



To:

From: Linda Tierney
Credentials Specialist
Medical Staff Office
Office: 410-535-8242
Fax: 410-535-8243
linda.tierney@calverthealthmed.org

Date:

Dear Applicant:

Thank you for requesting privileges and/or Medical Staff membership at CalvertHealth Medical Center. The items below will be needed to complete your application:

FORMS & DOCUMENTS

- **Maryland Uniform Credentialing Application** - This is the application used in the State of Maryland. Please fill out the complete application. Be cautious with yes and not questions. Review these questions closely. You are signing that responses are accurate and true.
- **Addendum page:** This is the CalvertHealth specific hospital addendum. Please complete the supplemental application. Each hospital has its own supplemental form in addition to the standard Maryland Uniform Credentialing Application.
- **Your CV** (curriculum vitae)
- **Photo:** A color copy of your driver's license (or a black & white good-quality copy) AND a current passport size picture.
- **Privileges:** Completion of Delineation of Privileges [checked off and signed]
- **Application Fee:** \$350.00. The application fee is made payable to CalvertHealth Medical Center (If you have provided us with the \$ 100 pre-application fee already, reduce the total fee.)
- **Authorization/Release:** Sign & date.

INFORMATION NEEDED:

- **Affiliations:** When filling out the application, please note that we must have All hospital affiliations w/status & dates since medical school; please include fax numbers or email contacts to allow a smooth verification process.
- **Insurance to show:** Name, address, fax number, policy number for current & all previous liability insurance carriers. We must obtain claim histories from them.
- **History:** A summary of your claim's history, if applicable [written by you]
- **Claims:** A claims history for the past 10 years from your prior and current insurance carriers. If you can initiate the request when you apply, the process moves faster.
- **Criminal Background Check:** For the completion of a Criminal Records & Background Check, a Release Authorization and Disclosure is required for initial application and with cause.
- **NPI Number** Please include your NPI number for our records.
- **References:** Complete names, titles, addresses, places of employment, & fax numbers (one reference must be a recent Dept. Chair or Program Director). All others must be **CURRENT** references. **Peer References** are MD to MD, NP to NP and should be in the same category.
- **Start Date:** Please note your anticipated start date on Addendum to Application.



CalvertHealth™
Medical Center

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CalvertHealthMedicine.org

COPIES OF:

- **CDS License:** A copy of your Maryland CDS License
- **DEA License** with your Maryland practice address.
- **Maryland State License:** A copy of your Maryland State License.
- **Certifications:** A copy of all current certifications including BLS/ACLS
- **Citizenship:** Please provide proof of U.S. Citizenship if born outside of the United States.
- **ECFMG Certificate:** A copy, if applicable.
- **Insurance:** A copy of your liability insurance certificate; minimum coverage \$1M/\$3M, listing CalvertHealth Medical Center as certificate holder and Entity Coverage.
- **Procedure Logs:** Procedure logs for the past two years.

HEALTH:

- **Drug Screening:** An 11-panel urine drug screen may be completed at our Calvert Health Outpatient Lab. Please ask Medical Staff Office for correct form to use. If completing off-site, please inform the medical staff office so that the proper channels can be set up.
- **Hepatitis B information:** Hepatitis B Vaccine information sheet, and Consent or Declination Form/Waiver.
- **Immunization Records:** A copy of your complete immunization records or titers, including MMR, Varicella, Hep B, Flu Vaccine and COVID-19 Vaccination card.
- **Tuberculosis Surveillance:** We require 2 negative skin tests for TB within the last year, one of which must be done in the last 30 days or a negative blood test for TB. If you had a positive skin test, you need to have a confirmatory TB blood test. If the blood test for TB is negative, we accept the negative test. If the blood test is positive, you must have a chest x-ray read as negative for active TB taken and read in the last 6 months to start. A chest x-ray must be done additionally for anyone who has tested positive for TB NOT as an alternate test. We must have base line TB status at the time of starting. The chest X-ray is NOT a diagnostic test for TB. The chest x-ray does not diagnose if TB is detected in someone's body, only if they have active symptoms of TB.

Please contact us for any questions that arise!