

Competency
Assessment Application

Mailing Address:
1550 Hotel Circle N, Ste 320, San Diego, CA 92108

Email: ucpace@ucsd.edu

Phone: 619.543.6770

Fax: 619.488.6078

Paceprogram.ucsd.edu

CONTACT INFORMATION

Name: _____
Last First Middle Initial

Gender: Male Female Other: _____ **Date of Birth:** _____

Home Address (Please do not use P.O. boxes or P.O. ZIP codes as destination of correspondence):

Address

City State Zip Code

Work Address (Please do not use P.O. boxes or P.O. ZIP codes as destination of correspondence):

Company Name (if applicable)

Address

City State Zip Code

Most communication from PACE will come via email; however, if we need to contact you by written correspondence, please mark your preferred address: Home Address Work Address Other: _____

Please complete and check the corresponding box for the **best way** to reach you:

Home Phone: _____ Work Fax: _____
 Work Phone: _____ Home Fax: _____
 Cell Phone: _____ Email: _____

PRACTICE INFORMATION

Degree (please check one): M.D. D.O. D.P.M. P.A. Other: _____

Board certified in: _____ Date of last Recertification: _____

Board eligible in: _____

Specialty of current clinical practice: _____

State License Number: _____ DEA Number: _____

Describe in a few sentences the circumstances that led to your referral to the PACE program.

Are you currently practicing medicine? Yes No – If No, please state why:

Has your license to practice medicine ever been suspended in any state? Yes No - If Yes, please briefly explain:

Have you ever been denied or lost hospital privileges? Yes No - If Yes, please give a brief explanation.

Have you been denied, lost, had suspended or received any disciplinary action or is there any pending action regarding any license or privilege, including DEA license? Yes No – If yes, please give a brief explanation.

Do you have a Probation Investigator or Enforcement Monitor? Yes No – If yes, please provide their name, title, and contact information on the “CONSENT, AUTHORIZATION TO RELEASE OF INFORMATION, AND HOLD HARMLESS” form on the next page.

REFERRAL INFORMATION

Are you required to attend by a third party? Yes No

Please select the reason that best describes why you are registering for a Competency Assessment:

- Required by State Medical Board (Write in Board Name): _____
- Required by Hospital/Medical Group (Write in Org name): _____
- Recommended by my Attorney (Write in Attorney name): _____
- Self-improvement (how did you hear about us?): _____
- Other (why are you registering?): _____

CONSENT, AUTHORIZATION TO RELEASE OF INFORMATION, AND HOLD HARMLESS

I authorize the University of California and the Physician Assessment and Clinical Education Program (the "Program") to disclose and exchange information pertaining to my participation in the Program and any of its offerings with **(please write in the name of the person(s) or entities to whom we can release your information** - e.g. State Medical Boards, Hospital Executive Committees, Attorneys, etc.):

I understand that one or more of the standard testing modalities that I will participate in may be videotaped for documentation as part of the routine assessment protocol. As a condition of my participation in the Program, I consent to being videotaped for these purposes. These tapes may be used for training purposes and to enhance consistency in scoring and standardization in testing. There will be no disclosure of the video images outside of the treatment team and training program, except as required by law.

I understand that I may be required to undergo a toxicology screening/substance abuse evaluation as part of my assessment. As a condition of my participation in the Program, I consent to such screening and evaluation procedures.

I acknowledge and agree not to electronically record any sessions that I participate in as a result of the PACE assessment. PACE, and all of its agents, do not agree to be electronically recorded. I acknowledge that if I electronically record a PACE session, PACE will pursue all available remedies to prohibit my use and/or dissemination of the unlawfully obtained recording.

I understand that information about my participation in the Program shall be available for inspection and review by the above agencies and/or persons or by their designee at any time. By virtue of this express authorization, I voluntarily waive any privilege or privacy right which may attach to such information released to the above agencies and/or designees.

I do not elect to authorize release of records or information pertaining to my participation in the PACE Program to any individuals or entities, except as required by law.

I understand and acknowledge that this release does not alter or limit the ability of the University of California and the PACE Program to comply with law, regulation, or court order which may require disclosure of records and/or information related to my participation in the PACE Program.

By my signature below, I agree to indemnify and hold harmless the Regents of the University of California, its officers, agents and employees from any liability resulting from or arising in connection with this agreement for my participation in the Program and any release of records associated therewith.

Signature

Print Name

Date

PAYMENT & PROCESSING INFORMATION

PLEASE NOTE: THIS IS ONLY A PRELIMINARY APPLICATION. UPON RECEIPT OF YOUR APPLICATION, WE WILL SEND AN EMAIL WITH FURTHER INSTRUCTIONS FOR ENROLLMENT.

APPLICATION FEE AND ENROLLMENT COSTS

The cost to enroll in the Competency Assessment is \$10,500, which includes a \$500 non-refundable application fee. To process your application, you may pay the \$500 non-refundable application fee or the full \$10,500. The \$10,500 cost covers the core components of your Competency Assessment. However, the total cost will vary based on your specialty, reason(s) for referral, and additional assessment components and materials. The total cost of most assessments is between \$13,000 - \$18,000.

TO PAY BY CREDIT CARD *(fastest/preferred method)*

Please email or fax the completed application to:

Email: ucpace@ucsd.edu

Fax: 619.488.6078

After your *completed** application is received, you will receive an email with an invoice and instructions to complete an online credit card payment. Once your payment is received, we will send you an email confirming receipt of your application and payment. Most applicants receive an invoice within one (1) business day of submitting their application via email or fax.

*Make sure you've included this required information on your application: Your name, phone number, email address, and signed "Consent and Release of Information" form.

TO PAY BY CHECK OR MONEY ORDER

Please mail your completed application *with* check or money order for \$500 made payable to "UC REGENTS" to:

PRIMARY Mailing Address

(Must use for FedEx, UPS, USPS Priority):

1550 Hotel Circle N, Ste 320
San Diego, CA 92108*

*Also physical address of PACE offices

UC San Diego Campus Mailing Address:

200 West Arbor Drive,
Mail Code 8204
San Diego, CA 92103

ENSURE YOUR ENROLLMENT

After your payment is processed, you will receive an email with instructions on how to complete our enrollment process. Most applicants receive enrollment instructions within one (1) business day of submitting payment.

COMPETENCY ASSESSMENT CANCELLATION, REFUND, AND RESCHEDULING POLICY

- Competency Assessments that have not commenced are eligible for a refund as follows:
 - Cancellation requests received prior to enrollment are eligible for a refund of all fees paid to date less a \$500 cancellation fee.
 - Cancellation requests received after enrollment but prior to scheduling of the Competency Assessment, are eligible for a refund of 70% of all fees paid.
 - Cancellation requests received fourteen (14) or more days from the commencement of the Competency Assessment are eligible for a refund of 50% of all fees paid.
 - Cancellation requests received thirteen (13) days or fewer from the commencement of the Competency Assessment are not eligible for refund.
- Requests to reschedule any or all elements of a Competency Assessment will result in a rescheduling fee of \$500 and may include additional fees to cover sunk costs PACE incurred such as faculty time, purchased materials/supplies, space rental, etc. PACE will provide a detailed invoice for any sunk costs it incurred to accommodate a rescheduling request. Full payment of the rescheduling fee and any sunk costs incurred must be received in full before PACE will reschedule any element(s) of the Competency Assessment.

All notifications of cancellation, or requests to reschedule any or all elements of your assessment must be made in writing, via email (ucpace@ucsd.edu) or fax (619-488-6078) to the attention of the Administrative Director of the Competency Assessment Program and/or your assigned case manager. Refunds are issued in the method the payment was made. Credit/debit card refunds will be credited back to the card originally charged, and a check from UCSD will be issued if you paid by check.

If you have questions about the application process, please call (619) 543-6770 or email ucpace@ucsd.edu.