

Fitness for Duty
Evaluation 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 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 be via email; however, if we need to send you 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: _____ Home Fax: _____

Work Phone: _____ Work 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: _____

1. Are you currently practicing medicine? Yes No
(If yes, please move on to the next question. If no, please answer the following):
 - a. What is the month and year you most recently practiced: _____ / _____
 - b. What is the current status of your medical license:
 Active
 Suspended (if applicable, list date (mo/yr) the suspension will be lifted): _____ / _____
 Revoked
 Expired (date of expiration): _____ / _____

2. Are you currently on probation? Yes or No (If Yes, how long is your probation (months): _____

3. Do you have any restrictions on your license?: Yes No – If Yes, please list restrictions on your license:

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

5. 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.

6. What are the circumstances that led up to your referral or application to the PACE Program?

REFERRAL INFORMATION

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

Please select the reason that best describes why you are registering for Fitness for Duty:

Required by State Medical Board (Write in Board name): _____

Required by Hospital/Medical Group (Write in Org): _____

Recommended by my Attorney (Write in Attorney Name): _____

Self-interest (how did you hear about us?): _____

Other (Why are you registering?): _____

8. Please provide the following for the referring institution's point of contact:

Name: _____ Phone Number: _____

Email: _____

9. Do you have a history of substance abuse? Yes No

If yes, what type of substance abuse? _____

10. Are you currently enrolled in a treatment/monitoring program? Yes No

If yes, please provide the following information:

Treatment program _____

Address _____

Counselor or monitor name _____ Email _____

Up to today, how long have you been drug/alcohol-free? _____

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 Fitness for Duty Evaluation is \$8,000, which includes a \$550 non-refundable application fee. To process your application, you may pay the \$550 non-refundable application fee or the full \$8,000. The \$8,000 cost covers the core components of your Fitness for Duty Evaluation. However, the total cost will vary based on your specialty, reason(s) for referral, and additional evaluation components and materials.

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 \$550 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 office

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.

Cancellation Policy on next page

FITNESS FOR DUTY (FFD) EVALUATION CANCELLATION, REFUND, AND RESCHEDULING POLICY

- FFD Evaluations 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 \$550 cancellation fee.
 - Cancellation requests received after enrollment but prior the FFD Evaluation being scheduled, are eligible for a refund of 70% of all fees paid.
 - Cancellation requests received fourteen (14) or more days from the commencement of the FFD Evaluation are eligible for a refund of 50% of all fees paid.
 - Cancellation requests received thirteen (13) days or fewer from the commencement of the FFD Evaluation are not eligible for refund.
- Requests to reschedule any or all elements of a FFD Evaluation 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 FFD Evaluation.

All notifications of cancellation, or requests to reschedule any or all elements of your FFD Evaluation must be made in writing, via email (ucpace@ucsd.edu) or fax (619-488-6078) to the attention of the Administrative Director of the Fitness for Duty Program.

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