

# Magna Surgical Center

## Medical Staff File Assembly : Dr. \_\_\_\_\_

Physician	Facility	<b>Side 1 (top to bottom) (most recent forms always on top)</b>
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- |                          |                          |                             |
|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> |                          | Facility Privilege Form     |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Hospital Privileges |

Physician	Facility	<b>Side 2 (top to bottom) (most recent forms always on top)</b>
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- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> |                          | Photo ID (drivers license or passport)                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Illinois Physician License                                |
|                          | <input type="checkbox"/> | Illinois Physician Online License Verification            |
| <input type="checkbox"/> | <input type="checkbox"/> | Illinois Controlled Substance License                     |
|                          | <input type="checkbox"/> | Illinois Controlled Substance Online License Verification |
| <input type="checkbox"/> |                          | Federal DEA License                                       |
|                          | <input type="checkbox"/> | Federal DEA License Online Validation                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Malpractice Insurance Certificate (current)               |
| <input type="checkbox"/> |                          | ACLS / BLS / PALS Certificates (If Applicable)            |

Physician	Facility	<b>Side 3 (top to bottom)</b>
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- |                          |                          |  |
|--------------------------|--------------------------|--|
|                          | <input type="checkbox"/> | Initial Board Appointment Letter   |
|                          | <input type="checkbox"/> | Initial Board Signature Form   |
| <input type="checkbox"/> |                          | IDPH Initial Credentialing Application to Medical Staff                                      |
| <input type="checkbox"/> |                          | Curriculum Vitae   |
| <input type="checkbox"/> |                          | Diplomas/Certificates (medical school, internship, residency, fellowship, board certificate) |
| <input type="checkbox"/> |                          | CME Credits (optional)   |
| <input type="checkbox"/> |                          | Other miscellaneous information received with application                                    |
| <input type="checkbox"/> |                          | Acknowledgement and Release from Liability   |
| <input type="checkbox"/> |                          | Applicant Agreement  |
| <input type="checkbox"/> |                          | Consent & Release of Insurance Information   |
| <input type="checkbox"/> |                          | Initial Supplemental Information Form  |

Physician	Facility	<b>Side 4 (top to bottom)</b>
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- |                          |                          |  |
|--------------------------|--------------------------|--|
|                          | <input type="checkbox"/> | AMA Profile - <a href="https://profiles.ama-assn.org/amaprofiles/">https://profiles.ama-assn.org/amaprofiles/</a> or Primary Source Verification |
|                          | <input type="checkbox"/> | NPDB Query - <a href="https://www.npdb-hipdb.hrsa.gov/">https://www.npdb-hipdb.hrsa.gov/</a>   |
|                          | <input type="checkbox"/> | OIG Report - <a href="http://exclusions.oig.hhs.gov/">http://exclusions.oig.hhs.gov/</a>   |
|                          | <input type="checkbox"/> | Fellowship, residency, internship, board certificate verifications, if applicable  |
|                          | <input type="checkbox"/> | Hospital Verifications (1 minimum)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Professional Recommendations (2 minimum)   |

Database profile created SIS Entry done and up to date