CONVICTION OF, ANY OF THE FOLLOWING:

a. Any of the felony and/or misdemeanor offenses listed in Attachment A;
_____ Initials verify review of Attachment A

b. Is the subject of an order or disposition relating to findings of not guilty by reason of insanity.

c. Has been the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency pursuant to an investigation arising in a licensed nursing facility.

I UNDERSTAND THAT FAILURE TO REPORT ANY OF THE ABOVE MAY RESULT IN THE TERMINATION OF MY EMPLOYMENT, INDEPENDENT CONTRACT, AND/OR CLINICAL PRIVILEGES.

Name (Please Print)

Signature/Title

Date