

## **IMPORTANT: TIME SENSITIVE, MUST BE COMPLETED IMMEDIATELY**

As a service to our providers, we have streamlined our appointment process to allow one application and verification process for all participating facilities and use an on-line application to expedite the completion of your appointment process.

Complete instructions will be provided in the application module upon logging in. Please be sure that your internet browser's 'Pop-up Blocker' is turned off. Please be sure that your computer is capable of viewing a .PDF file, preferably Adobe Reader 9 or greater.

Privileges/scope of services are site specific so you are being sent and will need to complete privilege/scope of service forms for each facility you are applying. Please note the criteria for core privileges as well as any special request privileges outlined on the privilege forms and submit necessary documents as required to show your qualifications for such privileges requested.

The prompt completion, including pertinent contact names, addresses, phone numbers, email addresses and fax numbers, of the application as well as your assistance in following up on missing application elements and verifications, will help expedite the credentialing process.

**What documents are required from you:** Please refer to “Application Checklist for All Providers” below to determine what documents are required to complete your application.

An application is considered **incomplete** if:

- Required fields are incomplete or not answered
- E-mail address, fax numbers, phone numbers and mailing addresses are not listed
- Unexplained gaps in timelines
- No explanation provided for “yes” answers
- Supporting documents/information is not supplied (e.g., privilege forms and supporting documents, claim history form, etc.)
- Concerns are not fully explained/resolved
- Peer references are prior acquaintances who do not have knowledge of your current skill and competence

**What will be primary source verified by our office:** All licensure, education, training, practice history, healthcare affiliations, board certifications, professional liability coverage and claims history, Medicare and Medicaid sanctions and exclusions and professional peer references. A complete application must be completed before the verification process begins.

**Timeframe:** **As the complete credentialing process may take up to 90-120 days, please complete the application 120 days prior to your anticipated start date.** Each facility to which you have applied receives a complete packet of all verifications; this process takes approximately 60 days from the date you return a completed application. Once the application has been turned over to the facility(s) they will use that data to act independently on your request for membership and privileges after the CVO completes the verification process, this could take an additional 30-45 days.

**Potential Barriers:** No Oregon licensure, a lot of affiliations to verify, affiliations and professional references slow to respond to our requests, missing/incomplete items.

**What can you do to speed up the process:** Timely submit a complete application and all required documents. Get an early start on applying for your Oregon licensure and keep the process moving along. Getting an Oregon license right now is taking 6 weeks. So please start this process as soon as possible. After your Oregon license is issued, please apply for your Oregon DEA. These updates will outline what is still outstanding. Please stay in touch with your Credentials Coordinator and assist where needed in getting the verifications back. Be in contact with your professional references and affiliation contacts to push them along if they are not responding.

If you have any questions regarding the credentialing process, please do not hesitate to contact us (503) 494-8014, or [mso@ohsu.edu](mailto:mso@ohsu.edu)

## **APPLICATION CHECKLIST FOR ALL PROVIDERS**

<b>Application completeness</b>
- All sections completed in their entirety
- Please include fax and/or email addresses for references and work history.
<b>Board Certificate</b> Applicable for MD, DO, DPM, DMD
<b>Case Log</b> Number of cases and types of conditions treated for the last 2 years.
<b>Consent</b>
<b>Curriculum Vitae/Resume</b>
<b>Education</b> From undergraduate, forward
<b>ECFMG</b> If applicable
<b>Professional Liability Coverage Face Sheet</b>
- \$1M/\$3M for partners, \$2M/\$4M for OHSU practitioners
- Last 5 years of malpractice entered (which could include residency program)
<b>Hospital affiliations</b>
<b>Medicare Attestation Form</b>
<b>Oregon licensure</b>
- OR state license
- DEA
<b>Privileges</b>
<b>Professional Certification</b> NP, PA, CRNA, etc
<b>Professional liability claim/suit form</b> (if applicable)

<b>3 Professional References</b> Fax or email address required for each
<b>Other State Licenses</b>
<b>5 Year Work History</b> With contact information
<b>Supervising Physician Document – all physician assistants</b>

**ADDITIONAL DOCUMENTATION REQUIRED BY FACILITY**

<b>ADVENTIST MEDICAL CENTER (503) 251-6166</b>	<b>APPLICABLE FOR</b>
Accreditation Participation Requirement Form	
Code of Conduct – Medical Staff Acknowledgement	
Authorization to Obtain Consumer Report Form	Criminal Background Check
ID Verification Form	
Hospital and Medical Staff Compact Form	
Notice to Physicians Form	
Parking Sticker Information Form	
Confidentiality Agreement for Online Services Form	
Seasonal Flu Vaccine Documentation	Received Elsewhere or Declination Form
Fire Safety Test	
Annual Provider Education Attestation Form	Need to read the Annual Provider Compliance and Blue Book
HRNW Credentialing Packet (information, admit plan, authorization to release, OPCA authorization to release, MHN additional information, Cigna information form, MODA afterhours coverage and practice survey, prescription plan	
Washington State Motor Vehicle Release	If you have or have/had a Washington State driver's license
TB Test results within last 12 months	
Current W9	
Copy of Driver's license	

<b>ADVENTIST MEDICAL CENTER – closer to start date</b>		<b>APPLICABLE FOR</b>
Cerner training. Training is offered every Thursday from 8:30 am to 11:30 am.	Contact Melissa Hunt at 503-261-5919 or <a href="mailto:Melissa.hunt@ah.org">Melissa.hunt@ah.org</a>	
Orientation – stop by the Medical Staff Office located on the first floor of the main hospital (through doors to the left of the main elevator) to receive your parking sticker and other orientation materials		
Badge – Human Performance Department (main hospital elevators to the lower level)		
Website photo – for Adventist Health website	Contact CJ Anderson at 503-251-6893 or <a href="mailto:andersC3@ah.org">andersC3@ah.org</a>	

<b>TUALITY HEALTHCARE (503) 681-1892</b>		<b>APPLICABLE FOR</b>
Photocopy of driver's license		
.jpg format photo of passport picture quality	Via e-mail <a href="mailto:medicalstaffoffice@tuality.org">medicalstaffoffice@tuality.org</a>	
Acknowledgement of receipt of a copy of the Medical Staff Bylaws and Rules and Regulations.		
Acknowledgement of receipt of Tuality Healthcare Annual Education flyer.		
DEA form requiring your DEA number and signature	Pharmacy	
Board Certification requirement acknowledgement form		
Tuality Healthcare acknowledgement of Code of Behavior policy		
Notice/Authorization and Release for the Procurement of a Consumer Report	Criminal Background Check	
Copy of TB documents	If requesting privileges	
ACLS certification	Anesthesiologist, non-board certified Emergency Medicine physician, Emergency Medicine physician assistant, Emergency Medicine nurse practitioner, Hospitalist, Urgent Medicine practitioner, Certified Registered Nurse Anesthetist, Cardiothoracic Physician Assistant	

<b>TUALITY HEALTHCARE (503) 681-1892</b>		<b>APPLICABLE FOR</b>
	NRP certification	Attending newborns at delivery or an Emergency Medicine physician

<b>UNITY BEHAVIORAL HEALTH</b>		<b>APPLICABLE FOR</b>
	Staff Category & Call Coverage Request Form	
	Authorization for Release of Credentialing and Peer Review Information	
	Fair Credit Reporting Act Disclosure and Authorization to Release Information	
	EMTALA Compliance Acknowledgement Statement	
	CME Attestation Statement for Legacy Health Medical Staffs	
	Legacy Health Authorization for Delineation of Privileges and Clinical Activity	