



◆ **St. Agnes Hospital**
430 E. Division Street
Fond du Lac, WI 54935

◆ **Waupun Memorial Hospital**
620 W. Brown Street
Waupun, WI 53963

MEDICAL STAFF APPLICATION PROCESS

Dear Applicant:

Please be careful to complete this application in its entirety. If sections are left blank, or all required copies of certificates and documentation requested in the application are not received, the application will be returned to you for completion, which will delay the credentialing process and your appointment to the medical staff. If certificates were provided with the Pre-Application previously submitted, they do not need to be provided again with the application.

Please include all of the following with your application:

- ◆ \$200 application fee for St. Agnes Hospital and/or \$60 application fee for Waupun Memorial Hospital
- ◆ Current Curriculum Vitae
- ◆ Copy of current Wisconsin state license; plus any other state licenses you hold
- ◆ Copies of internship, residency, and/or fellowship certificates
- ◆ Copy of Board Certification certificate
- ◆ Copy of Drug Enforcement Administration certificate
- ◆ Copy of CPR/PALS/ACLS certification, if applicable
- ◆ Current (covers your current medical practice) certificate of malpractice liability insurance coverage
- ◆ Health Assessment Questionnaire for each facility you are applying to
- ◆ Copies of TB test for current year, proof of Rubella vaccination, and dates of Hepatitis B vaccine or positive Hepatitis B titer.
- ◆ Wisconsin Criminal History Background Information Disclosure
- ◆ Signed Statement of Application for Appointment to the Medical or Allied Health Staff
- ◆ Notarized colored wallet-size photo of self (required for identification purposes only)
- ◆ Detailed explanation, on a separate sheet of paper, of any questions that were answered "Yes" on the Disclosure Questions or the Health Assessment Questionnaire
- ◆ Privilege forms completed with check marks in the "Requested" column for those privileges you are applying for.

We appreciate your attention to the above and look forward to working with you through the credentialing appointment process.

Medical Staff Services
Phone: 920-926-4583 or 920-926-4599
Fax: 920-926-4875

AGNESIAN HEALTHCARE POLICY AND PROCEDURE
(SAH^{2/07}, WMH^{2/07})

Subject: **Application for Membership and Privileges**

Department: **Medical Staff**

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Policy No: ADM2521

Effective Date: **May, 2008**

Approved:

s/ Robert A. Fale
PRESIDENT/CHIEF EXECUTIVE OFFICER,
AGNESIAN HEALTHCARE

Reviewed Date: **4/08** **11/09**

DEVELOPED DATE: 2/07

POLICY STATEMENT:

To establish a standard method for verification of physicians and providers for membership, privileges. All credentialing functions are performed at Agnesian HealthCare and no functions will be sub-delegated. All applicants have the right to be informed of the status of their application in the credentialing process upon request.

No practitioner, who is otherwise qualified, shall be denied privileges by reason of race, color, creed, handicap, sex, or national origin or on the basis of other criterion unrelated to the delivery of good patient care within each entity of Agnesian HealthCare, to professional qualifications, to each entity's purpose, needs and capabilities, or to community needs.

DEFINITIONS:

All physicians and providers will follow the credentialing procedure.

The policies and procedures used for credentialing (for the appointment and reappointment processes) follow the Medical Staff Bylaws of St. Agnes Hospital and Waupun Memorial Hospital.

PROCEDURE:

Application and Verification of Credentials/References

1. Upon request, or receipt of a Provider Notification form, applicant will be sent, via hard copy or e-mail, the following documents:
 - a. Application process cover sheet
 - b. Application, including Statement of Application to the Medical Staff
 - c. Health Assessment Questionnaire
 - d. Photo identification request
 - e. Background Information Disclosure form
 - f. Privilege forms appropriate to specialty
 - g. Conscious Sedation privileges form
 - h. ICU Privileges form
 - i. Medical Staff Orientation packet with signature page
 - j. Confidentiality Agreement
 - k. Medical Staff Bylaws
 - l. Rules and Regulations
 - m. Ethical and Religious Directives for Catholic Health Care Services (pamphlet)
 - n. Application for Membership and Privileges Policy #ADM 2521

2. Upon return of all information, a review and check of all documents is done. Application form is stamp dated. Follow up is done directly with physician or provider for any additional information required.

2. Physician file is assembled to include:
 - a. Application
 - b. Explanation by applicant of any anomalies in practice history or malpractice claims/settlements
 - c. Completed privilege forms
 - d. Current curriculum vitae
 - e. Notarized current photograph
 - f. References
 - g. Copies of medical education diplomas (MD, DO, DDS, PA, MSN, etc.), Internship, Residency and Board certificates, as applicable
 - h. Copy of current Wisconsin license
 - i. Copy of DEA certificate
 - j. Malpractice insurance certificate
 - k. AMA Physician Profile report (for MD's) or AOA Physician Profile report (for DO's)
 - l. NPDB report
 - m. Background checks
 - n. Statement of current health, with current TB and rubella immunity
 - o. CME credits
 - p. Any other supporting documents or pertinent information
 - q. Application fee – if not included, contact applicant or employing clinic for fee
4. Application is reviewed for any incomplete information and verifications are completed (licenses, board certifications, NPI number, background checks, etc.). Primary source verification is required and done for all medical schools, postgraduate training, and hospital affiliations. Reference letter requests with appropriate forms are sent to verify education, hospital or ambulatory surgery center affiliations, personal references and insurance coverage and claims history. Inconsistencies or gaps in practice settings are noted. Follow up is done, when necessary, to expedite process. The Medical Staff Office will enlist the applicant's assistance in expediting the verification process, if necessary. All data is entered into the medical staff office database.
5. The practitioner has the right to request the status of his/her application. Requests for information on the status of the application should be made via e-mail, mail, or fax as stated below. The Medical Staff Coordinator(s) will respond and communicate via e-mail with the practitioner. Practitioner is notified via e-mail of any information obtained through the credentialing process that varies substantially from the information provided by the practitioner. Practitioner has the right to review his/her application and any credentialing information obtained from outside sources (malpractice insurance carries, state licensing boards, etc.). The practitioner has the right to correct erroneous information submitted by an outside source. Practitioner is not allowed to review references, recommendations, or other peer review protected information. Requests to review or correct information must be made within 10 days of the date the practitioner is notified and should be sent via mail, fax or e-mail to the Medical Staff Office, 430 E. Division St, Fond du Lac, WI 54935, medicalstaffoffice@agnesian.com, or fax: 920-926-4875. The Medical Staff Coordinator(s) will communicate via e-mail to make arrangements with the practitioner to review information either electronically or in person in the Medical Staff Office. Receipt of corrections will be acknowledged via e-mail and will be date stamped for the practitioner's file.
6. Verification of Wisconsin Medical License via internet procedure. A printed copy of the report is retained for the physician/provider file.
7. Verification of Board Certification completed. Report is retained for file.
8. Criminal and Caregiver Background checks for Wisconsin completed via internet procedure, as well as for any other states applicant has resided in during the last three years.
9. National Practitioner Database queried and report printed for file.
10. AMA Physician Profile report (MD's) or AOA Physician Profile report (DO's), obtained via internet procedure.
11. OIG queried via internet procedure.
12. EPLS queried via internet procedure.
13. Verify NPI number.

14. Completed Application is forwarded to appropriate entity for approval.
15. Practitioners are notified of credentialing/recredentialing decision within 60 calendar days of the Board of Directors' decision.
16. Credential file(s) is filed appropriately in the Medical Staff Office.