



Thank you for your interest in applying for appointment to the Medical Staff at Southeast Health. Please review the following **ELIGIBILITY CRITERIA** for appointment as outlined in the Medical Staff Credentials Policy before completing the attached pre-application.

1. Completed (or are in the final six months of) an approved residency program or actively practices for at least six of the past 12 months;
2. Established or plan to establish an office and residence close enough to the Hospital to provide timely care for patients;
3. Current, unrestricted license to practice in Alabama and have never had a license or certification to practice revoked or suspended by any state licensing agency;
4. Current, unrestricted DEA (Alabama address) and Alabama Controlled Substance Certificate (if applicable)
5. Current, valid professional liability insurance with a minimum of \$1M/\$3M coverage;
6. Board Certified or commit to become Board Certified within time-frame specified by specialty board in which clinical privileges are sought;
7. Eligible to participate in federal health care programs (Medicare/Medicaid);
8. Appropriate call coverage in specialty;
9. Never convicted of, or entered a plea of not guilty or no contest to, Medicare or Medicaid, or other federal or state governmental or private third-party fraud or program abuse or have been required to pay civil penalties for the same;
10. Never been, and are not currently, excluded, precluded, or debarred from participation in Medicare, Medicaid, or other federal or state governmental health care program, as verified by screening ineligible persons against the OIG and GSA;
11. Never relinquished or resigned affiliation, clinical privileges, or scope of practice during an investigation or in exchange not conducting such an investigation;
12. Never convicted of, or entered a plea of guilty or no contest to, any felony, or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, child abuse, elder abuse, or violence;

Pre-Application Process:

1. Pre-application issued
2. Applicant does not meet criteria for Medical Staff membership and/or privileges – process stops
Or
Applicant does meet criteria – Electronic Application is issued.
3. After you return the electronic application and supporting documentation, Medical Staff Services personnel will process the application approximately 60 days. Please note the approval process:
 - Credentials Committee – 1st Tuesday of each month
 - Medical Executive Committee – 2nd Tuesday of each month
 - Houston County Health Care Authority (Board) – Last Tuesday of each month.

All new providers must attend New Physician Orientation before practicing in the hospital.

Please complete the enclosed Pre-Application, and return it with a copy of your current Curriculum Vitae. If you have any questions, please contact Lydia Miller, MSS Director (334) 793-8705.

Sincerely,

George M. Narby, MD
Chief Medical Officer



NOTE: All information should be future practice specific

ATTACH A COPY OF YOUR CURRICULUM VITAE (MM/YYYY format)

Request for Medical Credentialing Application

Position: [] Employed [] Locums [] Per-Diem [] Private Practice

LAST NAME

FIRST NAME

MIDDLE INITIAL

Primary Office Address: _____

STREET ADDRESS

CITY, STATE, ZIP CODE

OFFICE PHONE #

Birthdate: _____ Social Security #: _____ ECFMG/USMLE #: _____

Are you an Epic user? [] Yes [] No

My primary practice (defined as where I see 50% of my patients) will be located close enough to provide timely, continuous care of patients - [] Yes [] No

Professional Information

Professional Degree: [] MD [] DO [] NP [] PA [] CRNA [] Other _____

NPI #: _____ Specialty: _____ Subspecialty: _____

Joining Group: _____ Anticipated Start Date: _____

Provider Email: _____ Phone: _____ Admin

Contact: _____ Email/Phone: _____

Please select type of membership desired:

- [] Active Voting [] Allied Health Professional [] Active Non-Voting (courtesy-limited to 25 patient contacts annually)
[] Affiliate [] Telemedicine [] Privileges Only (Locums or PerDiem)

License Information

AL License #: _____ AL Controlled License #: _____ [] I have applied for this license/s

DEA #: _____ [] I have applied for this license

Must have Alabama practice address listed on the DEA certificate

CAQH #: _____

CAQH Login: _____ Password: _____ [] N/A: Telemedicine

Certifications

Specialty: _____ Board Cert Date: _____ [] Applied to sit for boards Exam Date: _____

SubSpecialty: _____ Board Cert Date: _____ [] Applied to sit for boards Exam Date: _____

Malpractice Insurance:

Current Carrier: _____ Limits of Liability: _____

Any claims, pending or settled? [] No [] Yes - please attach explanation to this document

Practice History:

Are there gaps in your practice during or since training? [] No [] Yes - please attach explanation to this document

Have there been any challenges (including restrictions, probation, suspension, revocation) to your professional membership or affiliations? [] No [] Yes - please attach explanation to this document

Applicant Signature

Date

Surgery Department: [] No [] Yes - Review by: _____

Chris Holland

Are criteria for application to Medical Staff met? [] No [] Yes - Approved by: _____

George M. Narby, MD

Electronic Signature Card



Print Name: _____

Title: MD DO ARNP Resident NP CRNA Other _____

INSTRUCTIONS

- Use only a BLACK fine tip pen
- Sign as you would sign a patient chart or report
- Make sure to sign your title (MD, DO, etc)
- Please make sure **ENTIRE** signature is within the box

This signature will be used on any notes that will be printed from the electronic applications. After scanning, your original signature will be shredded and the facsimile will be stored in a file.

Sign below – this will be used as your digital signature on any notes printed from any electronic application(s).

By signing the box below the user acknowledges:

- | | | |
|---|---|---|
| [| <ol style="list-style-type: none">1. Identifies the individual signing the document by name and title;2. Assures that the documentation cannot be altered after the signature has been affixed by limiting access to the code or key sequence; and3. Provides for no repudiation; that is strong and substantial evidence that will make it difficult for the signer to claim that the electronic representation is not valid |] |
|---|---|---|

PLEASE PLACE SIGNATURE WITHIN BOX – BLACK INK