

**MEDICAL STAFF APPLICATION REQUEST FORM
GENERAL STANDARDS FOR APPOINTMENT**

Thank you for your request for an application for membership on the Medical Staff of Bethesda Memorial Hospital. Your completed Application Request form will be reviewed to verify that your request meets the following general standards for appointment to the Medical Staff as adopted by our Board of Trustees, after consultation with the Medical Staff:

1. Board certification or admissibility to specialty and/or sub-specialty certification examination.
2. Have actively practiced medicine at least eighteen months out of the last twenty-four months (internship, residency or private practice).
3. Have actively practiced in an accredited hospital at least two of the past five years.
4. Have established or agreed to establish and maintain an office and residence within three (3) months of appointment to staff as follows except as otherwise specified within the Medical Staff Bylaws:
 - A. Office location within the Bethesda Memorial Hospital Service area;
 - B. Residence location, which enables the member to demonstrate compliance with, established response time requirements (30 minutes).
5. Currently licensed to practice medicine in the State of Florida or actively applying for such licensure and maintains a current Federal DEA number.
6. Currently maintains or agrees to maintain professional liability insurance coverage in the amount required by the State of Florida and agrees to secure such coverage prior to accepting appointment to staff.

If this review verifies that you meet our general standards for appointment, an application packet together with an invoice for the non-refundable \$750.00 application fee, will be sent to you within one (1) week of receipt of your completed request form.

INSTRUCTIONS

The following documents must accompany this form:

- Copy of Current, Chronological, Curriculum Vitae;
- List of all hospital affiliations since completion of Residency/Fellowship with dates;
- Copy of Current D.E.A. Certificate and FL Medical License;
- Copy of current Driver's License or government issued photo ID (Photo must be clear and recognizable);
- Documentation of Board Certification or Admissibility and Signed Acknowledgement (attached);
- Documentation of Current Professional Liability Insurance.

Please return the completed form, with attachments, to the Medical Staff Office within thirty (30) days.

If we may be of further assistance, please contact Betty Leonard, CMSC, Director, Medical Staff Services at hospital extension 4883. Thank you.

Attachment



MEDICAL STAFF APPLICATION REQUEST FORM
(PLEASE ATTACH ALL DOCUMENTS REQUIRED PER INSTRUCTIONS ON BACK)

NAME _____ DEGREE _____

NAME OF PRACTICE / CURRENT EMPLOYER: _____

ASSOCIATES _____

MAIN OFFICE _____

_____ PHONE _____

ADDITIONAL OFFICE(S) _____

HOME ADDRESS _____

HOME PHONE _____ FLORIDA LICENSE # _____

PRIVILEGES DESIRED: ADMITTING _____ CONSULTING _____

SPECIALTY: _____

REASON FOR APPLYING TO BETHESDA: _____

PROFESSIONAL ACTIONS:

1. Have you ever been disciplined, sanctioned, or censured by a hospital, medical society, state or federal agency, licensing board, or other professional health care organization?
YES _____ NO _____

2. Are there now, or have there been, any actions or proceedings, formal or informal, initiated against you by any hospital or health care agency which could have or did result in denial, revocation, suspension, reduction, limitation, probation, non-renewal, or voluntary relinquishment of your staff membership, category, clinical privileges or employment?
YES _____ NO _____

3. Have you ever had malpractice judgments made against you?
YES _____ NO _____

NOTE: If "Yes" to any of the above, please provide the details thereof on a separate sheet.

"I hereby request an application form for appointment to the Medical Staff of Bethesda Memorial Hospital. I understand that completing this form in no way obligates the Hospital and/or Medical Staff to afford me Medical Staff membership or privileges. I understand that any mis-statement or omission from this form and attachments hereto constitutes cause for denial of application for membership and privileges or cause for summary revocation of privileges."

SIGNATURE: _____ DATE: _____

BOARD CERTIFICATION REQUIREMENTS
MEDICAL STAFF APPLICANT ACKNOWLEDGEMENT AND CONSENT

Pursuant to the Medical Staff Bylaws, I hereby acknowledge that I have been informed of, and agree to abide by, board certification requirements for Medical Staff Membership at Bethesda Memorial Hospital as follows:

3.2 GENERAL QUALIFICATIONS FOR MEMBERSHIP

3.2-1 Basic Qualifications:

Health care practitioners licensed to practice medicine, dentistry, podiatry or clinical psychology in the State of Florida shall be qualified for membership if they:

- A. Can document their training, experience, demonstrated ability and physical and mental health status, with sufficient adequacy to demonstrate to the Medical Staff and the Governing Body that they will provide care to patients at the generally recognized professional level of quality;
- B. All members applying for Medical Staff privileges shall either be Board Certified or Board Qualified (as defined in the "Definitions" Section of these Bylaws) in order to be appointed to the Medical Staff in a Provisional status.

In order to be eligible for Medical Staff membership and privileges, an individual must be Board Certified or Qualified for the Board in the specialty for which he/she is applying. Such Specialty Board must be accredited by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association, the American Board of Podiatric Orthopedics and Primary Podiatric Medicine, or the American Board of Podiatric Surgery.

Failure to become Board Certified in the specialty in which the member is practicing within sixty months (5 years) following the date of initial appointment to the Medical Staff will result in voluntary relinquishment of clinical privileges in that specialty without any further action on the part of the Medical Staff or the Board of Trustees. If the physician fails to become Board within the required time frame, the member will voluntarily relinquish Medical Staff membership, and the member will not be eligible to re-apply until Board Certified.

If a member relinquishes or loses Medical Staff privileges during the sixty-month period, and then re-applies and is again appointed to the Medical Staff, the sixty-month period will have commenced on the date of the initial (first) appointment. That is, the sixty-month period will not extend more than five years from the first appointment date.

If Board Certification in a specialty requires a period of clinical practice, the sixty month period during which the member must become Board Certified will begin after the required practice time period has been satisfied.

The sixty (60) month Board Certification requirement shall apply to all physicians joining the Medical Staff after January 1, 1999. However, in cases of extraordinary or special training or past experience or special expertise the Board Certification requirement may be waived if approved by the Board of Trustees and the Medical Executive Committee. The basis for such waiver may also include a determination by the Board of Trustees and the Medical Executive Committee that there exists a need for the specific skills of the member and that such need is not likely to be met by new or current members of the Medical Staff.

APPLICANT SIGNATURE: _____

NAME: _____
(PLEASE PRINT NAME)

DATE: _____