



HEALTH CARE PROFESSIONAL'S REPORTING FORM

(This form is to be used only by licensed health care professionals.)



INFORMATION ABOUT HEALTH CARE PROFESSIONAL SUBMITTING THIS REPORT

Name of health care professional submitting report: _____

Health care professional license type: _____

Health care professional license number: _____

Telephone number: _____ (include area code)

E-mail address: _____

Health care professional's street address: _____

City _____ State _____ ZIP code: _____

INFORMATION ABOUT HEALTH CARE PROFESSIONAL BEING REPORTED

Last name: _____ First: _____ Middle: _____

Type of professional license or certificate held: _____ License or certificate number: _____

(If known)

ADDITIONAL INFORMATION

A health care professional shall promptly notify the division if that health care professional is in possession of information which reasonably indicates that another health care professional has demonstrated an impairment, gross incompetence or unprofessional conduct which would present an imminent danger to an individual patient or to the public health, safety or welfare.

1. The health care professional has demonstrated:

- impairment
- gross incompetence
- unprofessional conduct which would present an imminent danger to an individual patient or to the public health, safety or welfare

2. Approximate date of the health care professional's conduct: _____

3. Details of the health care professional's conduct related to impairment, gross incompetency and/or unprofessional conduct.

Signature of person submitting report: _____ Date of report: _____

Reports should be submitted to:

Francine Widrich
New Jersey Division of Consumer Affairs
PO Box 46024
Newark, NJ 07102

or via email at widrichf@dca.njoag.gov

For information, please call 973-504-6310 or 973-896-8058.

For Office Use Only

Case number: DCA _____
(To be assigned by the Division of Consumer Affairs)