

(a) Applicable Standards of Health Care Risk Management

- Applicant has been employed by or retained by a licensed health care facility to be responsible for the implementation of and/or compliance with the program of internal risk management as established pursuant to Section 395.0197 or Section 641.55, F.S.
- Applicant has been employed by or retained by a licensed health care facility to participate as a member of the facility's risk management committee, which has principal responsibility for the development and/or implementation and/or compliance with the internal risk management program as established pursuant to Section 395.0197 or Section 641.55, F.S.

(b) Applicable Federal, State and Local Health and Safety Laws and Rules

- Incident Reports - Applicant has been employed by or retained by a licensed health care facility to review, investigate, analyze and present recommendations based upon the facility's internal incident reports.
- Employed or retained by a licensed health care facility to serve as a member of or staff to that committee, panel or other functional groups which have responsibility for:
 - 1. Compliance with applicable health and safety laws, rules and procedures; or
 - 2. Conducting safety surveys and inspections within the facility.

(c) General Risk Management Administration

- Incident Reports - Applicant has been employed by or retained by a licensed health care facility to review, investigate, analyze and present recommendations based upon the facility's internal incident reports.
- Departmental Organization/Management - Applicant has been employed by or retained by a licensed health care facility to establish, implement, supervise or serve as staff to that department or unit, which has responsibility for the internal risk management program as established in compliance with Section 395.0197 or Section 641.55, F.S.

(d) Patient Care

- Incident Reports - Applicant has been employed by or retained by a licensed health care facility to review, investigate, analyze and present recommendations based upon the facility's internal incident reports.
- Peer Review/QA - Applicant has been employed by or retained by a licensed health care facility to serve as a member of, serve as staff to, or to coordinate with those facility committees, panels, or other functional groups which have responsibility for the establishment or review of policies, procedures, or standards which govern patient care or the quality of medical care within the facility.
- Patient Grievances - (Medical/Patient/Social/Personal Care) - Applicant has been employed by or retained by a licensed health care facility to review patient grievances related to patient care and the quality for medical services within the facility.

(e) Medical Care

- Incident Reports - Applicant has been employed by or retained by a licensed health care facility to review, investigate, analyze and present recommendations based upon the facility's internal incident reports.
- Peer Review/QA - Applicant has been employed by or retained by a licensed health care facility to serve as a member of, serve as staff to, or to coordinate with those facility committees, panels, or other functional groups which have responsibility for the establishment or review of policies, procedures, or standards which govern patient care or the quality of medical care within the facility.
- Patient Grievances - (Medical/Patient/Social/Personal Care) - Applicant has been employed by or retained by a licensed health care facility to review patient grievances related to patient care and the quality for medical services within the facility.

(f) Personal and Social Care

- Incident Reports - Applicant has been employed by or retained by a licensed health care facility to review, investigate, analyze and present recommendations based upon the facility's internal incident reports.
- Peer Review/QA - Applicant has been employed by or retained by a licensed health care facility to serve as a member of, serve as staff to, or to coordinate with those facility committees, panels, or other functional groups which have responsibility for the establishment or review of policies, procedures, or standards which govern patient care or the quality of medical care within the facility.
- Patient Grievances - (Medical/Patient/Social/Personal Care) - Applicant has been employed by or retained by a licensed health care facility to review patient grievances related to patient care and the quality for medical services within the facility.

(g) Accident Prevention

- Incident Reports - Applicant has been employed by or retained by a licensed health care facility to review, investigate, analyze and present recommendations based upon the facility's internal incident reports.
- Peer Review/QA - Applicant has been employed by or retained by a licensed health care facility to serve as a member of, serve as staff to, or to coordinate with those facility committees, panels, or other functional groups which have responsibility for the establishment or review of policies, procedures, or standards which govern patient care or the quality of medical care within the facility.
- Patient Grievances - (Medical/Patient/Social/Personal Care) - Applicant has been employed by or retained by a licensed health care facility to review patient grievances related to patient care and the quality for medical services within the facility.

(h) Departmental Organization and Management

- Incident Reports - Applicant has been employed by or retained by a licensed health care facility to review, investigate, analyze and present recommendations based upon the facility's internal incident reports.
- Departmental Organization/Management - Applicant has been employed by or retained by a licensed health care facility to establish, implement, supervise or serve as staff to that department or unit, which has the responsibility for the internal risk management program as established in compliance with Section 395.0197 or Section 641.55, F.S.

(i) Community Interrelationships

- Intercommunity Relationships - Applicant has been employed by or retained by a licensed health care facility to enlist, obtain and/or coordinate public and/or community service resources in those activities which help achieve the objectives of the internal risk management program. (Such activities may include, but are not limited to, participation in the facility's community disaster planning activities, infection control activities, toxic waste disposal activities and coordination of community-based training and education programs for medical service personnel.)

(j) Medical Terminology

- Incident Reports - Applicant has been employed by or retained by a licensed health care facility to review, investigate, analyze and present recommendations based upon the facility's internal incident reports.
- Peer Review/QA - Applicant has been employed by or retained by a licensed health care facility to serve as a member of, serve as staff to, or to coordinate with those facility committees, panels, or other functional groups which have responsibility for the establishment or review of policies, procedures, or standards which govern patient care or the quality of medical care within the facility.
- Patient Grievances - (Medical/Patient/Social/Personal Care) - Applicant has been employed by or retained by a licensed health care facility to review patient grievances related to patient care and the quality for medical services within the facility.

PART II: TO BE COMPLETED BY THE EMPLOYER CERTIFYING PRACTICAL EXPERIENCE IN HEALTH CARE RISK MANAGEMENT.

I hereby certify that:

_____, has one year of experience as outlined above while an employee of:
Last Name, First Name, Middle Name

Name of Authorized Insurer/ Medical Malpractice Risk Management Trust Fund /Hospital/Am.Surg Ctr. or HMO

from _____ to _____, and that during this time, the above-named applicant performed
Month/Day/Year Month/Day/Year

the duties outlined under Part I (1) or (2).

Name of Authorized Insurer/Medical Malpractice Risk Management Trust Fund/ Hospital/Am.Surg Ctr. or HMO

Address City State and Zip Code

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

(To be Initialed by Employer) I hereby certify the above named employee has been employed by the **facility's Risk Management Office.**

"Under penalty of perjury, I declare that I have read the foregoing Certificate of Employment for Health Care Risk Managers in its entirety and all facts stated in it are true."

Date Signature of Employer

Type or Print Name Title

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, _____

Signature of Notary Public My commission expires _____ (SEAL)

(Print or Type Commissioned Name of Notary)

Personally Known or Produced Identification

Type of Identification Produced _____