

[Insert Hospital Logo]	[Insert Manual Name]	No. CO-5.008
	Title: REQUEST FOR APPLICATION FOR MEDICAL STAFF OR PROFESSIONAL STAFF MEMBERSHIP	Page: 1 of 12
		Origination Date: 09-19-16; 01-14-15; 08-17-11
		Effective Date: xx-xx-xx
		Previous Versions Dated: xx-xx-xx
		MEC Approval: xx-xx-xx
Board Approval: xx-xx-xx		

I. SCOPE:

This policy applies to **[insert name of Hospital here]** and its Medical Staff.

II. PURPOSE:

To obtain, prior to commencing the Medical Staff or Professional Staff Membership application process with respect to a prospective applicant (“Pre-Applicant”), the background information necessary to appropriately evaluate whether the Pre-Applicant for Medical Staff or Professional Staff Membership at **[insert name of Hospital here]** meets the high quality of professional competence, training and willingness to participate in the business of the Medical Staff or Professional Staff as required by the Medical Staff Bylaws and the Entity Bylaws.

III. POLICY:

[Insert name of Hospital here] will provide an application for Medical Staff or Professional Staff Membership only to a Pre-Applicant who has met the requirements of this policy, as described below. This applies to all applications for initial medical staff or professional staff membership and privileges, including requests for temporary privileges, locum tenens, telemedicine and advanced practice professionals, at all entities, with the exception of emergency or disaster privileges.

IV. PROCEDURE:

A. Criteria

The following Medical Staff and Professional Staff eligibility criteria will be utilized to determine if the pre-applicant is eligible to receive a medical staff or professional staff application.

If a Pre-Applicant fails to establish eligibility to receive an Application for membership or privileges, the decision not to provide an Application is not a professional review action as it is not related to the professional qualifications or conduct of the Pre-Applicant. It is not reportable to the National Practitioner Data Bank nor to the State licensing body. The decision to decline an Application is not subject to appeal.

[Insert Hospital Logo]	[Insert Manual Name]	No. CO-5.008
	Title: REQUEST FOR APPLICATION FOR MEDICAL STAFF OR PROFESSIONAL STAFF MEMBERSHIP	Page: 2 of 12
		Origination Date: 09-19-16; 01-14-15; 08-17-11
		Effective Date: XX-XX-XX
		Previous Versions Dated: XX-XX-XX
		MEC Approval: XX-XX-XX
Board Approval: XX-XX-XX		

1. Licensure (if required for practice of profession):
 - a. Practitioner must have current, active professional license without restriction or limitation. (If practitioner is relocating to the state in which he is applying, applicant must have current, unrestricted license in the state he currently resides, and proof of application for state in which he is applying for medical staff membership.)
 - b. Practitioner must not have revocation, termination, suspension, probation, restriction, or limitation of license within past 10 years. (Reinstatement to valid current unrestricted license within past ten years does not negate these exclusion criteria.) Exception is permissible for administrative reasons not related to crimes or professional competence or conduct. Occurrences greater than 10 years require practitioner to submit written explanatory summary and authorization for hospital to obtain further information from involved entities in addition to complete application for appointment.
2. Other Licenses/Permits/Certifications
 - a. Practitioner must have current unrestricted DEA registration, if DEA required (or evidence of current application for DEA).
 - b. Practitioner must have current unrestricted state controlled substance certificate if required.
 - c. Physician or other medical practitioner must have completed an accredited residency program (or proof of enrollment if practitioner has not yet completed post graduate studies).
 - d. If time period defined by certifying board to achieve board certification has lapsed, the Practitioner must hold board certification. If the time frame has not lapsed, practitioner is eligible for application consistent with board certification requirements in medical staff by-laws.
 - e. Practitioner is not currently excluded, suspended, debarred, or otherwise ineligible to participate in Federal health care programs.

[Insert Hospital Logo]	[Insert Manual Name]	No. CO-5.008
	Title: REQUEST FOR APPLICATION FOR MEDICAL STAFF OR PROFESSIONAL STAFF MEMBERSHIP	Page: 3 of 12
		Origination Date: 09-19-16; 01-14-15; 08-17-11
		Effective Date: xx-xx-xx
		Previous Versions Dated: xx-xx-xx
		MEC Approval: xx-xx-xx
Board Approval: xx-xx-xx		

3. Malpractice Insurance

- a. Practitioner must have malpractice insurance in the amounts required by medical staff by-laws and with a qualified carrier. **[Hospitals in Florida must insert: Practitioners must identify their means of complying with Florida’s Financial Responsibility rules.]**
- b. Malpractice insurance must cover all practice areas and anticipated privileges.

4. Relevant Criminal Actions

- a. Practitioner must have no history of felony conviction or withhold of felony adjudication for a crime against a person (includes a no contest plea or plea of guilt).
- b. Practitioner must have no pending charges and no conviction within last 7 years or withhold of adjudication for, plea of guilty or no contest, deferred prosecution or pre-trial intervention arrangement to a felony or misdemeanor unless wholly unrelated to (a) the practice of his profession; (b) other healthcare matters; (c) third-party reimbursement;(d) violence, abuse, fraud or theft; or e) the use, prescription, distribution or furnishing of DEA scheduled drugs (Schedules I through V).

5. Other Healthcare Facilities or Entities – Within 10 years (occurrences greater than 10 years ago require practitioner to submit written explanatory summary and authorization for hospital to obtain further information from involved entities in addition to complete application for appointment.)

- a. Practitioner medical staff membership and clinical privileges shall have been granted and maintained in good standing without adverse action of any kind, whether voluntary or involuntary, including but not limited to:

Practitioner must have no denial, revocation, termination, suspension not related to administrative issues, reduction, loss, condition, restriction, limitation, involuntary resignation or relinquishment, or voluntary resignation, relinquishment, or leave or absence after notice of investigation or discipline regarding appointment, membership, or clinical privileges in the same or

[Insert Hospital Logo]	[Insert Manual Name]	No. CO-5.008	
	REQUEST FOR APPLICATION FOR MEDICAL STAFF OR PROFESSIONAL STAFF MEMBERSHIP	Title:	Page: 4 of 12
			Origination Date: 09-19-16; 01-14-15; 08-17-11
			Effective Date: XX-XX-XX
			Previous Versions Dated: XX-XX-XX
			MEC Approval: XX-XX-XX
	Board Approval: XX-XX-XX		

similar specialty at any other hospital or healthcare facility or entity. (This restriction does not apply to adverse actions for administrative reasons. Reinstatement of unrestricted privileges or appointment within past ten years does not negate this exclusion criterion.)

B. Request for Application at Hospital

All information required under this policy and procedure must be provided by the Pre-Applicant in a complete and accurate manner to the Medical Staff Services as a condition of consideration for eligibility to receive an Application for Medical Staff or Professional Staff Membership. The following is to be submitted by the PreApplicant:

1. Completed Request for Application
2. Signed Background Disclosure and Authorization Form
3. Curriculum vitae
4. Current active medical or professional license issued to Pre-Applicant by the Medical or Professional Board of **[insert Hospital's state]** (the "State") and a list of all other states where the Pre-Applicant is currently or was previously licensed. If Pre-Applicant is practicing in a state other than the State as of the date of the Request for Application, Pre-Applicant may instead provide evidence of current medical or professional license in the state of current practice and evidence of application for license in the State.
 - a. List and provide a summary description of any pending or final action by any licensing board that resulted or may result in the revocation, termination, suspension, probation, restriction or limitation of the pre-applicant's medical or professional license.
5. Pre-Applicant's DEA certificate(s), including State certification if required.
6. Evidence of Pre-Applicant's current professional medical liability coverage of at least **[insert amounts]**, with an insurance company approved to provide such coverage in **[insert Hospital's state]** by the **[insert Hospital's state]** Department of Insurance or its equivalent, including any self-insured retention or trust. If Pre-Applicant is practicing in a state other than the State as of the date of the Request for Application, Pre-Applicant may instead provide evidence of current professional liability insurance coverage by a carrier approved to provide coverage in the state of practice. **[Hospitals in Florida must insert: Practitioners must identify their**

[Insert Hospital Logo]	[Insert Manual Name]	No. CO-5.008
	REQUEST FOR APPLICATION FOR MEDICAL STAFF OR PROFESSIONAL STAFF MEMBERSHIP	Title:
		Page: 5 of 12
		Origination Date: 09-19-16; 01-14-15; 08-17-11
		Effective Date: xx-xx-xx
		Previous Versions Dated: xx-xx-xx
	MEC Approval: xx-xx-xx	
	Board Approval: xx-xx-xx	

means of complying with Florida Financial Responsibility rules.] (Refer Section III.C. Request for Application for Physicians Currently or Recently Enrolled in Residency or Fellowship Program.)

7. Evidence of Pre-Applicant’s current board certification or admissibility/eligibility status by a member board of the ABMS, AOA, ADA, ABOMS or ABPS; or current enrollment in a graduate medical education program which, upon successful completion, shall result in Pre-Applicant being board admissible/eligible in the specialty area for which Pre-Applicant seeks clinical privileges.
8. List and provide a summary description of any pending or final action by any hospital or other health care facility or entity that resulted or may result in a denial, revocation, termination, restriction, limitation, involuntary relinquishment, or voluntary relinquishment after notice of investigation or discipline of appointment or clinical privileges in the same or similar specialty at this or any other hospital or healthcare facility.
9. List and provide a summary description of any pending or final adverse action taken against Pre-Applicant by any state or federal agency (including but not limited to the Centers for Medicare and Medicaid services (CMS), the Office of the Inspector General (OIG) and General Services Administration’s System for Award Management (SAM) and relating to Pre-Applicant’s participation in or exclusion from any federal or state health care program.
10. List and provide a summary description of any pending or final felony or misdemeanor complaint or restraining orders or proceedings against Pre-Applicant, or convictions of Pre-Applicant of any felony and misdemeanors, in any jurisdiction.
11. Description of Pre-Applicant’s scope of intended practice, including area(s) of specialty focus, and documentation of Pre-Applicant’s specialized training and experience (*e.g.*, Residency, Fellowship).
12. Description of Pre-Applicant’s adverse professional review action regarding appointment to the Medical Staff or Professional Staff or clinical privileges by any health care facility or entity for reasons related to clinical competence or professional conduct. The foregoing includes, but is not limited to any denial, revocation, termination, suspension not related to administrative issues, reduction, loss, condition,, restriction, limitation, involuntary resignation or relinquishment, or voluntary resignation,

[Insert Hospital Logo]	[Insert Manual Name]	No. CO-5.008
	Title: REQUEST FOR APPLICATION FOR MEDICAL STAFF OR PROFESSIONAL STAFF MEMBERSHIP	Page: 6 of 12
		Origination Date: 09-19-16; 01-14-15; 08-17-11
		Effective Date: XX-XX-XX
		Previous Versions Dated: XX-XX-XX
		MEC Approval: XX-XX-XX
Board Approval: XX-XX-XX		

relinquishment, or leave or absence after notice of investigation or discipline of appointment, membership, or clinical privileges in the same or similar specialty at any other hospital or healthcare facility. (This restriction does not apply to adverse actions for administrative reasons. Reinstatement of unrestricted privileges or appointment within past ten years does not negate this exclusion criteria.)

Once the Request for Application is received, it will be reviewed by a Medical Staff Services Professional. A failure to provide any of the information required under this policy will result in the Request for Application being deemed incomplete, and the Request for Application will not be processed further unless and until it is complete. Once the Request for Application is complete in all respects, the Medical Staff Services Professional will conduct the required primary source verifications, including at least medical or professional licensure, NPDB, criminal background check, DEA, OIG, SAM, Board Certification, and malpractice coverage.

The Medical Staff Services Director or other Medical Staff Services Professional will apply the Medical Staff and Professional Staff eligibility criteria defined in Section III.A. Criteria to determine if the pre-applicant is eligible to receive a medical staff or professional staff application for membership or privileges.

After notifying the CEO that there is a question about a criterion (such as whether a criterion is satisfied or whether additional information is required to evaluate if a criterion is satisfied) or if there is a request for an exception to the Board certification requirement in accordance with the Medical Staff Bylaws, the Medical Staff Services professional shall ask the Home Office Senior Director, Quality, Medical Staff Services for clarification and guidance. The Home Office Senior Director, Quality, Medical Staff Services will consult with members of the Quality, Compliance, and Law departments, as appropriate. The foregoing are not to authorize disclosure of confidential peer review information outside of the peer review processes.

If it is determined that the Pre-Applicant meets the eligibility criteria required for initial medical staff or professional staff membership or privileges, the Pre-Applicant will be provided an application for medical staff or professional staff membership and request for clinical privileges.

If it is determined the individual may not meet eligibility criteria based upon information obtained from the criminal background check, the Fair Credit Reporting Act (FCRA) requires the pre-applicant must be presented with the information from the background report and provided a description of their rights under the FCRA prior to a final determination on the pre-applicant's eligibility.

[Insert Hospital Logo]	[Insert Manual Name]	No. CO-5.008
	Title: REQUEST FOR APPLICATION FOR MEDICAL STAFF OR PROFESSIONAL STAFF MEMBERSHIP	Page: 7 of 12
		Origination Date: 09-19-16; 01-14-15; 08-17-11
		Effective Date: xx-xx-xx
		Previous Versions Dated: xx-xx-xx
		MEC Approval: xx-xx-xx
		Board Approval: xx-xx-xx

In accordance with the FCRA requirements, HireRight will notify a pre-applicant if any adverse information is obtained through the criminal background check.

If it is determined that the Pre-Applicant does not meet the eligibility criteria required for initial medical staff or professional staff membership or privileges, the Pre-Applicant will be notified that he/she does not meet medical staff eligibility criteria and will not be receiving an application.

In accordance with the FCRA requirements, if the basis for ineligibility relates to the criminal background check, the pre-applicant will be notified that the ineligibility for application is based in whole or in part on information provided by a consumer reporting agency.

A Request for Application which remains incomplete thirty (30) days after any request for additional information or six (6) months after Pre-Applicant's initial receipt of the Request for Application shall be null and void and shall be deemed withdrawn.

C. Request for Application for Physicians Currently or Recently Enrolled in Residency or Fellowship Program

The following Medical Staff and Professional Staff eligibility criteria will be utilized to determine if the pre-applicant is eligible to receive a medical staff or professional staff application.

If a Pre-Applicant fails to establish eligibility to receive an Application for membership or privileges, the decision not to provide an Application is not a professional review action as it is not related to the professional qualifications or conduct of the Pre-Applicant. It is not reportable to the National Practitioner Data Bank nor to the State licensing body. The decision to decline an Application is not subject to appeal.

1. Licensure:

- a. Resident or fellow must have current, active professional license without restriction or limitation as required by GME program state. (If practitioner is relocating to the state in which he is applying, applicant must have current, unrestricted license in the state he currently resides, and proof of application for state in which he is applying for medical staff membership.)
- b. Resident or fellow must not have revocation, termination, suspension, probation, restriction, or limitation of license within

[Insert Hospital Logo]	[Insert Manual Name]	No. CO-5.008
	Title: REQUEST FOR APPLICATION FOR MEDICAL STAFF OR PROFESSIONAL STAFF MEMBERSHIP	Page: 8 of 12
		Origination Date: 09-19-16; 01-14-15; 08-17-11
		Effective Date: xx-xx-xx
		Previous Versions Dated: xx-xx-xx
		MEC Approval: xx-xx-xx
Board Approval: xx-xx-xx		

past 10 years. (Reinstatement to valid current unrestricted license within past ten years does not negate these exclusion criteria.) Exception is permissible for administrative reasons not related to crimes or professional competence or conduct. Occurrences greater than 10 years require practitioner to submit written explanatory summary and authorization for hospital to obtain further information from involved entities in addition to complete application for appointment.

2. Other Licenses/Permits/Certifications

- a. Resident or fellow must have current unrestricted DEA registration, if DEA required (or evidence of current application for DEA). Residents and fellows may prescribe under the registration of the hospital or other institution in which employed, in lieu of individual registration.
- b. Resident or fellow must have current unrestricted DEA registration if moonlighting.
- c. Resident or fellow must have current unrestricted state controlled substance certificate if required (or evidence of current application for state CDS).
- d. Resident or fellow must have certificate of completion of or evidence of current enrollment in an accredited residency program.
- e. Resident or fellow must have ability to meet general admission requirements to apply for board certification within the time frames defined by the chosen specialty.
- f. Resident or fellow is not currently excluded, suspended, debarred, or otherwise ineligible to participate in federal health care programs.

3. Malpractice Insurance

- a. Certificate of post graduate training – ACGME or OGME require institutional malpractice coverage be provided for post graduate trainees.
- b. If moonlighting, Resident or fellow must have personal malpractice insurance in the amounts required by medical staff by-laws and with

[Insert Hospital Logo]	[Insert Manual Name]	No. CO-5.008
	Title: REQUEST FOR APPLICATION FOR MEDICAL STAFF OR PROFESSIONAL STAFF MEMBERSHIP	Page: 9 of 12
		Origination Date: 09-19-16; 01-14-15; 08-17-11
		Effective Date: xx-xx-xx
		Previous Versions Dated: xx-xx-xx
		MEC Approval: xx-xx-xx
Board Approval: xx-xx-xx		

a qualified carrier. **[Hospitals in Florida must insert: Practitioners must identify their means of complying with Florida’s Financial Responsibility rules.]**

c. Personal malpractice insurance must cover all practice areas and anticipated privileges.

4. Relevant Criminal Actions

a. Practitioner must have no history of felony conviction or withhold of felony adjudication for a crime against a person (includes a no contest plea or plea of guilt).

b. Practitioner must have no pending charges and no conviction within last 7 years or withhold of adjudication for, plea of guilty or no contest, deferred prosecution or pre-trial intervention arrangement to a felony or misdemeanor unless wholly unrelated to (a) the practice of his profession; (b) other healthcare matters; (c) third-party reimbursement; (d) violence, abuse, fraud or theft; or (e) the use, prescription, distribution or furnishing of DEA scheduled drugs (Schedules I through V).

5. Other Healthcare Facilities or Entities – Within 10 years (occurrences greater than 10 years ago require practitioner to submit written explanatory summary and authorization for hospital to obtain further information from involved entities in addition to complete application for appointment.)

a. Practitioner medical staff membership and clinical privileges shall have been granted and maintained in good standing without adverse action of any kind, whether voluntary or involuntary, including but not limited to:

Practitioner must have no denial, revocation, termination, suspension not related to administrative issues, reduction, loss, condition, restriction, limitation, involuntary resignation or relinquishment, or voluntary resignation, relinquishment, or leave or absence after notice of investigation or discipline regarding appointment, membership, or clinical privileges in the same or similar specialty at any other hospital or healthcare facility or entity. (This restriction does not apply to adverse actions for administrative

[Insert Hospital Logo]	[Insert Manual Name]	No. CO-5.008
	Title: REQUEST FOR APPLICATION FOR MEDICAL STAFF OR PROFESSIONAL STAFF MEMBERSHIP	Page: 10 of 12
		Origination Date: 09-19-16; 01-14-15; 08-17-11
		Effective Date: xx-xx-xx
		Previous Versions Dated: xx-xx-xx
		MEC Approval: xx-xx-xx
Board Approval: xx-xx-xx		

reasons. Reinstatement of unrestricted privileges or appointment within past ten years does not negate this exclusion criterion.)

For physicians who are either currently enrolled in a postgraduate training program or who completed a postgraduate training program within the prior twelve (12) months, the Request for Application questionnaire must be returned with the following information:

- Evidence of current postgraduate training enrollment, or
 - Certificate of completion of postgraduate training program, or
 - Verification of postgraduate training signed by Program Director which includes name and address of facility, start date of training, end date (or anticipated end date) of training, specialty area of training and the ACGME 10-digit program number or OGME program ID number
- Current license in **[insert Hospital's State]**, or
 - Current professional license as required by the state in which the postgraduate training program is located (*i.e.*, medical license, postgraduate training permit, limited license, physician-in-training license, etc.), or
 - Evidence of application for professional license in **[insert Hospital's State]**
- Federal narcotics registration certification (DEA)
 - Individual DEA required if moonlighting
 - Note: Evidence of Postgraduate Training in lieu of DEA – DEA allows residents to prescribe under the registration of the hospital or other institution in which employed in lieu of individual registration
- State narcotics registration certification (if applicable and eligible for certificate)

[Insert Hospital Logo]	[Insert Manual Name]	No. CO-5.008	
	REQUEST FOR APPLICATION FOR MEDICAL STAFF OR PROFESSIONAL STAFF MEMBERSHIP	Title:	Page: 11 of 12
			Origination Date: 09-19-16; 01-14-15; 08-17-11
			Effective Date: XX-XX-XX
			Previous Versions Dated: XX-XX-XX
			MEC Approval: XX-XX-XX
	Board Approval: XX-XX-XX		

- Certificate of coverage from professional liability insurance carrier (required if practitioner is moonlighting)
 - Note: Evidence of Postgraduate Training in lieu of personal coverage – ACGME and OGME require institutional malpractice coverage be provided for post graduate trainees
- ECFMG certificate (if foreign medical graduate)
- Evidence of successful completion of Medical or Dental School (or other professional school)
- Evidence of ability to meet general admission requirements to apply for board certification within the time frames defined by the chosen specialty
- Curriculum vitae which includes specific dates of training and work history, as well as documentation of all time spans from completion of Medical/Dental education through the present time.

D. Responsible Person

The Medical Staff Services Director is responsible for ensuring that all individuals adhere to the requirements of this policy, that these procedures are implemented and followed at the Hospital, and that instances of non-compliance with this policy are reported to the CEO.

E. Enforcement

All Hospital Staff and Medical Staff Members whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, including the Medical Staff Bylaws, Rules and Regulations.

Approvals:

[Credentials Committee]

Date

Medical Staff

Date

[Insert Hospital Logo]	[Insert Manual Name]	No. CO-5.008
	Title: REQUEST FOR APPLICATION FOR MEDICAL STAFF OR PROFESSIONAL STAFF MEMBERSHIP	Page: 12 of 12
		Origination Date: 09-19-16; 01-14-15; 08-17-11
		Effective Date: XX-XX-XX
		Previous Versions Dated: XX-XX-XX
		MEC Approval: XX-XX-XX
		Board Approval: XX-XX-XX

Governing Board

Date