TITLE: APPLICATION PROCESS – ADVANCED PRACTICE PROFESSIONAL

REFERENCE: TJC MS 06.01.01, 06.01.03, 06.01.05, 06.01.07 06.01.09

POLICY:
It is the policy of the UC San Diego Health System (UCSDHS) to promote quality patient care by exercising due care in granting practitioners clinical privileges. UCSDHS is committed to making every reasonable effort to collect and evaluate relevant information about Advanced Practice Professional applicants, and to make the credentialing decisions that follow reasonably from the information available. UCSDHS does not delegate any credentialing activities to another entity. All applicants are credentialed by Medical Staff Administration in accordance with state and federal laws and UCSDHS Medical Staff Bylaws and Rules & Regulations and Policies.

PROCEDURE:
Application for appointment to the Advanced Practice Professional Staff shall be made on an electronic form approved by the Interdisciplinary Practice Committee, Credentials Committee, Medical Staff Executive Committee and Governing Body. To obtain an initial appointment application, each Department will submit the applicant’s name, electronic mail address, and practicing specialty so that the electronic application process can be launched to the applicant. If the department is paying the application fee, the department will also submit a recharge form to Medical Staff Administration.

A. DOCUMENTATION REQUIRED - To be complete the application shall include:
1. Curriculum Vitae using mm/yyyy format for each work history experience for a minimum of the past seven (7) years. If the practitioner has practiced fewer than seven (7) years, their work history begins at the time of initial licensing.
2. The names and contact information (title, address, e-mail, phone, fax) of three (3) peer references that can provide reliable information on the basis of personal knowledge as to the applicant’s professional ability, ethical character and ability to work with others with recent (within the past 24 months) oversight of the applicant. The reference shall not be the Department Chair, Division Chief, or supervising physician; A peer reference is a person with equal qualifications, training and the same professional discipline as the applicant with personal knowledge of the applicant’s ability to practice.
3. Copy of current California license(s);
4. Copy of current Drug Enforcement Administration certificate— if applicable; (DEA Certificate shall include schedules 2, 2N, 3, 3N, 4 and 5)
5. Copy of current CPR/BLS or ACLS as applicable.
7. Standardized procedures/protocols are required for Nurse Practitioners and, Nurse Midwives if requested for procedures where a current Standardized Procedure at UCSDHS does not exist;
8. Physician Assistants will provide a physician services agreement.
9. Documentation of TB screening performed within the past three (3) months.
10. Documentation of respiratory mask fit testing performed within the past three (3) months.
11. Application Fee: Medical Staff fees are established by the Medical Staff Executive Committee. Fees are payable to “UC Regents” at time of application submission by check, money order, or recharge.
12. 2” x 2” passport type photo;
13. Signed acknowledgment of receipt and agreement to comply with the Medical Staff Bylaws, Rules and Regulations, and Policies;
14. Information as to whether the applicant’s licensure or clinical privileges have ever been revoked, suspended, reduced, not renewed or voluntarily surrendered to any hospital or health care institution or government agency;
15. Information on any malpractice or professional liability actions involving the applicant during the past seven (7) years, including a consent to the release of information by the applicant’s malpractice
insurance carrier(s); and, as applicable, to include a copy of the judgment entered and a copy of the final settlement.

16. Applicants must provide evidence of adequate professional liability coverage of $1 million per occurrence/$3 million aggregate, with the exception of Advanced Practice Professionals that are employees of UCSDHS.

17. Statement regarding applicant’s physical and mental health and evidence of ability to perform privileges requested;

18. Consent by the applicant to the inspection of records and documents pertinent to his/her licensure, specific training experience, current competence and health status;

19. Employment history for the past seven (7) years.

20. Signed Compliance Statement

21. Signed Confidentiality Statement

22. Verification that the practitioner requesting approval is the same practitioner identified in the credentialing documents will be made by either MSA or other UCSDHS employee viewing either a current picture hospital ID card or a valid picture ID issued by a state or federal agency (i.e. driver’s license or passport).

23. Medical Staff Administration will make a determination as to whether or not the application is complete. Applicants will be notified via email if their application is incomplete. If the practitioner fails to respond within ninety (90) days following written notification for outstanding items, the application shall be deemed to be incomplete and shall be considered withdrawn. The processing of the application or request will then be discontinued. Such withdrawal shall not give rise to hearing and appeal rights pursuant to Medical Staff Rules and Regulations, Article VI.

B. PRIMARY SOURCE VERIFICATION - All supplied information shall be verified with the primary source whenever feasible by Medical Staff Administration as outlined in MSP 006, Verification by Primary Source Medical Staff and Advanced Practice Professionals. Additional designated equivalent sources include, but are not limited to The National Student Clearinghouse for verification of secondary education, and the WorkNumber.com for verification of work history;

1. INITIAL REQUEST - Primary source query letters will be mailed, e-mailed or faxed with a copy of the practitioner’s release within 30 days of receipt based on the order in which the applications are received:

2. SECOND REQUESTS are generated and mailed, e-mailed or faxed within approximately 18 days following original generation/mail date to all unanswered queries.

3. THIRD REQUEST letters are generated and mailed, e-mailed or faxed within approximately 18 days following the date of the second mailing. Medical Staff Administration will notify the practitioner and the department contact of all third requests and the burden for assuring receipt of the outstanding items will be placed on the applicant.

C. ADDITIONAL FOLLOW-UP IS REQUIRED FOR: The practitioner is required to provide additional information regarding the following within 21 days of notification by Medical Staff Administration:

1. Open or pending claims, settlements, arbitration awards and judgments;
2. Written explanation by the practitioner on questions requesting clarification.
3. Written explanation on practitioner discrepancies; the practitioner has the right to correct erroneous information.
4. Adverse information report from the respective California licensing Board, OIG, EPLS, or National Practitioner Data Bank Reports;

D. APPLICATION STATUS - Upon request, the practitioner has the right to be informed of the status of his/her application. The practitioner has the right to review information that the practitioner submitted or that was sent to the practitioner from Medical Staff Administration regarding their application.

E. PROCESS COMPLETION - Medical Staff Administration shall make every effort to complete the verification process within 180 days.

F. CREDENTIALING REVIEW AND APPROVAL PROCESS:

1. Department Review
Upon completion of the primary source verification process, the application is presented to the appropriate department for review. The department chair, in consultation with the appropriate division head, shall conduct a final review and evaluation of the applicant’s file and forward it with his/her recommendation back to Medical Staff Administration. If the chair does not return the file within fourteen (14) days, the Chief Medical Officer and Chairman of the Credentials Committee will be notified to assist in getting the Department Chair’s recommendation.

2. **Interdisciplinary Practice Committee Review**
   The Interdisciplinary Practice Committee shall review and act upon the department's written recommendation. The Interdisciplinary Practice Committee may return the application to the department or applicant for additional justification or information. In such a case, the time for review shall be delayed until the appropriate information has been submitted.

3. **Credentials Committee Review**
   The Credentials Committee will act on the Interdisciplinary Practice Committee's report and recommendations at its next regularly scheduled meeting. Within thirty (30) days, the Credentials Committee shall forward to the Medical Staff Executive Committee written report indicating clinical privileges recommended.

4. **Medical Staff Executive Committee Review**
   The Medical Staff Executive Committee (MSEC) shall act upon the Credentials Committee's report and recommendation at its next regularly scheduled meeting. The MSEC may request additional information, return the matter to the Credentials Committee for further investigation, and/or elect to interview the applicant. The MSEC shall forward to the Executive Governing Body, a written report and recommendation as to allied staff appointment and, if appointment is recommended, department affiliation, clinical privileges to be granted, and any special conditions to be attached to the appointment. The MSEC may also defer action on the application. The reasons for each recommendation shall be stated.

5. **Health System Executive Governing Body**
   The Health System Executive Governing Body, or a subcommittee composed of at least two (2) members of the Executive Governing Body, shall act on the recommendation of the Medical Staff Executive Committee no more than sixty (60) days after receipt of the recommendation.

   The CEO, UCSDHS, shall notify the applicant in writing of either
   a) Appointment to the Advanced Practice Professional Staff, with a summary of the clinical privileges granted and conditions thereto, or
   b) Denial of appointment to the Advanced Practice Professional Staff, with a statement of the basis for the decision, and an explanation of the appeal mechanism, as set forth in Medical Staff Rules and Regulations, Article VI

6. **Medical Staff Administration**
   1. Delineation of Privileges forms will be posted on the UCSDHS Intranet.
   2. Medical Staff Administration and hospital databases are updated with demographic data for the new appointee
   3. The application shall be incorporated into the electronic credential files.

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**Policy: Application Process - AHP**

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