

**SCHEDULE D
DUKE UNIVERSITY HEALTH SYSTEM
Background Check**

*To be completed by every Designated Employee (including any physician or other healthcare provider) for whom Provider requests access to the DUHS EHR under the Agreement.

Have you ever been convicted of any offenses other than a moving traffic violation? (You must include any and all felonies or misdemeanors.) An example of a common misdemeanor is a “worthless check”.

No
Yes

If yes, please explain nature of crime, date, and place. State whether the crime was a felony or misdemeanor. State whether the crime was a federal or state offense.

List any pending court or trial dates.

With respect to billing for, or delivery of health care services, have you ever been investigated by, charged with, or listed by a Federal or state agency as excluded, debarred, suspended or otherwise become or been declared ineligible to participate in any Federal or state program(s), including Medicare and Medicaid, or do you have any reason to believe that you may be so investigated, charged, listed or become/declared ineligible in the future, including listing on the Department of Health and Human Services Office of the Inspector General Cumulative Sanction Report or the General Service Administration List of Parties Excluded from the Federal Procurement and Non-Procurement Programs or otherwise?

No
Yes

If yes, please describe the nature of the matter/charge/sanction, including the name of investigating/charging/listing/declaring agency, date, nature of any charge or sanction, and disposition (if any).

I certify that I accurately and truthfully answered the above questions related to my background.

Signature: _____

Print Full Name: _____

Organization Name: _____

Job Title: _____

Date: _____