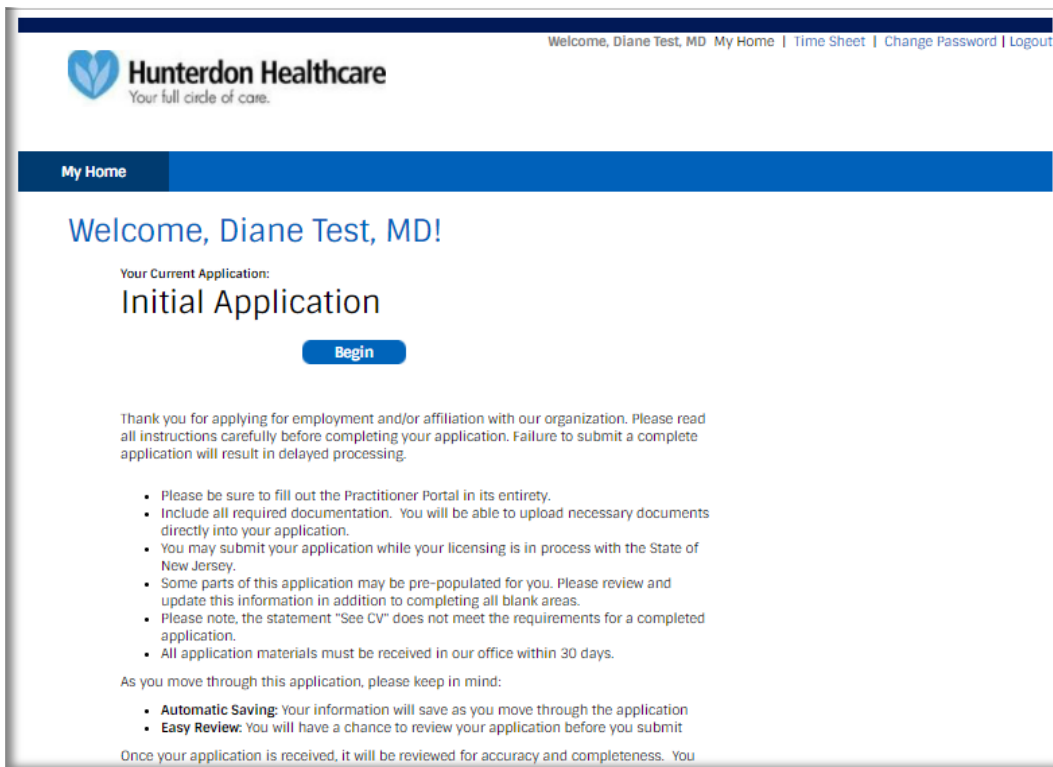


## Initial Application Guide for Practitioners

- You will receive two emails - One titled: “Portal Invite Password - Hunterdon Healthcare Reappointment Application” and the other titled, “Hunterdon Healthcare Reappointment Application Access Information-Link Enclosed” from a Morrissey email address (e.g. [mtorkelson@morrisseyhosting.com](mailto:mtorkelson@morrisseyhosting.com))
- Use the [link](#) in the email to access your application, copy and paste the password, then click **Submit**. You will be required to reset your password to something you choose.



- At the Welcome screen, click the blue **Begin** button to start your online application process.



- You will work through each section across the top, by reviewing and updating each **subsection** (see red box below, as an example) that appears on the left-hand side of the screen.

**HELPFUL TIPS!**

- Completing the online application may take up to 60 minutes, so plan accordingly.
- If you are unable to complete the online application at one time, you may logout of the portal and resume updating your application later. You may login again using the portal link in your email. Remember to use your NEW password that you initially reset.
- The program will time out after 15 minutes if not in use.** If you step away and your session times out, close out the tab and close out your browser (Google, Chrome, Internet Explorer, etc.), then try to access the link again from your email. Remember to use your NEW password that you initially reset.
- If you are experience problems logging in, please try using a different browser, reboot your device, or try accessing the link from another device before calling for assistance.
- If you receive an error message on any screen, please take a screenshot and send it to the Medical Staff Office at [mtorkelson@hhsnj.org](mailto:mtorkelson@hhsnj.org). We will assess the issue and try to get it resolved as quickly as possible.

**IMPORTANT!**

- Enter all dates in MM/DD/YYYY format.
- Use all available dropdowns when adding a new office, university, training program, hospital, board or insurance company record.
- Complete all available fields, as applicable.
- Have access to a printer and scanner, since some documents will need to be printed, completed, and then uploaded.

If you need assistance or have questions during your reappointment application process, please call Marie Torkelson at 908-237-4121.

If you need instruction on any specific area, you may use the Table of Contents below to be immediately directed to a specific section.

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# Basic Information

## Appointment Request

- This displays your current status with HMC.
- For APPs, you must add your Supervising/Collaborating/Employer Physician Name, Primary Specialty, and Status.
- If you identify an error, click on the dropdown caret on the far-right to expand details and make any corrections.
- Click on the **Save and Continue** button, and you will automatically advance to the next subsection.

Welcome, Diane Test | [My Home](#) | [Time Sheet](#) | [Summary Report](#) | [Logout](#)

**Hunterdon Healthcare**  
Your full circle of care.

**Basic Information** | Education and Training | Work Background | Attestations | Privileges | Documents | Review and Submit

**Appointment Request**

**Appointment Request**  
Vital & Contact  
CAQH  
Credentialing Contact  
Aliases  
Languages  
Current Practice Locations  
Contacts

Staff Category: Applicant  
Department: Emergency Medicine  
Specialty: Nurse Practitioner

Have you previously applied for HMC Privileges \*  Yes  No

**If Applying as Advanced Practice Professional, please complete below:**

Supervising/Collaborating/Employer Physician Name	Physician name, degree	Specialty	Primary specialty	Medical Staff Status at HMC	Active
Supervising/Collaborating/Employer Physician Name		Specialty		Medical Staff Status at HMC	
Supervising/Collaborating/Employer Physician Name		Specialty		Medical Staff Status at HMC	

**Save and Continue**

\* Indicates a required field

## Vital and Contact

- You must complete all required fields, as indicated by the red asterisk.
- Correct any pre-populated fields that are inaccurate or have changed.
- Click **Save and Continue** to advance to the next subsection.

Welcome, Diane Test | My Home | Time Sheet | Summary Report | Logout

**Hunterdon Healthcare**  
Your full circle of care.

Basic Information | Education and Training | Work Background | Attestations | Privileges | Documents | Review and Submit

**Vital & Contact**  
Your basic information below.

Appointment Request  
Vital & Contact  
CAQH  
Credentialing Contact  
Aliases  
Languages  
Current Practice Locations  
Contacts

**Save and Continue**

\* Indicates a required field

First Name \* Diane Middle initial M Last Name \* Test

Suffix (Jr. III) Degree \* MD

Date of birth \* 1/1/1968 Gender \* Female

**Home Address:**

Street Address \* 1 Fun Blvd Address 2 Apt 203

City \* Flemington State \* NJ Zip \* 02010 County

**Personal Information:**

Home Phone (616)555-1212 Cell Phone \* (616)888-1212

Alternate Cell Phone Fax Pager

Birth City \* Grand Rapids Birth State \* MI Birth Country \* United States

Social Security Number \* 000-00-0000

Email address \* dianestpierre@hhsnj.org

Marital Status Married Spouse Name (if applicable) Troy

Ethnicity Citizenship \* US

Are you a US citizen? \*  Yes  No

## CAQH

- Check the applicable box regarding a CAQH account. If Yes, you will be asked to provide information.

Welcome, Diane Test | My Home | Time Sheet | Summary Report | Logout

**Hunterdon Healthcare**  
Your full circle of care.

Basic Information | Education and Training | Work Background | Attestations | Privileges | Documents | Review and Submit

**CAQH**

Appointment Request  
Vital & Contact  
CAQH  
Credentialing Contact  
Aliases  
Languages  
Current Practice Locations  
Contacts

**Save and Continue**

\* Indicates a required field

Do you have a CAQH Number? Yes  No  Pending

Welcome, Diane Test [My Home](#) | [Time Sheet](#) | [Summary Report](#) | [Logout](#)

**Basic Information** | Education and Training | Work Background | Attestations | Privileges | Documents | Review and Submit

Appointment Request  
 Vital & Contact  
**CAQH**  
 Credentialing Contact  
 Aliases  
 Languages  
 Current Practice Locations  
 Contacts

### CAQH

Do you have a CAQH Number? Yes  No  Pending

CAQH Number \*

Is your CAQH profile current with Hunderton-affiliated practice data? \*  Yes  No

What is date of last attestation? \*

[Save and Continue](#)

\* Indicates a required field

- Click **Save and Continue** to advance to the next subsection.

## Credentialing Contact

- You must complete all required fields, as indicated by the red asterisk.
- Include other information as available.
- Click **Save and Continue** to advance to the next subsection.

Welcome, Diane Test [My Home](#) | [Time Sheet](#) | [Summary Report](#) | [Logout](#)

**Basic Information** | Education and Training | Work Background | Attestations | Privileges | Documents | Review and Submit

Appointment Request  
 Vital & Contact  
 CAQH  
**Credentialing Contact**  
 Aliases  
 Languages  
 Current Practice Locations  
 Contacts

### Credentialing Contact

Provide the name and contact information of your practice credentialing representation who will serve as our primary contact throughout the application process.

[Save and Continue](#)

\* Indicates a required field

Name \*

Address  Address 2

City  State  Zip

Phone \*  Fax

Email \*

## Aliases

- If you have been known by any other name(s) professionally, click the **Add an Alias** to add this information.

Welcome, Diane Test | [My Home](#) | [Time Sheet](#) | [Summary Report](#) | [Logout](#)

**Hunterdon Healthcare**  
Your full circle of care.

**Basic Information** | Education and Training | Work Background | Attestations | Privileges | Documents | Review and Submit

- ✓ Appointment Request
- ✓ Vital & Contact
- ✓ CAQH
- ✓ Credentialing Contact
- Aliases
- Languages
- Current Practice
- Locations
- Contacts

### Aliases

Other Name(s) (by which you have been known professionally)

[Save and Continue](#)

[Add an Alias](#)

### Aliases

Other Name(s) (by which you have been known professionally)

[Save and Continue](#)

[Cancel](#)

\* Indicates a required field

Alias Type \*

First Name \*  Middle name  Last name \*

Suffix

Start Date  End Date

- Click **Save and Continue** to add another record, or to click **Save and Continue** to advance to the next subsection.

### Aliases

Other Name(s) (by which you have been known professionally)

[Save and Continue](#)

Other, Diane Bellamy ✓ ▾

[Add an Alias](#)

## Languages

- If you speak, read, or write in a language other than English, click on **Add a Language**.
- You will be directed to another screen to select a language from the dropdown, and to check your working-level proficiency to read, write, and speak.
- Click on **Save and Continue** to advance to the next subsection.

The screenshot shows the Hunterdon Healthcare portal interface. At the top, there is a navigation bar with the logo and the text "Your full circle of care." Below this is a progress bar with seven steps: Basic Information (selected), Education and Training, Work Background, Attestations, Privileges, Documents, and Review and Submit. On the left side, there is a sidebar menu with items: Appointment Request, Vital & Contact, CAQH, Credentialing Contact, Aliases, Languages (selected), Current Practice Locations, and Contacts. The main content area is titled "Languages" and contains the instruction "Please specify all languages that you can claim working-level proficiency." There are two buttons: "Save and Continue" and "Add a Language".

The screenshot shows the "Languages" form. It includes the instruction "Please specify all languages that you can claim working-level proficiency." and a "Save and Continue" button. Below the instruction, there is a dropdown menu for "Language" with "Spanish" selected. Underneath, there are three checkboxes: "Read" (checked), "Write" (checked), and "Speak" (checked). A red asterisk indicates a required field, with a "Cancel" link nearby.

## Current Hunterdon Practice Locations

- This displays your current practice locations with HMC, if any records have previously been added.

The screenshot shows the "Current Hunterdon Practice Locations" form. It includes the instruction "Please add all office locations where you work." and a "Save and Continue" button. Below the instruction, there is a text input field with the placeholder "To search, enter n= in the Practice Location Lookup." A dropdown menu shows a selected location: "Hunterdon Internal Medicine Associates, 6 Sand Hill Road, Suite 201, Flemington, NJ, (908) 782-8019". Below the dropdown, there are two buttons: "Add Primary Location" and "Add a Practice Location". A link below the buttons reads "I do not have a primary location".



- Click on **Add Primary Location** to add a new PRIMARY location.

Welcome, Diane Test [My Home](#) | [Time Sheet](#) | [Summary Report](#) | [Logout](#)

**Hunterdon Healthcare**  
Your full circle of care.

Basic Information | Education and Training | Work Background | Attestations | Privileges | Documents | Review and Submit

Appointment Request  
 Vital & Contact  
 CAQH  
 Credentialing Contact  
 Aliases  
 Languages  
 Current Practice Locations  
 Contacts

**Current Practice Locations**  
Please add all office locations where you work.

[Save and Continue](#)

[Add Primary Location](#) [Add a Practice Location](#)

[I do not have a primary location](#)

**HELPFUL TIP!**

- To search for your Practice Office record, try the following by typing into the Practice Office Lookup field:
  - N= (search by name)
  - P= (search by phone)
  - C= (search by city)
- Select the appropriate record and some information will automatically populate.

**Current Practice Locations**  
Please add all office locations where you work.

[Save and Continue](#)  
[Cancel](#)

\* Indicates a required field

To search, type in first letter and wait for text to appear

Practice Location Lookup  [i](#)

Practice Location

Address  Address 2

City, State, Zip    County

Phone  Fax  Answering service


- Complete all other information as applicable. See all screen shots below for guidance.
- Be sure the Primary check box is marked, and also click the **Mailing** check box for your Primary Practice.

### Current Practice Locations

Please add all office locations where you work.

[Save and Continue](#)  
[Cancel](#)  
*\* Indicates a required field*

**To search, type in first letter and wait for text to appear**

Practice Location Lookup  

Practice Location

Address  Address 2

City, State, Zip    County

Phone  Fax  Answering service

Email address

Practice Website

Group NPI Number

Participation Status Applying for  Legal identity

From Date  Thru Date

Primary  Secondary  Billing  Mailing

Campus

Percentage of Time Spent as Primary Care  as Specialist  as Other

List physician(s) in your practice:

**List physician(s) in your practice:**

Physician Name  Specialty

Physician Name  Specialty

Physician Name  Specialty

Physician Name  Specialty

**List Nurse Practitioners, Midwives and Physician Assistants in your practice:**

Name  License Number

Name  License Number

Name  License Number

Name  License Number

**Languages Spoken in addition to English**

by Physicians  by Staff

Interpreter(s) available  Electronic Billing Capacity

24 Hour Phone Coverage Available  Meet ADA Accessibility Standards

Accessible to Public Transportation  Provide Inpatient Care

Accepts New Patients  Have Medicare Certification

Accept Medicare Assignment  Accept New Patients from Physician Referral Only

Employ Advanced Practice Professionals

[Save and Continue](#)  
[Cancel](#)

List physician(s) who will provide cross coverage when you are not available:

Name  Specialty

Address (Complete Address, City, State, Zip)  Phone

Name  Specialty

Address (Complete Address, City, State, Zip)  Phone

Name  Specialty

Address (Complete Address, City, State, Zip)  Phone

**Save and Continue**  
[Cancel](#)

**Office Contacts**

[Add Office Contacts](#)

First Name  Last Name

Phone  Fax

Email

**Tax ID**

Include a list of Tax ID's for each Practice location.

[Add Tax ID](#)

Tax ID \*

Legal Name

From Date  Thru Date

**Practice Location Hours**

[Add Practice Location Hours](#)

Day of week  Start Time  End Time

- Click on the **Save and Continue** button when you have added a location from the Practice Office Lookup dropdown and completed all areas.
- If applicable, click on **Add a Practice Location** to add a new SECONDARY location. Click on the **Save and Continue** button when you have added a location from the Practice Office Lookup dropdown and added an Office Contact, if applicable.
- Otherwise, just click on the **Save and Continue** button, and you will automatically advance to the next subsection.

**Contacts**

- If you wish to add a professional contact for emergency or other reasons, click on **Add New Contact** and complete all required fields, then click the **Save and Continue** button.
- Otherwise, just click on the **Save and Continue** button, and you will automatically advance to the next subsection.

**Contacts**  
Please add all professional contacts that you would like to list for emergency or other reasons.

**Save and Continue**

**Add New Contact**

# Education and Training

## Medical School & Professional Education

- Click **Continue** to begin this section.

Welcome, Diane Test | [My Home](#) | [Time Sheet](#) | [Summary Report](#) | [Logout](#)

**Hunterdon Healthcare**  
Your full circle of care.

Basic Information | **Education and Training** | Work Background | Attestations | Privileges | Documents | Review and Submit

**Education and Training**

This section has **2 parts**. Here's the key information you will need to complete this section:

- Medical education and training
- Board certification

[Continue](#)

- Click on **Add a Professional Education** or **Add a University, Internship or other** to add a new education or training record.

**Medical School & Professional Education**

Please be sure to address all levels of education and training requested in this area of the application. A non-applicability response is provided for each question and should be used to move through areas that do not apply to your education and training history. Please avoid any omissions in your education and training history as this may delay the credentialing process.

Please refer to the minimum requirements for education and training for applicants to the staff.

Advanced Practice Professional Staff: At a minimum, provide information for professional and/or graduate education.

Medical Staff: At a minimum, provide information for medical school and residency. If you have completed internships and/or fellowships, this information must also be included.

[Save and Continue](#)

[Add Professional Education](#)

[Add a University, Internship, or other](#)

[Professional Education not Applicable](#)

- Select the appropriate type of education or training from the dropdown.

\* Indicates a required field

Type of education or training \*

To search, type in first letter

University Lookup

University \*

Address  Address 2

City  Zip

Country

Phone  Fax

Email

From Date  Thru Date

Program Director

Did you successfully complete this program? \*  Yes  No

[Cancel](#)

- Search for the correct university. There may be multiple record options with the same name, address, or even phone number.
- To search by name, type in % then part of the name. (see example below).
- To search by address, type in a= then the street address.
- To search by city, type in c= then the city.
- To search by phone number, type in p=(area code) 000-0000. Try with and without a space after the area code.

To search, type in first letter and wait for text to appear

University Lookup

University \*

Address

City

Country

Phone

Email

[Cancel](#)

- Complete all remaining fields and use the correct MM/DD/YYYY format for all dates.

Email   
 From Date  Thru Date   
 Program Director   
 Did you successfully complete this program? \*  Yes  No

- Click on the **Save and Continue** button when you have added a record, and continue to add records as applicable.

## Board Certification

**Medical School & Professional Education**  
 Board Certification

**Board Certification**  
 Please provide information about your board specialty(s)

[Save and Continue](#)  
[Add a Specialty](#)

- Click on the **Add a Specialty** button to display a new screen.
- Type: Select Board Specialties from the dropdown.
- Specialty Name: Enter the specialty name.
- Board Name: Select appropriate board from the dropdown. Use % to search by text. (see below)
- Complete all other required and applicable fields, then click the **Save and Continue** button.

**Board Certification**  
 Please provide information about your board specialty(s)

[Save and Continue](#)  
[Cancel](#)  
 \* Indicates a required field

Type \*   
 Specialty Name \*   
 Board Name   
 Date Certified   
 Primary   
 Board Qualified   
 If board certification has not been obtained in the specialty which you practice and you are not currently practicing in the specialty, Submit a letter from the specialty board certifying you are eligible to practice in the specialty.  
 Specialty Practice

# Work Background

- Click the **Continue** button to begin working through the subsections.

**Work Background**

This section has 6 parts. Here's the key information you will need to complete this section:

- License and ID numbers
- Affiliations and prior work experience
- Previous employment information
- References
- Malpractice insurance
- Supervising and Collaborating Physicians

**Continue**

# Licensure Information

- Click on the **Add State License** button or **Add a License or ID Number** as appropriate. Complete all available fields, then click the **Save and Continue** button.
- Continue this process through each License or ID Number. If an item is not applicable or pending, click on the link below the gray **Add** button.
- IMPORTANT!** If you add a license or other certification, remember to upload a copy of the document at the end of this application process.
- After you have added all applicable licenses and ID numbers, click **Save and Continue** to direct you to the next subsection.

**Licensure Information**

NOTE: In the end of the application, ATTACH COPIES of:

- 1) New Jersey medical license;
- 2) All additional active state medical licenses;
- 3) All current Federal DEA Registration(s) for each location where controlled substances are administered and/or dispensed;
- 4) New Jersey CDS Registration
- 5) Current BLS/ACLS/ATLS/PALS/Other certification(s)
- 6) Medicaid ID Number (if applicable)

Please acknowledge the question(s) below. e.g, either Add Medicare Number or Click "I do not have a Medicare Number"

**Save and Continue**

Add State License      Add a License or ID Number

## Hospital Affiliations

- Click on the **Add an Affiliation** button. Complete all available fields, then click the **Save and Continue** button.
- Click on the **Save and Continue** button, and you will automatically advance to the next subsection.

**Hospital Affiliations**  
Please add any current or prior hospital affiliations in the past 3 years. If you do not have any current affiliations, please check at the bottom of the page

Current Hospital Affiliations, Hunterdon Medical Center Hunterdon Healthcare, 2100 Wescott Drive, Flemington, NJ

Prior Hospital affiliations, Tampa General Hospital (Florida), Davis Islands, Tampa, FL

**Save and Continue**

**Add an Affiliation**

- Organization Lookup: To search for a hospital record, try the following to locate the correct record.
  - To search by name, type in % then part of the name. (see example below).
  - To search by address, type in a= then the street address.
  - To search by city, type in c= then the city.

**Hospital Affiliations**  
Please add your current or prior hospital affiliations

**Save and Continue**  
[Cancel](#)  
\* Indicates a required field

Current or Prior \*

To search, type in first letter and wait for text to appear

Organization Lookup

Organization Name \*  
RWJ Barnabas at Jersey City (New Jersey): 265 Grand Street, Jersey City, NJ  
RWJ Barnabas Health at Bayonne: 519 Broadway 24th St., Bayonne, NJ  
RWJ University Hospital New Brunswick (New Jersey): One Robert Wood Johnson Place, P.O....  
RWJ University Hospital Rahway: 865 Stone St., Rahway, NJ  
RWJ University Hospital Somerset (New Jersey): 110 Rehill Avenue, Somerville, NJ  
RWJ University Hospital-Hamilton (New Jersey): One Hamilton Health Place, Hamilton, NJ

Address

City

From Date  Thru Date

Status

Contact Name

Phone  Fax Number

Affiliation  - OR - Professional Practice Affiliation

## Professional Societies

- This information is requested but not required.
- Click on the **Save and Continue** button, and you will automatically advance to the next subsection.

**Professional Societies**

**Save and Continue**

\* Indicates a required field

Name of Society

Date of Membership  Thru



## Employment History

- Click on the **Add a Previous Employment** button.
- Select the applicable Type of Employment from the dropdown.
- Enter all dates in MM/DD/YYYY format and include all contact information.
- Complete all available fields, then click the **Save and Continue** button.
- Click on the **Save and Continue** button, and you will automatically advance to the next subsection.

### Employment History

Please add information regarding your employment history.

[Save and Continue](#)  
[Cancel](#)  
\* Indicates a required field

Type of Employment \*

Company Name \*

Address  Address 2

City  State  Zip

Phone  Fax

Position held

Primary Activity

From Date  Thru Date

Contact Name  Contact Title

Contact Phone  May We Contact? Yes  No

Contact email

## References

- Be sure to identify references based on the requirements listed in the instructions, and have current contact information available.
- Select “Add Reference” to add one peer reference record.
- Complete all required and known fields, then click on the **Save and Continue** button.

### References

List three (3) **professional peer (same degree) references** who have personal knowledge and can evaluate your performance, not including current partners, associates in practice or relatives. At least one (1) **must be the Department Chair or Clinical Director** of your primary admitting facility. New graduates must provide teaching faculty rather than Resident/Fellow peers. Provide current, complete email addresses and phone numbers.

[Save and Continue](#)

[Add a Reference](#)

## References

Advanced Practice Providers: Please provide information for BOTH your Collaborating/Supervising Physician and APP Peer Review contact. Note that a peer is considered a provider with the same degree. Your peer must have direct knowledge of your clinical activities (shared patients in the office and/or inpatient setting, etc.)

Medical Staff Providers: Please provide a one (1) peer reference.

Save  
and  
Continue

[Cancel](#)

\* Indicates a required field

Reference Type

Full Name \*  Title

Degree \*

Address

City  State  Zip

Phone \*  Fax

Email \*

Specialty

## Professional Liability Carriers

- Click on the **Add a Current Insurance** button to add a new record, or click on the link below if you do not have current insurance coverage yet.

### Professional Liability Carriers

Please add any Current or Past insurance carriers.

Save  
and  
Continue

Add a Current Insurance

Add an Insurance  
Carrier

[I do not have a Current  
Insurance](#)

- Insurance Company Lookup: To search for an insurance record, try the following to locate the correct record.
  - To search by name, type in % then part of the name. (see example below).
  - To search by address, type in a= then the street address.
  - To search by city, type in c= then the city.
- Complete all available fields, then click the **Save and Continue** button.
- Click on **Add an Insurance Carrier** to list additional prior insurance records, for the previous 10 years.
- Complete all required and available fields, then click on the **Save and Continue** button, and you will automatically advance to the next section.

# Professional Liability Carriers

Please add any Current or Past insurance carriers.

Save and Continue

[Cancel](#)

\* Indicates a required field

NOTE: ATTACH COPY of current malpractice insurance certificate, which covers you to practice at Hunterden Medical Center (with minimum limits of liability of \$1 and \$3 million)

Insurance Type \*   License Pending

To search, type in first letter and wait for text to appear

Insurance Company Lookup

Insurance Company Name \*

Address  Address 2

City  State  Zip

Policy Number  Type: Occurance  Claims Made

Issued Date  Expiration Date

Retroactive Date

Per incident  Aggregate

## Attestations

- Click the **Continue** button to begin working through the subsections.

Basic Information | Education and Training | Work Background | **Attestations** | Privileges | Documents | Review and Submit

Education, Internship, Residency, Fellowship, Teaching Appointment  
Board Certification  
Licensure  
Affiliations  
Legal Actions  
Insurance  
Health Status  
Business Interest  
Claims History  
Employment (if applicable)  
Continuing Medical Education (CME)  
Immunity Documentation Form  
Healthcare parking registration

**Attestations**

This section has 3 parts. Here's the key information you will need to complete this section:

- Criminal History
- Liability Insurance
- Health Status

[Continue](#)

- Each question is required to be answered and you cannot move forward without responding. If you mark “Yes” to any question, you will be directed to provide additional information.

- Click on the **Save and Continue** button, and you will automatically advance to the next subsection.

## CME Credits or Board Certification/Recertification documentation

- **If board certification or recertification was obtained in the last 24 months:**
  - Respond “Yes” and enter the credit hours earned.
  - Check the box that you will attached a copy of your (re)certification, and enter the (re)certification date.
  - You must upload a copy of your board certification or recertification at the end of the application process.

### Continuing Medical Education (CME)

List below the total CME credit hours for each category earned in the last two years:

Please note: A total of 100 CME Credits is required, 40 must be Category I.

(Board Certification/Recertification obtained within the past 24 months is also acceptable).

Save and Continue

- **If board certification or recertification was NOT obtained in the last 24 months:**
  - Respond “No” and check “I agree”.
  - You must upload a copy of your CME credit hours earned at the end of the application process.

\* Indicates a required field

#### Board Certification:

I have obtained board certification/recertification within the last 24 months and have provided evidence of such with this signed attestation. (Please check Yes/No \*  Yes  No N/A  only one box)

I attest the CME documentation submitted is true and accurate. I understand I may be subject to audit by the Medical Staff for CME documentation

I agree

- Click on the **Save and Continue** button, and you will automatically advance to the next section.

## Privileges

Privileges may be requested online for **most** physician specialties. This option may not be available yet for Gastroenterology, General Surgery, or Advanced Practice Professional privileges.

- For these applicants referenced above, you will print and complete the delineation of privileges form you received by email, then upload it through the portal at the end of this application process.
- Click on the **Continue** button, and you will automatically advance to the next section.

Request Privileges

### Privileges

N/A - This portion of the Reappointment application is not available at this time. Click **Continue**.

**Continue**

For all other physician specialties:

- Click on the **Request Privileges** button on the left.

The screenshot shows a horizontal navigation bar with seven items: Basic Information, Education and Training, Work Background, Attestations, Privileges, Documents, and Review and Submit. The 'Privileges' item is highlighted with a blue background. Below the navigation bar, there is a 'Request Privileges' button on the left, a 'Continue' button on the right, and a central heading 'Privileges' with the instruction: 'Use this section to request privileges. Click **Continue** to begin.'

- This will display the privilege form available to you. Click on the form name, which is a hyperlink, to open the document.

The screenshot shows the 'Request Privileges' form. At the top right is a blue 'Save and Continue' button. Below it, the text 'Not Requesting Privileges' is displayed. The main content area has a light blue background and contains a table with one row:

<a href="#">Allergy and Immunology</a>	Awaiting Action	<input type="checkbox"/>
--	-----------------	--------------------------

**IMPORTANT!** If you are changing your status category to Community Active, you only need to mark the check box and click on Save and Continue.

If you are requesting privileges:

- Review the Instructions.
- Review the Required Qualifications to make sure you meet all criteria.
- Request privileges by selecting the appropriate box(es).
- Scroll to the bottom and click the **Submit** button. This will capture your electronic signature, with the date and time stamp.
- Click on **Save and Continue**.

## Documents

- Click the **Continue** button to begin working through the subsections.

The progress bar shows seven steps: Basic Information, Education and Training, Work Background, Attestations, Privileges, Documents, and Review and Submit. The Documents step is currently active and highlighted in blue. Below the progress bar, the 'Documents' section is detailed.

**Documents**

This section has **2 parts**. You can take the following actions for this section:

- Upload digital images
- Provide acknowledgment and consent to have read required forms

On the left side of the page, there is a sidebar menu with the following items: Upload Documents, Forms and Information, and Third Party Signature Forms. On the right side, there is a blue **Continue** button.

## Upload Documents

- Locate each of the documents listed, scan and save to your computer or device, and upload.



## IMPORTANT!

- CME Credits or Board Certification/Recertification Documentation – Refer to the Attestation/CME instructions in this document to confirm information to upload.
- Health Status Verification – Print this form and have it completed by your personal healthcare provider. Then upload the form that is completed and signed by your practitioner to the portal.
- Supervising Agreement Form – This is applicable for Advanced Practice Nurses only **and must be signed by your supervising physician(s).**
- Generic Collaborative Forms – This is applicable for Physician Assistants only **and must be signed by your collaborating physician(s).**
- Privilege Request - Print and complete the delineation of privileges form you received by email. You may wish to refer to your current privileges granted when you complete the new form.
- Other Supporting Documents – If you stated in your application that you have any new licenses, ID numbers, certifications, or any other professional documents, or you marked “Yes” to any attestation questions, you must print the complete the Claims Information Form you received by email. There is also a form you can print from the Third Party Forms subsection.

## Upload Documents

Please upload any digital images you have to support the requested items.

Save  
and  
Continue

Accepted File extensions are: doc, docx, pdf, rtf, xls, csv, bmp, jpg, jpeg, pjpeg, tif, tiff, html, txt.

CME Credits or Board Certification/Recertification  
Documentation

 UPLOAD

\*Health Status Verification

 UPLOAD


Supervising Agreement Form

 UPLOAD


Generic Collaborative Forms

 UPLOAD

\*Privilege Request

 UPLOAD

Other Supporting Documents

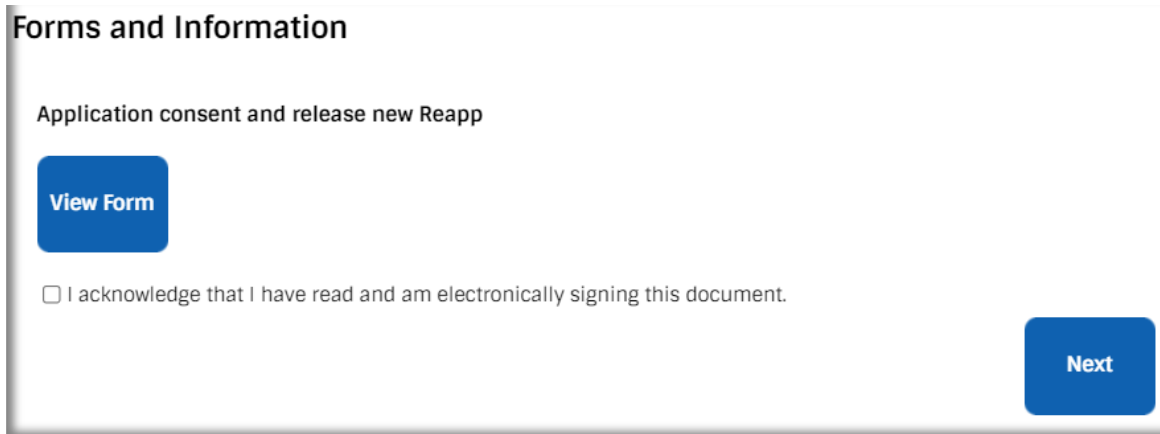
 UPLOAD

## Forms and Information

- The forms in this subsection are reviewed and signed electronically when you complete each step.

### Application Consent and Release

- Click on **View Form** to open the Application consent and release. It may be automatically minimized in your browser, so if the document does not open immediately, look at the bottom left-hand side of your browser and click on the caret to open the document.
- Read the document and check the box to acknowledge you have read the document, then click **Next** to advance to the next document.



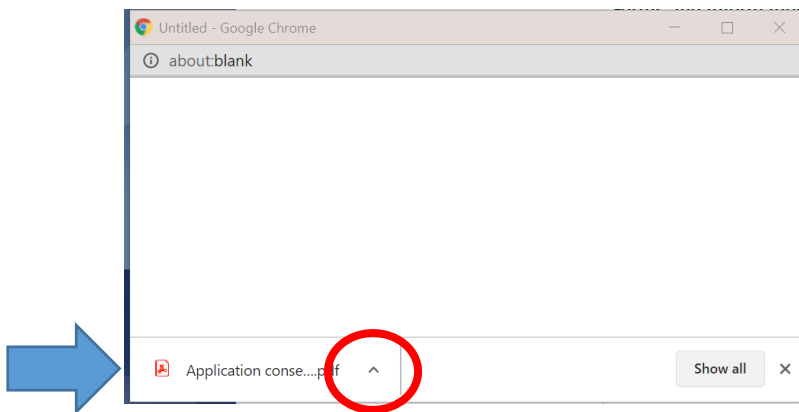
**Forms and Information**

Application consent and release new Reapp

**View Form**

I acknowledge that I have read and am electronically signing this document.

**Next**



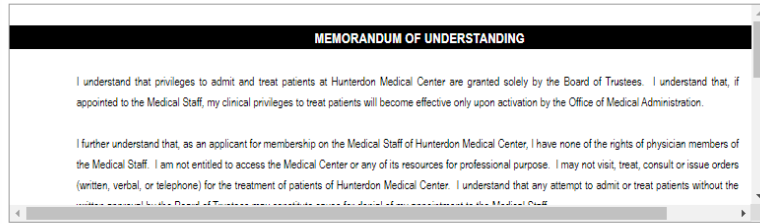
### Memorandum of Understanding

- Use the scroll bar on the right to read the document in its entirety.
- Click on the acknowledgment button, then select **Next**.



## Forms & Information

### Memorandum of understanding



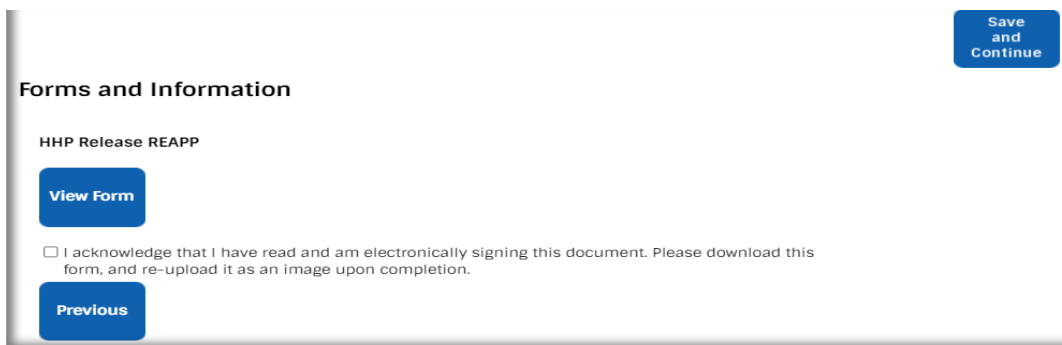
I acknowledge that I have read and am electronically signing this document.

Previous

Next

## All Other Forms

- Click on **View Form** to open each form. It may be automatically minimized in your browser, so if the document does not open immediately, look at the bottom left-hand side of your browser and click on the caret to open the document.
- Read the document and check the box to acknowledge you have read the document, or follow any other instructions, then click **Save and Continue** to advance to the next subsection.



## Third Party Signature Forms

- The forms in this subsection must be printed and **completed by a third party** before uploading them to the portal.
- If you have not already printed the documents from the initial email you received, you must do so here. When you have gotten the appropriate signatures and the forms are complete, you will save them as an image and upload them.

## Health Status Verification

- Click on **View Form** to open the Health Status Verification Effective Sept 2017 Reapp. It may be automatically minimized in your browser, so if the document does not open immediately, look at the bottom left-hand side of your browser and click on the caret to open the document.
- Read the document and check the box to acknowledge you have read the document, then click **Next** to advance to the next document.

## Third Party Signature Forms

These forms need to be downloaded, signed by a third party and reuploaded in the documents section.

### Health Status Verification Effective Sept 2017 Reapp

[View Form](#)

Please download this form, and re-upload it as an image upon completion.

[Next](#)

## Claims Summary Reapp

- Click on **View Form** to open the Claims Summary Reapp. It may be automatically minimized in your browser, so if the document does not open immediately, look at the bottom left-hand side of your browser and click on the caret to open the document.
- **PRINT THIS FORM:**
  - If you marked “No” to the attestation questions regarding a claims history, you must check the box at the bottom of the form, then sign and date.
  - If you marked “Yes” to any of the attestation questions regarding a claims history, you must complete all sections on this form then sign and date.
- Return to the **Upload Documents** subsection to upload the completed form to “Other Supporting Documents”.
- Then return to the Third Party Signature forms, and select **Next** until you return to the Claims Summary document.
- Check the box to attest accuracy, then click **Save and Continue** to advance to the next section.

## Review and Submit

The progress bar shows seven sections: Basic Information, Education and Training, Work Background, Attestations, Privileges, Documents, and Review and Submit. Each section has a blue checkmark below it, indicating completion. The 'Review and Submit' section is highlighted in blue and has a thumbs-up icon above it.

**Submit**

### Review and Submit

When you are ready to submit the entire application, you must make sure that all required fields and documents have been completed. This is indicated by a **blue checkmark** in all the areas of the application.

Click **Continue** when you are ready to submit.

**Continue**

- If necessary, return to any incomplete sections of your application.
- Once each section displays a blue check mark, click the **Continue** button.

## Submit

Completed sections appear with a **blue checkmark**

Please review any areas that do not contain a **blue checkmark** and complete all required fields for that section. The final **Submit** button displays once all sections are complete.

**Click to Submit**

Status: 100% Complete

Basic Information	✓
Education and Training	✓
Work Background	✓
Attestations	✓
Privileges	✓
Documents	✓

- Click the button **Click to Submit**, and you will be redirected to answer a security question.
- Answer the question and click Continue.

**Congratulations!** You may now logout at the top right-hand of your screen. You will receive an email confirming that your application has been submitted.

Welcome, Diane Test | My Home | Time Sheet | Change Password | Logout

**My Home**

## Welcome, Diane Test!

You have no active applications at this time.

Prior submitted applications

Reappointment Application - Processing Submitted: 8/31/2021	▼
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