

CalvertHealth Medical Center 100 Hospital Road

Prince Frederick, MD 20678

410.535.4000 301.855.1012 410.535.5630 TDD

CalvertHealthMedicine.org

From: Linda Tierney

Credentials Specialist Medical Staff Office Office: 410-535-8242 Fax: 410-535-8243

linda.tierney@calverthealthmed.org

Date:

To:

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

New Applicant

- 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 it's 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 claims 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.



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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.

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. If you would like to have your drug screening completed off-site, please let us know as our Employee Health Dept. will need to be notified.

Hepatitis B information: Hepatitis B Vaccine information sheet, and Consent or Declination Form/Waiver

Immunization Records: A copy of your complete immunization records, including MMRV, Flu Vaccine, and COVID Vaccinations or a copy of your titers.

Tuberculosis Surveillance: Screening for TB in previously TB skin test negative recipients is done at time of hire and annually for Emergency Medicine and Pulmonology. Please submit a QF Gold Test that has been completed within the past 30 days. A positive QuantiFERON-TB Gold blood test will trigger a chest x-ray, unless documentation of a clear chest x-ray in prior 6 months.

Please contact us for any questions that arise!