

Please Print Name _____

QUALIFICATIONS: Licensed physician (MD or DO) as defined in the Medicine Department Rules and Regulations with appropriate specialty training.

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted will permit the physician to treat patients as delineated for all inpatient and outpatient areas, intensive care units, and Emergency Department.

REQ=Requested APP=Approved

STAFF CATEGORY: All Practitioners are eligible to apply for one of the following categories. Please see requirements as listed below and select appropriate Category. A letter from the residency program director confirming training/experience in procedures requested for all new applicants who have recently (within the past 5 years) completed training. Applicants out of training over 5 years must provide documentation of training and recent experience.

SELECT ONE BELOW:

1. Affiliate Staff (No Admitting Privileges)
2. Active/Associate (see page 2)

REQ	APP	Privilege Requested: (Please select <u>ONE</u> category)
		<p>AFFILIATE STAFF: <u>Affiliate Staff</u> – Affiliate Staff Members shall consist of practitioners who do not admit or manage patients in the Hospital but who diagnose or treat patients who use the Hospital. Associate and Courtesy staff members who have had no inpatient contact within twelve months of their reappointment date will be reclassified to Affiliate Staff.</p> <p>Physicians appointed to this Category may:</p> <ul style="list-style-type: none"> • refer patients for diagnostic testing and specialty services; • refer patients for treatment by a member of the medical staff with admitting privileges; • attend meetings of the General Medical Staff and Departments to which they are assigned and Network Continuing Medical Education programs; • accept committee and/or department membership assignments and in doing so, shall carry out such assignments as stipulated within the applicable committee and/or Department rules and regulations; and • pay all staff dues and assessments as determined by the Medical Staff Executive Committee. <p>Physicians appointed to this category may not:</p> <ul style="list-style-type: none"> • admit patients, do consults, write orders or progress notes or make any other entries in the medical record, participate in surgery, or actively participate in patient care; • vote on medical staff or Department matters.
		<p>ACTIVE/ASSOCIATE: Evaluate, diagnose, treat or consult patients who present with disorders of the musculo-skeletal system.</p>
REQ	APP	Privilege Requested
		<p>Osteopathic Manipulation – Using manual therapy to improve the impaired or altered function of the musculo-skeletal system (somatic dysfunction).</p>

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, by my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested privileges:

Applicant's Signature:	Date:
-------------------------------	--------------

DEPARTMENTAL REPORT AND RECOMMENDATION: Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

Signature: Medicine Department Chairman/Vice Chairman	Date:
--	--------------

Date: _____
Credentials approval

Date: _____
Medical Executive approval

Date: _____
Board of Directors approval