

Date of Request: _____ **Anticipated Date Privileges Needed:** _____

Regular processing time is 90-120 days for the verification and committee approval process to be completed from the submission of your **complete** AppCentral online application to approval by the Board Methodist Le Bonheur Healthcare.

Dear Applicant,

Thank you for your interest in becoming a member of the medical staff and/or applying for clinical privileges at one of Methodist Le Bonheur Healthcare facilities. We strive to promptly complete the credentialing process through our combined collaboration. We would like to take this opportunity to tell you about our application process, should you wish to apply for membership/privileges.

The first step is to complete the below Pre-Application and fax or email back to the Medical Staff Office with a copy of your up-to-date CV. It will be reviewed for eligibility criteria, based on Medical Staff Bylaws and Credentials Policy.

The Second step If you meet criteria, a request will be generated and the CCVS will launch the official online credentialing application to you via e-mail.

First:	Middle:	Last:
Suffix:	Degree/Title:	Primary Specialty:
DOB:	Gender:	Primary Taxonomy #:
Mobile #:	SSN:	
email:		TN DEA: MS DEA:
NPI #:		TN License #: MS License #:

Do you have inpatient hospital activity for the past 12 months and can provide case logs?
☐ Yes ☐ No Comment: _____

Are you AMA or AOA Board Certified?
☐ Yes ☐ No Specialty: _____

If certified by another Board, other than AMA or AOA, please indicate the Board specialty and certifying Board: _____

If not certified, when did you complete Residency and/or Fellowship training? _____

Is this applicant Locum Tenens?☐ Yes ☐ No

If yes, Locums group name? _____

Locum contact email: _____

Is this expected to be a short-term assignment <120 days ☐ Yes ☐ No

Which malpractice Insurance Carrier will cover Provider to work at MLH _____

Contact Information:

Future Practice Group:

Group Primary Phone:

Group Primary Fax:

Group Address (specify primary practice location):

Credentialing Contact Name:

Credentialing Contact Phone:

Credentialing Contact Email:

Sponsor Name (Required for APPs):

Have you used Epic in another healthcare facility? ☐ Yes ☐ No**Check all entities for which you are requesting membership and/or privileges:****Hospital Facilities:**☐ MH-Memphis Hospitals (Germantown, North, South, University, Le Bonheur)
(TN License and TN DEA are required for these locations)☐ MH-Olive Branch Hospital (Olive Branch, MS)
(MS License and MS DEA are required for this location)**Primary MLH Hospital:**MH University
MH Germantown
MH North
MH South
MH Le Bonheur
MH Olive Branch**Surgery Centers:**☐ Germantown Surgery Center (multi-specialty)☐ Hamilton Eye Institute (Ophthalmology)☐ Le Bonheur East Surgery Center (pediatric multi-specialty) ☐ Wolf River Surgery Center (Urology)

PROFESSIONAL PRACTICE QUESTIONS For each question, check Yes or No. If you check Yes for any question, provide full details on a separate sheet and attach.		Yes	No
1.	Has your license to practice in any jurisdiction ever been or ever attempted to have been denied, restricted, limited, suspended, revoked, or canceled or has any disciplinary actions or investigations been initiated against you by any state licensure board?		
2.	Has your license ever been subjected to probation either voluntarily or involuntarily?		
3.	Have you been reprimanded and/or fined, by any local, state, or federal agency that licenses providers?		
4.	Have you ever been arrested (even if the record has been expunged)?		
5.	Have there ever been any misdemeanor/felony criminal charges brought against you?		
6.	Have you ever been 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, violence, or the practitioner-patient relationship?		
7.	Have you ever been placed on probation or taken a leave of absence from a medical, dental, or other graduate school or postgraduate training program?		
8.	Have you ever withdrawn from or been suspended, dismissed, or expelled from a professional school or postgraduate training program, or has any third party ever attempted to have you withdrawn, suspended, dismissed, or expelled from a professional school or postgraduate training program?		
9.	Have you ever been the subject of an informal or formal hearing process at any healthcare organization?		
10.	Have you ever voluntarily or involuntarily withdrawn your application for clinical privileges or terminated clinical privileges before a hospital or health facility's governing board made a decision?		
11.	Has any professional review organization under contract with Medicare or Medicaid ever made an adverse quality determination concerning your treatment rendered to any patient?		
12.	Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?		
13.	Are you currently participating in a supervised rehabilitation program and/or professional assistance program, which monitor you for alcohol and/or substance abuse?		

*****Completion of the pre-application does not guarantee medical staff membership and/or clinical privileges at Methodist Le Bonheur Healthcare, nor does it entitle one to the Hearing Process.**

After reviewing the above criteria, I certify that I am eligible to apply for clinical privileges at Methodist Le Bonheur Healthcare. I understand that as a condition of consideration for appointment and continued appointment, any misstatement in, or omission from the application is grounds for Methodist Le Bonheur to stop processing the application.

Signature: _____ Date: _____

Print Name: _____