

License Me, LLC
Service Agreement
Privileging

Please print, complete & return this Service Agreement along with a copy of your current CV in mm/yyyy – mm/yyyy format, the Questionnaire with any applicable narratives and the Attestation, Authorization & Release via email to: chris@licensemellc.net Please call 919-803-2037 with any questions. Thank you.

Please complete the below information:

Physician-Applicant's full name:
Hospital(s) where Privileging is requested (Please list name of Hospital(s) along with location (City & State)*:
*Please note that it is the Physician's responsibility to possess all current credentials required by the respective Hospital & State. Examples may include but are not limited to BLS, ACLS, ATLS, State License, State Controlled Substance Registration (where applicable) and Federal DEA Certificate. You must possess a separate DEA registration number for each State where you intend to practice.
Will you be requesting Temporary Privileges (privileges ahead of final privilege review)*: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name of Hospital(s) along with location (City & State) where Temporary Privileges are being requested:
*Please note that the issuance of Temporary Privileges is not guaranteed and can only be granted upon Hospital approval.

1. License Me, LLC agrees to assist Physician-Applicant (Client) in obtaining the above requested hospital privileges.
2. Client agrees to pay License Me, LLC a \$350 service fee for each hospital where privileges are requested. In addition, Client agrees to pay all fees associated with the hospital privileging process, including but not limited to: application fees charged by hospital(s), third-party processing fees (such as Educational Records, Background Check(s), AMA, etc along with fees associated with a request for temporary privileges and fees associated with the procurement of hospital-required credentials such as BLS, ACLS, ATLS, State License, CSR & DEA), and mailing and courier fees.
3. License Me, LLC will begin work upon receipt of the service fee and the fully-completed Service Agreement, Questionnaire, and Attestation, Authorization and Release. These forms must be completed in their entirety; altered or incomplete forms cannot be accepted. **License Me, LLC does not guarantee privileging, privileging timeframes, or 'privilege-by' dates.**
4. Client expressly authorizes License Me, LLC to charge the credit card provided on page 2 of 2 of this Privileging Service Agreement for the service fee and fees associated with the privileging process. In the event fees cannot be charged to the credit card, License Me, LLC will issue an invoice to Client. Invoices are due and payable within 10 business days. A late fee of \$50 will be charged on invoices more than 30 days past due. Client's failure to pay fees when due shall be grounds for termination of this agreement and forfeiture of all fees previously paid by Client. Client also shall be solely responsible for all costs of collection of unpaid amounts, including attorneys' fees and costs of suit.
5. Client may request License Me, LLC to place an application on hold. Such request must be in writing. Client will not be eligible for refunds of any kind for applications placed on hold. License Me, LLC will resume processing of an application placed on hold upon receipt of a written request from Client and Client's payment of an additional \$150 service fee.
6. Client agrees to communicate with License Me, LLC and to provide timely, complete, and accurate information requested by License Me, LLC during the privileging process. Client's failure to comply with this provision shall be grounds for termination of this agreement and forfeiture of all fees paid by Client.
7. Client may cancel this agreement within three business days of its execution by providing written notice to License Me, LLC. If notice is timely provided, License Me, LLC shall issue a refund of 25% of the License Me, LLC service fee. **All other fees are non-refundable.**
8. All matters affecting the interpretation of this agreement and the rights of the parties hereto in relation to this agreement shall be governed and controlled by the laws of the State of North Carolina.
9. Client and License Me, LLC submit themselves to the jurisdiction of the courts of the State of North Carolina in any future action brought by either of them to enforce the provisions of this agreement.

10. Any modification or waiver of any of the provisions of this agreement shall be effective only if made in writing and executed by the parties.
11. If any provision of this agreement is held to be invalid or unenforceable, all other provisions shall nevertheless continue in full force and effect.
12. This agreement contains the entire understanding of the parties. There are no representations, warranties, covenants, or undertakings other than those expressly set forth herein.

Date	Client's Printed Name & Signature
	License Me, LLC
Date	By: Christopher M. Ladwig, Managing Member

Please provide the below credit card information:

Type of Card (please circle):	Visa	Mastercard	American Express	Discover
Name as it appears on Card:				
Billing Address associated with Card:				
Card Number:				
Expiration Date:				
Card Security Number:				

License Me, LLC Questionnaire

Please print, complete & return this Questionnaire with any applicable narratives along with a copy of your current CV in mm/yyyy – mm/yyyy format, the Service Agreement and the Attestation, Authorization & Release via email to: chris@licensemellc.net
Please call 919-803-2037 with any questions. Thank you.

Please provide the below requested data.

Name:	MD / DO (Circle one)
Preferred email address:	
Home Address:	
Preferred Mailing Address (if different from home address):	
Cell:	
DOB:	Place of Birth (City/State)
SSN:	
Type of Licensure Exam taken (NBME, USMLE, etc):	
States where Licensure held (list all licenses, past and present):	
Specialty of Board Certification & Date Certified:	

Please answer each below question. **For each question where 'yes' is answered, please provide a corresponding narrative on a separate sheet of paper (return narratives to chris@licensemellc.net):**

Has your license to practice in any jurisdiction ever been limited, restricted, reduced, suspended, voluntarily surrendered, revoked, denied or not renewed; have you ever been reprimanded by a state licensing agency; or are any of these actions pending with respect to your license; are you under investigation by any licensing or regulatory agency?	Yes	No
Has your Drug Enforcement Agency registration or other controlled substance authorization ever been limited, restricted, reduced, suspended, revoked, denied, not renewed, or have you voluntarily surrendered or limited your registration during or under the threat of an investigation or are any such actions pending?	Yes	No
Have you ever failed a Board Certification Exam?	Yes	No
Have your Hospital and/or Clinic privileges ever been limited, restricted, reduced, suspended, revoked, denied, not renewed, or have you voluntarily surrendered or limited your privileges during or under the threat of an investigation or are any such actions pending?	Yes	No
Has a professional liability claim ever been assessed against you, or are there any professional liability cases pending against you?	Yes	No
To your knowledge, have you ever been reported to the National Practitioner Data Bank (NPDB)?	Yes	No
Have you ever been sanctioned or suspended by Medicare or Medicaid?	Yes	No
Have you ever been convicted of a felony or misdemeanor, or are you under investigation with respect to such conduct?	Yes	No
Do you currently have any medical, chemical dependency or psychiatric conditions that might adversely affect your ability to practice medicine or surgery or to perform the essential functions of your position?	Yes	No
During the past seven years, have you been hospitalized, institutionalized or involved in an outpatient treatment program (other than childbirth)?	Yes	No

Physician's Printed Name: _____

Physician's Signature: _____

Date of Signature: _____

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License Me, LLC

Attestation, Authorization and Release

Privileging

I hereby certify that all information in the License Me, LLC Questionnaire, as well as any attachments or supplemental information submitted by me, is true, current, and complete to my best knowledge and belief as of the date of signature below. I fully understand that any significant misstatement in the Questionnaire or documents submitted by me may constitute cause for License Me, LLC to stop work on my privileging application(s) prior to privileging and the forfeiture of fee(s).

I authorize all members and employees of License Me LLC to coordinate with the entities and individuals necessary to process my application(s) for hospital privileges as needed. These may include but are not limited to, State Medical Boards, past or present affiliations, hospitals, references, professional liability insurance companies, specialty boards, and educational institutions.

I further authorize members and employees of the Hospital(s) to which I am applying to communicate with members and employees of License Me, LLC during my Privileging process.

I release from liability all members of the aforementioned entities, individuals and License Me LLC for their acts performed in good faith and in connection with the processing of my application(s) for hospital privileges.

A copy of this Release shall be as effective as the original.

Physician's Printed Name: _____

Physician's Signature: _____

Date of Signature: _____