

HCP Due Diligence Checklist



Requesting Employee

Name, First Name of HCP

I (HCP) certify that :

<input checked="" type="checkbox"/>	I have a current unrestricted professional license
<input checked="" type="checkbox"/>	I am not the subject of any disciplinary proceedings relating to the healthcare profession or any other profession or official enquiry in relation to its business
<input checked="" type="checkbox"/>	I am not on United States Office of Inspector General (OIG) Exclusion list: http://exclusions.oig.hhs.gov/search.aspx (print and attach search results:done by OTC)
<input checked="" type="checkbox"/>	I am not on U.S. General Services Administration (GSA) Excluded Parties List http://www.epls.gov/ (print and attach search results: done by OTC)
<input checked="" type="checkbox"/>	I will not accept in the new relationship any duplicate payments for any services already under contract
<input checked="" type="checkbox"/>	No other legal restrictions (e.g. non-competes, employer requirements, IP issues) will prevent OTC Foundation from entering into this agreement with me
<input checked="" type="checkbox"/>	All the mentioned information in our contractual relationship is correct. I would mention any wrong information to the requesting employee
<input checked="" type="checkbox"/>	I am not aware of any circumstances that would constitute a violation of the U. S. Foreign Corrupt Practices Act or any anti corruption laws of the territory in which I operate
<input checked="" type="checkbox"/>	I signed the Contract and the annex attached to this document
<input checked="" type="checkbox"/>	I read and understood the following regulations (http://www.otcfoundation.org/about OTC/Governance): - Code of Conduct (version from February 5th 2010) - Per Diem and Reimbursement Policy (version from February 5th 2010)
<input checked="" type="checkbox"/>	The CV is attached or will be sent by email

The undersigned confirm that due diligence has been completed and that the result of the due diligence were acceptable for OTC Foundation to enter into a business arrangement with the HCP, Consultant

SIGNATURE REQUIRED

Date, Venue

Signature

HCP, Consultant:

I certify that I checked all the mentioned information in this document

Requesting Employee:

Compliance: