



## KFMC Reviewer Attestations

**I have read and understand the KFMC Reviewer Application. By my signature, I attest to all of the following.**

1. I will notify KFMC of any adverse change in licensure, certification, and/or sanction or disciplinary action within three (3) business days of the change. **(IR-RCQ 1-3(a.i))**
2. I will notify KFMC of any change in name, address, email address, phone contact, hospital affiliation, and group practice change within ten (10) business days of the change. **(KFMC)**
3. Kansas Administrative Regulation 40-4-42e (b)(B)(4) indicates that the Reviewer must "have no history of disciplinary actions or sanctions, including loss of staff privileges or any participation restriction that has been taken or is pending by any hospital, governmental agency or unit or regulatory body, that raises a substantial question as to the clinical peer Reviewer's physical, mental, or professional competence, or moral character."

I am free of a history of disciplinary actions or sanctions as indicated in the KAR statement above. If at any time my status related to the Regulation changes, I will notify KFMC within three (3) business days of the change.

4. I have read and understand the information included in the Peer Reviewer Orientation Manual outlining my roles as responsibilities as a Peer Reviewer. My attestation will serve as my written agreement with KFMC.

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Please print name

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Signature

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Date



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