Dear Applicant:

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

1. Current unrestricted license in the State of Kansas and a current Federal DEA number (if applicable), with no record of past adverse licensure action.
2. Maintenance of professional liability insurance coverage.
3. No record of conviction of a felony or misdemeanor related to professional practice, reimbursement or controlled substance violations.
4. No record of denial, revocation or termination of appointment or clinical privileges by any hospital for reasons related to professional competence or conduct.
5. If an exclusive contractual agreement conflicts with your request(s) for staff appointment and/or clinical privileges you will be notified of such.
6. Valid email address.

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
ALLIED HEALTH PREAPPLICATION

NAME: ___________________________ SPECIALTY: ___________________________

DATE OF BIRTH: ___________________ SOCIAL SECURITY NUMBER: ________________

PRACTICE NAME: ___________________ PRACTICE ADDRESS: ___________________

PRACTICE PHONE: ___________________

SPONSORING PHYSICIAN(S): _____________________________________________________

E-MAIL ADDRESS: __________________________________________________________

YOUR APPLICATION WILL BE SENT VIA EMAIL TO THE ABOVE ADDRESS IF APPROVED.
PLEASE ENSURE THAT YOU PROVIDE A VALID EMAIL.

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 Kansas License and a copy of your current narcotic license (if applicable). 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 training.

C. Attach a copy of your curriculum vitae.

D. **If an exclusive contractual agreement conflicts with your request(s) for staff appointment and/or clinical privileges you will be notified of such.**

E. Attach a copy of your professional liability insurance policy showing the limits of coverage and coverage effective dates.

F. Provide copies of CPR, BLS, PALS, ACLS certification.

G. Provide copy of protocol agreement with sponsoring physician(s).
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 CRIME, FELONY OR MILITARY COURT MARTIAL? □ 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 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.

APPLICANT SIGNATURE: ____________________________ DATE: ____________________________

SPONSOR SIGNATURE: ____________________________
BACKGROUND CHECK DISCLOSURE

In the interest of maintaining the safety and security of our customers, employees, and property, Olathe Medical Center-Medical Staff (the “Company”) will order a “consumer report” (a background check) on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background checks on you for employment purposes. The Company may order an “investigative consumer report.” An “investigative consumer report” is a background check that includes information from personal interviews (except in California, where that term includes background checks with and without personal interviews). The most common form of investigative consumer report is an investigation into your employment history.

The background check company, Private Eyes, Inc., will prepare the background report for the Company. Private Eyes, Inc. is located at 190 North Wiget Lane, Suite 220, Walnut Creek, CA 94598, and can be reached toll free at 877-292-3331. The privacy policies for Private Eyes, Inc. may be found at its website at www.privateeyesinc.com.

The background check may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, credit worthiness, credit capacity and credit standing. The types of information that may be ordered include, but are not limited to: criminal, public, educational, military and motor vehicle records checks; verification with the Department of Transportation; verification of prior employment and income; reference, licensing, and certification checks; credit reports; and Social Security number verification. Information may be obtained from private and public record sources (including individuals, corporations, partnerships, law enforcement agencies, institutions, schools, credit bureaus, state licensing agencies and past and present employers), and for investigative consumer reports, from personal interviews with your associates, friends and neighbors. Such inquiries may request information regarding instances of harassment, violence, theft or fraud. You have the right to request more information about the nature and scope of an investigative consumer report, if any, by contacting Private Eyes, Inc. at 190 W Wiget Lane, Suite 220, Walnut Creek, CA 94598.

STATE SPECIFIC NOTICES

If you live or work for the Company in any of the states listed below, please note the following:

CONNECTICUT: The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include to assess whether a candidate is qualified for certain positions. You may request more information by contacting the Company.

CALIFORNIA: You have a right to view the file that Private Eyes, Inc. has with your information, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by mail. You also may ask for a file-summary by telephone. Private Eyes, Inc. can answer questions about information in your file including any coded information. If you come to their offices in person, another person can join you, so long as that person can show proper identification. The Company will only obtain and use information about your credit history information only as allowed by applicable state law. You may request more information by contacting the Company.

MAINE: If you contact the Company, you have the right to know within 5 business days whether the Company ordered an investigative consumer report about you, and if so, also to the address and telephone number of the nearest office for Private Eyes, Inc. You have the right to ask Private Eyes, Inc. for a copy of any such report and to promptly receive the copy from Private Eyes, Inc.

MARYLAND: The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include to assess whether a candidate is qualified for certain positions. You may request more information by contacting the Company.

MASSACHUSETTS: If you contact the Company, you have the right to know whether the Company ordered an investigative consumer report about you. You also have the right to ask Private Eyes, Inc. for a copy of any such report.
MINNESOTA: You have the right in most circumstances to submit a written request to Private Eyes, Inc. for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. Private Eyes, Inc. must provide you with this disclosure within 5 days after its receipt of your request or the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to Private Eyes, Inc. for a copy of any investigative consumer report the Company ordered about you.

NEW YORK: If you contact the Company, you have the right to know whether the Company ordered a consumer report or investigative consumer report about you. Shown above is the address and telephone number for Private Eyes, Inc. You have the right to contact Private Eyes, Inc. to inspect or receive a copy of any such report. A copy of Article 23-A of the Correction Law is provided below.

OREGON: The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include to assess whether a candidate is qualified for certain positions. You may request more information by contacting the Company.

WASHINGTON STATE: If you submit a written request to the Company, you have the right to a complete and accurate disclosure of the nature and scope of any investigative consumer report the Company ordered about you. You are entitled to this disclosure within 5 days after the date your request is received or we ordered the report, whichever is later. You also have the right to request a written summary of your rights under the Washington Fair Credit Reporting Act. The Company will only obtain and use information about your credit history information for employment purposes if the information is substantially job-related within the meaning of applicable state law. These purposes include to assess whether a candidate is qualified for certain positions. You may request more information by contacting the Company.

BACKGROUND CHECK AUTHORIZATION

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background check, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background checks, including investigative consumer reports, during my employment without asking me for my authorization again, as allowed by law.

I also authorize all of the following to disclose to Private Eyes, Inc. and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; the Department of Transportation, the military and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to Private Eyes, Inc. and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses, and may include inquiries regarding workers’ compensation, harassment, violence, theft or fraud.

I agree that, as allowed by law, the Company may rely on this authorization to order background checks from companies other than Private Eyes, Inc. without asking me for my authorization again. I also agree that a copy of this form is valid like the signed original.

I promise that all of my personal information on this form is true and correct and understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.
Last Name __________________________________________ First ___________________ Middle ___
Maiden Names ____________________________________________ Years Used ________
Other Names _____________________________________________ Years Used _________

SOCIAL SECURITY NUMBER ____________________________________________

DRIVER’S LICENSE NUMBER __________________________________________ STATE __

OTHER DRIVER’S LICENSES HELD IN PAST 5 YEARS (INCLUDE STATES)
_________________________________________________________________________

For Identification Purposes Only: DATE OF BIRTH ___/___/____ (MONTH/DAY/YEAR)

Present Street Address _______________________________________________________

CITY/STATE/ZIP ___________________________________________________________________

RESIDENTIAL ADDRESSES WITHIN SEVEN YEARS (USE A SEPARATE SHEET AS NEEDED)

Prior Street Address __________________________________________________________

CITY/STATE/ZIP __________________________________________________________________

FROM ___/___/____ (MONTH/DAY/YEAR) TO ___/___/____ (MONTH/DAY/YEAR)

Prior Street Address __________________________________________________________

CITY/STATE/ZIP __________________________________________________________________

FROM ___/___/____ (MONTH/DAY/YEAR) TO ___/___/____ (MONTH/DAY/YEAR)

SIGNATURE ___________________________ DATE: (MONTH/DAY/YEAR)

IF YOU LIVE OR WORK FOR THE COMPANY IN CALIFORNIA, MINNESOTA OR OKLAHOMA: CHECK
THIS BOX IF YOU WOULD LIKE A FREE COPY OF YOUR BACKGROUND CHECK REPORT: ☐

Client Account Number: 721100 Olathe Medical Center-Medical Staff