



Thank you for your interest in Wilkes Regional Medical Center and our community. The following general standards have been adopted to assist Wilkes Regional Medical Center, our Medical Staff, and our Board of Trustees in achieving our mission of providing continuous quality health care to our community:

1. If you are a physician you must be certified or in the examination process for certification by a specialty or subspecialty board as listed by the American Board of Medical Specialists, (or be currently in the process of completing an approved residency). Physicians and all other applicants must:
  2. Be currently licensed or certified to practice in a health-related field in at least one state within the U.S.,
  3. Have a current Federal DEA license (if applicable to field of practice),
  4. Have current professional liability insurance coverage with a minimum of \$1,000,000 per claim or incident either individually or through the supervising physician,
  5. Provide information on any current or previous malpractice judgment or settlement litigation or loss of privileges,
  6. Provide information on the reason for application to this hospital,
  7. Reside or plan to reside close enough to this hospital to provide timely care for patients,
  8. And if a physician requesting privileges in the Active category, must be in active practice, reside or have a facility in which he or she stays when on call, which is within a 20-mile drive of WRMC.

Please complete the attached form and mail it to me at your earliest convenience:

Wilkes Regional Medical Center  
ATTN: Dennis Brown  
P.O. Box 609  
North Wilkesboro, NC 28659

Our Credentials Committee will review and verify the information given and will contact you within six weeks. At that time, providing you meet our general standards, you may be provided with an application for membership or permission to practice and an invoice for a non-refundable \$100 application fee. Our Medical Staff, upon receiving a completed application, will conduct a further review of your credentials prior to making a recommendation to our Board of Directors.

Please be advised that the entire credentialing process from the time an application request is received until privileges are granted normally takes a **MINIMUM** of three months to go through all the required committees and service head recommendations. Should you be granted permission to receive an application, that application **MUST** be received in the Medical Staff Office **AT LEAST 90 days** in advance of anticipated need of privileges! Therefore it is imperative that this application request form is returned as soon as possible.

If I can be of any assistance to you, please do not hesitate to contact me.

Dennis Brown  
Medical Staff Consultant  
336-651-8102

**APPLICATION REQUEST FORM**  
Wilkes Regional Medical Center, North Wilkesboro, NC

**NOTE:** Should you be granted permission to receive an application, that application must be received in the Medical Staff Office **AT LEAST 90 days** in advance of anticipated need of privileges!

Name (First, Middle, Last)

\_\_\_\_\_ SS# \_\_\_\_\_

Current Home

Address \_\_\_\_\_

Current Home Phone \_\_\_\_\_ Cell

# \_\_\_\_\_

E-Mail Address \_\_\_\_\_

DOB \_\_\_\_\_

Health Field (please circle one): Physician (MD or DO), Dentist, Oral Surgeon, Other Health Professional (please specify: \_\_\_\_\_)

Category for which you would be applying (see attachment "Definitions of Categories"):

Active:     Courtesy:     Consulting:

Independent Non-physician Practitioner:     Dependent Non-physician Practitioner:

Please provide the following information:

- A. Two forms of identification, one with a legible photo.
- B. Please attach a copy of your specialty board certificate if you are a board diplomat. Otherwise attach a copy of your diploma of completion for your training program, or if still in training, a letter from your department chairman indicating your current status.
- C. If currently in a residency, fellowship, or in training, please list below. If not, please list all hospitals in which you have held clinical privileges during the past 5 years. If neither in training nor affiliated with any hospital within the past 5 years, please elaborate on back.

	<u>Hospital</u>	<u>Complete Address</u>
1.	_____	_____
	_____	_____
2.	_____	_____
	_____	_____
3.	_____	_____
	_____	_____

(use back for additional information)

- D. Please attach a copy of your current license or certificate to practice in a health-related field in a U.S. state.
- E. Please attach a copy of your current DEA License (if applicable).
- F. Please attach a copy of your professional liability insurance policy showing coverage limits and coverage date.
- G. On a separate sheet, please give an explanation of any current or previous malpractice litigation or loss of clinical privileges.
- H. Please list below the reason you wish to apply at this hospital and how you intend to utilize the hospital:  
\_\_\_\_\_  
—  
\_\_\_\_\_  
—
- I. If not a resident of Wilkes County, where do you plan to reside? \_\_\_\_\_

I request an application form for appointment to the Medical Staff or permission to practice at Wilkes Regional Medical Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONSENT TO RELEASE OF INFORMATION**

I hereby authorize Wilkes Regional Medical Center, its medical staff and their representatives to consult with administrators and members of the medical staff of other hospitals or institutions with which I have been associated, as well as with other licensing agencies or other agencies or boards who any have information bearing on my professional competence and qualifications. I hereby release from liability all representatives of the Medical Center and its medical staff for their acts performed in good faith and without malice in connection with evaluating my application request form, credentials and qualifications. I further hereby release from liability any and all individuals and organizations who provide information to the medical center or its medical staff, in good faith and without malice, concerning my professional competence and other qualifications. I hereby consent to the release of such information.

---

Signature

---

Date

## **DEFINITIONS OF CATEGORIES**

The following are brief definitions of the categories that are available to applicants:

### **MEDICAL STAFF APPOINTEES:**

**Active:** The Active Staff shall consist of Medical Staff appointees who attend, admit or are involved in the treatment of at least twenty-four (24) patients per year at the medical Center. Each appointee to the Active Staff shall agree to assume all the functions and including, where appropriate, care for unassigned patients, emergency service care, consultation and teaching assignments. Active Staff appointees shall be entitled to vote, hold office, serve on Medical Staff committees, and serve as chairmen of such committees. They shall be required to attend Medical Staff meetings.

**Courtesy:** The Courtesy Staff shall consist of Medical Staff appointees who are not eligible for appointment to the Active Staff because they intend to and during each appointment year they do attend, admit or are involved in the care of no more than twenty-four (24) patients per year at the Medical Center. Courtesy Staff appointees shall have no staff committee responsibilities, may not vote and may not hold office. They are encouraged to attend staff and service meetings. Evidence of active staff membership at another accredited hospital shall be required before appointment to the Courtesy Staff.

**Consulting:** The Consulting Staff shall consist of physicians appointed to the Medical Staff for the specific purpose of providing consultation in the diagnosis and treatment of patients and the administration of clinical services. Consulting Staff may not perform procedures on inpatients or outpatients at Wilkes Regional Medical Center unless there is no one on Active Staff providing the specific procedure, or capable but not desirous of providing it, and unless adequate coverage for potential post-procedure complications has been prearranged with a Wilkes Regional Medical Center Active Staff physician. Consulting Staff may consult on patients who have been admitted by an Active or Courtesy Staff member. Consulting Staff may write orders on inpatients or outpatients with the consent of the patient's attending physician who is a member of the Active or Courtesy Staff. Appointment to the Consulting Staff does not entitle the appointee to admit patients, to vote or hold staff offices, or to serve on Medical Staff committees. Consulting Staff appointees need not attend Staff meetings or take ED call, unassigned or otherwise, but are encouraged to attend service meetings. (revised 01/28/2003)

## **NON-PHYSICIAN PRACTITIONERS:**

**Independent Non-Physician Practitioners (INPs):** Are non-physician health care professionals who are licensed or certified by their respective licensing or certifying agencies to provide care to patients without direction or supervision (i.e., Dentists, Psychologists, Audiologists, etc.).

**Dependent Non-Physician Practitioners (DNPs):** Non-Physician health care professionals who are licensed or certified by their respective licensing or certifying agencies to provide care to patients under supervision of a physician (i.e., Physician Assistants, Nurse Practitioners, Registered or Licensed Nurses, etc.). The supervising physician must be an Active member of the WRMC Medical Staff and be knowledgeable in the DNP's expertise.