



MINNESOTA BOARD OF MEDICAL PRACTICE

University Park Plaza • 2829 University Avenue SE Suite 500 • Minneapolis, MN 55414-3246

Telephone (612) 617-2130 • Fax (612) 617-2166 • www.bmp.state.mn.us

MN Relay Service for Hearing Impaired (800) 627-3529

MALPRACTICE HISTORY REPORT

The Board is requires information on all malpractice suits. For each malpractice suit in which you have been named, complete the Malpractice Liability Claims Information form and submit insurance papers or other formal documentation of the outcome/status.

NAME AND ADDRESS OF PROFESSIONAL LIABILITY INSURER IN OTHER STATE:

1. _____
2. _____
3. _____

NUMBER, DATE, AND DISPOSITION OF ANY MEDICAL MALPRACTICE SETTLEMENT OR AWARD RELATING TO THE QUALITY OF MEDICAL TREATMENT:*

<u>Number</u>	<u>Date</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that the above is a true and accurate statement.

Print Name _____

Signature _____ Date _____

*If you have had no malpractice suits, write **NONE**, sign and date this form.