

**MARIN GENERAL HOSPITAL
MEDICAL STAFF -- APPLICATION FOR TEMPORARY PRIVILEGES**

Section 1:

Section 2 – if over 30 days call for complete application.

One Case/Consultation for Patient:		Locum Tenens For (up to 30 Days):	
Date:		Dates of Coverage:	
Invasive Privileges Requested: Yes___ No___ List Privilege/s requested:		Invasive Privileges Requested: Yes___ No___ If Yes, Complete and Sign Attached Privilege List	
Full Name:			
Office Address:		Phone #: Fax #:	
Specialty:	CA License #:	Lic. Exp Date:	
Birthplace:		Birthdate:	
Medical School:		Year Graduated:	
Board Certification Status: _____ Eligible _____ Certified	Which Board: Date of Board Eligibility or Certification:		
<u>List Below Current Hospital Affiliations/ Active Category:</u>			
Name / Phone # of Medical Staff Office		Name/Phone # of Dept Chairman / Peer Ref.	
1. _____			
2. _____			
3. _____			
Professional Liability Carrier:	Expiration Date:	Limits:	
<p><i>If the answer to any of the questions below is "YES" or if a related formal investigation is or was ever initiated, please provide details on a separate sheet.</i></p> <p>Have judgements or settlements been made against you in professional liability cases or are there any pending? _____ No _____ Yes</p> <p>Has your license to practice medicine in any jurisdiction ever been reduced, restricted, suspended or revoked, or are there any action pending? _____ No _____ Yes</p> <p>Have your privileges at any hospital or other healthcare facility ever been reduced, suspended or revoked or is there any action pending? _____ No _____ Yes</p> <p>Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any medical organization, or is there any action pending? _____ No _____ Yes</p> <p>Is there any aspect of your health status which affects your ability to practice? _____ No _____ Yes</p> <p>Is there anything else of an adverse nature in your professional history? _____ No _____ Yes *</p>			
Signature of Applicant:			Date:

applictp.frm

* ATTACHED IS A LIST OF REPORTABLE MATTERS

MARIN GENERAL HOSPITAL

DISCIPLINARY ACTIONS LIST Attachment to temporary privileges application

Definition of Adverse actions referenced in the application includes:

Whether any of the following have ever been or are currently in the process of being investigated, denied, revoked, suspended, reduced, limited, placed on probation, or not renewed? Or have you surrendered, allowed to expire, voluntarily relinquished, or withdrawn an application while under investigation for possible incompetence or improper professional conduct, or failed to proceed with an application for any of the following in return for such an investigation not being conducted --or is any such action pending?

IF YES, PLEASE PROVIDE FULL EXPLANATION ON A SEPARATE SHEET.

THIS IS AN ESSENTIAL PART OF THE CREDENTIALING PROCESS. ITS CONFIDENTIALITY AND PRIVACY WILL BE PRESERVED. THIS INFORMATION WILL BE RELEASED OR DISCLOSED ONLY AS PART OF CURRENT OR FUTURE CREDENTIALING, PEER REVIEW, AND QUALITY ASSURANCE PROCESSES.

1. Medical License in any state
2. Other health-related professional registration/license
3. DEA/controlled substances registration in any state
4. Academic appointment
5. Membership on any hospital medical staff
6. Any specific clinical privileges at any hospital or healthcare institution
7. Employment as a physician or other provider by a military service, medical clinic, HMO or any other healthcare organization
8. Professional society membership, fellowship, or Board Certification
9. Professional liability insurance coverage or claims
10. Has a surcharge on your professional liability insurance ever been levied based on your own claims experience?
11. Have you ever been convicted of or pleaded no contest to any crime or misdemeanor (other than motor vehicle speeding violations) or felony, or are you currently under indictment for an alleged crime or now under investigation by any municipal, state, federal or any other governmental agency for any reason?
12. Have you ever been convicted of or pleaded no contest to a drug or alcohol related offense?
13. Have you ever been subjected to disciplinary action or civil money penalties in any program such as Medicare, Medicaid or other governmental program; or in an HMO, PPO, or other prepaid health plan?
14. Have you ever had a report filed against you pursuant to Business and Professions Code 805 or pursuant to federal regulations regarding the National Practitioner Data Bank?

**MARIN GENERAL HOSPITAL
MEDICAL STAFF APPLICANT CONSENT**

STATEMENT OF APPLICANT FOR TEMPORARY PRIVILEGES
--

I understand that the medical staff of Marin General Hospital (MGH) is responsible for the evaluation of my professional competence and qualifications and has the obligation to inquire into my professional training, experience, professional conduct and judgement, and to make appropriate recommendations to the governing body of this hospital. During such time as this application is being processed, I agree to update the application should there be any change in the information provided which may affect the application or its outcome.

By filing an application for temporary appointment and clinical privileges, I acknowledge that I have received and read the related sections of the Bylaws, Rules and Regulations of the MGH Medical Staff as adopted by the Board, and the laws of the State of California and agree to be bound by the terms thereof whether or not I am granted membership or clinical privileges in all matters relating to the consideration of my application to the Medical Staff. I am familiar with the principles of medical ethics applicable to my profession and pledge to maintain an ethical practice, to provide for continuous care for my patients, and to refrain from delegating the responsibility for care of my patients to any practitioner not qualified to undertake that responsibility.

By applying for temporary appointment and clinical privileges, I hereby signify my willingness to appear for interviews in regard to my application, authorize MGH and its medical staff and their representatives to consult with administrators and members of medical staffs of other hospitals or institutions with which I have been associated and with others, including past and present malpractice carriers who may have information bearing on my professional competence, character and ethical qualifications. I hereby further consent to the inspection for MGH, its medical staff and its representatives of all records and documents, including medical records, at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested as well as my moral and ethical qualifications for staff membership.

I hereby release from liability all representatives of the Hospital, the Medical Staff and their representatives for their acts performed in good faith and without malice in connection with evaluating my application, credentials, and qualifications, and I hereby release from any liability any and all individuals and organizations who provide information to the Hospital, its Medical Staff and their representatives, in good faith and without malice concerning my professional competence, ethics, character and other qualifications for staff appointment and clinical privileges and I hereby consent to the release of such information.

I hereby further authorize and consent to the release of information by this Hospital, or its Medical Staff and their representatives to other hospitals, their medical staff or their representatives, and medical associations on request regarding any information the Hospital and the Medical Staff and their representatives may have concerning me as long as such release of information is done in good faith and without malice, and I hereby release from liability this Hospital and its Medical Staff for so doing.

I understand and agree that I, as an applicant for Medical Staff temporary appointment have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications for resolving any doubts about such qualifications.

All information submitted by me in this application is true to the best of my knowledge and belief. I also understand that any significant misstatements in or omissions from this application constitute cause for denial of temporary appointment or cause for summary suspension medical staff privileges.

I, _____, DO HEREBY MAKE FORMAL APPLICATION FOR TEMPORARY MEDICAL STAFF APPOINTMENT AND CLINICAL PRIVILEGES AT MARIN GENERAL HOSPITAL AND AGREE TO THE ABOVE STATEMENTS.

Date: _____	Signature: _____
-------------	------------------

CONSENT MUST BE RETURNED WITH YOUR APPLICATION