



Dear Applicant,

Thank you for your interest in becoming a member of our medical staff. We strive to promptly complete the credentialing process through our joint cooperation. We have centralized the credentialing process across the Johns Hopkins Health System. The **Johns Hopkins Centralized Credentialing Office (CCO)** will be processing your application once it has been submitted online.

The first step is to complete the Pre-Application following this letter and fax or email to the Medical Staff Office. It will be reviewed to determine that the basic criteria is met to join the Medical Staff. If you do, a request will be sent to the CCO to launch an online credentialing application to you via e-mail.

Please submit a Current CV with this pre-application form.

IMPORTANT:

Suburban Hospital uses EPIC for all electronic medical records. In order to be granted privileges, you must complete EPIC training. Training is based on specialty and medical staff category. **Please indicate your preferred medical staff category and EPIC experience on the following page.**

NOTE: There will be an initial application processing fee of \$350 that must be paid prior to processing your application. Make check(s) payable to Suburban Hospital; can also be paid by credit card.

Please allow up to 60-90 days for the credentialing process to be complete from the time of submission of your online application to approval by the Credentials Committee at Suburban Hospital.

Your time and energy in this process is greatly appreciated. If you have any questions, please feel free to contact the Medical Staff Office.

Sincerely,

Suburban Hospital Medical Staff Office



You must have all three required licenses to practice in Maryland to be approved for privileges at Suburban Hospital: Maryland State License, Maryland Controlled Substance Registration (CDS), and Federal Drug Enforcement Registration (DEA). Diagnostic Radiologists only need the Maryland State License.

If you do not have your licenses, you will still be able to complete the online application and start the credentialing process, but approval of privileges will be delayed until all licenses are in place.



MEDICAL STAFF CATEGORIES

In keeping with standards across the Johns Hopkins Health System, choosing a medical staff category is important. Please indicate the staff category requested below:

- Courtesy (can admit and attend)
- Consulting (cannot admit but can attend)
- Affiliate (membership without privileges)
- Contract (NIH only; can admit and attend)
- CRNP/CRNA
- PA-C

EXPERIENCE WITH EPIC

Completion of EPIC training is required prior to privileges being granted. The level of training will depend on specialty and medical staff category. Affiliate physicians take the EPIC-read only training. If training is needed, the Physician Liaison will contact you.

- Trained: (Inpatient, Surgical)
- Trained at another facility
- Not trained

Anticipated Start Date: _____

Applicant Name (please print): _____

*****Please provide group affiliation; required to launch the electronic application and create your Johns Hopkins Enterprise Director Identity JHED ID);***

- JHH
- JHCP
- Kaiser Permanente
- NIH
- BEA
- Other: _____

Office Name & Address: _____



Medical Staff Services
8600 Old Georgetown
Road Bethesda MD 20814
Ph. 301.896.3339
Fax. 301.897.1378

Pre-Application Questionnaire

Name: (First) (Last) (Middle) Specialty:
Type or print full name

Phone #: Email:

*Date of Birth: *Social Security #:

*Please provide NPI # (if available):

Who will provide backup for your inpatients at Suburban Hospital?
(Coverage must be provided by a physician credentialed at Suburban Hospital in the same subspecialty.)

In the past two years, have you practiced medicine in your specialty? Yes No

Do you have the following Maryland licenses? State Yes No DEA Yes No CDS Yes No
MD DO DPM NP PA Other: Male Female USA Citizen Yes No

Have you ever had a license revoked, suspended, or limited by any state, or is your license currently subject to any form of monitoring, probationary status, or conditions? Yes No If yes, please explain:
Suburban Hospital requires applicant to be board certified within five years of completing residency.

Are you currently Board Certified? Yes No If Yes, list Board name and dates of certification/recertification.
Board: Date:

If No, are you currently eligible to take Board Exams? Yes No

Have you ever had your privileges suspended or involuntarily terminated by any hospital? Yes No (If yes, explain below)

Have you ever been excluded from participating in Medicare or Medicaid? Yes No
(If yes, please explain)

*Have you ever been, or are you currently, the subject of a professional liability suit, including malpractice claims?
Yes No
(If yes, please explain):

What is your reason for seeking membership?

**For CRNP/CRNA, please list collaborating physician:

I have read and understood the information contained in the letter sent with this pre-application. I attest that the information above is complete and accurate.

Signature

Date

Please forward to wwatsol7@jhmi.edu upon completion