

**PRE-APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF**

Last Name	First Name	Middle Name	Social Security #	
Other/Maiden Name Used	Specialty	Email Address	Pager Number	
Date of Birth (Mo/Day/Yr)	Place of Birth	Citizenship	Sex	
Primary Office Address	City	State	Zip	
Telephone Number	FAX Number	"Back Line" Number		
Secondary Office Address	City	State	Zip	
Telephone Number	FAX Number	"Back Line" Number		
Home Address	City	State	Zip	Telephone

You have requested an application for the Medical Staff at Mission Hospital and/or CHOC at Mission. Prior to being sent an application packet you will need to complete this form and return it with the items listed below in the enclosed, self-addressed envelope:

- Copy of current California medical license (wallet card).
  - Copy of current Board Certification.
  - Copy of your U.S. Passport OR certified Birth Certificate, Driver's license, and Social Security card.
  - Copy of current DEA certificate.
  - Two passport-size recent photographs.
- OR -**
- Copy of Naturalization Papers OR Work Visa, Driver's license, and Social Security card.
  - Copy of current California Fluoroscopy License for the following specialties: Gastroenterology, Orthopedic Surgery, Podiatric Surgery, Radiology, and/or any other specialty that will operate the C-ARM.
  - Copy of current certification for:
 

<b>FOR MISSION HOSPITAL:</b>		<b>FOR CHOC AT MISSION:</b>	
Anesthesiologists	ACLS	Anesthesiologists	ACLS or PALS
Attendance at C-Section	NRP	Neonatologists	NRP
Trauma Surgeons	ATLS and ACLS	Peds. Critical Care	ACLS, PALS or NRP
Emergency Medicine	ACLS	Attending in NICU	NRP
Obstetricians	NRP	Trauma Surgeons	ATLS and ACLS
		Moderate Sedation Privileges	ACLS or PALS
  - Current malpractice liability insurance declaration of coverage (minimum amount of \$1 million/\$3 million) AND claims history, including any claims closed without payment.
  - Completed "Covering Physician Verification Form" (enclosed).
  - \*Processing Fee, made payable to **MISSION HOSPITAL**
    - For Mission Hospital -- \$600
    - For CHOC at Mission -- \$200
    - For both hospitals -- \$800
  - \*Medical Staff Dues (for the first year of membership)
    - For Mission Hospital, \$200 made payable to **Mission Hospital Medical Staff**
    - For CHOC @ Mission, \$200 made payable to **CHOC @ Mission Medical Staff**
- NOTE: If application is denied or withdrawn, only these dues are refundable.

Once the Medical Staff Services Office has received the above items, you will be mailed an application packet. If you have any questions during this process, please contact Mary Rahmatulla in the Medical Staff Services Office at (949) 365-2432 or via email at [Mary.Rahmatulla@stjoe.org](mailto:Mary.Rahmatulla@stjoe.org).

## COVERING PHYSICIAN VERIFICATION FORM

I, \_\_\_\_\_, agree to provide coverage to the  
patients of \_\_\_\_\_, while at Mission Hospital  
Regional Medical Center and/or Children's Hospital at Mission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please list other physician members of the group/partners who will also provide coverage (if applicable):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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Signature

\_\_\_\_\_  
Date

[Cred/Cov/Auth.doc](#)

## ACKNOWLEDGEMENT OF BYLAWS BOARD CERTIFICATION REQUIREMENT

Please note in the copy of the Mission Bylaws, provided to you in your original packet, the following requirement for Board Certification. Please acknowledge your agreement to progress toward Certification in the time frame noted, by signing at the bottom and returning to the Medical Staff Office (a return envelope has been provided).

### ARTICLE III MEMBERSHIP IN MEDICAL STAFF

#### Section 2. Qualifications for Membership (page 7)

D. A practitioner applying for appointment to the Medical Staff and for the granting or extension of clinical privileges must have been or become, whichever is appropriate, certified by the national specialty board pertaining to the practitioner's clinical privileges of the American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Dentistry within five (5) years from the completion of the practitioner's training program. Board certification must correspond to the clinical privileges requested and program completed. An extension of this time period or exemption from these requirements will be granted only under extraordinary circumstances and for demonstrated good cause as determined solely at the discretion of the Medical Executive Committee and the governing body.

If the Medical Staff applicant or member is required by the specialty board to re-certify in order to maintain board certification, the practitioner must become re-certified in order to obtain and/or maintain Medical Staff membership and clinical privileges unless exempted by the above paragraph.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date