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| **Figure 3.6** | **Initial Application Cover Letter** |
| **[Hospital name]**  Dear Practitioner,  Thank you for your interest in [Hospital]. Per your request, please find enclosed the materials needed to apply for membership and/or clinical privileges at [Hospital]. Because practitioner credentialing is a critical process in providing quality care to our patients, we ask for your patience so we may do our job thoroughly. The verification, evaluation, and approval process takes an average of [60–90] days from the day we receive your portion of the required documentation.  This time frame is necessary to obtain all verifications and data on which to base an informed decision. The steps in this comprehensive process are as follows:   1. The medical staff services department will verify all information you have provided in your application packet. 2. Once your file is complete, it will be evaluated by the appropriate [clinical service line/department] chief, the credentials committee, and the medical executive committee. The medical executive committee then makes a recommendation regarding your membership and/or clinical privileges to the governing board. The governing board makes the final determination. 3. At every step in this process, careful deliberations occur regarding your request for privileges, and it may be necessary to solicit additional information or schedule an interview. 4. Following the board’s decision, you will receive written notification of the action taken. 5. You may not provide any services in the facility until you receive notification of board approval.   The following factors directly affect how quickly your application may be processed:  » Timing of your submission with regard to the monthly credentials committee meeting.  » Receipt of all requested information and documentation by the medical staff services department.  » Timing of application for [State] license, [State] Pharmacy registration, and [State] DEA registration.  » Timely responses from your references, affiliations, training institutions, and other verifications.  If you do not have a current [State] medical license and [State] Controlled Substance or DEA Registration with a [State] address, it is important to submit your applications to the appropriate agencies immediately so that you are licensed and able to work as soon as the credentialing process is complete (see resource information below). There may be delays in obtaining licensure not related to [Hospital]’s credentialing process. | |

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| **Figure 3.6** | **Initial Application Cover Letter (cont.)** |
| Should any of the information change regarding items submitted to the medical staff services department during the application process, you must immediately notify the hospital in writing.  Please contact medical staff services with any questions:  [Credentials specialist] [Director, medical staff services] Telephone/hospital extension: Telephone/hospital extension: Fax: Fax:  Email: Email:  Resources:  [State] Board of Medicine [Telephone], [website]  [State] Board of Pharmacy [Telephone], [website]  DEA Registration, Renewal, and Change of Address [Telephone], [website] | |