

REAPPOINTMENT APPLICATION
Directions and Checklist for Medical Staff 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

For your convenience, the following checklist is provided to assure 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.**
 - _____ **Addendum** to Delineation of Privileges at Reappointment. Note any changes requested. Complete & sign.
 - _____ Some privileges require proof of current competence. Please look for highlighted documentation requirements. Moderate Sedation requires a copy of ACLS certificate or documentation of 5 cases. (Anesthesiologists are exempt).
 - _____ Copy of current Federal DEA Certificate
 - _____ Documentation of TB test result within the past 12 months [TB test is available at no charge at Employee Health, Suite 107 of the Professional Office Building] **OR** if you have previously tested positive, complete & sign the TB Questionnaire (enclosed)
 - _____ Scope of Practice for Physicians who supervise Nurse Practitioners and/or Physician Assistants. Complete & sign.
 - _____ Recent photograph to meet Joint Commission identification requirements. This may also be provided electronically to mss-application@covhs.org
 - _____ Code of Conduct: sign, date & **return the signature page only**. (Pages 1 and 2 of the Code of Conduct is your copy)
 - _____ Physician/Practitioner User Access & Confidentiality Statement, sign & date.
- *Attn Categories: Faculty Consultative Dentistry Podiatry Courtesy** Please also submit:
- _____ * the name of at least one patient seen within the last two year reappointment period for CMC or Covenant Children's Hospital: _____
 - _____ * the included Evaluation forms completed by 2 peers in the same specialty who can attest to your current competence.

Providing the information requested and rechecking your application for completion will help expedite the reappointment process. Please retain a copy of the completed application for your records. We look forward to continuing our affiliation with you and will be happy to answer any questions or assist you with the process! Call 725-0566 with questions.