



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 Diane Peterson, MSS Director (334) 793-8705.

Sincerely,

Charles L. Harkness, DO
Chief Medical Officer

CLH:pdp
Enclosures



Note: All information should be future practice specific.

Request for Medical Staff Application

Name: _____
Last Name First Name Middle Initial

Primary Office Address: _____
Street Address City, State, Zip Telephone #

Birthdate _____ Social Security # _____ ECFMG/USLME # _____

o My primary practice (defined as where I will 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 DDS Other _____ NPI Number: _____

Specialty: _____ Joining Group: _____

Subspecialty: _____ Expected Start Date: _____

Please define type of membership desired:

Active Voting _____ Active Non-Voting (Courtesy-limited to 25 patient contacts annually) _____

Affiliate _____ Membership Only _____ Privileges Only _____ Telemedicine _____

Preferred contact method: _____ Email: _____ Phone: _____

License Information

AL License # _____ Exp. Date _____ I have applied for this license:

DEA License # _____ Exp. Date _____ I have applied for this license:
(Must have Alabama practice address listed on the DEA certificate)

CAQH# _____ Password _____ I do not have an account

Certifications

Specialty: _____ Board Cert Date: _____ Recert. Date: _____

I have applied to sit for boards. Date of exam: _____

Subspecialty: _____ Board Cert Date: _____ Recert. Date: _____

I have applied to sit for boards: Date of exam: _____

Malpractice Insurance:

Current Carrier _____ Limits of Liability: _____
Any claims, pending or settled? yes no Please explain yes on separate page.

Practice History:

Are there any gaps in your practice during or since training? yes no Please explain yes on separate page.

Have there been any challenges (including restrictions, probation, suspension, revocation) to your professional membership or affiliations? yes no Please explain yes on separate page.

ATTACH A COPY OF YOUR CURRICULUM VITAE

Signature _____ Date _____

Are criteria for application to Medical Staff met? Yes Approved by: _____
Charles L. Harkness, D.O., VPMA

No – Signatures below are required Date: _____

Chair, Credentials Committee APPROVED Not Approved _____

President, Medical Staff APPROVED Not Approved _____

Chief Executive Officer APPROVED Not Approved _____