

Dear Provider,

1. I would like to take this opportunity to welcome you to Naval Medical Center, Portsmouth. Our goal is to have your credentialing/privileging requirements met prior to your arrival to NMCP and make this a pleasant experience. Please bear in mind that the credentialing/privileging process has to be completed prior to you seeing patients. We look forward to serving you.

2. The credentialing/privileging process can be very lengthy and you are required to be privileged prior to seeing any patients. In order to expedite the process I am enclosing the necessary forms to be completed and returned. Your individual specific specialty privilege form(s) will be forwarded to you by your credentialing technician.

3. Please ensure that all forms are completed as indicated.

a. Attachment (1) Personal and Professional Information Sheet (PPIS): Please complete the PPIS form entirely. Indicate **N/A** if an area is not applicable to you. All **On question #5, please account, in chronological order, all time from receipt of your qualifying degree to present using month and year format** (i.e. unemployed 6/94 - 8/94). If any of your answers to **question #9 and #10**, are "yes," you will need to provide a detailed explanation in the comment section. Please sign and date each page of this form.

b. Attachment (2) Application: Complete the Application for Staff Appointment. Initial each blank in #3 (a-g), #4 (a-c), and #5, endorse and date this form.

c. Attachment (3) Package of Forms:

Encl (1) Appendix Q

(a) **DO NOT DATE**

(b) Print name in "from" block

(c) Sign on the first signature line

Encl (2) Privacy Act Statement

(a) Complete the bottom of form

Encl (3) Moonlighting Form

(a) Complete "from" block with Name, Department and phone number

(b) Select provider type

(c) Select "am" or "am not"

(d) Sign and date

Encl (4) Privileged provider responsibility sheet

(a) Sign and date

Encl (5) Goals and Services Form (for you to keep)

d. Attachment (4) Core and or Supplemental Privileges:

You will be granted core privileges based on your education/training, licensure/certification, health status and clinical competency and ability to perform. If you are completing a training program your program director will be contacted regarding the privileges in which you are applying.

(1) Supplemental privileges are facility specific and must meet the criteria set by the department. If you apply for any supplemental privileges you must indicate this by writing "Yes" in the blank preceding the privilege. You must provide supporting documentation to warrant granting of these privileges.

(2) If you do not wish to apply for supplemental privileges, you must indicate this by writing "No" in the blank preceding the privilege.

3. Attachments (1) through (4) and enclosures (1-4) should be returned to the Medical Staff Services Department, Naval Medical Center, Portsmouth, as soon as possible.

4. Complete the PPIS as described above and send back to your credentialing technician via email as an attachment so that this form can be saved to a disk. For the forms that require signature, please print, sign and fax to (757) 953-7560 or scan and forward as an attachment so that we can begin the process.

5. Your attention to the details above will allow us to expedite your credentialing package.

6. Again, welcome to the command and I look forward to your arrival.

Patricia Saunders
Head, Medical Staff Services