

**University of Kentucky Graduate Medical Education**  
**AUTHORIZATION AND RELEASE OF APPLICANT INFORMATION**  
**(Please read carefully before signing)**

As a condition of applying for/accepting a residency/fellowship appointment at the University of Kentucky, regardless of whether I am ultimately offered and accept a position, I acknowledge, agree and consent as follows:

A) I extend absolute immunity to, and release from all liability, the University of Kentucky, its authorized representatives, and third parties (as defined in subsection C below), for any good faith communications, recommendations, disclosures or administrative action involving and pertaining to: (1) applications for appointment, reappointment or clinical privileges; (2) periodic reappraisals; (3) proceedings for suspension or reduction of clinical privileges or for denial or revocation of appointment, reappointment, or any other disciplinary action; (4) summary suspensions; (5) hearings and appellate reviews; (6) care evaluations; (7) utilization reviews; (8) any other healthcare facility, medical staff, department, service or committee activities; (9) my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior; and (10) any other matter that might directly or indirectly impact or reflect on my preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.

B) I will make myself available for interviews and acknowledge the burden of producing updated current information relevant to all questions on all applications and such other information reasonably necessary to evaluate my qualifications. The University of Kentucky and its authorized representatives may consult with and obtain information, including otherwise privileged or confidential information, from current or former educational institutions, employers, hospitals, or their associated representatives and from any third party bearing on my professional qualifications, all matters listed in subsection A, and any other matters bearing on meeting the criteria for residency/fellowship appointment or reappointment. I authorize all persons and organizations having any knowledge of such matters to release said information to the University of Kentucky or its authorized representatives upon request and I consent to the reporting of disciplinary information described below in section C.

C) The term "University of Kentucky and its authorized representatives" means the University of Kentucky, its governing entity; authorized Centralized Verification Organization (CVO), persons who have any responsibility for or knowledge pertaining to the matters outlined in subsection A above. The term "third party" means any individual, including an educational institution or other healthcare facilities, other physicians and health practitioners, government agencies, professional liability insurers, and other entities from whom or by whom the University of Kentucky, authorized CVO, or other authorized representatives have requested or supplied information pertaining to matters in subsection A above.

I acknowledge and agree that: (1) residency/fellowship appointment or reappointment are not a right; (2) applications and requests will be evaluated in accordance with prescribed procedures defined in the University of Kentucky bylaws, rules and regulations and the Graduate Medical Education Policy and Procedures manual; (3) I shall be bound by both the University of Kentucky and Graduate Medical Education policies and procedures, rules and regulations, and corporate compliance programs, as amended from time to time, of hospitals to which I now and may subsequently train; (4) I pledge to provide patient care within my level of responsibility and defined supervision; (5) the University of Kentucky or its authorized representatives and third parties acting in their official capacities will notify authorized CVO and appropriate governmental agencies, boards or professional associations of disciplinary or professional action taken with respect to me if required to be reported to the Kentucky Medical Licensure Board by KRS 311.606 or if required to be reported by the authorized CVO, by University of Kentucky and Graduate Medical Education policy, bylaws, rules or regulations, or by any other state or federal law; and (6) that this authorization, attestation and release is irrevocable for any period during which I am a resident or fellow at the University of Kentucky, or, if later in time, for as long as the University of Kentucky may be under a duty to report information pursuant to the Health Care Quality Improvement Act of 1986. Pub. L. 99-660.

I represent and warrant that at the time of this application and at all times while I maintain residency / fellowship status that (1) I am not nor have I ever been, excluded or suspended for any period of time whatsoever from participation in any state or federal health care program, including Medicare and Medicaid; (2) I have not been convicted under any state or federal law of any offense for which I could face mandatory exclusion from participation in any state or federal health care program, including Medicare and Medicaid; (3) I have not committed any act for which I may be permissibly excluded from participation in any state or federal health care program, including Medicare and Medicaid; (4) I do not hold, and have never held, a direct or indirect ownership or controlling interest of five percent (5%) or more in any entity that has been excluded or suspended for any period of time whatsoever from participation in any state or federal health care program, including Medicare and Medicaid, nor have I ever been an officer, director, agent, or managing employee of any such entity; and (5) I have never been convicted of a federal health care offense as defined in 18 U.S.C. § 24, including any theft, embezzlement, fraud, or other acts as prohibited therein with regard to any public or private health plan. I agree to notify the University of Kentucky immediately in the event I am unable to maintain one or more of these representations.

D) Information and documents derived from or compiled in connection with matters listed in subsection A above, shall be privileged and confidential to the fullest extent permitted by law.

Information contained in or attached to my application is accurate and complete to the best of my knowledge. Any misrepresentation, misstatement, or omission, whether intentional or not, may constitute cause for immediate rejection of this application and termination of any status or privilege granted in reliance upon it.

**Signature and Date:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_