



ARIZONA STATE BOARD OF DENTAL EXAMINERS

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MALPRACTICE ADDENDUM

Complete this form if you answered YES to question #17 on the application

The applicant must complete this form for each malpractice settlement, judgment or pending case. If more than one case, please make copies of this form and return with required documents.

Applicant Name _____

Settlement **Judgment** **Pending (no settlement or judgment at this time)**

Please note: You are required to complete this entire form and forward all documents to the Board. As soon as the case is complete, you must notify the Board of the final outcome and will be expected to submit all documents to Board Investigations Staff.

1. Date of Incident: _____
2. Patient Initials: _____
3. Date of Settlement/Judgment: _____
4. Amount of Settlement/Judgment: _____
5. On a separate sheet of paper, type your full name and provide a detailed clinical narrative regarding each malpractice case. Include initials of patient, age, sex, date of occurrence and location (including address). Do not omit the answers to these questions or make reference to attached documents for answers. This section must be completed with your own description that includes all of the facts requested above. NOTE: HIPAA regulations do not prevent you from responding and providing the requested information.
6. Has this case been investigated or reviewed by any state Dental Board? _____ Which state? _____

You are required to attach the following for each case:

- Copy of plaintiff's complaint
- Copy of Judgment or Settlement Agreement
- Copy of complete set of medical records including x-rays or diagnostic films. You must submit records for any case that resulted in a court judgment. You do not need to submit records if you have only one malpractice case that was resolved through a settlement agreement and it meets one of the following criteria:
 - a. The case was settled more than 10 years ago or
 - b. The case was settled less than 10 years ago but the amount of settlement was less than \$10,000.

I certify that the information which I have provided is correct to the best of my knowledge

Signature

Date

Your application will not be administratively complete until all documents are received.