

Request for Physician Application form

This is a pre-application form.

Please attach a CV with this form. Please print all information legibly.

Name: _____ Degree: _____
 Office address: _____
 Phone: _____ Email address: _____
 Date of birth: _____ SS #: _____
 Specialty: _____ Department: _____

Medical Staff category requested:

Active-Academic w/ admitting privileges Active-Academic w/o admitting privileges Advanced Practice Professional

Dear Doctor:

Thank you for your interest in University Medical Center New Orleans. Our Governing Board, as recommended by the Medical Staff, has adopted requirements for application, some of which are listed below. Please know that these are baseline standards. Our Credentials Committee will conduct a full review of all completed applications prior to making a recommendation to the Board. Minimum standards for application for Medical Staff membership:

Yes	No	Criteria	Tulane Med School	LSU Med School	LSU Dental School
		Have an appointment to the faculty of one of the Schools unless such applicant is applying for membership as Telemedicine Staff or Advanced Practice Professional Staff (Check one on right)			
			Explanation for "No" answers below		
		Board Certified or intended pathway _____			
		<ul style="list-style-type: none"> • Have an unrestricted license to practice in Louisiana or state licensing in La is in process; • Have successfully completed an accredited residency training program in the specialty in which the applicant seeks clinical privileges; or for Advanced Practice Professional Staff have completed such advanced training as required by the State licensing board for such applicant 			
		<ul style="list-style-type: none"> • Have current, valid professional liability insurance coverage in a form and in amounts determined by the Board 			
		<ul style="list-style-type: none"> • Have 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 monetary penalties for the same; • Have never been, and not currently be, excluded or precluded from participation in Medicare, Medicaid, or other federal or state governmental health care program 			
		<ul style="list-style-type: none"> • Have never been convicted of, or entered a plea of guilty or no contest, to any felony; or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, or violence; • Have 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; • Have never resigned Medical Staff appointment or relinquished privileges during a Medical Staff investigation or in exchange for not conducting such an investigation 			

I CERTIFY THAT I MEET THE ABOVE MINIMUM REQUIREMENTS

Signature _____ Date _____

For Medical Staff Office Use Only
MEETS INELIGIBLE

University Medical Center Credentials Committee Approval

TSOM LSOM Dental

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Signature _____ Date _____

Your completed pre-application, along with copies of licenses and certificates are to be submitted to University Medical Center New Orleans' Medical Staff Office, 2000 Canal Street, New Orleans, LA 70112, **within 30 days of receipt of this document.** An application will be forwarded to your office if you meet appointment criteria. If you have any questions, please contact the University Medical Center Medical Staff Office at 504.702.4387.