Hospital Medical/Surgical Facility
PHYSICIAN

FACILITY INFORMATION

Facility name: _____ NHID: _____

Submission date: _____ Requested start date: _____

PERSONAL INFORMATION

First name: _____ Middle name: _____ Last name: _____

Specialty: _____ CPSID: _____

BUSINESS CONTACT INFORMATION

Professional/incorporated name: _____

Address: _____

City: _____ Province: _____

Postal code: _____ Phone number: _____

Email address: _____

HOME CONTACT INFORMATION

Address: _____

City: _____ Province: _____

Postal code: _____ Phone number: _____

Email address: _____

PREFERRED METHOD OF CONTACT

Mailing address: ☐ Business ☐ Home

Email: ☐ Business ☐ Home

Phone: _____

EMERGENCY CONTACT INFORMATION

First name: _____ Last name: _____

Relationship to applicant (optional): _____ Phone number: _____

Notes: _____

APPOINTMENT

Medical staff category requested (at non-hospital facility):

◯ Provisional (new medical staff to first year on staff)

◯ Temporary (defined time period and/or specified number of cases) End date: _____

_____

◯ Letter from health authority attached

◯ N/A

PHYSICIANS WITHOUT HEALTH AUTHORITY PRIVILEGES

Physicians without health authority privileges require a registrant designate to ensure continuity of care (refer to Continuity of Care and Registrant Designate policies for details and exemptions).

◯ Registrant designate form attached

◯ N/A

Physicians without health authority privileges must submit a curriculum vitae that outlines:

Education

1. Post-secondary professional education (institution(s), date(s), degree(s))
2. Internship, residencies, clinical, teaching or research fellowships
3. Specialist qualifications/fellowship/certification by appropriate bodies
4. Other graduate education

Experience

1. Clinical experience
2. Hospital appointments and professional associations
3. Teaching, research, public health, administration experience
4. Other experience (special interests, community involvement, etc.)

Publications

◯ Curriculum vitae attached

◯ N/A

FOR PROCEDURES NOT GENERALLY PERFORMED IN AN ACUTE CARE HOSPITAL

A letter from the applicant detailing:

1. The training undertaken
2. Qualifications
3. Experience with the procedure(s) being requested

◯ Applicant letter attached

◯ N/A

REFERENCES

Nametwo professional refereeswith whom you have worked within the last three years. One must be the head of hospital department or division or senior medical administrator of the organization in which you most recently worked or the program director, if you have recently completed post graduate training.

Applicants requesting privileges/practice activities requiring special skills must include at least one reference specifically addressing recent training and/or experience in these areas.

References must have current knowledge of the individual and their practice. Each referee must complete the Reference for Applicants for Privileges at Non-Hospital Medical/Surgical Facility form.

Additional references may be requested.

Head of hospital department or division/senior medical administrator/program director

Name: _____ Organization: _____

Position: _____ Professional relationship: _____

◯ I have professional liability protection through a policy of professional liability insurance from a BC-licensed company that provides coverage of at least $10 million and extends to all areas of my practice.

2. Have you ever had your health authority, hospital or non-hospital privileges revoked, suspended or restricted in any way, or have you surrendered or altered your privileges as a result of potential revocation, suspension or restriction? ◯ Yes ◯ No

3. Have you ever had any disciplinary actions, complaint investigations, practice reviews, formal reviews, or other proceedings initiated, pending or completed against you by a hospital or non-hospital facility? ◯ Yes ◯ No

4. Have you ever had any disciplinary actions, complaint investigations, practice reviews, formal reviews, or other proceedings initiated, pending or completed against you by the Medical Services Commission or a licensing authority? This does not include the College of Physicians and Surgeons of BC. ◯ Yes ◯ No

5. Have you ever been disciplined or entered into a formal agreement or given a formal undertaking to the Medical Services Commission or a licensing authority, to address a discipline matter, investigation, practice review, formal review or other proceeding? This does not include the College of Physicians and Surgeons of BC. ◯ Yes ◯ No

6. Have you ever had any civil court make a finding against you or have you entered into an out-of-court settlement relevant to your medical practice? ◯ Yes ◯ No

7. Have you ever been charged with a criminal or similar offence? This includes if you have received an absolute or conditional discharge, if the charges were dismissed, stayed, withdrawn, or did not result in a conviction. This also includes charges for which you were granted a pardon. ◯ Yes ◯ No

8. Have you ever been convicted of a criminal or similar offence? ◯ Yes ◯ No

9. Have you ever had a peace bond or restraining order issued against you that is relevant to your medical practice? ◯ Yes ◯ No

If you answered yes to any of the above, please give full details in the space provided below (and on a separate sheet of paper if you require additional space). Answering yes to any of the questions does not necessarily preclude appointment to the medical staff. The non-hospital facility medical director will use this information to assess your ability to deliver appropriate patient care.

APPLICANT ACKNOWLEDGEMENT AND CONSENT

I understand and agree that I have the burden of providing adequate information for the proper evaluation of my professional competence, character, ethics, qualifications, licensure, insurance and other qualifications and for responding to any inquiries about such information to the satisfaction of the non-hospital facility medical director.

I am a registrant in good standing with my professional College.

I agree to:

- abide by the *Code of Ethics and Professionalism* as adopted by my professional College at all times during my
- abide by the Medical Staff Bylaws, Rules and Regulations of the hospital facility medical director.

MEDICAL DIRECTOR DECLARATION AND RECOMMENDATION FOR APPOINTMENT

In signing this document:

- ☐
- ☐
- ☐