

Dear Practitioner:

Thank you for your interest in applying for appointment to the Medical Staff at **Plaza Medical Center of Ft. Worth**. We would like to take this opportunity to tell you about our application process. Emergency Medicine, Anesthesia, Pathology, Radiology and Hospitalists are exclusive services available only through the groups contracted. No independent applications will be accepted.

The following are minimum bylaw requirements that must be met to be eligible for medical staff membership and/or privileges:

1. Currently licensed by the State of Texas as a physician, dentist or podiatrist.
2. Maintain a Federal DEA (Drug Enforcement Agency) number if prescribing scheduled substances and a statement of any restrictions, if applicable.
3. Carry professional liability insurance coverage in an amount specified by the **Plaza Medical Center**, Board of Directors. (Minimum requirement at present is \$200,000/600,000.)
4. Satisfactory completion of an approved post-graduate residency training program and/or fellowship. (See attached requirements).
5. Board certification or eligibility to obtain board certification within five years of completion of residency training program.
6. Established or plan to establish an office and residence within thirty (30) minutes of the hospital to facilitate adequate and continuous patient care.

Credentialing new applicants is a two step process at Plaza. The first step is preparation of the pre-application form and returning it to the medical staff office within two weeks to the following: Plaza Medical Center of Fort Worth, Medical Staff Office, 900 8th Avenue, Fort Worth Texas, 76104. A recent photograph and C.V. must accompany the pre-application. After review for eligibility, an application will be mailed to you. The second step is submission of the actual application. **There will be a fee of \$300 assessed for any new applicant to the Medical Staff.**

If you have any questions or we can be of assistance in any way, please do not hesitate to call (817) 347-5859.

Sincerely,
Medical Staff Office

**PLAZA MEDICAL CENTER
OF FORT WORTH**

Minimum criteria for any practitioner requesting appointment to the Medical Staff at **Plaza Medical Center of Fort Worth** is successful **completion of an AMA/AOA approved residency program and/or fellowship program** leading to Board Certification. Do not submit this pre-app unless you have completed your training program OR you are within 60 days of completion. The following list shows the minimum acceptable years of training for various specialties. **PLEASE CIRCLE ONE**

| | | | |
|-------------------------|---|-------------------|-------------------------------|
| Family Practice | 3 | Neurosurgery | 5 |
| Cardio-Thoracic | 6 | General Surgery | 4 |
| Vascular | 4 | Internal Medicine | 3 or 2+ Subspecialty Training |
| Anesthesiology | 3 | Gastroenterology | 2 |
| Ophthalmology | 3 | Pulmology | 2 |
| Otolaryngology | 3 | Endocrinology | 2 |
| Orthopedics | 4 | Nephrology | 2 |
| Plastic Surgery | 6 | Oncology | 2 |
| Colon/rectal Surgery | 4 | Pediatrics | 3 |
| Podiatry | 2 | Pathology | 3 |
| Dermatology | 3 | Psychiatry | 3 |
| Oral Surgery | 3 | Radiology | 3 |
| Urology | 3 | Obstetrics | 3 |
| Physical Medicine | 3 | Gynecology | 3 |

Pre-applications submitted that do not meet the criteria noted above will not be issued an application to the Medical Staff. If your postgraduate training was completed at a time when the number of years required for Board Certification was different than those indicated above, please provide additional explanation. Board Certification is now required within 5 years of completion of training.

NAME: _____ TELEPHONE: _____

ADDRESS: _____

MEDICAL SCHOOL: _____ DATE OF GRADUATION: _____

SPECIALTY: _____

NAME OF BOARD: _____ DATE CERTIFIED: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRUG ENFORCEMENT ADMINISTRATION CERTIFICATE NUMBER: _____

List States where licensed and permit number:

| STATE | NUMBER | STATE | NUMBER |
|-------|--------|-------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

PROFESSIONAL LICENSES/CONTROLLED SUBSTANCES PERMITS AND CERTIFICATES

1. Have you been denied a professional license by any State licensing board or agency? -- Yes No
2. Has your license to practice medicine in any State been reduced, suspended, limited, revoked, canceled or otherwise diminished in any manner? Yes No
3. Have you been the subject of any disciplinary action or proceeding by any licensing or regulatory agency or State Board including, but not limited to, reprimands, probation, monitoring, limitation of practice or procedures, or mandatory second opinions? Yes No
4. Are there any pending actions, proceedings or investigations related to your professional license? Yes No

If the answer to any of the above questions is yes, please attach your explanation on a separate page.

I authorize any licensed physician, medical practitioner, hospital, clinic, or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me and/or my professional competence to give such information to **Plaza Medical Center of Fort Worth** or authorized representative. A photostatic copy of this authorization shall be as valid as the original.

Signature of Applicant: _____ Date: _____

PRINTED NAME: _____

Please return form to:

PLAZA MEDICAL CENTER of Fort Worth
Medical Staff Services
 900 8th Avenue
 Fort Worth, Texas 76104