

**Dear Dr. Physician:**

Thank you for your indicating your interest in applying for medical staff appointment and clinical privileges at Lakewood Regional Medical Center.

The following are threshold eligibility criteria for appointment to the Medical Staff:

- (1) Current, unrestricted license to practice in California and no record of revocation, suspension or probation (of licensure in any state) which became final within past ten years except for administrative reasons not related to crimes or professional competence or conduct.
- (2) Current, unrestricted federal DEA registration.
- (3) Satisfactory completion of, or current enrollment in, an accredited postgraduate residency training program in the specialty in which you are seeking clinical privileges.
- (4) If required by the Medical Staff Bylaws, Rules or policies, Board certification by the appropriate specialty Board (ABMS and/or AOA) or proof that you have met/will meet the requirements for examination for certification by the appropriate specialty Board.
- (5) Current, valid professional liability insurance coverage with a qualified carrier of at least \$1M/\$3M with an insurance company approved to provide such coverage in California by the California Department of Insurance or its equivalent, including any self-insured retention or trust. If the Pre-applicant is practicing in a state other than California as of the date of the Request for Application, Pre-applicant may instead provide proof of current professional liability insurance coverage by a carrier approved to provide coverage in the state of practice.
- (6) No record of conviction of Medicare, Medicaid, or insurance fraud and abuse, payment of civil money penalties for same, or exclusion or other adverse actions taken from such programs (i.e., OIG, GSA). [No time limit]
- (7) No felony conviction for or withhold of felony adjudication for a crime against a person (includes a no contest plea). [No time limit]
- (8) Any felony conviction within the past ten years.
- (9) No record of conviction of, withhold of adjudication for, or plea of guilty or no contest to, any other felony, or any misdemeanor related to (a) the practice of your profession; (b) other health care matters; (c) third-party reimbursement; (d) violence; or (e) the use, prescription distribution, or furnishing of DEA scheduled drugs (Schedules I through V) within the past ten years.
- (10) No record of denial, revocation, termination, or involuntary relinquishment of appointment or clinical privileges in same or similar specialty at this or any other hospital or healthcare facility within the past ten years.

## Medical Staff Services Request for Application

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For (1), (8), (9) and (10) above, occurrences greater than 10 years past require practitioner to submit written explanatory summary and authorization for medical staff to obtain further information from involved entities in addition to a completed application for appointment.

Please be advised that the hospital has entered into exclusive arrangements for the following services and is not accepting applications in these specialties: Emergency Services, Anesthesia and Radiology.

Please complete the enclosed Request for Application documents in their entirety and return them with copies of all required supporting documentation within 30 days.

Upon receipt of the complete and accurate Request for Application, a determination will be made as to whether an Application for Medical Staff Appointment and Clinical Privileges may be extended to you. You will be notified of that determination, and if eligible, you will receive an application form as well as other specific information required for appointment and clinical privileges.

Thank you for your interest in Lakewood Regional Medical Center. If I can be of any further assistance, please contact me at 562-602-6811.

Sincerely,



Lisa Beck, CPMSM, CPCS  
Director, Medical Staff Services

Please complete the following documents:  
Request for Application – pages 3 thru 5  
Disclosure and authorization form – pages 6 thru 9

You may also elect to complete the pre application online by going to  
[www.lakewoodforms.com/preApplication](http://www.lakewoodforms.com/preApplication)

<b>PRACTITIONER INFORMATION</b>		
Name:		
Date of Birth:	SSN:	NPI:
Current Office Address:		
City:	State:	ZIP:
Telephone:	Email:	Other Phone:
Primary Specialty:		
Sub Specialty:		
Name of Group:		

**All questions must be completely and truthfully answered. If the answer is 'no' or if not applicable, please indicate.**

Are you licensed in the state of CA?  Yes  No  
 If no, please provide documentation that you have applied for licensure.  
 List other states in which you are currently or were previously licensed.

Are you certified by a Board which is a member of the American Board of Medical Specialties or the American Osteopathic Association; or by the American Dental Association, the American Board of Oral and Maxillofacial Surgery, or the American Board of Podiatric Surgery?  Yes  No

If not currently Board Certified, have you completed training requirements which render you admissible for Board Certification by a Board recognized by the American Board of Medical Specialties or the American Osteopathic Association; or by the American Dental Association, the American Board of Oral and Maxillofacial Surgery, or the American Board of Podiatric Surgery?  Yes  No

If "no", indicate when you will be considered admissible (month/year): \_\_\_\_\_

Do you have professional liability insurance coverage with limits of liability of a minimum of **\$1,000,000/\$3,000,000** from an insurance company licensed or approved to do business in CA? [In Florida: do you have a Statement of Financial Responsibility?]  Yes  No

Have you ever been excluded, suspended, sanctioned or otherwise restricted from participating in any private, federal, state health insurance program (for example, Medicare, Medicaid), or is such action pending or in process? \*  Yes  No

Do you plan to practice within the geographic service area of the hospital, i.e., close enough to fulfill your responsibilities and to provide timely and continuous care for your patients in the hospital?  Yes  No

Has your license to practice any profession in any jurisdiction ever been voluntarily or involuntarily denied, restricted, suspended, revoked, or is any such action pending or in process? \*  Yes  No

Have you ever been investigated by any of the State Boards of Medicine?\*  Yes  No

Are there currently any pending challenges to any licensure, registration or certification? \*  Yes  No

Has your medical staff membership and/or clinical privileges ever been voluntarily or involuntarily denied, restricted, suspended, revoked, relinquished, terminated or is any such action pending or in process? \*  Yes  No

Have you ever resigned from a professional position or appointment or allowed any professional license or certificate or appointment to lapse under threat of dismissal, discipline, non-renewal or other similar actions? \*  Yes  No

Have you had any conviction of, withhold of adjudication for, or plea of guilty or no contest to, any felony, or any misdemeanor related to the crime against a person; practice of your profession; other health care related matters; third-party reimbursement; violence; or the use, prescription, distribution or furnishing of DEA scheduled drugs (Schedules I through V); or is any such action pending or in process? \*  Yes  No

Do you have any pending or final felony or misdemeanor complaints, restraining orders or proceedings filed against you, or convictions of any felony or misdemeanors, in any jurisdiction? \*  Yes  No

*\* If you respond "yes", please attach detailed explanation.*

This form must be returned with copies of the following documents:

- Current license (s) (all states)
- Narcotics registration certification (DEA) (Federal and State, if applicable)
- Certificate of coverage from professional liability insurance carrier
- ECFMG certificate (if foreign medical graduate)
- List of current and previous hospital affiliations for the past ten years
- Evidence of successful completion of Medical or Dental School (or other professional school)
- Evidence of successful completion of an accredited postgraduate residency program in the specialty in which you will seek clinical privileges including copies of certificates
- Evidence of Board Certification or admissibility status, and
- Curriculum vitae which includes specific dates of your training and work history, as well as documentation of all time spans from completion of your Medical/Dental education through the present time.

I certify that I meet the criteria for membership as outlined in this REQUEST FOR APPLICATION. I understand that completing this questionnaire in no way obligates the hospital and/or medical staff to afford me Medical Staff membership or privileges.

## Medical Staff Services Request for Application

I understand that I have the burden of producing adequate information for a proper evaluation of my current competence, character, ethics, and other qualifications, and for resolving any doubts about such qualifications. To accomplish this, I have provided the information requested within this document and agree to provide such other information as may be requested by Lakewood Regional Medical Center or the Medical Staff at any time during the Request for Application process.

I understand that if I do not submit this completed Request for Application along with the required supporting documents within 30 days of my receipt of it, or if any information determined by Hospital as necessary to deem this Request for Application complete is not received within 30 days of a request for such additional information, this request for application shall be considered void, no further processing shall take place, and this Request for Application shall be deemed withdrawn.

I hereby release from liability any representatives of the Hospital and its Medical Staff for their acts performed in good faith and without malice in connection with evaluating my request for Medical Staff membership and privileges at Lakewood Regional Medical Center, and I hereby release from liability any and all individuals and organizations who provide information to representatives of Lakewood Regional Medical Center or its Medical Staff in good faith and without malice concerning my professional competence, ethics, character, and other qualifications, and I hereby consent to the release of such information.

I acknowledge that, if I am granted an application and ultimately Medical Staff membership and privileges at Lakewood Regional Medical Center, all members are required, among other requirements, (i) to participate in emergency Department On-Call Roster as determined by the Member's Department(s) and the Medical Executive Committee; (ii) to treat the other physicians as well as employees, patients and visitors at Lakewood Regional Medical Center in a professional and courteous manner and to refrain from disruptive conduct that adversely affects patient care and operations; (iii) to participate in relevant clinical practice guidelines or evidence-based order sets when such guidelines or order sets have been determined by the Member's Department(s) or the Medical Executive Committee to enhance patient outcomes and overall performance; and (iv) otherwise to abide by the Bylaws, rules and Regulations and policies of the Medical Staff and Bylaws of Lakewood Regional Medical Center.

With my signature, I affirm that all information and documentation submitted in this Request for Application is truthful and accurate. I understand that providing any false or misleading information in this request for application shall be grounds for rejection of the request for application without any rights to further process.

Signature:	Date:
Print Name:	

## **DISCLOSURE AND AUTHORIZATION FORM – MEDICAL STAFF APPOINTMENT**

**Lakewood Regional Medical Center** (the “Client”) may request background information about you from a consumer reporting agency to determine your eligibility for membership on the medical staff or granting of clinical privileges at its licensed healthcare facilities. Your background information will help the Client to determine whether you meet its background criteria established pursuant to the Client’s medical staff bylaws. This background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports for the Client may be obtained at any time after receipt of your authorization and during your appointment (if any) with the Client. These reports may be disclosed to the Client and to its designated representatives and agents.

HireRight, Inc., a consumer reporting agency, will obtain the reports for the Client. HireRight, Inc. is located at 5151 California, Irvine, CA 92617, and can be contacted at 800-400-2761. The reports may contain information bearing on your character, general reputation, personal characteristics and mode of living. The types of information that may be obtained include, but are not limited to: social security number verifications; address verification from credit reporting agencies; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Client. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

## **ADDITIONAL STATE LAW NOTICES**

If you are a California, New York, Maine or Washington applicant, please also note:

**CALIFORNIA:** Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight’s offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**NEW YORK:** You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

**MAINE:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Client, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**WASHINGTON STATE:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

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### **AUTHORIZATION**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Client and its designated representatives and agents. I understand that my consent will apply, and the Client may obtain reports throughout my appointment (if any) with the Client.

I understand that information contained in my application or otherwise disclosed by me before or during my appointment to medical staff, if any, with the Client may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

I also understand that, in no way shall this Authorization and Consent form, or the resulting consumer report or investigative consumer report provided to the Client, be deemed to create any legal employment relationship between myself and the Client.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Client.

**California, Minnesota or Oklahoma applicants only --** You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

\_\_\_\_\_  
Applicant Last Name

\_\_\_\_\_  
Applicant First Name

\_\_\_\_\_  
Applicant Middle Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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*Para informacion en español, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, DC 20580*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

a person has taken adverse action against you because of information in your credit report;

you are the victim of identity theft and place a fraud alert in your file;

your file contains inaccurate information as a result of fraud;

you are on public assistance;

you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a

furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	PLEASE CONTACT
<b>Consumer reporting agencies, creditors and others not listed below</b>	<b>Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357</b>
<b>National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)</b>	<b>Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743</b>
<b>Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)</b>	<b>Federal Reserve Board Division of Consumer &amp; Community Affairs Washington, DC 20551 202-452-3693</b>
<b>Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)</b>	<b>Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929</b>
<b>Federal credit unions (words "Federal Credit Union" appear in institution's name)</b>	<b>National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600</b>
<b>State-chartered banks that are not members of the Federal Reserve System</b>	<b>Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342</b>
<b>Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission</b>	<b>Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306</b>
<b>Activities subject to the Packers and Stockyards Act, 1921</b>	<b>Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051</b>