

Thank you for your inquiry indicating your interest in appointment to the Medical Staff at Samaritan Regional Health System. Should you be issued an application, the investigation and review of your application will include at least the following:

The following are prerequisites for appointment to the Medical Staff:

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1. A current license to practice medicine in the state of Ohio and a current Federal DEA number. (DEA optional for Pathology privileges.)
 2. Satisfactory completion of an accredited postgraduate residency training program or equivalent in the specialty in which you will seek clinical privileges.
 3. Professional liability insurance coverage in the following form and amounts: Malpractice insurance for a minimum of \$1,000,000 per claim.
 4. Residence and office location sufficiently close to the hospital to provide timely and appropriate patient care.
 5. Current certification in Basic Life Support (BLS) when required.
 6. National Provider Identifier required for billing purposes.
 7. A criminal background check by the hospital's Human Resources Department.
 8. Verification of all information provided on the application form.
 9. Evaluation of at least three references from physicians who are familiar with your current work and competence.
 10. Review of information from your malpractice insurance carrier(s) regarding claims, suits, and settlements for the past five years.
 11. Evaluation of letters of reference from department chiefs and/or management from other hospitals and health care facilities with which you are now or have been affiliated.
 12. A query to the National Practitioner Data Bank, as required by law.
 13. A check of the cumulative sanctions report of the Office of the Inspector General.
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It is emphasized that appointees to the Medical Staff recognize their responsibilities as outlined in the Bylaws, Rules and Regulations, and Credentials Procedures Manual especially relating to the following obligations:

1. Coverage for patients within their practice.
2. Coverage for the Emergency Department on-call schedule.
3. Participation in department and organization-wide meetings, committees, and quality-related activities.

Please complete the enclosed *Request for Application* form in its entirety and return it with copies of all required documents within 20 days. After a review of the form, we will either provide you an application or advise you otherwise.

If I can be of any further assistance, please contact me at (419) 207-2445.

Sincerely,



Kelly Schroeder
Medical Staff Coordinator

Phone 419-207-2445

Fax 419-207-2629

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