



## MedStar Montgomery Medical Center

Dear Applicant,

Thank you for your interest in seeking appointment to the Medical or Allied Health Professional (AHP) Staff of MedStar Montgomery Medical Center. All initial appointments to the Medical or AHP Staff are Provisional and a Focused Practitioner Performance Evaluation (FPPE) will be performed within the first 3 to 6 months.

Please complete the two (2) application forms and the Delineation of Privileges Form. One application is a uniform Maryland Hospital Credentialing Application approved to comply with Federal and State regulations. The second application is a MedStar Montgomery Medical Center (MMMC) Credentialing Application form, which requires additional information and signed attestations specific to MMMC Bylaws and Hospital Policies as well as Background Investigation information. A copy of our Medical Staff Bylaws can be found at <http://www.montgomerygeneral.org/body.cfm?id=20>. Please read the instructions carefully and use the enclosed checklist. In addition, if possible **please obtain and provide to us, your most recent *Ongoing Professional Practice Evaluation (OPPE) from the hospital where you have the most activity.*** Please return both applications along with the Delineation of Privileges to MedStar Montgomery Medical Center, Medical Staff Services, 18101 Prince Philip Drive, Suite 230N, Olney, Maryland 20832-1512.

We are excited about our new members and will do the best we can to expedite your application. In order to provide you with the best service, we need your assistance in providing all the required information completely, legibly and promptly when requested. Our primary source of communication is electronic; please provide an email address to assist us in communicating with you. An explicit chronology will greatly increase the turnaround time of your application and fulfill our credentialing requirements. All lapses have to be explained to give our credentialing authorities a clear picture of your history.

Initial requests for verifying information will be made by Medical Staff Services at MedStar Montgomery Medical Center. If Medical Staff Services does not receive replies, you will be notified. While we realize that the credentialing process can be time consuming and burdensome for our applicants, it is your responsibility to provide all requested information or assist in obtaining it.

Sometimes an application remains incomplete because requested information is not returned in a timely fashion. Please note that an incomplete application will be considered a *voluntarily withdrawal* after a processing time of 120 days has elapsed. We will notify you, should this occur.

Questions regarding our credentialing procedures may be directed to our Medical Staff Services Professionals at (301) 774-8859.

Again, thank you for your interest in MedStar Montgomery Medical Center.

Sincerely,

**Medical Staff Services**

## CHECKLIST FOR NEW APPLICANTS

NAME: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

Initially, Medical Staff Services will request letters from your medical school, training programs, all affiliated hospitals, employers and references. **The applicant is responsible for any follow-up.**

\_\_\_\_\_ SIGNED and Completed Maryland State Application. Please include a copy of your CV.

\_\_\_\_\_ SIGNED and Completed MedStar Montgomery Medical Center Supplemental Application.

\_\_\_\_\_ SIGNED Delineation of Privileges Form (provide proof of training where noted) (Please email Fidelia Romanowski at [froman@medstarmontgomery.org](mailto:froman@medstarmontgomery.org) if you need your specific DOP or criteria sheets for privileges requiring additional supporting documentation.)

\_\_\_\_\_ SIGNED Attestation.

\_\_\_\_\_ Complete and sign Request for Background Check and Notice Regarding Background Investigation (*Attached*).

\_\_\_\_\_ SIGNED Release of Information Waiver (attach picture).

\_\_\_\_\_ **Documentation for requested privileges** Procedure lists from educational programs/certifications/documentation of procedures and outcomes from other facilities.

- *A copy of current privilege form from your hospital/training program*
- *Performance appraisal or OPPE from the hospital/facility you are most active*
- *The number of patient encounters for the past 12 months*
- *The number of procedures performed in the past 12 months.*
- *A copy of, or attestation to the knowledge of, any adverse reports for the following:*
  - **quality assurance or risk management**
  - **behavioral issues**
  - **performance appraisal or OPPE**
  - **FPPE**
  - **investigations undertaken by your hospital**

\_\_\_\_\_ Current Passport-Sized Photograph (can be attached to waiver or emailed to [froman@medstarmontgomery.org](mailto:froman@medstarmontgomery.org)).

\_\_\_\_\_ Check for \$425.00 (\$ 325.00 for Allied Health Professionals) made payable to MedStar Montgomery Medical Center. ***These fees are non-refundable.***

\_\_\_\_\_ COMPLETE ADDRESSES & PHONE/FAX NUMBERS - From Medical School to Present / Education, Professional Training, Work History, Affiliations - Give complete information - including complete names and addresses (including zip codes), phone/fax numbers and email addresses. Foreign addresses must be included! All information with regard to your education, work history and employment, starting with your Medical School Information needs to be chronologically listed and valid addresses provided. Medical Staff Services needs to verify a minimum of the past 10 years.

\_\_\_\_\_ Current Maryland Medical License, Federal DEA Registration Certificate and Maryland CDS Certificate (if applicable). **Include copies of licenses.**

\_\_\_\_\_ Copy of current ACLS/BLS certification if applying for privileges that include moderate conscious sedation or if applying for Emergency Room privileges.

\_\_\_\_\_ Current Medical Malpractice Insurance Certificate listing MedStar Montgomery Medical Center as the Certificate Holder (**Applicant must request this certificate from his/her broker.**)

\_\_\_\_\_ **Medical Malpractice Claims History (The claims history must cover the previous five years of coverage. The applicant is required to request this information. See enclosed sample letter.) This applies to all carriers that you held within the past 5 years.**

-Residents/Fellows need to contact their facilities Risk Management Office to obtain a claims history.

-Military/Government Personnel should request a letter verifying that they fell under the TORT act.

\_\_\_\_\_ Complete Addresses and Phone/Fax numbers for References and Requirements

Three references are required for Medical and Dental Applicants. One must be from the Program Director of your Residency or Fellowship Program if completed within the last year. If not, a reference needs to be supplied by the Department Chair of your most Active hospital. Allied Health Professionals will need to supply four references, two must be physicians and two should be from peers within the same professional discipline who have personal knowledge of your clinical skills and background. References may NOT be from partners, employees or employers. Please provide both a mailing address and email address. **Please provide both a mailing address, phone/fax numbers and email address.**

\_\_\_\_\_ Certificate of Board Certification (Copy of Certificate or Proof of Current Board status, if applicable) Rules and Regulations – Article V. General Departmental Rules and Regulations, Paragraph A. states, “A practitioner admitted to the Medical Staff after January 1, 1997, must receive and maintain Board Certification in his/her specialty, with the exception that recent graduates shall have five (5) years from completing his/her residency or being designated Board-qualified to achieve, and subsequently maintain Board Certification. Failure to achieve Board Certification, as specified, will result in the immediate revocation of his/her privileges; or will serve as cause to deny initial appointment or reappointment to the Medical Staff.”

\_\_\_\_\_ *All Allied Health Professionals must provide a copy of their Collaborative/Delegation Agreement application and approval letter either from the Board of Physicians or Nursing.*

\_\_\_\_\_ Name of Alternate Coverage Physician (An alternate is a physician with comparable qualifications and privileges at MMMC to care for your patients in your absence.)

\_\_\_\_\_ All non-citizens of the United States must submit a copy of their Visa. Additionally, anyone who does not have a Permanent Resident card must also submit an INS form I-94.

\_\_\_\_\_ Documentation of current PPD status. Base line Chest X ray results if previously positive. **From September to March flu shot documentation is also required**

\_\_\_\_\_ Copy of ECFMG Certificate (if applicable)

\_\_\_\_\_ NPI and other applicable numbers

\_\_\_\_\_ Copy of current Driver’s License or passport

**PLEASE NOTE THE FOLLOWING:**

- **If you are currently or recently involved (within the last five years) in a medical malpractice action, please include a brief summary and any and all of the case information/ transcripts available to you.**

**All applications must be original copies.** Faxed or scanned applications may be sent to expedite the initial processing of your application, but **the original copy must be sent to the Medical Staff Office.**

## **SAMPLE LETTER TO INSURANCE CARRIER**

### **(LETTER TO BE SENT BY APPLICANT TO INSURANCE CARRIER)**

To whom it may concern:

I am in the process of applying for appointment to the MedStar Montgomery Medical Center Medical or Allied Health Professional Staff. One of the appointment requirements is that I provide information on malpractice experience for the past five years.

Please send this information directly to Medical Staff Services, MedStar Montgomery Medical Center, 18101 Prince Philip Drive, Suite 230N, Olney, Maryland 20832-1512 on my behalf. (Insert date within two weeks of the date of your letter). Please also forward a copy to me for my files.

Your prompt attention to this matter is appreciated.

Sincerely,

**NOTE:** Medical Mutual requires the following information:

- The insured practitioner's State License Number
- The insured practitioner's Office Address





Medical Staff Services  
18101 Prince Philip Drive  
Suite 230N

Olney, Maryland 20832-1512

**CREDENTIALING APPLICATION**

(Please type or print legibly)

(Please write N/A where information requested is not applicable)

**Date:** \_\_\_\_\_ Include a \$425.00 (\$325.00 for Allied Health Professionals)  
Check payable to MedStar Montgomery Medical Center

<b>FOR HOSPITAL USE ONLY</b>	
Date Received	_____
Dated Entered	_____
Date Mailed	_____
I.D. Number	_____

**PERSONAL INFORMATION**

NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ SPECIALTY \_\_\_\_\_

Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_

**PROFESSIONAL INFORMATION**

Practicing with whom and nature of affiliation (list all) \_\_\_\_\_

Name of Practice (if applicable): \_\_\_\_\_

Office Manager's Name & Telephone Number: \_\_\_\_\_

Office Manager's Email address:  
\_\_\_\_\_

Practice address in OLNEY: \_\_\_\_\_  N/A

**PROFESSIONAL LIABILITY INSURANCE INFORMATION**

(Mandatory minimum liability insurance coverage of \$1,000,000/\$3,000,000 is currently required for membership on the Medical or AHP Staff of MedStar Montgomery Medical Center. A copy of the applicant's insurance certificate, listing **MedStar Montgomery Medical Center** as the Certificate Holder, is required before the application is considered complete.)

Name of Carrier: \_\_\_\_\_ Since: \_\_\_\_\_

In the event that I cancel this insurance, do not renew a Claims Made policy for any reason, or am dropped by the above carrier, I will notify Medical Staff Services immediately and show proof that I have purchased the tail or the new carrier has picked up the prior acts coverage.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**COVERING PHYSICIAN**

List a **MedStar Montgomery Medical Center** physician who will serve as an alternate when you are not available. (A letter of confirmation will be sent to the alternate physician by Medical Staff Services.) An alternate is a physician with comparable qualifications and privileges to care for your patients in your absence. *If you are a contracted physician (i.e., Emergency Medicine Associates, Inpatient Specialists, etc.), you do not need to list an alternate.*

Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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**PRIMARY SUPERVISING PHYSICIAN (AHP APPLICANTS ONLY)**

The primary supervising physician exercises on site supervision or provides immediately available direction for allied health professionals performing delegated medical acts. Supervision includes oversight of the allied health professional and acceptance of direct responsibility for the patient services and care rendered by the allied health professional; and continuous availability to the allied health professional either in person, through written instructions, or by electronic means.

Please have the primary supervising physician(s) attest to the statement above by printing his/her name and signing below. MMMC must be notified upon any changes in the employment/supervising relationship.

Primary Supervising Physician(s) (Print name) \_\_\_\_\_

Primary Supervising Physician(s) (Signature) \_\_\_\_\_

Physician Assistants must also forward a copy of the Maryland State Board of Physicians *Physician Assistant/Supervising Physician Delegation Agreement (For Hospital Settings)* application and a copy of the confirmation letter(s) from the Maryland Board of Physicians. Advanced Practice Nurses provide a copy of the application and a copy of the confirmation letter from the Board of Nursing. CRNAs must provide their Collaborative Agreement

## ATTESTATION

### **Expectations of Practitioners Granted Privileges at MedStar Montgomery Medical Center**

**Outlined below are the expectations that practitioners have of each other as members of our medical staff. These expectations reflect current medical staff bylaws, policies and procedures and organizational policies to bring together the most important issues found in those documents and key concepts reflecting our medical staff's culture and vision. While these expectations will provide a guide for the medical staff in selecting measures of practitioner competency, not every expectation will be directly measured.**

**Patient Care: Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life as evidenced by the following:**

- 1. Provide effective patient care that consistently meets or exceeds medical staff or appropriate external standards of care as defined by comparative outcome data, medical literature and results of peer review activities.**
- 2. Plan and provide appropriate patient management based on accurate patient information, patient preferences, current indications and available scientific evidence using sound clinical judgment.**
- 3. Assure that each patient is evaluated by a practitioner as defined in the bylaws, policies and procedures and organizational policies and document findings in the medical record at that time.**
- 4. Demonstrate caring and respectful behaviors when interacting with patients and their families.**
- 5. Provide for patient comfort by managing acute and chronic pain according to medically appropriate standards.**
- 6. Counsel and educate patients and their families.**
- 7. Cooperate with hospital efforts to implement methods to systematically enhance disease prevention.**
- 8. If applicable, supervise residents, students and allied health professionals to assure patients receive the highest quality of care.**

**Medical Knowledge:** Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others as evidenced by the following:

1. **Communicate effectively with practitioners, other caregivers, patients and families to ensure accurate transfer of information through appropriate oral and written methods according to hospital policies.**
2. **Request inpatient consultation by providing adequate communication with the consultant including a clear reason for consultation and direct practitioner-to-practitioner contact for urgent or emergent requests.**
3. **Maintain medical records consistent with the medical staff bylaws, and department and organizational policies and procedures.**
4. **Work effectively with others as a member of the health care team**
5. **Maintain patient satisfaction with practitioner care.**

**Professionalism:** Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession and society as evidenced by the following:

1. **Act in a professional, respectful manner at all times and adhere to the Medical Staff Code of Conduct.**
2. **Respond promptly to requests for patient care needs.**
3. **Address disagreements in a constructive, respectful manner away from patients or non-involved caregivers.**
4. **Participate in emergency call as defined in the bylaws, policies and procedures.**
5. **Follow ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and discussion of unanticipated adverse outcomes.**
6. **Utilize sensitivity and responsiveness to culture, age, gender, and disabilities for patient and staff.**
7. **Exhibit good citizenship by making positive contributions to the medical staff by participating actively in medical staff functions, serving when requested and by responding in a timely manner when input is requested.**

**Systems Based Practice:** Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize healthcare as evidenced by the following:

1. **Comply with hospital efforts and policies to maintain a patient safety culture, reduce medical errors and meet national patient safety goals.**
2. **Follow nationally recognized recommendations regarding infection control procedures and precautions when participating in patient care.**
3. **Ensure timely and continuous care of patients by clear identification of covering practitioners and by availability through appropriate and timely electronic communication systems.**
4. **Provide quality patient care that is cost effective by cooperating with efforts to appropriately manage the use of valuable patient care resources.**
5. **Cooperate with guidelines for appropriate hospital admission, level of care transfer and timely discharge to outpatient management when medically appropriate.**

**Practice Based Learning and Improvement:** Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care as evidenced by the following:

1. **Regularly review you or individual and specialty data for all general competencies and use the data for self improvement of patient care.**
2. **Respond in a constructive manner when contacted regarding concerns about patient care.**
3. **Use hospital information technology to manage information and access on-line medical information.**
4. **Facilitate the learning of students, trainees and other health care professionals.**

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**Physician Signature**

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**Printed Name**

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**Date**



**RELEASE OF INFORMATION WAIVER**

By applying for appointment to the Medical or Allied Health Professional Staff of MedStar Montgomery Medical Center, I hereby signify my willingness to appear for interviews in regard to my application, authorize the Hospital, its Medical Staff and their representatives to consult with administrators and members of the Medical Staffs or Allied Health Professional Staffs of other hospitals or institutions with which I have been associated and with others who may have information bearing on my professional competence, character and ethical qualifications. I hereby further consent to the inspection by the Hospital, its Medical Staff and its representatives of all records and documents, including medical records, at other hospitals or institutions that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested as well as my moral and ethical qualifications for staff membership. I agree to provide information regarding any adverse malpractice judgments or settlements against me.

I hereby release from liability all representatives of the Hospital and its Medical Staff for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and I hereby release from any liability any and all individuals and organizations who provide information to the Hospital, or its Medical Staff, in good faith and without malice concerning my professional competence, ethics, character and other qualifications for staff appointment and clinical privileges, and hereby consent to the release of such information.

I hereby further authorize and consent to the release of information by this Hospital, or its Medical Staff, to other hospitals, Medical or Allied Health Professional Associations and other interested persons having authority over licensing of physicians/allied health professionals on requests regarding any information the Hospital and Medical Staff may have concerning me, as long as such release of information is done in good faith and without malice, and I hereby release from liability this Hospital and its staff for so doing. I attest that I am physically and mentally capable of performing the privileges requested. Photocopies of this document will be as binding as the original.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN TO: MedStar Montgomery Medical Center  
Medical Staff Services  
18101 Prince Philip Drive  
Olney, Maryland 20832-1512  
301/774-8859/8869**

You can send a digital photo to froman@medstar-montgomery.com

Social Security Number

Date of Birth -used for identification purposes only

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<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Other Names Used</b> (maiden name, AKA names, etc.)		

<b>Current Residential Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

					[ ]
					[ ]
					[ ]
					[ ]
					[ ]

<b>Driver's License Number</b>	<b>State of Issue</b>
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**FCRA DISCLOSURE AND ACKNOWLEDGMENT**  
**IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**MedStar Health - Montgomery Medical Center - Med Staff** ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. An investigative consumer report may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained is an investigation into your education and/or employment history. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report.

The report may be generated by **Universal Background Screening (Post Office Box 5920 Scottsdale, AZ 85261, 1-877-263-8033, [www.universalbackground.com](http://www.universalbackground.com))** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p><b>New York and Maine applicants or employees only:</b> You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.</p>
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<p><b>New York applicants or employees only:</b> Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
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<p><b>Oregon applicants or employees only:</b> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.</p>
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<p><b>Washington State applicants or employees only:</b> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>
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**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and, if I am hired, throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Universal Background Screening**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<p><b>New York applicants or employees only:</b> By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
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<p><b>Minnesota and Oklahoma applicants or employees only:</b> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
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<p><b>California applicants or employees only:</b> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy <input type="checkbox"/></p>
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of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. □

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (First/Middle/Last)

\_\_\_\_\_  
Social Security Number (SSN)\*

\_\_\_\_\_  
Driver License State / Number

\_\_\_\_\_  
Date of Birth\*

\*SSN and DOB will be used for identification purposes and will not be used as hiring criteria.

FCRA:EMPLOYMENT:004907:20121119

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 <sup>th</sup> Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357