UC San Diego
School of Medicine

PACE Program

Physician Assessment and Clinical Education Program

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

Physician Enhancement Program (PEP) Application

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: _____

What are the circumstances that led up to your referral or application to the PACE Program? (If more space is needed, please write on the back of this page or on a separate piece of paper):

_____

_____

_____

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 PEP:

☐ 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.):

_____

_____

_____

_____

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_____

_____

_____

_____

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

To process your application, we require a $350 non-refundable application fee. After we process your application, we will determine the annual cost of your participation in PEP.

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 further enrollment information.

*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.

Most applicants receive an invoice within one (1) business day of submitting their application via email or fax.

TO PAY BY CHECK OR MONEY ORDER

Please mail your completed application *with* check or money order for class total 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 has been received, we will send you an email confirming receipt of your application with instructions about how to complete the enrollment process.

*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.

PEP CANCELLATION, REFUND AND TRANSFER POLICY

The cancellation policy for PEP will be included with enrollment information after your application is processed. Please note there is a $350 non-refundable application fee.

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