



A. Do you agree that your license to provide health care was revoked, suspended, or otherwise lost as a consequence of action taken by a State licensing authority?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you **disagree**, explain why you disagree. State which exhibits support your argument and explain why they do.

B. Do you agree that your license to provide health care was revoked, suspended, or otherwise lost for reasons bearing on your professional competence, professional performance, or financial integrity?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you **disagree**, explain why you disagree. State which exhibits support your argument and explain why they do.

C. **(Answer the following question only if your license to provide health care was lost, suspended, or otherwise revoked based on an agreement reached between you and a State licensing authority).** Do you agree that you surrendered your license to provide health care while a State formal disciplinary proceeding was pending against you and the proceeding concerned your professional competence, professional performance, or financial integrity?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you **disagree**, explain why you disagree. State which exhibits support your argument and explain why they do.

**II. Is the length of your exclusion unreasonable?** The I.G. argues that the length of the exclusion imposed is reasonable. The I.G. argues that there is evidence relating to certain aggravating factors that supports the length of the exclusion.

**A. Do you disagree with the I.G.'s identification of aggravating factors in your case?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you disagree, state which of the aggravating factors cited by the I.G. you believe are not present. Explain why you disagree. State which exhibits support your argument(s) and explain why they do.

**B. If you agree that there is/are an aggravating factor or factors present in your case but believe that the exclusion is nonetheless not justified by the presence of that factor or factors, explain your reasons for your argument.** State which exhibits support your arguments and explain why they do.

**C. Do you believe that a mitigating factor or factors exist(s) that support(s) reducing the length of your exclusion (before answering this question, read the list of potentially mitigating factors that is set forth at 42 C.F.R. § 1001.501(b)(3))?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you believe that a mitigating factor or factors exist(s), state what it is/they are and explain why the presence of the factor or factors should support reducing the length of your exclusion. State which exhibits support your argument(s) and explain why they do.

**III. Do you believe that an in-person hearing is necessary to decide your case?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any testimony that you wish to offer at an in-person hearing?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you have testimony that you wish to offer, provide the following:

1. The name of each witness whose testimony you want to offer.
  
  
  
  
  
  
  
  
  
  
2. A description of each witness' proposed testimony and an explanation of why you believe that the testimony relates to any of the arguments you want to offer in connection with items I and II.

3. An explanation of why the proposed testimony does not duplicate something that is already stated in an exhibit.

**IV. Do you have any other arguments you wish to make?** If so, please state them here. State which exhibits support your argument(s) and explain why they do.

\_\_\_\_\_  
Petitioner or Petitioner's Representative

Date: \_\_\_\_\_