

Dear Advanced Practice Nurse/ Physician Assistant:

The following documents have are required to apply for Advanced Practice/Allied Health privileges at University Hospital. Please call the Medical Staff Office at 513.584.2320 to request these documents.

- Standard Application information
- University Hospital Application addendum
- Delineation of Privileges for your specialty
- Code of Conduct
- HIPAA Confidentiality Agreement
- Last Word/ AccessAnyWare information system forms
- TB form with symptom survey for those with previous positive test/negative chest x-ray
- Consent for background check

Please read all attached information carefully, **complete ALL forms in their entirety**, and make special note of the documents you must submit with your application.

Applications require 30 -60 days (dependent on approval committees' schedules) from the time a complete application is received until privileges are granted. Temporary privileges will not be granted due to an incomplete application or delay by applicant/applicant's office in returning requested information. Do not schedule any hospital or hospital clinic patient care until you have received confirmation from the Medical Staff Office of your expected start date.

University Hospital application fee is \$150.00. Please include check with your application, payable to University Hospital.

Application Includes:

1. **The Standard application is the CAQH Application from Universal Provider Datasource (UPD).** Ohio requires providers to submit the CAQH Application for managed care contracting, effective 8/25/08. The ODI (Ohio Department of Insurance) form is no longer available. To minimize the number of different applications providers must complete, we are now using the same basic application form.
 - If you are not in the CAQH database, you may register online at <https://upd.caqh.org/OAS> - select "Logging in for the first time". After initial completion, the information is saved and requires only "re-attestations" to specific sections at regular intervals to maintain your application. There is no fee for providers to use this system. In addition to being a timesaver over traditional paper systems, the system includes many features including automatic saves, error-checking, drop-down menus with pre-population from extensive libraries, extensive help and FAQs.
 - If you are already a registered user, log in at <https://upd.caqh.org/OAS> to access your information. Re-attest to required sections to update your application.
 - If you cannot access the CAQH database, we have provided a printed copy for your use.

Print the completed application after finishing all sections.

2. **University Hospital Application addendum** – Additional hospital information not included in CAQH – Please sign and date where indicated, and return with your application.

3. **Delineation of Privileges for your specialty** – read carefully and include any documentation that is required for the privileges you request. Sign and date, return with your application.
4. **HIPAA confidentiality form** – sign and return with application
5. **Last Word / Access Anywhere forms** (you will automatically be given a Last Word ID unless we are told otherwise). Sign and return with application.
6. **Background Check consent:** all Allied Health must complete consent for background check.
7. **TB form:** You must provide documentation of TB testing within 12 month period prior to your intended start date. If you previously tested positive on skin test, you must provide documentation of previous negative chest x-ray and completion of symptom survey.
8. **Code of Conduct**-Please read and sign and return the signature sheet with your application.
9. **Verification of Responsibility**-Please sign this form and then have your supervising/collaborating physicians sign as well.
10. **Other documents that must be returned with your application:**
 - Photograph/ Photo ID.** Send a copy of your current driver's license or passport.
 - Copy of current professional liability insurance policy face sheet,** showing expiration dates, limits and provider's name.
 - Copy of Resume.** Include relevant work history in chronological order. (Not accepted as a substitute for application information.)
 - Standard Care Agreement with UH job description attached**

Please return completed applications in thirty (30) days. If we do not receive a completed application in forty-five (45) days, absent good cause, we will withdraw your application.

Completed applications should be returned by email, fax or returned receipt certified mail. Do not use interoffice mail. You may also deliver in person to Medical Staff Office, Room 1302, Main Hospital.

PLEASE SUBMIT YOUR COMPLETED REAPPOINTMENT APPLICATION TO:

Mary.Pelley@healthall.com

OR

FAX: 513-584-5501

OR

US MAIL

University Hospital Medical Staff Office
C/o Mary Pelley
231 Goodman ML 814
Cincinnati, Ohio 45219