

Magna Surgical Center

Medical Staff File Assembly : Dr. _____

Physician	Facility	Side 1 (top to bottom) (most recent forms always on top)
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|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | | Facility Privilege Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Hospital Privileges |

Physician	Facility	Side 2 (top to bottom) (most recent forms always on top)
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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | | Photo ID (drivers license or passport) |
| <input type="checkbox"/> | <input type="checkbox"/> | Illinois Physician License |
| | <input type="checkbox"/> | Illinois Physician Online License Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | Illinois Controlled Substance License |
| | <input type="checkbox"/> | Illinois Controlled Substance Online License Verification |
| <input type="checkbox"/> | | Federal DEA License |
| | <input type="checkbox"/> | Federal DEA License Online Validation |
| <input type="checkbox"/> | <input type="checkbox"/> | Malpractice Insurance Certificate (current) |
| <input type="checkbox"/> | | ACLS / BLS / PALS Certificates (If Applicable) |

Physician	Facility	Side 3 (top to bottom)
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|--------------------------|--------------------------|--|
| | <input type="checkbox"/> | Initial Board Appointment Letter |
| | <input type="checkbox"/> | Initial Board Signature Form |
| <input type="checkbox"/> | | IDPH Initial Credentialing Application to Medical Staff |
| <input type="checkbox"/> | | Curriculum Vitae |
| <input type="checkbox"/> | | Diplomas/Certificates (medical school, internship, residency, fellowship, board certificate) |
| <input type="checkbox"/> | | CME Credits (optional) |
| <input type="checkbox"/> | | Other miscellaneous information received with application |
| <input type="checkbox"/> | | Acknowledgement and Release from Liability |
| <input type="checkbox"/> | | Applicant Agreement |
| <input type="checkbox"/> | | Consent & Release of Insurance Information |
| <input type="checkbox"/> | | Initial Supplemental Information Form |

Physician	Facility	Side 4 (top to bottom)
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- | | | |
|--------------------------|--------------------------|--|
| | <input type="checkbox"/> | AMA Profile - https://profiles.ama-assn.org/amaprofiles/ or Primary Source Verification |
| | <input type="checkbox"/> | NPDB Query - https://www.npdb-hipdb.hrsa.gov/ |
| | <input type="checkbox"/> | OIG Report - http://exclusions.oig.hhs.gov/ |
| | <input type="checkbox"/> | Fellowship, residency, internship, board certificate verifications, if applicable |
| | <input type="checkbox"/> | Hospital Verifications (1 minimum) |
| <input type="checkbox"/> | <input type="checkbox"/> | Professional Recommendations (2 minimum) |

Database profile created

SIS Entry done and up to date