

Major Hospital A Major Health Partner	Initial Appointment and Application Process for the Medical Staff MS-1
Does this policy meet a regulatory requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formulated by: Administration Approved by: Medical Staff, Board of Directors Effective Date: 06/29/2010

**PURPOSE:**      **To assist each applicant in obtaining appropriate information/documentation necessary for completing an application for membership and/or privileges. To assure an orderly and timely execution of an application and to assure that a consistent, uniform and comprehensive appraisal of each applicant is conducted as specified in the Medical Staff Bylaws.**

**Verification of information supplied by the applicant is made by the Medical Staff Office. However, the burden of supplying all necessary information and documents rests with the applicant. If replies are not received, the applicant should be informed that it is his/her responsibility to see that the requested information is forwarded to complete the application.**

**GUIDELINE STATEMENTS:**

**1. Application Process**

The Medical Staff Office provides to the applicant:

- 1.1. The application and delineation of privileges with qualification requirements.
- 1.2. A checklist of items requested.
- 1.3. The following are provided via a weblink provided to the applicant:
  - 1.3.1. The Medical Staff Bylaws
  - 1.3.2. The Bylaws of the Board of Directors of Major Hospital.
  - 1.3.3. Medical staff policies and procedures.
  - 1.3.4. The hospital's "Standards of Professional and Business Conduct" booklet
- 1.4. The attestation/consent statement and release of information forms.
- 1.5. The Medicare Acknowledgment Statement form for providers applying for admitting privileges.
- 1.6. If applicable, a copy of the hospital's "Procedural Sedation" standard policy and procedure, the Minimal & Moderate Procedural Sedation Criteria Acknowledgement form, the Moderate Sedation Privileging Quiz, and a blank Moderate Sedation answer sheet.
- 1.7. Acknowledgment form corresponding to the hospital's "Standards of Professional and Business Conduct" booklet referenced in 1.3.4.

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1.8. If applicable, the attestation form corresponding to the hospital's "Use of Restraints and Seclusion" standard policy and procedure available per 1.3.3.

**2. When the completed application form and requested supporting documentation are received in the Medical Staff Office, it is checked for completeness.**

**3. The following items will be verified to be complete and/or current by the Medical Staff Office:**

3.1. Signed application, request for privileges form and the supporting documentation of required experience as indicated on the request for clinical privileges form.

3.2. Submission of an application processing fee as follows:

3.2.1. Applicants to Major Hospital's Active, Medical Administrative, Honorary Medical Staffs and/ or employed physicians are exempted from the application fee.

3.2.2. Applicants to Major Hospital's Affiliate Staff and Auxiliary Staff, excluding MHP employed physicians, are required to pay a non-refundable initial application processing fee of \$200.00. In addition, a non-refundable reapplication fee of \$100.00 will be charged to these applicants.

3.3. Disclosure and Authorization form for release of criminal background information.

3.4. Documented online verification of physician license from the Indiana Professional Licensing Agency.

3.5. Documented online verification of the applicant's Controlled Substance Registration from the Indiana Professional Licensing Agency.

3.6. Documented online verification of the applicant's Drug Enforcement Administration Certificate/Drug Legend Certificate when applicable.

3.7. Claim/Suit Form concerning malpractice history.

3.8. For foreign graduates, the physician's ECFMG certificate.

3.9. The current professional liability certificate of insurance with proof of being a qualified health care provider participating in the Indiana Patients Compensation Fund, unless otherwise exempted by the Hospital's Medical Staff Bylaws from the requirement to participate in the fund.

3.10. Information regarding the past two (2) years of CME's earned- It is expected that applicants who recently completed post-graduate training may have little or no CME.

3.11. A recent photograph (digital image preferable)

3.12. A copy of a current driver's license or passport.

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- 3.13. Documentation of a recent Tuberculosis screen within the past year or if positive, completion of Major Hospital’s Tuberculosis Screening Questionnaire.
- 3.14. Documentation of vaccination record for rubella, rubeola, and varicella or proof of immunity.
- 3.15. Documentation of influenza vaccine within the past year during flu season (generally October through March) in compliance with hospital’s flu prevention program.
- 3.16. Documentation of COVID-19 vaccines in compliance with hospital’s policies.
- 3.17. Any other items requested which may be specific to the physician’s specialty or field of practice.
- 4. The applicant will be informed of areas that are incomplete and will be given 30 days to provide missing information. If the information is not provided within those 30 days, the application will be considered incomplete and suspended from further processing.**
- 5. The applicant’s current competency, health status, experience and judgment is based on the verification of the following primary sources:**
  - 5.1. AMA or AOA Profile for M.D.’s and D.O.’s
  - 5.2. Licensure (current & past)
  - 5.3. Medical/Podiatric/Dental/Optomety School for U.S. graduates
  - 5.4. Verification of ECFMG certification for foreign medical graduates
  - 5.5. Internship/residency/fellowship
  - 5.6. Peer references (minimum of three)
  - 5.7. Hospital affiliation(s)
  - 5.8. National Practitioner’s Data Bank
  - 5.9. DEA validation (if applicable)
  - 5.10. OIG – relevant to Medicare/Medicaid sanctions
  - 5.11. FACIS (Fraud and Abuse Control Information System)
  - 5.12. Malpractice history (past five years)
  - 5.13. Indiana Patients Compensation Fund (if applicable)
  - 5.14. Board certification verification in compliance with Medical Staff Bylaws.
- 6. Information regarding criminal history is requested on the application. A criminal background check (7-10 years) is conducted on all credentialed applicants prior to initial appointment. Exception: Telemedicine providers credentialed through a distant site credentialing agreement per “SPP MS-4 Telemedicine Privileges”**

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7. **Four weeks will be allowed for the return of references and verifications. If incomplete, then a second request letter shall be sent.**
8. **If the file is still incomplete four weeks following a second request, the applicant will be notified in writing and it will then be his/her responsibility to obtain the information. If information is not provided by applicant within four weeks of notification, it will be assumed the applicant has withdrawn his/her application.**
9. **Conditions of Appointment by Signing the Application**
  - 9.1. Please refer to Section 1.3 of the Credentialing Manual for details regarding conditions of appointment.
10. **Approval Process**
  - 10.1. Please refer to 1.4.3 through 1.4.6 of the Credentialing Manual for details of the approval process.
  - 10.2. All initially requested privileges shall be subject to a period of Focused Professional Practice Evaluation (FPPE) as more fully described in the Hospital’s standard policy and procedure MS-19 Medical Staff Professional Practice Evaluation.
  - 10.3. The appropriate departments will be notified of the membership of a new practitioner and his/her privileges will be added to Symplr Cactus iPrivileges. The iPrivileges weblink is available through MHP’s intranet “Connect” under “Tools & Apps”

**11. Reviewing & Revising**

Reviewed	Revised
	04/25/11
	05/23/11
	04/29/13
	02/23/15
	05/23/16
	06/26/17
	11/25/19
	06/27/22

**\*UPDATE WEBSITE WITH REVISIONS\***

**12. References:**

- 12.1. HFAP Manual 2021 Standards: 03.00.02: Periodic Appraisal of Members, 03.00.06: Recommendations for Appointment to Governance, 03.01.05:

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Attestation Statement in Bylaws, 03.06.06: Incomplete Application, 03.01.15:  
Required Application and Reapplication: Information to be Reviewed & 03.06.08  
Time Frame for Processing of Applications

**12.2.** Major Hospital Bylaws – Credentialing Manual Section 1.2 – 1.4.