



Peoria Medical Society

7700 N. Harker Drive, Suite D
Peoria, IL 61615
Ph 309-692-1192 Fax 309-692-2502

August 17, 2016

Dear Practitioner:

Please find enclosed the State of Illinois Health Care Professional Credentialing and Business Data Gathering Form ("Form") that is to be used **for all hospitals, health care entities, and health care plans** that credential health care professionals. ***We ask that you carefully read and follow the instructions below.***

The enclosed data gathering Form will **BEST BENEFIT YOU IF COMPLETED IN ITS ENTIRETY and a copy made and held by you.** so if required, you may submit this form to other health care entities and health care plans at a later date. However, if you are seeking privileges at one or all of the following local facilities:

- Center for Health Ambulatory Surgery Center, LLC
- Central Illinois Endoscopy Center
- Human Service Center
- OSF Saint Francis Medical Center
- OSF Saint James – John W. Albrecht Medical Center
- Peoria Ambulatory Surgery Center
- Peoria Day Surgery Center

The **following sections must be completed** in order for your request of staff privileges to be considered:

- **Chapter A & Pg 22 (only) of Chapter B**
- **Forms A, B, C, D, E, F (if applicable)**

In addition to the above sections, we will also need these supplemental pages:

- Request for Additional Information
- Signed consents for release/attestation pages (3 see below).

The Peoria Medical Society has the responsibility to carefully verify all information contained on the Form directly with the source/institution. This will include but not be limited to verifying licensure, internships, residency, hospital affiliations, employment history and malpractice history.

The Peoria Medical Society agrees to forward copies of all verified information regarding your Form to the hospitals and health care entities to which you have applied.

Please **individually sign** (and have witnessed where appropriate) each of the following and return to this **office with the completed State of Illinois Form:**

- Application for Professional Staff Appointment
- Consent for Release of Information
- Statement of Applicant Form
- Addendum to the Form for Appointment to the Professional Staff
- Release for investigative background check **now required by the hospitals** for staff privileges (PreCheck, Inc.)
- 1 - Photo (must accompany application – processing will not begin until received (per JCAHO compliance; **jpeg electronic photo preferred**)
- Completed Health Statement (supplemental form)
- All related certificates (see page 2 of State of IL form). i.e., medical license, DEA(s), certifications, education and training certificate(s) etc.
- A copy of a government issued photo I.D. (current state driver's license or a passport photo)

- Copies of: All **current medical licenses** held, TB test results within past 12 months, proof of Tdap vaccination, all diplomas, internship and residency certificates, **current** (employer) certificate of malpractice insurance, and **upon practicing or commencement** of coverage **in the Peoria area**
- Copies of previous certificates of insurance coverage within past 10 years (not mandatory, but helpful)

The Peoria Medical Society will not be involved in the granting of staff membership or clinical privileges. This is the responsibility of each hospital and or health care entity. Shortly after your completed Form is returned to the Peoria Medical Society, you will be receiving information about clinical privileges directly from each hospital where you have applied.

Please mail your completed form and all necessary attachments to: **Peoria Medical Society – 7700 N. Harker Drive, Suite D, Peoria, IL 61615. Also note that there is a \$414.75 processing fee, which covers initial processing and the background checks which are required by the hospitals for staff privileging.** Checks should be made payable to the Peoria Medical Society, which must accompany your completed Form. (For your convenience, we will also accept credit card payments by calling the office.) Note: This fee is for processing and forwarding the application to the hospitals for you wish to obtain privileges. Please be advised that many facilities and employers charge additional fees for verifications and these fees will also be passed along to the applicant.

The average processing time needed to obtain the appropriate verifications from a properly completed form with all attachments enclosed is **not less than 45 days**. There will be additional steps required by each hospital, which will add to the overall processing time. A completed Form and your timely response to requests for additional information will help expedite this process along.

Although the process of verifying your credentials does not automatically make you a member of the Peoria Medical Society, we extend an offer to all Physicians at this time to join us, (309-692-1192). Should you decide to apply for membership in the Peoria Medical Society within the next three months, \$100 of your credentials verification fee will be applied toward your first year's membership dues. For your convenience, a membership application will be forwarded to you upon receipt of your completed Form. Organized medicine needs you and we encourage you to apply for membership in the Peoria Medical Society.

Should you have any questions regarding the credentialing process, please do not hesitate to contact me, or Amy Miller, at 309-692-1192.

Please note: If you decide to withdraw or change your application form for any reason, please contact us immediately.

Sincerely,

Meg Williams

Peoria Medical Society