

**Reappointment Directions and Checklist
REAPPOINTMENT APPLICATION**

Directions and Checklist for Allied Health Providers

Please be sure the required documents listed below are COMPLETE. A late fee of \$200 must accompany applications submitted after the due date in the letter mailed to you. The application will not be considered complete until this fee has been paid. **Using the envelope provided, please mail to the following address or deliver to Medical Staff Services on West 7 at CMC:**

Covenant Medical Center
3615 19th St , Attn: MSS Dept
Lubbock, Texas 79410

The following checklist is for your convenience in assuring enclosure of all required documentation.

- _____ Completed TDI Texas Standardized Credentialing Application (TSCA). This form may be downloaded from this website: <http://www.tdi.state.tx.us/forms/form9credential.html>. Sign and date all applicable pages. Return all pages. **Note: Every section must be completed. If a question or section does not apply to you, please mark "N/A". There should be no blank questions or blank pages!**
- _____ Hospital Addendum J: Mark requested Entities and Category; sign & date. Complete disclosure questions.
- _____ Proof of current malpractice liability insurance. **If a claim/lawsuit has been filed, settled, dismissed or otherwise disposed of since your initial appointment/last reappointment, provide complete details.**
- _____ Reappointment Privilege Application. This was included with the reappointment documentation mailed to you. Your current privileges are marked with an (*). Initial any new privileges requested. **Note: If you are requesting privileges that you have not previously held, you must provide documentation of training/experience.**
- _____ Copy of current Federal DEA Certificate, if applicable
- _____ Proof of current CPR (required for NPs, PAs, & SFAs)
- _____ Documentation of TB test taken within the past 12 months [TB testing is available at no charge at Employee Health, Suite 107 of the Professional Office Building] or complete & sign TB Questionnaire included in the reappointment material if you have previously tested positive.
- _____ Evaluation form completed by 1 peer in the same specialty who can attest to your current competence within the past 12 months.
- _____ For CRNA, NP, PA, CCP, SFA, and O&P: the Competency Evaluation form specific to your title must be completed and signed by your supervising physician, managing supervisor or supervisory instructor.
- _____ Scope of Practice (NP and PA only) signed by applicant and his/her supervising physician.
- _____ Provide the name & date of service of at least one patient you saw in a professional capacity during the last two years at: Covenant Medical Center (CMC) Covenant Children's Hospital.
Name or Medical Record number: _____ Date of Service _____
- _____ Updated Protocol (Nurse Practitioner only)
- _____ Physician / Practitioner User Access & Confidentiality Agreement. Read & sign.

PLEASE NOTE: Supervision of Nurse Practitioner or Physician Assistant – these privileges must now be requested by your supervising physician.