

# Franciscan Health System

**FHS APPLICATION REQUEST FORM**  
**PLEASE FAX BACK PAGE 1 TO (F) 253-426-6529**

**Please type or print clearly:**

Name: \_\_\_\_\_

Office Address \_\_\_\_\_  
 (Complete address including City and State)

Telephone: \_\_\_\_\_ Fax # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_  
 (All applications are sent electronically unless otherwise specified)

If you do not want your application sent electronically, please provide a complete mailing address:

\_\_\_\_\_

ANTICIPATED START DATE AT FRANCISCAN HEALTH SYSTEM		
FRANCISCAN HEALTH SYSTEM	CHECK <u>ONE</u> PRIMARY CAMPUS	CHECK ALL CAMPUSES where you will be seeing patients
St. Joseph Medical Center		
St. Clare Hospital		
St. Francis Hospital		
St. Anthony Hospital		

CHECK ONE	FRANCISCAN HEALTH SYSTEM APPLICANTS (PLEASE ALLOW 45 TO 90 DAYS TO PROCESS YOUR APPLICATION)
	<b><u>ACTIVE MEDICAL STAFF</u></b> (MD, DO, DDS, DMD, DPM) Refer to the qualifications listed below. There is no Courtesy status.
	<b><u>REFERRING CATEGORY</u></b> (MD, DO, DDS, DMD, DPM) Per the FHS Medical Staff Bylaws: <ul style="list-style-type: none"> <li>Applicable to those who do not meet the eligibility requirements for <u>active staff category</u> and for those who do not seek hospital practice privileges.</li> </ul>
	<b><u>LOCUM TENENS</u></b> * Per FHS Medical Staff Bylaws - 90 Consecutive Days. <ul style="list-style-type: none"> <li>Beginning: _____ Thru: _____</li> <li>Identify Practice/Group with whom you will be providing coverage: _____</li> </ul>
	<b>ALLIED HEALTH</b>
<b>CHECK IF REQUESTING THE EXPEDITE PROCESS</b>	
	<b>EXPEDITE PROCESS</b> – (Additional cost of \$350.00. You must provide a start date)
	• <b>ACTIVE MILITARY DUTY: ATTACH DOCUMENTATION OF APPROVED MOONLIGHTING PRIVILEGES.</b>
	• <b>FOREIGN MEDICAL GRADUATE: PROVIDE COPY OF YOUR ECFMG CERTIFICATE.</b>

**An Application Packet will be sent to you within 2 business days**

---

## Franciscan Health System

---

### **CONDITIONS FOR EACH APPLICANT REQUESTING AN APPLICATION:**

1. Signifies his/her willingness to appear for interviews in regard to his/her application;
2. Authorizes the Hospital(s) to consult with members of the Medical Staff or other hospitals or professional practice setting with which the applicant has been associated and with others who may have information bearing on his/her competence, character and ethical qualifications;
3. Consents to the Hospital's inspection, now and in the future, of all records and documents that may be material to an evaluation of his/her professional qualifications [including, but not limited to, licensing bodies, the National Practitioner Data Bank, Washington State Patrol, educational institutions, and professional liability insurance carrier(s)], and competence to carry out now or in the future the clinical privileges he/she requests as well as of his/her moral and ethical qualifications for Medical Staff appointment;
4. Releases from any liability all representatives of the Hospital(s) and its Medical Staff for their acts performed in good faith and without malice in connection with evaluating the applicant and his/her credentials, and any re-evaluation of his/her qualifications;
5. Releases from any liability all individuals and organizations who provide information to the Hospital in good faith and without malice concerning the applicant's competence, ethics, character, and other qualifications for staff appointment and clinical privileges and reappointment, or revocation of appointment, or delineation of privileges, including otherwise privileged or confidential information;
6. Acknowledges his/her obligation to provide continuous care and supervision of patients in the hospital;
7. Acknowledges his/her obligation to accept responsibility for the care of patients appropriately assigned to him/her by a division chair in instances when the admitting physician or Medical Staff member has his/her privileges suspended;
8. Acknowledges his/her requirement to exhaust the internal administrative remedies provided in the Bylaws before litigating any adverse decision made with respect to a denial, reduction or suspension of clinical privileges;
9. Signifies his/her willingness to voluntarily and immediately forfeit all practice privileges for failure to maintain medical records as required by the Bylaws, Rules and Regulations of the Medical Staff. Subsequent correction of the deficiencies will result in reinstatement of practice privileges under the Bylaws of the respective hospital(s).
10. Acknowledges that he/she is currently not excluded from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid.
11. Agrees to pay an application fee in the amount of \$350.00, to be submitted with completed application.
12. Prior to the exercise of privileges at FHS, medical staff and allied health practitioners must complete Advanced Clinical Information System (ACIS) training. IT and HIM will offer training to providers applying to the medical/allied health staff.

### **Qualification for membership to the Franciscan Health System medical staff include but are not limited to the following:**

- a. Documentation of experience and training, completion of an ACGME, AOA, or APMA approved residency and board admissibility or board certification at the time of initial appointment is required, except for dentists.
- b. Practitioner must have completed the minimum training requirements for board admissibility in the specialty in which they wish to practice.
- c. Practitioners must meet the privilege criteria defined by the Regional Credentials Committee.
- d. Evidence of professional liability insurance, which meets criteria established by the Board of Directors. (\$1M/\$3M)
- e. Evidence of compliance with Continuing Medical Education requirements.
- f. Practitioners shall reside and practice in sufficient proximity to the Hospital to insure that any patient receives continuous care consistent with their expected needs, especially in the case of emergencies.

## Franciscan Health System

### FHS Fee Schedule

Membership	Initial Application Fee	Initial Application Expedite Fee	Reappointment Application Fee	Reappointment Late Fee	Expedite Fee (Reappointments)
Medical Staff	\$350.00	\$350.00 (credentialing within 30 days – no guarantees)	\$100.00	\$250.00 (Your reappointment application is due 30 days from the date of the reappointment letter – reappointment applications received after 60 days from the date of the initial reappointment letter will be charged the late fee)	\$350.00 (If the reappointment application is received after 90 days from the date of the reappointment letter, an expedite fee will be charged.)
Allied Health Staff	\$350.00	\$350.00	\$100.00	\$250.00 (same as above)	\$350.00 (same as above)

#### *Example of Reappointment Fees:*

##### Ideal Scenario

<i>Dr. Jone's reappointment due date:</i>	<i>September 2009</i>
<i>Reappointment Application sent to Dr. Jones:</i>	<i>April 2009</i>
<i>Reappointment Application due:</i>	<i>May 2009</i>
<i>Reappointment Application received:</i>	<i>May 2009</i>
<i>Reappointment Processing:</i>	<i>May – July 2009</i>
<i>Committee Approval:</i>	<i>August 2009</i>
<i>Reappointment complete for another 2 years:</i>	<i>September 2009</i>
<i>Fee for Reappointment:</i>	<i>\$100.00</i>

##### Late Reappointments

<i>Dr. Jone's reappointment due date:</i>	<i>September 2009</i>
<i>Reappointment Application sent to Dr. Jones:</i>	<i>April 2009</i>
<i>Reappointment Application due:</i>	<i>May 2009</i>
<i>Reappointment not returned on due date:</i>	<i>Reminder Letter sent to Dr. Jones May 2009</i>
<i>Reappointment not returned after 60 days:</i>	<i>Certified Letter sent to Dr. Jones, and Late Fee of \$250.00 applies</i>
<i>Reappointment not returned after 90 days:</i>	<i>Certified Letter sent to Dr. Jones, and Late Fee (\$250.00) plus an Expedite Fee (\$350.00) applies.</i>
<i>Fee for Reappointment:</i>	<i>\$100.00 reappointment fee</i>
	<i>\$250.00 late fee</i>
	<i>\$350.00 expedite fee</i>
<i>Total:</i>	<i>\$700.00</i>