

Thank you for your interest in the Allied Health Professional Staff of **Virginia Mason Memorial** (formerly Yakima Valley Memorial Hospital).

At Memorial Hospital we support, encourage and expect unqualified adherence to the following principles:

- Use of the best scientific evidence to guide decision-making and care.
- Treatment of all patients, staff, medical colleagues and members of the public with respect, equanimity, fairness and dignity.
- Full participation in efforts to promote patient safety, including but not limited to: procedural time-outs, use of enhanced communication tools such as SBAR and STAR, leadership and support for 3-way repeat back of all verbal orders.
- Individual accountability for own behavior and interaction with others.
- Participation in ongoing professional performance evaluation of Medical and Clinical Knowledge, Patient Care, Interpersonal Skills and Communication, Practice-Based learning and Improvement, Professionalism, and System-Based Practice.

It is the responsibility of the applicant to provide unrestricted access, as permitted by state and federal law, to any and all information necessary to fully evaluate the applicant's qualifications. All information in the application will be verified through any and all necessary primary sources. All letters of reference will be evaluated and additional information may be requested, as deemed necessary through the credentials evaluation process, pursuant to the unrestricted disclosure requirements stated above. Peer references that prohibit disclosure of information to the applicant will be considered unsatisfactory and incomplete.

The following items will be requested by Medical Staff Services **upon completion of the application:**

1. Release of information allowing Memorial to obtain unrestricted access to complete information from all educational and training institutions applicant has attended, all hospital and outpatient facilities in which applicant has practiced, all applicable medical malpractice insurers who have provided coverage, all applicable state/provincial/etc. licensure and physician quality assurance boards, and all personal and professional references provided by applicant.
2. Current, complete curriculum vitae.
3. Description of practice plans including anticipated utilization of Memorial facilities and types of hospital privileges requested.
4. Documentation of current practice activity if not presently enrolled in a residency program or fellowship. Case logs and pertinent redacted medical records may be required to document proficiency with regard to requested privileges.
5. Proof of satisfactory completion of certified graduate program, as applicable, in the appropriate medical, dental or surgical specialty.
6. Proof of current certification in appropriate specialty. For individuals in the process of obtaining Certification within the timeframe requirements adopted by their specific specialty board, documentation of completion of any partial requirements and proof of registration for additional portions may be required.

7. Proof of Vaccination or Immune Status by Serum Titers and Proof of Free from Tuberculosis as required, refer to the Immunization Policy – Medical/Allied Health.
8. Proof of Federal DEA certification, if applicable.
9. Current Washington professional licensure or copy of application if pending.
10. Current National Practitioner Identifier (NPI) and Taxonomy Code or copy of application if pending.
11. Proof of Professional Liability Insurance or written guarantee of insurability from an acceptable malpractice insurance carrier in the amounts specified by MEMORIAL Board.
12. Completed Washington State Patrol Criminal Background evaluation with no adverse information.
13. Completed World-wide Criminal Background evaluation with no adverse information.
14. Completed National Practitioner Data Bank report evaluation with no adverse information.
15. Fully satisfactory references from three peers in your specialty who have worked with you in the past two years. Letters of reference that include language prohibiting full disclosure to the applicant will be considered unsatisfactory.
16. Signed agreement to abide by the behavioral standards, bylaws, rules and regulations of the Medical Staff.

Processing of credentials will commence upon the receipt of the \$200 application fee. (NOTE: The application fee may be paid by your practice, please confirm prior to sending a personal check). Checks should be made out to "**YVMH Medical Staff**". MEMORIAL agrees to process credentials in a timely manner but can make no guarantees regarding the duration of time necessary to fully and satisfactorily evaluate an applicant's credentials.

An application will be considered incomplete until such time as all required items have been received and have been considered to fully and satisfactorily meet the outlined standards of MEMORIAL Staff membership. Any failure to provide complete information to the satisfaction of the Medical Staff of Memorial Hospital will render the application null and void and no further processing will occur. During the processing of the application to the Medical Staff, should any information contrary to the Memorial Hospital Medical Staff standards of practice and behavior be received, the application will be considered null and void and no further processing will occur.

Please be advised that no privileges may be granted until an application is considered fully and satisfactorily complete and the request for privileges has been approved through the credentialing process of the Memorial Medical Staff.

Please anticipate local residence plans to comply with Memorial patient care response time requirements within your specialty and when "on-call". We encourage applicants to arrange a timely evaluation of local housing to comply with the residence distance/call response time requirements, but would recommend not completing any contractual arrangements until the applicant has been offered privileges at Memorial.

If you believe you are able to meet the criteria as outlined and would like an application, please complete the following and return to Medical Staff Services by FAX or Mail.

Carl R. Olden, MD
Chief Medical Information Officer
Virginia Mason Memorial

Virginia Mason Memorial Allied Health Staff Application Request:

FAX to: 509-575-8775

I have carefully reviewed the requirements as outlined and believe I am able to fully meet the requirements for membership. I agree to abide by the Medical Staff standards of behavior as outlined and the application process as described.

I hereby request an application for membership on the Medical Staff or Allied Health Staff of **Virginia Mason Memorial**. **A copy of my Curriculum Vitae is attached.**


Name (PRINT PLEASE): _____

Specialty/Subspecialty: _____

Mailing Address: _____

Email address: _____

Phone: _____ FAX: _____

 _____
Signature Date

PRACTICE PLANS AND PLANNED UTILIZATION OF VIRGINIA MASON MEMORIAL

Group Practice, Name: _____

Address: _____

Anticipated start date: _____

PLEASE NOTE: Processing of the full application may take up to 60-90 days and the credentialing process is dependent on the practitioner's full disclosure of contact information. The Credentials Committee meets the second Tuesday of every month.

Describe your planned utilization of Virginia Mason Memorial:

My degree is:		ARNP - category
		Ph.D./Ed.D
		Physician Assistant