

Dear Doctor:

Thank you for your interest in North Kansas City Hospital d/b/a NKC Health. Our Medical Staff has adopted the following threshold eligibility criteria that all applicants must meet to be eligible to apply to the Medical Staff to assist our Medical Staff to achieve a high standard of patient care. A potential applicant for Medical Staff membership must be able to demonstrate that they meet the following criteria before a full application can be released:

* Must be an M.D., D.O., D.D.S., or D.P.M.
* Must be Board Certified by the relevant board as defined by NKC Health or be Board Eligible, which means that the individual remains eligible by the relevant board and is in the process of becoming Board Certified, such that the applicant will obtain certification within 6 years of completion of their approved residency program;
* Must hold a current unrestricted state license in the state of Missouri that is not subject to any restrictions, conditions, or probationary terms;
* Are not currently be under formal investigation by any state licensing agency (i.e., notice of investigation has been provided) and must have never had a license to practice denied, revoked, restricted or suspended by any state licensing agency;
* Must have a valid federal DEA Controlled Substances Registration Certificate that is registered in the state of Missouri, and a Missouri Bureau of Narcotics and Dangerous Drugs Controlled Substances Registration Certificate, and have never had a DEA registration denied, revoked, restricted or suspended;
* Must maintain professional liability insurance in at least the amount that the state of Missouri requires ($500,000 per occurrence);
* May not currently be under any criminal investigation or indictment and must have not been previously convicted of, or entered a plea of guilty or no contest to, Medicare, Medicaid, or other federal or state governmental or private third-party payer fraud or program abuse, nor have been required to pay civil monetary penalties;
* May not currently be, and may not have previously been excluded, precluded, or debarred from participation in Medicare, Medicaid, or other federal or state governmental health care program;
* Must not have been terminated from a post-graduate training program for reasons related to clinical competence or professional conduct (residency or fellowship or a similarly equivalent program for other categories of Practitioners), nor resigned from such a program during an investigation or in exchange for the program not conducting an investigation;
* Must not have had appointment, clinical privileges, or scope of practice denied, suspended, revoked, or terminated by any health care facility or health plan, including NKC Health, for reasons related to clinical competence or professional conduct;
* Must not have resigned appointment or relinquished clinical privileges or a scope of practice during an Investigation or in exchange for not conducting such an investigation, by any healthcare facility, including NKC Health;
* Must have never had an application for appointment and/or clinical privileges deemed ineligible for continued processing by NKC Health due to a misstatement or omission, nor have had appointment and/or clinical privileges deemed automatically relinquished at NKC Health due to a misstatement or omission;
* May not currently be under any criminal investigation or indictment and must not have previously been convicted of, or entered a plea of guilty or no contest to, any felony; or to any misdemeanor relating to (i) controlled substances, (ii) illegal drugs, (iii) insurance or health care fraud or abuse, (iv) child abuse, (v) elder abuse, (vi) violence, or (vii) the practitioner-patient relationship;
* Must have an appropriate coverage arrangement with another credentialed provider who is appointed to the NKC Health Medical Staff;
* Must be eligible for valid and unrestricted user credentials for the NKC Health designated electronic medical record application(s), as defined in relevant NKC Health policies;
* Must document compliance with defined immunization, vaccination, and/or health screening requirements:
* If seeking clinical privileges:
* Must demonstrate recent clinical activity in their primary area of practice during the last two years;
* Must meet any current or future eligibility requirements that are applicable to the clinical privileges being sought;
* If requesting clinical privileges in an area covered by an exclusive arrangement, must meet the specific requirements set forth in the contract or Board resolution regarding the relevant exclusive arrangement;
* Must agree to the ability to satisfy defined response times, including personal presence at NKC Health within 30 minutes of request when on call and 60 minutes when responding to needs of hospitalized inpatients; and
* Must agree to satisfy any emergency service on-call requirements as assigned and as pertinent to type of practitioner and requested Medical Staff category.

Medical Staff Services uses an online Pre-Application process to determine whether prospective applicants meet the threshold eligibility criteria for Medical Staff membership and privileges. Please complete the Pre-Application form and return it to Medical Staff Services along with a copy of your curriculum vitae.

The Medical Staff Services Department is a paperless department and has eliminated their paper-based application process using the AppCentral website. Now Medical Staff Services receives applications for membership online only through AppCentral.

Your Pre-Application form and accompanying documentation will be reviewed. If it is determined that you meet all threshold eligibility criteria, *you will receive an “invitation” directing you to the AppCentral website* so that you can complete the full Application for Membership to the Medical Staff and the appropriate Delineation of Clinical Privileges request form online. You will also receive an invoice for a non-refundable application processing fee of Five Hundred Dollars ($500) payable to NKC Health by check. Your application is not considered to have been submitted until this fee has been received in Medical Staff Services. You will be notified if any additional information is needed from you for your application to be complete and fully processed.

Once an application is deemed complete, your credentials will be reviewed thoroughly before a recommendation is made to the NKC Health Board of Trustees regarding your request for appointment to the Medical Staff. All members of the Medical Staff except Affiliate Staff are assessed annual dues in the amount of Three Hundred Dollars ($300). Once appointed to the Medical Staff of NKC Health, you will receive a dues notice by mail allowing you 30 days until your dues payment is due. Medical Staff dues are assessed at the beginning of each fiscal year on July 1st and each new applicant’s dues are pro-rated depending on their actual appointment date.

Please contact Medical Staff Services at 816.691.2050 if you need assistance.

PRE-APPLICATION FORM AND INTENDED PRACTICE PLAN

(Please note - this is **NOT an application for Medical Staff Membership)**

Name In Full:

Social Security #: Date of Birth:

Credentialing Email:

Personal Email:

Office Address:

Office Telephone:

Residence Address:

Residence Telephone: Check Here If Silent ( )

Proof of Professional Liability Insurance with a minimum of $500,000 per occurrence? \_\_YES \_\_NO

CAQH: NPI: Meritas ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MO State License #: Expiration Date:

MO DEA #: Expiration Date:

MO BNDD #: Expiration Date:

Board Certification

Each applicant for membership to the Medical Staff shall have successfully completed a residency training program approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association in a specialty in which the applicant seeks clinical privileges, or a dental surgery training program accredited by the Commission on Dental Education of the American Dental Association, or a podiatric surgical residency program accredited by the Council on Podiatric Education of the American Podiatry Association.

Each applicant for membership to the Medical Staff shall become certified within six years of completion of residency training in their primary area of practice by the appropriate specialty board of the American Board of Medical Specialties, The American Osteopathic Association, the American Board of Oral and Maxillofacial Surgery, or the American Board of Podiatric Surgery, as applicable, and shall maintain such board certification as a condition of remaining a member of the Medical Staff.

Are you Board Certified? YES NO

If “NO,” are you eligible for Board Certification? \_\_\_\_ YES \_\_\_\_NO

If Board Eligible, list date you anticipate sitting for the examination:

Please indicate the clinical specialty in which you desire appointment and clinical privileges:

**SPECIALTY:**

Allergy & Immunology Internal Medicine Physical Medicine & Rehab

Anesthesiology Neonatology Plastic Surgery

Cardiovascular Disease Nephrology Podiatry

Cardiothoracic Surgery Neurodiagnostic Remote Monitoring Psychiatry

Colon & Rectal Surgery Neurology Pulmonary Medicine

Dentistry Neurosurgery Radiation Oncology

Dermatology Obstetrics & Gynecology Radiology

Emergency Medicine Ophthalmology Rheumatology

Endocrinology Oral & Maxillofacial Surgery Tele - Neurology

Family Practice Orthopedic Surgery Tele - Psychiatry

Gastroenterology Otolaryngology Tele - Radiology

General Surgery Pain Management Trauma Surgical Critical Care

Gynecology Pathology Uro-Gynecology

Hematology/Oncology Pediatric Cardiology Urology

Hospice & Palliative Medicine Pediatrics Vascular Surgery

Infectious Disease Perinatology Wound Healing & Hyperbaric Med

Other:

Place a check here to indicate if you are applying to Affiliate Staff (membership without privileges).

**Please Note: Should you be appointed to NKC Health’s Medical Staff, you will be assigned a category.** Please check below to indicate the staff category you are applying for:

\_\_\_Active Staff

\_\_\_Courtesy Staff

\_\_\_Consulting Staff

\_\_\_Coverage Staff

\_\_\_Affiliate Staff

The following is an excerptfrom NKC Health’s Medical Staff Bylaws regarding the Medical Staff Category for Active Staff appointment:

*“Active Staff members must assume all the responsibilities of membership in the Active Staff, including: 1) Providing specialty coverage for the Emergency Department and providing care for unassigned patients"*

Please describe your medical education / training:

**Medical School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Specialty)

Dates: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Residency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Specialty)

Dates: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fellowship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Specialty)

Dates: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you currently have medical staff appointments and clinical privileges?

**Facility Specialty Category or Status of Appointment**

**INTENDED PRACTICE PLAN**

Expectations:

I intend to assist NKC Health to fulfill its mission in the following manner:

\_\_\_ YES \_\_\_NO 1. Meet community needs by providing medical services within the NKC Health service area in a manner that takes into account the clinical needs of patients and the convenience of community residents.

\_\_\_ YES \_\_\_NO 2. Have at least the minimum number of patient contacts at NKC Health necessary to enable the NKC Health Medical Staff to evaluate and ensure clinical competence (the particular number necessary will be as set forth in the relevant staff category or as may be otherwise determined by the Medical Executive Committee and shall have a reasonable medical basis).

\_\_\_ YES \_\_\_NO 3. Take Emergency Call as may be pertinent to the relevant staff category, as assigned, and assist NKC Health to provide emergency services to patients in need.

\_\_\_ YES \_\_\_NO 4. Arrange for the availability of an alternate practitioner who is a member of the NKCH Medical Staff to provide ongoing care to my patients in the event of my absence or unavailability.

\_\_\_ YES \_\_\_NO 5. Participate in Medical Staff and NKC Health committees if appointed or requested.

\_\_\_ YES \_\_\_NO 6. Comply with NKC Health CME requirements.

**Affiliations / Practice Information**

\_\_\_ YES \_\_\_NO 1. I am employed or independently contracted by a hospital or hospital-owned entity other than NKC Health. If “Yes”, please indicate your employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Please list the physician practice / group you will be joining:

Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. If your practice is new to our community, please list the following:

Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all physicians in the practice / group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. If not joining a group practice, do you plan to establish or have you established an office near NKC Health?

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When will you open this office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. I plan to have the following office hours on or near the NKC Health Campus:

Specify Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days of the Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NKC Health maintains a streamlined, clinically approved product formulary of products and equipment that reflects our focus on quality, cost, and variation. We participate in a group purchasing organization, a purchasing collaborative and make decisions through our Value Analysis process. This process includes clinician stakeholders, all relevant data, and a transparent process. After appointment to the medical staff, the physician will be invited to a Perioperative Onboarding meeting which will include a discussion of the suppliers currently on contract in their practice area, the relationship with the GPO and Purchasing Collaborative and the Value Analysis Process.**

Please return this form with copies of the following documents:

1. Current license to practice
2. Missouri BNDD Registration Certificate
3. DEA Registration Certificate (you will need a DEA registered in Missouri for appointment)
4. Proof of malpractice liability insurance coverage or eligibility, which indicates the effective date and amount. (Please note a minimum of $500,000 coverage is required for each occurrence.)
5. Curriculum Vitae (CV)

**Acknowledgement and Release**

I have requested an application for appointment or reappointment to the NKC Health Medical Staff. I understand that NKC Health has defined certain threshold criteria that individuals must meet to be eligible to request appointment or reappointment to the NKC Health Medical Staff which are defined in the NKC Health Medical Staff Bylaws and related policies. I understand that the information requested on this Pre-Application Form is being sought to enable NKC Health to make an administrative determination as to whether I am eligible to receive an application. This Pre-Application Form does not constitute an application.

I attest that the information provided on this form and in the Pre-Application Form is accurate and complete. I also hereby release from any and all liability, and agree not to sue, NKC Health and its representatives for their actions in connection with evaluating the information provided on this questionnaire and determining whether or not I am eligible to receive an application. I understand that a determination that I am ineligible to receive an application is an administrative determination and does not give rise to any hearing rights under the NKC Health Medical Staff Credentials Policy, nor is it reportable to any state board or to the National Practitioner Data Bank.

Signature Date