

PHYSICIAN/HOSPITAL - DIRECTED ALLIED HEALTH PROFESSIONAL APPLICATION INFORMATION

Following are some important items that pertain to the processing of your application as a Physician Directed Allied Health Practitioner:

1. The return of your curriculum vitae with your application would be helpful and appreciated.
2. Please fill out application in total. Chronological order is important - **leave no gaps in time.**
3. Photocopies of the following must be returned with your application:
 - A. **Current Life Support certification if needed (see attached policy)**
 - B. **Proof of professional liability insurance coverage**
 - C. **Current DEA certification if appropriate**
 - D. **Proof of immunity to rubella**
 - E. **Proof of immunity to rubeola if born after 1956**
 - F. **Proof of PPD testing**
 - G. **For PA's and PA-C's - your utilization plan approved by the State Department of Licensing**
4. Please list all names used in your education process.
5. List any Professional Liability claims made, listing dates and the name of the insurance carrier.
6. Health - Please list on a separate sheet of paper the following:
 - A. **All diseases or injuries in the past 2 years.**
 - B. **All physicians treating you in the past 2 years.**
 - C. **All hospitalizations in the past 2 years.**
 - D. **All medications taken in the past 1 year.**
7. References: Please list those who are of the **same professional discipline** as you and who are able to evaluate your medical knowledge, judgment, abilities and attitudes toward hospital staff, regulations and willingness to accept responsibilities.
8. Copy of most recent state driver's license from state of residence **AND One small (no larger than 3" x 4") photograph that is a JPG file. If you would like to submit a photo that is color, with a gray or light blue background, head shot only and nothing except you in the photo, this can be used for your badge and our web page. If you send a different type of photo, please expect that we will be taking a photo of you for your badge and our web page before you start. One small photograph must accompany your application. (Process will not begin without these. Machine photos acceptable).**
9. A \$150.00 application fee has been assessed by the Executive Committee and must accompany your application. Please make your check payable to the "Medical Staff of PRMCE".
10. We know that you would like to start practicing soon and we will do what we can to make the application process as smooth as possible. However, there are some things you can do also to speed up the process. Please make sure your application is submitted early, and you monitor the progress of your application to ensure that no unnecessary delays occur. The burden of providing all information necessary to process this application **rests with you**. As an applicant you are not privileged to use the hospital facilities until you have had an interview with the Division Chief of your employer practitioner and he/she makes a report on your qualification for requested privileges, the Credentials Committee has completed its review of your file and made a recommendation to the hospital board, and the **hospital board has given final approval. This is a minimum of 60 - 90 days from receipt of all above material.**

Please note: Requests for temporary privileges can not be considered until your file is complete. If you file is complete, temporary privileges may be requested **only** after your file has been presented at the Credentials Committee and **only** if it meets the criteria as a **clean file** (see attached). If you have any questions, please contact Karen Anderson (425) 261-3087 or Tracy Brossard (425) 261-3084, Medical Staff Services, Providence Regional Medical Center Everett, Colby Campus between the hours of 7:00 a.m. and 3:30 p.m., (PST)