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: _____