

## Silver Cross Hospital Medical Staff Pre-Application

In accordance with the bylaws of Silver Cross Hospital, a pre-application form must be completed and an applicant must be deemed qualified for membership before a full application is provided. Please carefully read the eligibility criteria outlined on the following page. Complete and return the pre-application as soon as possible.

Return the pre-application to:

Silver Cross Hospital  
Medical Staff Office  
1900 Silver Cross Blvd.  
New Lenox, IL 60451

Please indicate the category to which you are applying:

*Affiliate Staff with Clinical Privileges*

The Affiliate Staff with Clinical Privileges shall consist of those Physicians, Dentists and Podiatrists who meet the Activity Level for Affiliate Staff with Clinical Privileges as set forth in the Medical Staff Rules and Regulations. The Activity Level for Affiliate Staff with Clinical Privileges may be waived by the Board for good cause. Affiliate Staff with Clinical Privileges appointees shall be entitled to serve on Medical Staff committees with vote, except that they may not serve on the Executive Committee, the Improving Organizational Performance Committee, the Credentials Committee or Department Committees. They may attend Medical Staff or Department meetings, but are ineligible to vote or to hold office. They shall agree to assume all of the other functions and responsibilities of the Principal Active Staff where appropriate and shall be responsible for taking Unassigned Patient Call. Members of the Affiliate Staff with Clinical Privileges shall have an office within the geographic service area of the Hospital as defined by the Board. Affiliate Staff with Clinical Privileges appointees shall reside within sufficient proximity to the Hospital to assure continuous and timely care of their patients.

*Affiliate Staff (without Clinical Privileges)*

The Affiliate Staff shall consist of Physicians who are in the Departments of Family Practice, Internal Medicine and Pediatrics and who do not have clinical privileges at the Hospital. They may attend Medical Staff or Department meetings, but are ineligible to vote or to hold office. Affiliate Staff may refer patients to be admitted at the Hospital to members of the Medical Staff who have admitting privileges at the Hospital. Affiliate Staff Members may serve on committees with vote, except that they may not serve on the Executive Committee, the Improving Organizational Performance Committee, the Credentials Committee or Department Committees. Affiliate Staff members may attend Medical Staff meetings, continuing medical education and social events, and visit their patients in the Hospital, but may not write orders or provide care to their patients in the Hospital.

*Consulting Staff*

Consulting Staff shall be limited to Physicians, Dentists and Podiatrists who have a special expertise that is not presently available within the existing staff of the Hospital. The privileges for the consultants shall be limited only to those necessary for providing consultation in their field of special expertise. Special Expertise shall be as defined from time to time by the Credentials Committee.

Physicians whose practice at the Hospital is limited to interpreting or consulting with regard to electronic medical or radiologic images from a remote site outside the Hospital shall be appointed to the Consulting Staff.

Appointment to the Consulting Staff shall not entitle the consultant to admit patients. Members of the Consulting Staff may attend Medical Staff or Department meetings, but are ineligible to vote or to hold office. Members of the Consulting Staff may serve only in the capacity of members of committees with vote, except that they may not serve on the Executive Committee, the Improving Organizational Performance Committee, the Credentials Committee or Department Committees.

If a staff member of the rank of Principal Active Staff or Active Staff shall become available with expertise identical to that of a Consulting Staff member, the Consulting Staff membership shall be terminated at the first regular reappointment occurring more than one (1) year later, unless said Consulting Staff member shall elect to apply for another category of membership.

Silver Cross Hospital  
Medical Staff Pre-Application

To be eligible to apply for initial appointment to the Medical Staff, physicians must meet the eligibility criteria listed below. CHECK EACH BOX TO AFFIRM YOUR ELIGIBILITY. PROVIDE A COPY OF YOUR CV, LICENSES, MALPRACTICE INSURANCE AND BOARD CERTIFICATION WITH YOUR PRE-APPLICATION.

- Have an office location within the geographic service area of Silver Cross Hospital where you see patients. (see attachment);
- Current, unrestricted license to practice in Illinois and have never had a license to practice revoked or suspended by any state licensing agency;
- Where applicable to their practice, have a current unrestricted DEA registration and state controlled substance license;
- Reside within sufficient proximity to the Hospital to assure timely care and continuous care for their patients in the Hospital as determined by the applicable Department;
- Current, valid professional liability insurance coverage in a minimum amount of \$1M and \$3M;
- Never been convicted of Medicare, Medicaid or other federal or state governmental or private third party payer fraud or program abuse, nor have been required to pay civil penalties for the same;
- Never been and are not currently excluded or precluded from participation in Medicare, Medicaid or other federal or state governmental health care program;
- Never had medical staff appointment, clinical privileges or status as a participating provider denied, revoked or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct and have never resigned appointment or relinquished privileges during a Medical Staff investigation or in exchange for not conducting an investigation;
- Never been convicted of or entered a plea of guilty or no contest to any felony or from the age of 21 on, have never been convicted of or entered a plea of guilty or no contest to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse or violence;
- Agree to fulfill responsibilities regarding Unassigned Patient Call;
- Have or agree to make coverage arrangements with other members of the Medical Staff for those times when the individual is unavailable;
- Have no unverifiable gaps in clinical practice history;
- Successfully completed a residency training program approved by the Accreditation Council for Graduate Medical Education or the AOA in the specialty in which the applicant seeks clinical privileges; or an oral and maxillofacial surgery training program accredited by the Commission on Dental Accreditation of the American Dental Association, or a Podiatric Surgical Residency program accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association;
- Be board certified by the appropriate specialty board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the American Dental Association or the American Board of Podiatric Surgery in their primary area of practice at Silver Cross Hospital. Applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years shall be eligible for Medical Staff appointment. In order to remain eligible, those applicants must achieve board certification in their primary area of practice within 5 years from date of completion of residency or fellowship training. Notwithstanding the foregoing, if the Chief Executive Office and the Chief of Staff determine that the rules of the applicable board and the course of training of an individual have prevented or will prevent the individual from being able to complete the board certification process within 5 years, then the Chief Executive Officer and the Chief of Staff in their sole discretion may permit the individual to apply for membership, subject to a requirement that the individual become board certified by a date mutually determined by the Chief Executive Officer and the Chief of Staff. There shall be no appeal from the decision of the Chief Executive Officer and the Chief of Staff;
- Maintain board certification and to the extent required by the applicable specialty/subspecialty board, satisfy recertification requirements. Recertification shall be assessed at reappointment;

After reviewing the above criteria, I certify that I am eligible to apply for initial appointment to the Silver Cross Hospital Medical Staff. I understand that as a condition of consideration for appointment and continued appointment, any misstatement in, or omission from the application is grounds for Silver Cross Hospital to stop processing the application. If appointment has been granted prior to the discovery of a misstatement or omission, appointment and privileges may be deemed to be automatically relinquished. In either situation, there shall be no entitlement to a hearing or appeal. An initial applicant cannot reapply for Medical Staff membership for a period of one (1) year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Silver Cross Hospital Medical Staff Pre-Application

### IDENTIFYING INFORMATION

Last Name	First Name	Middle	Degree
IL State Medical License Number	Date of Birth	Social Security Number	
Specialty in which you wish to request privileges			

### PRACTICE INFORMATION – OFFICE ADDRESS IN GEOGRAPHIC SERVICE AREA *Mail application packet here*

Name of Group Practice		
Office Address in Geographic Service Area (Include complete mailing address)		
City	State	Zip
Office Phone #	Office Fax #	E-Mail address (Personal)
Name of Office/Practice Manager		E-Mail address (Office Manager or additional contact person)
May we contact the above noted individual with questions related to your application? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### PRACTICE INFORMATION – PRIMARY MAILING, BILLING, ETC. *Mail application packet here*

Name of Group Practice		
Office Address		
City	State	Zip
Office Phone #	Office Fax #	E-Mail address (Personal)
Name of Office/Practice Manager		E-Mail address (Office Manager or additional contact person)
May we contact the above noted individual with questions related to your application? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you have any special equipment needs?  Yes  No If so, what? \_\_\_\_\_

Completion of the pre-application does not guarantee medical staff membership and clinical privileges at Silver Cross Hospital nor does it entitle one to the Hearing Process.

If you have any questions please contact the Medical Staff Office as follows;

Medical Staff Services

815-300-7097(p)

815-300-3567(f)

Silver Cross Hospital  
Covering Physician Verification Form

I have discussed coverage of my patients with the below named physician and he/she has agreed to provide coverage for my patients while hospitalized at Silver Cross Hospital. Their signature attests to that coverage agreement.

The designated covering physician must be a member of the Silver Cross Hospital Medical Staff with privileges in your specialty.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Printed Name

**Covering Physician**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*I:/DOCS:/CREDENTIALING FORMS:/Pre-Application:/Pre-application Revision 08 08 14*

*Please include the following documents along with your pre-application:*

- Education/Training certificates*
  - ✓ *Medical School*
  - ✓ *ECFMG*
  - ✓ *Internship*
  - ✓ *Residency*
  - ✓ *Fellowship*
- Board Certification Certificate (you must be board certified by the appropriate specialty board recognized by the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), the American Dental Association, or the American Board of Podiatric Surgery in your primary area of practice . . . . Those applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years shall be eligible for Medical Staff appointment) or:*
  - ✓ *explanation of status*
  - ✓ *registration confirmation*
- Certificate of Insurance*
- CV*
- Driver's License*
- State of Illinois License*
- State of Illinois Controlled Substance*
- State of Illinois DEA*
- Clinical Alternate form must be signed by the applicant and the covering physician. The covering physician must currently be on Silver Cross Hospital Medical Staff.*

*Note: Office must be within the geographical service area*