

APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF

(Use additional sheets where necessary for additional space)

Hospital	Location	Date					
IDENTIFYING INFORMATION	Last Name	First Name	Initial	SSN	Birthplace	Date of Birth	
	Office Address		City	State	Zip Code	Area Code	Telephone
	Home Address		City	State	Zip Code	Area Code	Telephone
	Citizenship			Marital Status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D		Name of Spouse	
	Practice Limited to						
	Other Medical Interests in Practice, Research, Etc.						
	Practicing with Whom and Nature of Affiliation						
MEDICAL INFORMATION	On separate sheet, furnish date of last physical examination, significant findings, name of physician and/or institution where performed, ar dates and causes of all hospitalizations for past five years.						
PREMEDICAL EDUCATION	College or University			Degree		Honors	
	Address					Date of Graduation	
MEDICAL EDUCATION	Medical School			Degree		Honors	
	Address					Date of Graduation	
INTERNSHIP	Hospital		Address			Dates	
	Type of Internship			Special			
	Practitioners responsible for performance (Chief of Staff, Chairmen of Departments, others)						
RESIDENCIES	Fellowships, Preceptorships, Teaching Appointments, Postgraduate Education (chronological order: Dates, Locations, Chiefs of Staff, Chairmen of Departments and other practitioners responsible for performance)						
	Location					Dates	
	Location					Dates	
	Location					Dates	
	Location					Dates	
CONTINUING MEDICAL EDUCATION	On separate sheet, list all Postgraduate activities which you have attended, or for which you have received credit in the past two years.						
	Furnish a list of Scientific Papers or Essays you have written, and a list of Scientific Meetings you have attended during previous three years (include reprints).						
AFFILIATIONS	Present capacity with this hospital					Dates	
	List all present and previous hospital affiliations and medical staff memberships, in chronological order (include assistantships and appointments). Specify all departments in which privileges were exercised and nature and extent of such privileges.						
	Name and location of hospital			Capacity		Dates	
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	Name and location of hospital			Capacity		Dates	
	Name and location of hospital			Capacity		Dates	
DESCRIPTION OF PRACTICE	On separate sheet, give narrative summary of all past and present medical practice including office, clinic, hospital and military.						
MEMBERSHIP IN PROFESSIONAL SOCIETIES	Are you a member of the _____ County Medical Association?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have an application pending?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you intend to apply?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
If member past or present or applicant to other county, state or national society, give name							
FELLOWSHIP	American College of _____					Date	
	American College of _____					Date	
	Member of American Academy of Family Practice?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Fellowship in other specialty colleges						

CERTIFICATION	Certified by American Board of (Name of Board)		Date
	Board Qualified (Name of Board)		Date
	Specialty Board status (Name of Board)	Are you certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
	If not certified, give present status		

LICENSING	Medical license (Name of state and county)	Date	License No.	Registration No.
	Federal Narcotics Registration Number			Date
	Other (Nature of License, County and State)		Date	License No.

MEDICAL REFERENCES	If possible, include two members of _____ hospital medical staff, other than those who might be listed under 'affiliations. Note: References will be evaluated primarily by the extent of direct clinical observation and other work with the applica	
	Doctor	Address
	Doctor	Address
	Doctor	Address
	Doctor	Address

LIABILITY INSURANCE	Amount of coverage	Insurance carrier	Expiration date
	Policy No.	Agent	
	On separate sheet, list all previous insurance carriers, amount of coverage and dates.		
	Have judgments or settlements been made against you in professional liability cases, or are there any pending? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If 'yes', give details on separate sheet

IF ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS 'YES', PLEASE GIVE FULL DETAILS ON SEPARATE SHEET OF PAPER.

A. Has your license to practice medicine in any jurisdiction ever been limited, suspended or revoked? Yes No

B. Have you ever been refused membership on a hospital medical staff? Yes No

C. Has your request for any specific clinical privilege ever been denied or granted with stated limitations? Yes No

D. Have your privileges at any hospital ever been suspended, diminished, revoked or not renewed? Yes No

E. Has your narcotics registration ever been suspended or revoked? Yes No

F. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any medical organization? Yes No

I HEREBY APPLY TO THE HOSPITAL FOR APPOINTMENT	<input type="checkbox"/> To the attending staff in the department of _____
	<input type="checkbox"/> To the consulting staff assigned in the department of _____
	<input type="checkbox"/> Other (specify) _____

PRIVILEGES DESIRED	<input type="checkbox"/> Medical <input type="checkbox"/> Surgical <input type="checkbox"/> Obstetrical <input type="checkbox"/> Gynecological <input type="checkbox"/> Pediatric <input type="checkbox"/> Orthopedic <input type="checkbox"/> Dental
	<input type="checkbox"/> Other (Specify) _____
	<input type="checkbox"/> Special procedures (Specify) _____
	<input type="checkbox"/> Specialty or sub-specialty consultation (Specify) _____

DELINEATION OF MEDICAL PRIVILEGES DESIRED	Requested	Recommended	Not		Requested	Recommended	Not		Requested	Recommended	Not	
				HEPATIC DISEASES				Malabsorption				Pulmonary infarction
				Differential diagnosis				Cholecystitis				CARDIAC DISEASES
				Cirrhosis				RENAL DISEASES				Differential diagnosis
				with bleeding varices				Differential diagnosis				acute
				with coma				Nephritis				chronic & intractable
				Hepatitis				Pylonephritis				Coronary heart disease
				Differential diagnosis of jaundice				Nephrosis				with angina
				GASTROINTESTINAL DISEASES				Acute insufficiency				with infarction
				Differential diagnosis				conservative				with coronary insuffic.
				Peptic ulcer				dialysis				Bacterial endocarditis
				bleeding				PULMONARY DISEASES				Cardiac arrhythmias
				perforated				Differential diagnosis				Myocardial infarction
				obstructed				Pneumonia				with shock
				Ulcerative colitis				complicated				with serious arrhythmia
				Regional ileitis				uncomplicated				with cardiac arrest
				Intestinal obstruction				Emphysema				with congestive failure
				Pancreatitis				with pulmonary insuffic.				recurrent
								with coma				Rheumatic fever

	Requested	Recommended	Not		Requested	Recommended	Not		Requested	Recommended	Not	
DELINEATION OF MEDICAL PRIVILEGES DESIRED (cont'd)				Myocarditis				ARTHRITIS				BIOPSY PROCEDURES
				Pericarditis				Differential diagnosis				Liver
				Cardiac catheterization				Rheumatoid				Renal
				Cardioversion-medical				Osteoarthritis				Pleural
				Cardioversion-electrical				Gouty				Lung
				HYPERTENSION				HEMATOLOGICAL DISEASES				Pericardial
				Differential diagnosis				Differential diagnosis				ENDOSCOPY
				Essential, unresponsive				Leukemia				Esophagoscopy
				Malignant				acute				Gastrosocopy
				Complicated				chronic				Peritoneoscopy
				with cardiac insuffic.				Hemorrhagic diathesis				Proctoscopy & Sigmoidoscopy
				with renal insufficiency				Primary anemia				Bronchoscopy
				Toxemia of pregnancy				NEUROLOGICAL DISEASES				ASPIRATION PROCEDURES
				METABOLIC & ENDOCRINE DISEASES				Differential diagnosis				Thoracentesis
				Differential diagnosis				Stroke				Paracentesis
				Diabetes Mellitus				acute				Joint aspiration
				with acidosis				rehabilitation				Pericardiocentesis
				with coma				Meningitis-Encephalitis				Bone Marrow
				Thyroid conditions				Convulsive states				
				with coma				Parkinsonism				
				with thyrotoxic crisis				degenerative				
				Parathyroid conditions				demyelinating				
				Pituitary conditions				MISCELLANEOUS				
				Cushing's syndrome				Cancer chemotherapy				
				Addison's disease				(other than leukemia)				
				Pheochromocytoma				Thrombo phlebitis				
				Aldosteronism				Acute peripheral embolism				
				Sex hormone abnormalities				ALLERGY				
				COLLAGEN DISEASES				Differential diagnosis				
				Differential diagnosis				Hay fever (Desensitization)				
				Lupus erythematosus				Urticaria				
				Periarthritis nodosa				Serum sickness				
				Thrombotic thrombocytopenic purpura				Asthema				
				Dermatomyositis				with desensitization				
				Scleredema								
				Necrotizing Granulomatosis								
DELINEATION OF SURGICAL PRIVILEGES DESIRED				EYE SURGERY				UROLOGICAL SURGERY				Breast biopsy
				Chalazion				Nephrectomy				Simple & radial mastectomy
				Pterygium				Pyelotomy				Thoracentesis & closed drainage
				Enucleation				Ureterotomy				Rib resect. for empyema
				Corneal laceration				Cystostomy				Thorocoplasty
				Cataract				Suprapubic prostatic resect.				Intrathoracic surgery
				Squint				Other suprapubic bladder surg.				Surgery of diaphragm
				Dacryocystectomy				Cystectomy				Paracentesis
				Glaucoma				Cystoscopy & retrograde pyelogram				Closure perforated ulcer
				Retinal detachment				Transurethral cysto. & prostate surgery				Other gastric surgery
				Plastic on lids				Hydrocele, spermatocele, varicocele				Ramstedt.
				EAR SURGERY				Vasectomy				Gall bladder & common duct surgery
				Mastoidectomy				Testicular surgery				Splenectomy
				NASAL SURGERY				Circumcision & meatotomy				Pancreatic surgery
				Polyps				Major surgery of penis				Small and large bowel surgery
				Septum				GENERAL SURGERY				Appendectomy
				Fractures				Skin tumors				Abdomino-perineal resec
				THROAT SURGERY				Split thickness grafts				Abdominal explorat. after work-up
				Tonsils				Wolff grafts				I & D of intra-abdominal abscesses
				Tracheotomy				Pedicle grafts				Traumatic laparotomy
			NEUROLOGICAL SURGERY				Skin lacerations				Simple inguinal hernia	

			Skull fractures				Extensive burns				Strangulated or recurrent hernia
			Craniotomy				Parotid gland surgery				Ventral or femoral hernia
			Laminectomy				Lip and tongue surgery				Pilonidal cyst
			Scalenotomy				Rannula				Hemorrhoids
			Lumbar Symp.				Epulis				Fistula in ano.
			Thoraco-lumb.symp.				Resection of jaw				Hand infections (major)
			Intervertebral disks				Thyroglossal ducts				Hand infections (minor)
			VASCULAR SURGERY				Branchial clefts				
			Vein ligat. & stripping				Pharyngo-esoph. divertic.				
			Major vascular surgery				Thyroidectomy				
			Arterial grafts				Phrenic nerve				
	Requested	Recommended	Not	Requested	Recommended	Not	Requested	Recommended	Not		
DELINEATION OF GYNECOLOGICAL PRIVILEGES DESIRED			D & C – diagnostic				Radium insertion, cervix (Ernst)				Hystero salpingogram
			I & D – Bartholin duct abscess				Radium insertion, uterus (Heymans)				Meckel's diverticulum
			Bartholin duct cystectomy				Hysterectomy, radical, Wertheim				Hymenectomy
			Biopsy of vulva				Exenteration, complete				Wedge resection of ovar
			Biopsy of cervix				Exenteration, anterior				Hydatid mole evacuation
			Conization of cervix – cold knife				Exenteration, posterior				Salpingosplasty
			Conization of cervix – hot knife				Salpingectomy				Tubal implantation into uterus
			Perineotomy				Oophorectomy				Closure of vaginal fistula
			Perineorrhaphy				Hypogastric Aa. ligation				Evacuation of pelvic abscesses
			Repair of rectocele				Appendectomy				Evisceration repair
			Repair of enterocele				Hymenotomy				Colpectomy
			Repair of cysto-urethrocele				Incompetent os surgery				Pessary insertion
			Excision of Skenes duct cyst				Repair surgical rent. of bladder, bowel				Plastic construction of vagina with skin graft for congenital absence
			Excision of urethral caruncle				Ureteral repair				Colpotomy – exploratory
			Vulvectomy – simple				Ureteral transplant				Trachelectomy
			Vulvectomy – radical with groin dissection				Incisional hernia repair				
			Vulvectomy – radical with groin dissection & hypogastric nodes				Fundectomy				Perieoplasty
			Hysterectomy, vaginal				Salpingostomy				Removal of foreign body from vagina & uterus
			Schauta Operation				Skin grafting				Laparoscopic Tubal
			Hysterectomy, abdominal				Urethral caruncle – fulguration				Post partum tubal
		total – with or without adnexae				Umbilical hernia repair				Tubal ligation	
		subtotal - with or without adnexae				LaForte vaginal repair					
		Uterine suspension				Manchester-Fothergill operation					
		Pre-sacral neurectomy				Repair/recto-vaginal fistula					
		Marshall-Marchetti				Repair/vesico-vaginal fistula					
		Pubo-Vesico-urethral susp.				Sturmdorf repair of cervix					
DELINEATION OF OBSTETRIC AL PRIVILEGES DESIRED			Spont. delivery vertex presentation				Multiple pregnancy				Caesarian section classical
			emergency				Low forceps – occiput anterior				low cervical
			non-emergency				Mid forceps delivery				Version & extraction
			Episiotomy & repair				Pre-eclampsia				Manual removal of placenta
			Breech Delivery				Mild				Duhrssens incisions
			Multipara				Moderate				Repair of cervical lacerations
			Primigravida				Severe				Caesarean hysterectomy
			Frank				Eclampsia				Caesarean Wertheim
			Footling				Emergency Caesarean section for hemorrhage				Hypogastric Aa. ligation
			Ectopic pregnancy – salpingectomy				Anesthesia – pudendal block, local				Repair of incompetent internal cervical os-circilage, etc.
			Treatment of medical complications of obstetrics – heart, lungs, kidney, anemia, diabetes, etc.				general emergency				Inversion of uterus
							spinal emergency				Hemorrhoid excision
			Piper forceps application to after coming head				Evacuation of vulvar hematoma				Amniocentesis
			Extraperitoneal Caesarean section				Circumcision of infant				Management of fatal dea
			Repair of uterine lacerations				Repair of 3 rd & 4 th degree lacerations				in utero-intra-amniotic injection of hypertonic solutions

			Undisplaced			Single bone			Dislocation
			Skull			Displaced			Fracture dislocation
			Linear			Undisplaced			Potts-bimalleolar
			Depressed			Colle's fracture			Displaced
			Spine			Mild deformity			Undisplaced
			Cervical			Moderate deformity			Lateral malleolus
			Dorsal			Severe deformity			Displaced
			Lumbar			Reverse Colle's (Smith)			Undisplaced
			Pelvis			Carpal bones			Medial malleolus
			Displaced			Navicular			Displaced
			Undisplaced			Transcarpal dislocations			Undisplaced
			Ribs			Carpal dislocations			Avulsion fractures of ankle
			Multiple			METACARPAL AND PHALANGES			TARSUS GROUP
			Single			Singular			Talus
			UPPER EXTREMEITY (FRACTURES AND DISLOCATIONS)			Displaced			Displaced
							Undisplaced		
			Clavicle			Multiple			Calcaneus (os calcis)
			Displaced			Displaced			Displaced
			Undisplaced			Undisplaced			Undisplaced
			Scapula			Avulsion fractures			Navicular
			Displaced			Complicated			Displaced
			Undisplaced			Uncomplicated			Undisplaced
			Dislocation acromioclavicular joint			Lower extremity			Subastragalar dislocations
			Dislocation of shoulder			Femur			METATARSAL AND PHALANGES
			Anterior			Dislocation of hip			Singular
			Posterior			Fracture-dislocation of hip			Displaced
			Fracture – dislocation of shoulder			Neck of femur			Undisplaced
			Anatomical neck			Intertrochanteric			Multiple
			Anatomical neck			Sub-trochanteric			Displaced
			Impacted			Shaft			Undisplaced
			Displaced			Adults			Avulsion fractures
			Tuberosities			Children			Complicated
			Separated			Knee, distal femur and proximal tibia			Uncomplicated
			Unseparated			Condylar fractures of femur			EPIPHYSEAL INJURIES
			Surgical neck			Patellar dislocations			Displaced
			Impacted			Patellar dislocation with fracture			Undisplaced
			Displaced			Patella fractures			
			Shaft			Displaced			
			Displaced			Undisplaced			

DELINEATION OF DENTAL PRIVILEGES DESIRED			REHABILITATION OF DENTAL ARCHES			EXTRACTION OF TEETH			Severe lacerations
			Operative restorations			Single uncomplicated extractions			Simple intra oral biopsy
			Crown and bridge preparation			Multiple uncomplicated extractions			Benign tumors
			Prosthetic replacement of teeth			Surgical removal of embedded teeth			Malignant tumors
			Implantation of teeth			INTRA ORAL SURGERY			Minor cysts

DELINEATION OF DENTAL PRIVILEGES DESIRED (Cont'd)	Requested	Recommended	Not	Requested	Recommended	Not	Requested	Recommended	Not
				ORAL PROSTHESIS					
			Oral prosthesis for malformations of the face, jaws, and mouth				Root resections		
			Oral prosthesis for malformations of the face, jaws, and mouth				Alveolectomy		
							Alveoplasty		
			Oral prosthesis for malformations of the face, jaws, and mouth				Torus palatinus		
							Torus mandibularis		
			congenital				Minor lacerations		
			pathological				Lip surgery		
			traumatic				congenital		
			Implant dentures				pathological		
			Ranula				traumatic		
			Caldwell-luc procedure for root				Salivary gland surgery		

			tip removal from antrum			Benign tumors			Mandible, closed reducti
			Caldwell-luc procedure for root tip removal from antrum			Malignant tumors			Mandible, open reductio
						Incision and drainage			Zygoma, closed reductio
			EXTRA ORAL – ORAL SURGERY			FRACTURES OF THE JAWS AND ASSOCIATED STRUCTURES			Zygoma, open reduction
			Minor infections						
			Major infections			Maxilla, closed reduction			
			Minor lacerations			Maxilla, open reduction			
			Major lacerations						
			Major extensive cysts						
			Minor cysts						

I fully understand that any significant mis-statements in or omissions from this application constitute cause for denial of appointment or cause for summary dismissal from the medical staff. All information submitted by me in this application is true to my best knowledge and belief.

In making this application for appointment to the medical staff of this hospital, I acknowledge that I have received and read the by-laws of the hospital and the by-laws, rules and regulations of the medical staff of this hospital, and that I am familiar with the principles and standards of the Joint Commission on Accreditation of Hospitals and the principles, standards and ethics of the national, state and local associations that apply to and govern my specialty and/or profession, and I agree to be bound by the terms thereof if I am granted membership or clinical privileges, and I further agree to be bound by the terms thereof without regard to whether or not I am granted membership or clinical privileges in all matters relating to the consideration of my application for appointment to the medical staff, and I further agree to abide by such hospital and staff rules and regulations as may be from time to time enacted.

By applying for appointment to the medical staff I hereby signify my willingness to appear for the interviews in regard to my application, authorize the hospital, its medical staff and their representatives to consult with administrators and members of medical staffs of other hospitals or institutions with which I have been associated and with others, including past and present malpractice carriers, who may have information bearing on my professional competence, character and ethical qualifications. I hereby further consent to the inspection by the hospital, its medical staff and its representatives of all records and documents, including medical records, at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested as well as my moral and ethical qualifications for staff membership. I hereby release from liability all representatives of the hospital and its medical staff for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and I hereby release from any liability any and all individuals and organizations who provide information to the hospital, or its medical staff, in good faith and without malice concerning my professional competence, ethics, character and other qualifications for staff appointment and clinical privileges, and I hereby consent to the release of such information.

I hereby further authorize and consent to the release of information by this hospital, or its medical staff, to other hospitals, medical associations and other interested persons on request regarding any information the hospital and the medical staff may have concerning me as long as such release of information is done in good faith and without malice, and I hereby release from liability this hospital and its staff for so doing.

I understand and agree that I, as an applicant for medical staff membership, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.

I will not participate in any form of fee-splitting. Moreover, I pledge myself to shun unwarranted publicity, dishonest money-seeking, and commercialism; to refuse money trades with consultants, practitioners, makers of surgical appliances and optical instruments, or others; to teach the patient his financial duty to the physician and to expect the practitioner to obtain his compensation directly from the patient; to make my fees commensurate with the service rendered and with the patient's rights; and to avoid discrediting my associates by taking unwarranted compensation.

I have not requested privileges for any procedures for which I am not certified. Furthermore, I realize that certification by a board does not necessarily qualify me to perform certain procedures. However, I believe that I am qualified to perform all procedures for which I have requested privileges.

Signature of Applicant

Appointment Recommended Appointment Not Recommended Appointment Deferred

Date

Chairman, Credentials Committee

Appointment Recommended Appointment Not Recommended Appointment Deferred

Date

Chairman, Executive Committee

Appointment Recommended Appointment Not Recommended Appointment Deferred

Date

President, Medical Staff

Appointment

Disapproved

Deferred

Date

Secretary, Governing Board

Remarks: