 <b>A MAJOR HEALTH PARTNER</b>	Initial Appointment and Application Process for the Medical Staff
Initial Appointment and Application Process for the Medical Staff, SPP: MS-1 Cancels: AS-40 (dated 10/11/1990) Latest Revision or Review: 05/23/2016	Formulated by: Administration Approved by: Medical Staff, Patients Services & Planning, Board of Directors Date Approved: 06/28/2010 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 cover letter explaining the requirements for completing the application and a checklist.
- 1.3. The Medical Staff Bylaws and the applicable medical staff policies and procedures.
- 1.4. The Bylaws of the Board of Directors of Major Hospital.
- 1.5. The attestation/consent statement and release of information forms.
- 1.6. The Medicare Acknowledgment Statement form.
- 1.7. If applicable, a copy of the hospital's "CPR Competency for Members of the Medical Staff" standard policy and procedure along with any corresponding documents.
- 1.8. If applicable, a copy of the hospital's "Procedural Sedation" standard policy and procedure, the Moderate Procedural Sedation Criteria Acknowledgement form, the Moderate Sedation Privileging Quiz, and a blank Moderate Sedation answer sheet.
- 1.9. A copy of the hospital's "Standards of Professional and Business Conduct" booklet along with the corresponding acknowledgement form.
- 1.10. If applicable, a copy of the hospital's "Use of Restraints and Seclusion" standard policy and procedure and the attestation form.

**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:**

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- 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, 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 \$50.00 will be charged to these applicants.
  - 3.2.3. Applicants to Major Hospital's-Auxiliary Staff shall be charged a non-refundable initial application processing fee of \$100.00. There will be no charge for these applicants at the time of reapplication.
- 3.3. Disclosure and Authorization form for release of background information. A copy of the applicant's Indiana license or documented online verification of licensure from the Indiana Professional Licensing Agency.
- 3.4. A copy of the applicant's Indiana Controlled Substance Registration. Certificate and Drug Enforcement Administration Certificate/Drug Legend Certificate when applicable.
- 3.5. Confidential Information Report form.
- 3.6. For foreign graduates, the physician's ECFMG certificate.
- 3.7. A copy of the facesheet of the current professional liability 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 having to participate in the fund.
- 3.8. 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.
- 3.9. A recent photograph (digital image or 2 inches by 2 inches preferable)
- 3.10. A copy of a current driver's license or passport.
- 3.11. Documentation of a recent PPD, within the past year or if positive, completion of Major Hospital's Tuberculosis Screening Questionnaire.
- 3.12. Documentation of vaccination record for rubella, rubeola, and varicella or proof of immunity.
- 3.13. Any other items requested in the cover letter and/or checklist (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.**

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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/Optomerty 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 State Department of Insurance (if applicable)
  - 5.14. Board certification (if applicable)
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.**
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. Attests to the accuracy and completeness of all information on the application and any accompanying documents and agrees that any inaccuracy, omission, or commission is grounds for terminating the application process;
  - 9.2. Signifies his/her willingness to appear for interviews regarding his/her application, peer review, and hospital quality improvement activities;
  - 9.3. Authorizes hospital and medical staff representatives to consult with prior and current associates and others who might have information bearing on his/her professional competence, character, ability to perform the privileges requested, ethics, ability to work cooperatively with others, and other qualifications for membership and clinical privileges (s)he requests;
  - 9.4. Consents to hospital and medical staff representatives' inspection of all records and documents that might be material to an evaluation of his/her professional qualifications and competence to

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carry out the clinical privileges requested, physical and mental health status and professional and ethical qualifications;

- 9.5. Releases from liability to the fullest extent permitted by law, any and all hospital representatives for acts they perform and statements they make in connection with evaluation of his/her application, credentials and qualifications;
- 9.6. Releases from liability all individuals and organizations who provide information to the hospital or the medical staff, including release to hospital representatives of otherwise privileged or confidential information concerning the applicant's background, experience, competence, professional ethics, character, physical and mental health, emotional stability, utilization practice patterns, and other qualifications for staff appointment and clinical privileges;
  - 9.6.1. Authorizes and consents to hospital representatives providing other hospitals, medical associations, licensing boards, and other organizations concerned with practitioner performance and the quality and efficiency of patient care, with any information relevant to such matters that the hospital may have concerning him/her, and releases hospital representatives from liability for so doing;
  - 9.6.2. Signifies that he/she has read the current medical staff bylaws and associated policies and procedures and agrees to abide by their provisions in regard to his/her application for appointment to the medical/professional/auxiliary staff;
  - 9.6.3. Agrees to provide to Medical Staff Office updated information requested on the original application and subsequent reapplications or privilege request forms, including:
    - 9.6.3.1. Hospital appointments;
    - 9.6.3.2. Voluntary or involuntary relinquishment of medical staff membership or clinical privileges or licensure status;
    - 9.6.3.3. Reduction or loss of clinical privileges at another hospital;
    - 9.6.3.4. Involvement in liability claims, or license/DEA sanctions (including both current and pending investigations and challenges), and
    - 9.6.3.5. Any removal from a managed care organization's provider panel for quality of care reasons or unprofessional conduct.
- 9.7. Agrees to disclose any successful or currently pending challenges to licensure or registration to the Medical Staff Office or the CEO;
- 9.8. Agrees to disclose voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction, suspension, or loss of clinical privileges at another institution; and
- 9.9. Agrees to disclose any current criminal charges under investigation, and any past charges and convictions of misdemeanors or felonies.

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- 9.10. For the purposes of this provision, the term “hospital representatives” includes:
- 9.10.1. The Board, its directors and committees;
  - 9.10.2. The CEO or designee;
  - 9.10.3. The medical staff organization and all medical staff appointees;
  - 9.10.4. Clinical committees that have responsibility for collecting and evaluating the applicant’s credentials or acting upon his/her application;
  - 9.10.5. Registered nurses and other employees of the hospital; and
  - 9.10.6. Any authorized representative of any of the aforementioned.

## 10. Approval Process

- 10.1. The completed file will be reviewed by the Service Chief/Director or Medical Executive Designee to ensure that it fulfills the established standards for membership and clinical privileges.
- 10.2. The applicant's file will be sent to the Medical Executive Committee for review and recommendation. The applicant may be asked to appear for an interview.
- 10.3. Recommendation(s) from the Medical Executive Committee will be forwarded to the Board of Directors within 60 days of the completed application being received by the Medical Executive Committee.
- 10.4. If the Board of Directors has need of further information and/or clarification with respect to a recommendation of the Medical Executive Committee of relating to staff appointment or the assignment of privileges, the Board of Directors shall refer the matter back to the Medical Executive Committee to investigate fully the concerns/questions raised. Based upon the reported findings of the Medical Executive Committee, the Board of Directors thereupon shall make a final decision on the appointment and assignment of privileges.
- 10.5. 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.
- 10.6. The Chief Executive Officer will notify the applicant in writing of the Hospital Board of Directors' decision.
- 10.7. The appropriate departments will be notified of the membership of a new practitioner and his/her privileges will be added to Cactus “iPrivileges”.

## 11. Reviewing & Revising

Reviewed	Revised
	04/25/11
	05/23/11
	04/29/13
	02/23/15

 <b>MAJOR HOSPITAL</b> <b>MHP</b> ™ <small>A MAJOR HEALTH PARTNER</small>	Initial Appointment and Application Process for the Medical Staff
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	05/23/16
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**12. Does this policy meet a regulatory requirement? ☒ Yes ☐ No**

- 12.1. If Yes, state the name of the standard being met. This policy meets the following HFAP Standards: HFAP Manual 2015 Standards: 03.00.06: Recommendations for Appointment to Governance, 03.01.05: 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