

Request for Application for Medical Staff Membership and Privileges

I acknowledge by my signature below that I have read and understand the following qualifications for Medical Staff membership for physicians, dentists, and podiatrists (Medical Staff Bylaw 2.2):

- a. Current licensure (valid and unsuspended), adequate experience, education and training, current professional competence in the exercise of the privileges sought, good judgment, current adequate physical and mental health status related to privileges requested, pass a background check, so as to demonstrate to the satisfaction of the Medical Staff and the Board of Directors that I am professionally and ethically competent and that patients treated by me can reasonably expect to receive quality medical care.
- b. Meet the criteria for membership in at least one Department and hold clinical privileges in at least one Department of the Medical Staff.
- c. Maintain a residence and an active office practice which, according to criteria approved by the Medical Executive Committee, are located close enough to the Hospital to provide appropriate continuity of quality of care.
- d. Determined to ...
 - i. Adhere to the ethics of my profession.
 - ii. Work cooperatively with others so as not to adversely affect patient care.
 - iii. Keep as confidential, as required by law, all information or records received through the physician-patient relationship.
 - iv. Participate in and properly discharge responsibilities as determined by the Medical Staff.
 - v. Keep confidential and discuss only within established Medical Staff clinical Department / Division and Committee proceedings such as Medical Staff activities related to quality improvement and peer review activities.
 - vi. Meet all other qualifications and requirements for Medical Staff membership and clinical privileges.
 - vii. Not have been convicted of any felony or misdemeanor including violations of law pertaining to controlled substances, illegal drugs, Medicare, Medicaid or insurance fraud and/or abuse, or a plea of guilty or nolo contendere to charges pertaining to same.
- e. Maintain in force professional liability insurance covering the exercise of all requested clinical privileges.
- f. Eligible to participate in Federal programs.

I also acknowledge that my application is considered incomplete until I have submitted the items listed on page 3.

 Last Name

 First Name

 Middle Name

 Signature

 Date

Request for Application for Medical Staff Membership and Privileges

Applicant Demographic Information

- Male
 Female

 Birthdate

 Social Security No

 Individual NPI

 Office Telephone

 Mobile Phone

 Email

 Primary Specialty

Yes No
 Board Certified?



Upon receipt and approval of a complete form, look for an email from **service@mdapp.com**.



Note that incomplete or missing information, or inaccurate data entry, may delay the processing and completion of your application.

Authorization for Delegate (Optional)

If you wish to authorize a delegate (Office Manager or Assistant) to help you complete your online electronic application, complete the information below:

 Delegate Last Name

 Delegate First Name

 Delegate Middle Name

 Delegate Email

 Delegate Phone
Applicant Attestation re: Authorization for Delegate

I hereby authorize the above-named individual to access the Valley Presbyterian Hospital online application (MD-App) to enter data and submit documentation to support my application for membership and privileges. I understand that I will need to review the data and documents and attest to their accuracy before I submit them for consideration, and that I am solely and fully responsible for the information I submit.

I acknowledge that I have voluntarily provided the above information, and that I have carefully read and understand this Delegate Authorization. I understand and agree that a facsimile, PDF, or photocopy of this Authorization shall be as effective as the original.

 Applicant Name (Print)

 Applicant Signature

 Date

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Items required to deem application to complete, in order to begin the credentials verification process:

After you receive your electronic application link, be prepared to upload / transfer a PDF or JPG of items 3-8 listed below in the "REQUIRED DOCUMENTS" section of the electronic application.

Additional items may be needed depending on your specialty and/or the privileges you request.

1. *Completed* electronic application (MD-App) (including valid and complete contract information for each educational / training program, hospital affiliation, and peer reference).
2. Application processing fee of \$600 (check made payable to "VPH Medical Staff").
3. *Current* curriculum vitae.
4. Activity report (from hospital most active at, or training program) listing diagnoses and procedures performed during the past two years.
5. Copy of your current DEA certificate.
Ensure that a local office or practice is listed (per Federal Title 21, Section 1301.12), or that it does *not* state "exempt" on the certificate.
6. Copy of your current malpractice liability insurance certificate.
7. Current color, passport-style photograph.
8. Documentation of COVID-19 vaccination and/or booster, or written exemption statement.

Other

Coverage

Medical Staff Rule 1.7 requires that "each member of the Medical Staff shall name a member of the Medical Staff who may be called to attend to his patients in an emergency, or until he arrives. In case of a failure to name such associate, the Emergency Department or patient care unit shall have authority to call any member of the Medical Staff in such event utilizing the Chain of Command."

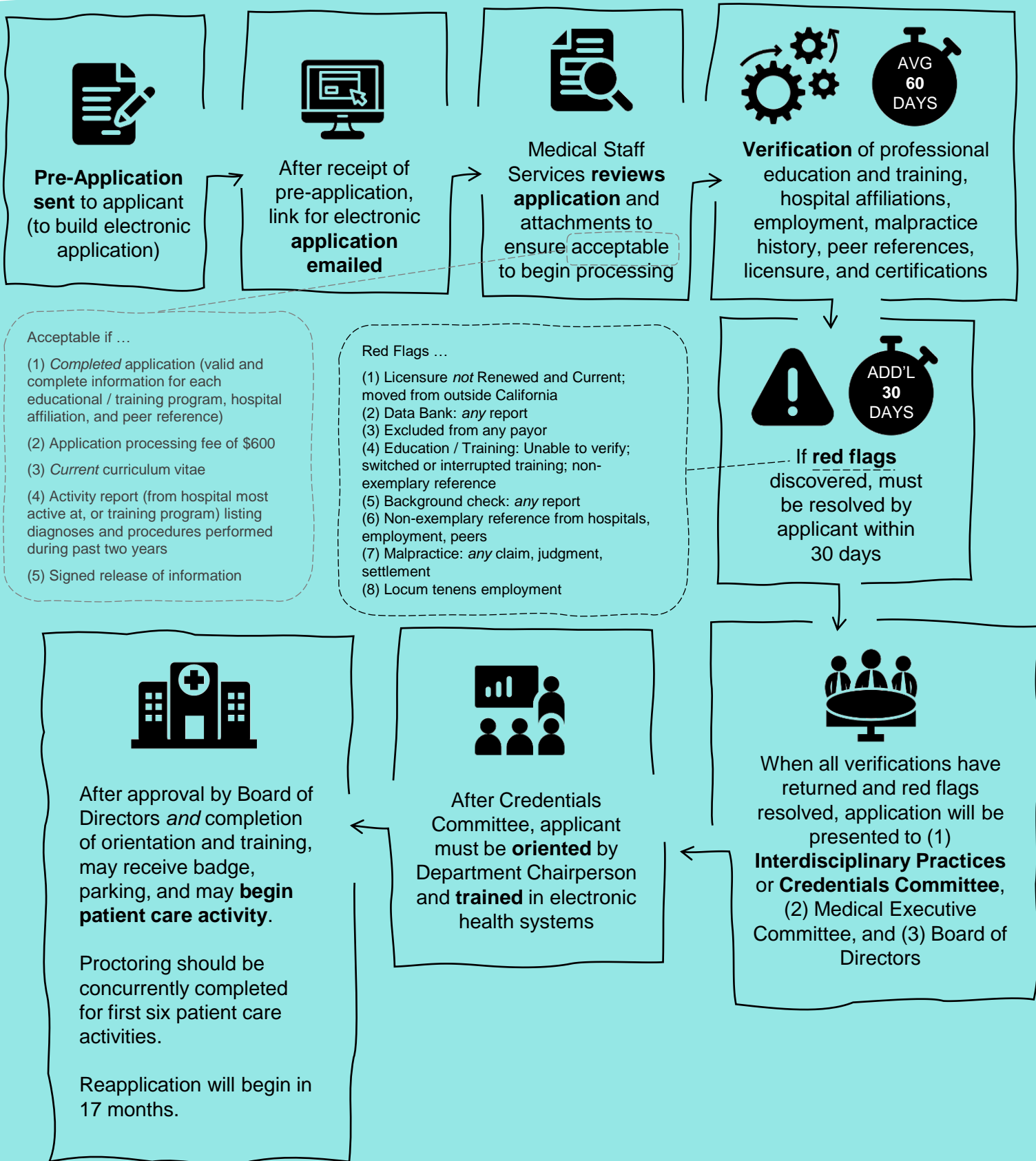
Medical Staff Rule 1.8 continues: "A practitioner who will be out of town or unavailable for a significant period of time shall notify the Hospital in writing, of the name of the practitioner who will be assuming responsibility for the care of his patients during the absence."

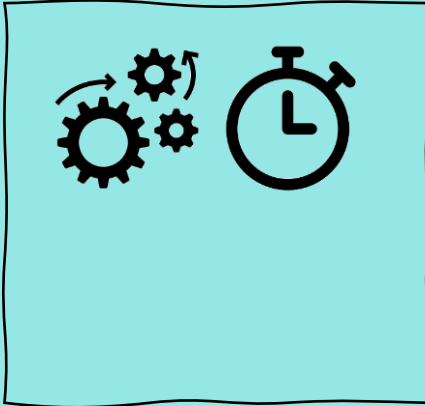
Advanced Practice Practitioners

(Also known as Allied Health Professionals, Advanced Practice Clinicians, physician extenders)

Most Advanced Practitioner Practitioners (APPs) will have a Supervising Physician. Please be aware that he or she will be expected to complete additional paperwork for you.

What to Expect When Applying for Membership and Privileges





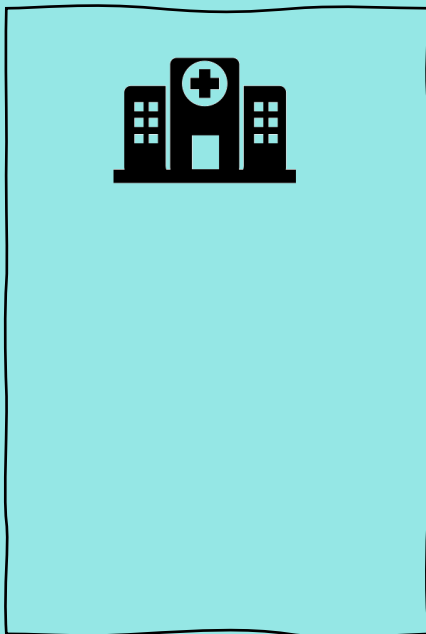
Credentials Verification Process

How long should I anticipate the credentials verification process will take?

Most healthcare organizations anticipate 90-120 days, as this allows extra time when verification sources do not respond, or if red flags need to be resolved by the applicant or a verification source, or if other unanticipated actions are needed.

Is there anything a provider can do to *speed up* the process?

Yes. Providers can greatly influence the length of processing time by contacting their verification sources (institutions, peer references) and asking each to respond to VPH verification requests as soon as possible.



Proctoring

What is proctoring?

Proctoring is confirmation of an individual's current clinical competency. The process involves direct (real-time) observation of a procedure being performed at VPH, prospective reviews to evaluate planned treatment, and retrospective review of medical record documentation. Further details on proctoring will be provided with the orientation materials.

Reappointment

Why do I have to be reappointed?

The Centers for Medicare and Medicaid Services' (CMS) require that all providers be reappointed at least every 24 months, to validate current clinical competency. If a provider is unable to submit a reappointment application, or is unable to complete the process, he or she will be deemed to have voluntarily resigned from the Medical Staff.