

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health



HEALTH REGULATION AND LICENSING ADMINISTRATION
MALPRACTICE CLAIMS EXPLANATION

PLEASE COMPLETE FORM IN ITS ENTIRETY. IF ADDITIONAL SPACE IS NEEDED, YOU MAY CONTINUE EXPLANATION ON A SEPARATE SHEET OF PAPER AND ATTACH. INCLUDE ALL RELEVANT SUPPORTING DOCUMENTATION. FAILURE TO DO SO MAY RESULT IN A DELAY IN PROCESSING.

Name: _____ DC License #: (if applicable) _____

Date of Occurrence: _____ Date Claim Filed: _____

Status of Claim: Open Closed Dismissed with prejudice Dismissed w/out prejudice

Judgment Judgment Date: _____ Judgment Amount: \$ _____

Settled Settlement Date: _____ Settlement Amount: \$ _____

1. Were you the Primary Defendant Co-Defendant

2. Did the alleged injury result in a death? Yes No

3. Description of allegation and an explanation, in your own words, of your involvement. *(if more space needed attach additional information as necessary)*

4a. How has your practice changed as a result of the incident?

4b. Please share with the board any lessons learned from this experience.

5. Has this case been reported to the NPDB (National Practitioner Databank): Yes No

Please include all supporting documents when submitting this form.

Signature: _____ Date: _____