



Dear Applicant:

Thank you for your interest in Olathe Medical Center and/or Miami County Medical Center. In order to apply for Medical staff appointment and/or clinical privileges, the following **Request for Application** must be completed and the following baseline standards met:

1. Current unrestricted license to practice medicine or dentistry in the State of Kansas and a current Federal DEA number (if applicable), with no record of past adverse licensure action.
2. Board certified or ***actively pursuing** board certification by an approved ****Certifying Board**, in the field of practice for which the potential applicant will be requesting clinical privileges (*if applicable*).
**Actively pursuing* is defined as Board admissible; serving a practice period as required by the applicable certifying Board; practicing within the time frame of "eligibility" as defined by the applicable certifying Board.
***The listing of **approved Certifying Boards** is attached for your review.*
3. Maintenance of professional liability insurance coverage.
4. No record of conviction of a felony or misdemeanor related to professional practice, reimbursement or controlled substance violations.
5. No record of denial, revocation or termination of appointment or clinical privileges by any hospital for reasons related to professional competence or conduct.
6. **If an exclusive contractual agreement conflicts with your request(s) for staff appointment and/or clinical privileges you will be notified of such.**

If the baseline standards are met, you may be provided applications for staff appointment and clinical privileges.

Please print, complete, and mail the following information for consideration to:

**MEDICAL STAFF SERVICES
OLATHE MEDICAL CENTER, INC.
20333 WEST 151ST STREET
OLATHE, KS 66061**

If you have any questions regarding the application process you may call 913-791-4309.

PLEASE REMEMBER - THIS IS THE FIRST PART OF A 2-PART APPLICATION PROCESS. NO STAFF MEMBERSHIP OR CLINICAL PRIVILEGES ARE EXTENDED OR IMPLIED BY OUR PROVIDING YOU WITH THE FOLLOWING FORM; NEITHER IS STAFF MEMBERSHIP OR CLINICAL PRIVILEGES EXTENDED OR IMPLIED AS A RESULT OF THE COMPLETION AND SUBMISSION OF THE FOLLOWING FORM.

Sincerely,

Lori A. Mann
Administrative Manager
Medical Staff Services
Olathe Medical Center, Inc.
Miami County Medical Center, Inc. CVO
20333 West 151st Street
Olathe, KS 66061



NAME: _____ SPECIALTY: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PRACTICE NAME: _____ PRACTICE ADDRESS: _____

PRACTICE PHONE: _____

MAILING ADDRESS (for Application packet): _____

INSTITUTION(S) WHERE APPOINTMENT AND PRIVILEGES ARE BEING SOUGHT:

OLATHE MEDICAL CENTER **MIAMI COUNTY MEDICAL CENTER**

PLEASE PROVIDE THE FOLLOWING DOCUMENTATION:

- A. Attach a copy of your current unrestricted license to practice medicine or dentistry in the State of Kansas and a copy of your current narcotic license. If you are in the application process for Kansas License and/or narcotic license, please provide a copy of your application.
- B. Provide copy of medical diploma and residency training.
- C. Attach a copy of ECFMG certificate (if applicable)
- D. Attach a copy of your curriculum vitae.
- E. Attach a copy of your professional liability insurance policy showing the limits of coverage and coverage effective dates.
- F. Please complete and return the attached Intended Practice Plan.
- G. Please provide the name of a physician that is currently a member of the medical staff that will provide alternate coverage, if you are unavailable: _____
- H. **If an exclusive contractual agreement conflicts with your request(s) for staff appointment and/or clinical privileges you will be notified of such.**
- I. Attach a copy of the following applicable documentation:
 - 1. Evidence of Board Certification
 - 2. Evidence of Board Admissibility

****Please document your intent to pursue certification and projected schedule for doing so if neither of the above documents apply.**



INTENDED PRACTICE PLAN AT OLATHE MEDICAL CENTER AND/OR MIAMI COUNTY MEDICAL CENTER

APPLICANT NAME: _____

1. I will be practicing as a solo/group member practitioner: (circle one)
If practicing with a group, list the name of the group: _____
2. I will be utilizing Olathe Medical Center and/or Miami County Medical Center in the following way(s):
 - Admit patients in need of hospitalization
 - Referring patients in need of acute services
 - I desire medical staff appointment to secure participation with various health maintenance or managed care organizations
3. Answer this question only if you perform procedures:
I will perform procedures at (hospital name): _____
 Yes No
4. I will perform consultations at the request of other physicians at Olathe Medical Center and/or Miami County Medical Center:
 Yes No
If no, please provide a brief explanation: _____
5. I will cross-cover for my partners at Olathe Medical Center and/or Miami County Medical Center (if in a group practice):
 Yes No
If no, please provide a brief explanation: _____
6. The following physician has explicitly agreed to provide continuing coverage for my patients when I am not available: _____
(Note: As part of your application process, you must submit a statement signed by this physician indicating that he/she explicitly agrees to be available in your absence to provide continuous care to your patients.)
7. I agree to treat employees, patients, visitors, and other physicians at Olathe Medical Center and/or Miami County Medical Center in a dignified, professional and courteous manner:
 Yes No
8. I agree to complete my patient records in the timeframes specified and required by the institution:
 Yes No
9. I agree to provide back-up specialty coverage at the request of the Medical Executive Committee:
 Yes No
10. I agree to participate in relevant clinical practice guidelines when such guidelines have been determined by the Medical Executive Committee to influence positively patient outcomes and overall performance:
 Yes No

I understand that my answers to the above questions will be considered by Olathe Medical Center and/or Miami County Medical Center and that appointment, if offered, may be contingent upon adherence to this practice plan.

SIGNATURE OF APPLICANT

DATE



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1. HAVE YOU HAD ANY ARRESTS FOR PROBLEMS ASSOCIATED WITH ALCOHOL OR DRUG USE? ----- YES NO
 2. HAS YOUR LICENSE TO PRACTICE IN ANY JURISDICTION BEEN LIMITED, SUSPENDED, REVOKED, DENIED OR SUBJECT TO PROBATIONARY CONDITIONS, OR IS SUCH ACTION PENDING? ----- YES NO
 3. HAS YOUR NARCOTICS REGISTRATION BEEN SUSPENDED, DENIED, REVOKED, REDUCED OR NOT RENEWED OR IS SUCH ACTION PENDING? ----- YES NO
 4. HAVE YOU BEEN DENIED MEMBERSHIP TO ANY HOSPITAL MEDICAL STAFF OR HAS REAPPOINTMENT TO ANY HOSPITAL MEDICAL STAFF BEEN DENIED, OR IS SUCH ACTION PENDING?----- YES NO
 5. HAVE YOU BEEN THE SUBJECT OF AN INVESTIGATION OR HAS DISCIPLINARY ACTION BEEN TAKEN AGAINST YOU BY ANY OTHER HOSPITAL MEDICAL STAFF OR GOVERNING BOARD OR BY ANY MEDICAL ORGANIZATION OR PROFESSIONAL SOCIETY, LOCAL, STATE OR NATIONAL, OR IS SUCH ACTION PENDING? ----- YES NO
 6. HAVE YOUR PRIVILEGES AT ANY HOSPITAL BEEN SUSPENDED, DIMINISHED, REVOKED OR NOT RENEWED? (Temporary suspension for delinquent charts does not warrant an affirmative answer.) --- YES NO
 7. HAVE YOU VOLUNTARILY RELINQUISHED ANY MEDICAL STAFF MEMBERSHIP, CLINICAL PRIVILEGE(S), MEDICAL ORGANIZATION OR PROFESSIONAL SOCIETY MEMBERSHIP, PROFESSIONAL LICENSE(S) OR NARCOTICS REGISTRATION? ----- YES NO
 8. HAVE ANY PROFESSIONAL LIABILITY JUDGMENTS OR SETTLEMENTS BEEN MADE AGAINST YOU? YES NO
 9. HAVE ANY PROFESSIONAL LIABILITY SUITS BEEN FILED AGAINST YOU? ----- YES NO
 10. HAVE YOU BEEN CONVICTED OF A FELONY ----- YES NO

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS "YES", GIVE FULL DETAILS ON A SEPARATE SHEET OF PAPER. YOUR REQUEST WILL NOT BE CONSIDERED WITHOUT SUCH DOCUMENTATION.

By applying for staff appointment and clinical privileges at Olathe Medical Center and/or Miami County Medical Center, I accept the terms and conditions set forth and intend to be legally bound thereby, and I hereby –

- Authorize the hospital, its medical staff, and its representatives to inspect all documents that may be material to an evaluation of my qualifications and competence, and consent to the release of such information
- Release from liability all representatives of the hospital and its staff for actions performed and statements made in connection with the evaluation of my application, credentials, and qualifications to the fullest extent permitted by law
- Release from liability any and all individuals and organizations who provide information to the hospital or the medical staff concerning my professional competence, background, experience, ethics, character, utilization practice patterns, and other qualifications for staff appointment and/or clinical privileges to the fullest extent permitted by law
- Acknowledge that any material misrepresentation, misstatements, or omissions from this application, whether intentional or not, constitute cause for denial of appointment and clinical privileges or cause for summary dismissal from the staff
- Acknowledge this release may be used to obtain information from state licensing boards, that may include verification of any open or closed investigations, patient complaints and standard of care determinations reported by hospital(s) and/or specialty clinic(s)
- Acknowledge this release may be used to share information regarding any open or closed investigations, patient complaints and standard of care determinations within Olathe Health System.
- (If Sponsored), I further understand that my appointment is contingent upon the medical staff membership and/or privileges of my sponsor.

SIGNATURE: _____ DATE: _____

OLATHE MEDICAL CENTER

Qualifications:

The following qualifications are those minimally required for Medical Staff membership and/or the grant of clinical privileges and shall be considered threshold criteria for Medical Staff membership and/or the grant of clinical privileges:

- American Board of Allergy and Immunology
- American Board of Anesthesiology
- American Board of Colon and Rectal Surgery
- American Board of Dermatology
- American Board of Emergency Medicine
- American Board of Family Practice
- American Board of General Dentistry
- American Board of Internal Medicine
- American Board of Medical Genetics
- American Board of Neurological Surgery
- American Board of Nuclear Medicine
- American Board of Obstetrics and Gynecology
- American Board of Ophthalmology
- American Board of Oral and Maxillofacial Surgery
- American Board of Orthopedic Surgery
- American Board of Otolaryngology
- American Board of Pathology
- American Board of Pediatrics
- American Board of Pedodontics
- American Board of Physical Medicine and Rehabilitation
- American Board of Plastic Surgery
- American Board of Podiatric Surgery
- American Board of Preventive Medicine
- American Board of Prosthodontics
- American Board of Psychiatry and Neurology
- American Board of Radiology
- American Board of Surgery
- American Board of Thoracic Surgery
- American Board of Urology
- American Osteopathic Board of Emergency Medicine
- American Osteopathic Board of Family Medicine
- American Osteopathic Board of Internal Medicine
- American Osteopathic Board of Obstetrics and Gynecology
- American Osteopathic Board of Ophthalmology and Otolaryngology
- American Osteopathic Board of Orthopedic Surgery
- American Osteopathic Board of Pathology
- American Osteopathic Board of Pediatrics
- American Osteopathic Board of Radiology

MIAMI COUNTY MEDICAL CENTER

Qualifications:

The following qualifications are those minimally required for Medical Staff membership and/or the grant of clinical privileges and shall be considered threshold criteria for Medical Staff membership and/or the grant of clinical privileges:

- American Board of Allergy and Immunology
- American Board of Anesthesiology
- American Board of Colon and Rectal Surgery
- American Board of Dermatology
- American Board of Emergency Medicine
- American Board of Family Practice
- American Board of General Dentistry
- American Board of Internal Medicine
- American Board of Nuclear Medicine
- American Board of Obstetrics and Gynecology
- American Board of Ophthalmology
- American Board of Oral and Maxillofacial Surgery
- American Board of Orthopedic Surgery
- American Board of Otolaryngology
- American Board of Pathology
- American Board of Pediatrics
- American Board of Pedodontics
- American Board of Physical Medicine and Rehabilitation
- American Board of Plastic Surgery
- American Board of Podiatric Surgery
- American Board of Preventive Medicine
- American Board of Prosthodontics
- American Board of Psychiatry and Neurology
- American Board of Radiology
- American Board of Surgery
- American Board of Urology
- American Academy of Osteopathic Surgeons
- American College of Osteopathic Surgeons
- American Osteopathic Board of Emergency Medicine
- American Osteopathic Board of Family Medicine
- American Osteopathic Board of Internal Medicine
- American Osteopathic Board of Ophthalmology and Otolaryngology
- American Osteopathic Board of Orthopedic Surgery
- American Osteopathic Board of Pathology
- American Osteopathic Board of Pediatrics