

Dear Doctor:

Per your request to be a credentialed provider with a Health Alliance Affiliated Organization (St. Luke), the following documents have been attached for your review and completion: application, delineation of privileges form(s), and a copy of the Medical Staff Bylaws. Please read all attached information carefully, complete the forms in their entirety, and make special note of the documents which you must submit with your application. If the application is incomplete, it will be returned to you. In addition to the above information, an application processing fee will be assessed. Each Health Alliance hospital has assessed an application fee which is required to initiate the data collection and verification process and is required upon submission of the application. Each application fee is listed within the individual hospital requirements. You need only submit the applicable fee for the Health Alliance hospital(s) where you desire membership and privileges. Once you complete the attached application and if you indicate you desire privileges at The Jewish Hospital, a copy will be made and forwarded to the appropriate Medical Staff Office for processing.

The application will first be evaluated against the following minimum criteria for medical staff membership:

**St. Luke Hospitals:**

1. Graduate degree from an accredited school of medicine, dentistry, or osteopathy.
2. If a medicine degree was received from a medical school outside of the United States or its territories or Canada, the physician must be certified by the Education Commission for Foreign Medical School Graduates (ECFMG).
3. Current license to practice medicine or dentistry in the state of Kentucky.
4. Current controlled substance registration certificate with the U.S. Drug Enforcement Administration, if applicable.
5. Certificate of Professional Liability Insurance with minimum \$1M/\$1M coverage.
6. Board Qualified, Eligible, or Certified
7. Qualified alternate with similar clinical privileges
8. **A pass-port size photograph (*new requirement by JCAHO*)**
9. A check made payable to The St. Luke Hospitals for \$150 (application fee)

Doctors of Psychology are only eligible for allied health professional status at The St. Luke Hospitals.

**Jewish Hospital:**

1. Graduate degree from an accredited school of medicine, osteopathy, podiatry, dentistry, psychology, or chiropractic.
2. If a medicine degree was received from a medical school outside of the United States or its territories or Canada, the physician must be certified by the Education Commission for Foreign Medical School Graduates (ECFMG).
3. Current license to practice medicine, dentistry, podiatry, psychology, or chiropractic in Ohio
4. Current controlled substance registration certificate with the U.S. Drug Enforcement Administration, if applicable.
5. Certificate of Professional Liability Insurance with minimum \$1M per occurrence and \$3M aggregate. The acceptable insurance company rating is not less than "A".
6. Physicians other than members of the Contributing Staff, must meet the standards of the American Board of Medical Specialties or the Advisory Board for Osteopathic Specialties in their respective specialties at the time of initial application or meet the standards of such Board with respect to formal education and training at the time of the completion of their formal education and training, and in the case of dentists, podiatrists, psychologists, and chiropractors meet standards of similar advanced professional training at comparable times.

7. A \$50.00 application fee (made payable to The Jewish Hospital)

**For Membership and Privileges at Christ Hospital and/or University Hospital**

- The Christ Hospital (513) 585-2221
- University Hospital (513) 584-2607

If you do not meet the minimum criteria as stated above, your application cannot be considered and will be returned to you. If you meet the minimum criteria, the data collection and verification process will begin immediately. During the verification process, it is not uncommon to experience difficulty in obtaining timely responses to our written inquiries and we may need to call upon you for help. I will be overseeing the processing of your application and will keep you posted on any difficulties encountered. Feel free to call me anytime at (859) 962-5222 to check on the progress of your application. Please return your application and required documentation to: **St. Luke Hospital WEST, Medical Staff Services, 7380 Turfway Road, Florence, KY 41042**

Sincerely,

Joanne Rigsbee, CPMSM  
Manager, Physician Services  
Attachments