



Policy: Application Process

POLICY STATEMENT: Applicants requesting Medical Staff Membership, and or clinical privileges (Locum Tenens Status) must meet the criteria outlined in Article II of the Medical Staff Bylaws. Article II: Section B; geographic proximity does not apply for locum tenens status, or telemedicine physicians.

1. Application

- a. Once it is determined the applicant meets the criteria for medical staff membership and or clinical privileges, an application packet will be mailed to the applicant.
- b. The application packet will include a cover letter with instructions for completing the application, a document checklist, a privilege delineation form, orientation manual, and other documents that may be required. The cover letter will include an estimated time period regarding completion of the application as outlined below.
- c. **Applications must be typed.** Hand written applications will not be accepted, incomplete or altered applications will be returned. The practitioners name must be on all documents.
- d. Applications will not be accepted when white-out has been used. When updates or changes are necessary, a line may be drawn through the information to be corrected and initialed by the individual making the change.

2. Applicant's Responsibility:

TO AVOID DELAY IN PROCESSING- The application must be complete with full names, addresses, and zip codes for all training institutions, peer references and hospital affiliations; the information must be current. If all requirements of the application process are not met, the application may be returned and processing of the application may be delayed.

- a. Explanation for any challenges to any licensure or registration, voluntary or involuntary relinquishment of such licensure or registration. Voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges. Involvement in an unusual pattern, or excessive number of professional liability actions including at a minimum an explanation of any final judgments or settlements.
- b. All time periods from completion of medical school to the present must be documented. A written explanation must be provided for time gaps greater than 30 days.
- c. Current accurate address, phone and fax numbers, and email address must be provided for all affiliation verifications and peer references listed on the application.
- d. Attachments must accompany the application explaining any answers requiring explanation or account for any time periods not listed on the application itself.
- e. **Copies of current medical degrees, foreign medical graduates must include a copy of**

their ECFMG certificate, certificates of training, listing of procedures performed in residency or fellowship training, military discharges DD214, the privilege delineation form, copy of the current curriculum vitae, Texas licensure, DEA/DPS certificates-if required, and current professional liability.

- f. The applicant must provide professional peer references who have had direct contact with him within the preceding twenty-four (24) months and can attest to his clinical skills.
 - g. If requested, the applicant may be required to furnish a report of his health status from the applicant's attending physician. All applicants 65 and over are required to submit a health letter. In certain situations, additional health evaluations may be requested by the Credentials Committee. Applicants are required to submit information to the Committee concerning a history of impairment relating to drug/alcohol abuse or medical/psychiatric problems or any other significant health problems.
 - h. The privileges delineation form must be complete. The physicians name must be on all pages of the delineation form. All privileges/procedures must be individually checked. A line drawn down the requested column will not be accepted.
3. Medical Staff Office will process the application as follows:

Applications for staff appointments and or clinical privileges (Locum Tenens) shall be considered in a timely manner by all persons and committees required by these bylaws. While special or unusual circumstances may constitute good cause and warrant exceptions, the following maximum time periods provide a guideline for routine processing of applications:

- a. evaluation, review, and verification of application and all supporting documents by the medical staff office: 30 days from receipt of all necessary documentation;
- b. review and recommendation by department(s): 30 days after receipt of all necessary documentation from the medical staff office;
- c. review and recommendation by Credentials Committee: no later than the 60th day after the date on which the completed application is received;
- d. review and recommendation by Executive Committee: at the next regularly scheduled meeting after review and recommendations by the Credentials Committee;
- e. final action by the Board of Governors: at the next regularly scheduled meeting after review and recommendation by the Executive Committee, and no later than the 60th day after the date on which the recommendation of the Credentials Committee is received.

The applicant will be notified after processing by the Medical Staff Office of any deficiencies. If an applicant's credentials file is not complete within three (3) months following receipt of the application, or if the applicant fails to provide necessary information after appropriate requests, the applicant will then be notified by certified mail that the application is considered withdrawn and the file closed.

When feasible, information provided on the application will be verified from primary source, such as medical school, residency and fellowship training programs and hospitals affiliations. Appropriate websites considered to be primary source may also be used to

verify the physicians medical license, to query the National Practitioners Data Bank, the ECFMG for foreign medical graduates and the AMA.

Telephonic primary source verification may be performed to expedite the credentialing process. Narcotic registration and malpractice liability coverage, may be verified by copies from the applicant if they cannot be verified from a direct source. Peer Reference and competency verification questionnaires must be submitted directly to the NWTMS Medical Staff Office and not sent through the applicant.

The file will be reviewed at least every two weeks for completion and appropriate follow up. The applicant may be requested to assist with completing the application process when the required documents have not been returned.

When the applicant's file is complete, the Department Chief will be contacted to review the file. If the Department Chief is uncertain about any documentation received he may request additional information be obtained before moving forward with his recommendation. The Department Chief's recommendation will be documented in the applicant's file on the privilege delineation form. The Chief of the Department also has the right to request an interview with the applicant.

Requests for temporary privileges will not be considered until the criteria for Temporary privileges as outlined in these Bylaws are met, and only for an immediate patient care need. Temporary privileges are granted by the Chief Executive Officer, upon recommendation of the Department Chief.

4. **Department Chief Review**

The Chief of the appropriate Department will review the applicant's completed credentialing file and make a recommendation to the Credentials Committee regarding the applicants request for Medical Staff membership and or clinical privileges. This recommendation is based on documentation of the applicant's current competence, health status, relevant training or experience, and current licensure.

5. **Credentials Committee Review**

The Credentials Committee will review the applicants education, training, experience, licensure, current competency, health status, professional standing, peer recommendations, delineation of clinical privileges, and all other data required for Medical Staff Membership and/or Clinical Privileges, and make recommendation for (1) approval as requested, (2) approval with stipulations or conditions, (3) deferment pending receipt of further information, or (4) denial. The Credentials Committee may defer any portion of the appointment or privileges as it deems necessary. The applicant will be informed if he is to provide any additional information.

The Credentials Committee will make recommendations to the Executive Committee for appointment of medical staff membership and/or specific clinical privileges to include any stipulations and Department assignments.

6. **Interview Process**

Interviews with the Department Chief and/or Credentials Committee may be necessary, but not limited to, the following circumstances:

- a. The Department Chief and/or Credentials Committee Chairman determines the need for such meeting;
- b. Additional information becomes available regarding an applicant, and the Credentials Committee Chairman determines the need for the applicant to appear before the whole Credentials Committee; or,
- c. The Credentials Committee, during its review, needs additional information or clarification, and defers its recommendation pending a meeting with the applicant.

The Credentials Committee reserves the right to request attendance by the applicant when it deemed necessary.

7. **Medical Executive Committee Review**

At the next scheduled Medical Executive Committee meeting, the recommendations of the Credentials Committee will be reviewed.

If there are significant problems with the application and/or privilege requests, the Medical Executive Committee may defer action on the application pending receipt of further information or may return the application to the Credentials Committee for additional review.

8. **Board of Governors Review**

At the next scheduled Board of Governors meeting, the recommendations of the Executive Committee will be review.

The Board of Governors will review the recommendations of the Medical Executive Committee and will approve, modify, or deny the recommendations for medical staff appointment and clinical privileges.

In the event that the timeframe in which the Board is scheduled to meet would result in a delay in appointment of applicants for Medical Staff membership, the Board of Governors may delegate to a subcommittee consisting of the Chief Executive Officer, the President of the Medical Staff, and the Chief Medical Officer the authority to render determinations regarding membership and clinical privileges. An application for appointment/clinical privileges will not be considered for this expedited process if any of the following has occurred: (1) The applicant submits an incomplete application; (2) The Medical Staff Executive Committee makes a final recommendation that is adverse or with limitation; (3) There is a current challenge or a previously successful challenge to licensure or registration; (4) The applicant has received an involuntary termination of medical staff membership at another organization; (5) The applicant has received an involuntary limitation, reduction, denial, or loss of clinical privileges; or (6) There has been a final judgment adverse to the applicant in a professional liability action at any time during the five years previous to the request for appointment/clinical privileges.

The full Board of Governors shall consider and, if appropriate, ratify all positive committee decisions at its next regularly scheduled meeting. If the subcommittee's decision is adverse to the applicant, the matter is referred back to the Medical Executive Committee for consideration.

The Chief Executive Officer will inform the applicant in writing of final action by the Board of Governors no later than the 20th day after the date on which final action is taken.