WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
ADMINISTRATIVE MANUAL

SUBJECT: Information Reportable to the State Board of Medical Examiners **No: AM 9.17**

EFFECTIVE DATE:12/2/97 **PAGE: 1 OF 2**
REVIEWED/REVISED: 1/27/03, 5/19/04; 05/05; 02/06; 04 /07; 03/08; 3/09; 3/10; 5/11; 6/12; 1/13; 1/14; 1/18, 1/21, 1/24

Regulatory

PURPOSE:
To ensure reporting of physician disciplinary action to the State Board of Medical Examiners.

POLICY:
It is the policy of WCRH to report information to the NJ State Board of Medical Examiners, in writing, within 30 days of the proceeding or action, request, settlement, judgement or award.

PROCEDURE:
Information to be reported includes, but is not limited to, the following:

1. A disciplinary proceeding or action taken by the Governing Body against any physician or surgeon licensed by the Board when the proceeding or action results in a physician and/or surgeons reduction of privileges or removal or resignation from the Medical Staff, including:
    a. Name
    b. Professional degree
    c. License number
    d. Residence and/or other address
    e. Name and grounds of the proceedings
    f. Date(s) of precipitating event(s) and official action taken
    g. Name, title, and phone number of facility official(s) having knowledge of existence and location of pertinent records or persons familiar with the matter.
    h. Pendency of any appeal
    I. Other information relating to the proceeding or action as may be requested by the Board.

2. A medical malpractice liability insurance claim settlement, judgement or arbitration award in which the hospital is involved including:
    a. Name
    b. Professional degree

c. License number
d. Residence and/or other address
e. Name and grounds of the proceedings
f. Date(s) of precipitating event(s) and official action taken
g. Name, title, and phone number of facility official(s) having knowledge of existence and location of pertinent records or persons familiar with the matter.
h. Pendency of any appeal
I. Other information relating to the proceeding or action as may be requested by the Board.

3. The information will be submitted on a form located in the office of the Medical Director of the hospital.

4. Completed forms should be sent to:

New Jersey Board of Medical Examiners
28 W. State Street
Trenton, NJ 08608

5. The Board may be contacted at (609) 292-4843 when assistance with reporting events is required.

6. All correspondence will be sent by certified mail, return receipt requested.

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Administrator