



Dear Applicant:

Thank you for your interest in Providence Regional Medical Center Everett. Our Governing Board and Medical Staff have adopted [general qualifications](#) for applicants in order to maintain a high standard of patient care. Only those practitioners meeting these qualifications may apply for Medical Staff membership and/or clinical privileges. Your application will be evaluated to determine if you meet our qualifications. Applicants, who do not meet our qualifications for Medical Staff membership and/or clinical privileges, will be deemed ineligible and processing discontinued. Failure to meet the qualifications to apply for Medical Staff membership and/or clinical privileges is not reportable to the National Practitioner Data Bank.

APPLICATION INSTRUCTIONS

You are required to read, sign that you have read, and agree to abide by the [Bylaws and Rules & Regulations](#) posted on the Medical Staff. Our [Credentialing Policy](#) is also available for your review on our website. If you meet the general qualifications, and agree to abide by the Bylaws and Rules & Regulations, please read the instructions carefully and complete the Washington Practitioner Application along with the additional forms requested. Review the [privilege explanation letter](#) and email Karen.Anderson@providence.org or call 425.261.3087 with your specialty and the appropriate privilege forms will be sent back to you.

The application process **begins** when the following is submitted:

1. Completed [Washington Practitioner Application](#) and appropriate Delineation of Privilege forms. Complete in chronological order and include addresses, **FAX** numbers and **EMAIL** addresses. For **hospital affiliations**, please make sure the phone and fax numbers are for the Medical Staff Office of the facility not your clinical department. For **peer references**, please list those who are of the same professional discipline as you and have knowledge of your clinical experience.
2. Completed [Signature Pages](#), [Intended Practice Plan](#) & [Disclosure Statement](#) and PreCheck Release.
3. **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.**
4. Copy of most recent state driver's license from state of residence. A driver's license photo cannot be substituted for your photograph.
5. Current Curriculum Vitae.
6. NPI, Medicare and Medicaid numbers **OR** a copy of the application showing that you have applied for these numbers
7. Copy of ECFMG certification (if applicable)

Incomplete information will lead to processing delays or your application being returned for failure to meet the general qualifications.

BEFORE your application is presented to the Credentials Committee the following **MUST** be submitted/completed:

1. Copy of DEA certificate – if applicable
2. Professional liability insurance binder with minimum limits of \$1,000,000/\$3,000,000
3. \$425 non-refundable application fee – make check payable to "Medical Staff of PRMCE"
4. GAP Summary, please document any gap in positions greater than 30 days and explanation.
5. [Life Support Training](#) (if applicable)
6. [Proof of immunization to Rubella and Rubeola](#)
7. [Proof of PPD testing](#)
8. To avoid time delays please return the application to our office **within 30 days of your receiving it**. We will review your information and contact you as to whether your application will be accepted for processing. Please note that the verification process generally takes between 30 and 90 days to complete which is dependant on the contact information you provide.
9. You will be contacted to schedule an interview with the division chief/designee.

Upon completion of the verification process, the following will be done:

1. The division chief/designee will make a recommendation to the Credentials Committee regarding your qualifications.
2. Your application will be presented at the next scheduled Credentials Committee meeting, where the committee will make a recommendation to the Community Ministry Board regarding your qualifications. The Credentials Committee and Community Ministry Board are *monthly* meetings.
3. Your application will be presented at the next scheduled Community Ministry Board meeting, where approval will be considered.

TEMPORARY PRIVILEGES

Temporary privileges allow for a practitioner to practice at PRMCE after your application is recommended for approval at the Credentials Committee but before the Community Ministry Board grants final approval of your application.

Please note: The Credentials Committee, at its discretion, may only grant temporary privileges to practitioners whose applications meet the [Clean File Criteria](#). If temporary privileges are not granted, your application will need to be approved by the Community Ministry Board, who meet approximately 3-4 weeks after the Credentials Committee before you will be allowed to practice at Providence Regional Medical Center Everett.

If you have any questions, or you would like to check on the progress of your application, please contact Medical Staff Services, Providence Regional Medical Center Everett, Colby Campus @ 425.261.3087 between the hours of 7:00 am-3:30 pm.