

Applicants name is required on all correspondence to the Medical staff office**Please enclose the following:**

- ☐ Non-refundable application processing fee of \$300.00. You may submit a check payable to the Kaleida Health Medical Staff or remit payment using a charge card. <https://www.kaleidahealth.org/providers/application/fee/>
- ☐ Dues fees are assessed at the time applications are received by the Medical Staff Office; the medical staff specialist processing your application will inform you of the amount of the fee. This fee must be paid prior to being granted privileges.
- ☐ One (two if mailing) recent professional 'quality' color photo, passport size (Driver's license NOT acceptable). We cannot process your application unless these are submitted with your application. (photos can be mailed to our office or a uploaded Jpeg)

The Following documents are required: (these documents can be scanned in an email or mailed to the MSO office)

- ☐ If not U.S. citizen, provide a copy of VISA, H1B/I-94, Perm Resident Card and/or employment authorization, including ECFMG certification. **Note: All H1B's must be accompanied by a Labor Conditions Application (LCA)*
- ☐ **Signed** copy of your current NYS License Registration Certificate. If you have a limited license, please provide a copy of the license AND a copy of your Affidavit of Agreement with the NYS Dept. of Health. **NP's must provide a signed copy of their RN and NP NYS License*
- ☐ Copy of two government issued ID's (one must be a photo ID - Examples: driver's license, birth certificate, passport)
- ☐ Copy of school diploma and/or other post graduate level education for which your degree was obtained. **NP/CRNA/RNFA's only – must provide copy of Bachelor's Degree (RN).*
- ☐ Copy of your current Federal DEA Certificate, if applicable
- ☐ Copy of the Malpractice Insurance facesheet that will cover you at Kaleida Health. Please be sure Kaleida Health is listed as Certificate Holder - minimum \$1M/\$3M
- ☐ Copy of the malpractice facesheets (Certificate of Insurances) for the past 10 years.
- ☐ Copy of your current Curriculum Vitae (CV must contain month, day, year and your personal email address)
- ☐ Copy of the mandatory NYS Infection Control training course certificate
- ☐ Copy of board certification/recertification certificate
- ☐ Copy of all other certifications (CPR, BLS, ACLS, ATLS, NRP, PALS, APLS, etc.)
- ☐ Completed New Practitioners Medical Evaluation form – Pages 8-10 (A complete 3-page History & Physical including documentation for Rubella, Rubeola, and a copy of your Covid Vaccination Card) **Note: documentation of PPD's completed within the past year from submission of application. Applicants aged 70 years or older must undergo and release the results of an Independent Medical Evaluation (IME)/ Montreal Cognitive Assessment (MOCA) by an approved neurologist in accordance with MED.19 Practitioner Wellness Policy and repeat testing if recommended by the neurologist.*
- ☐ Completed Chronological List of Activities form & Time Gap – Page 11 (**Kaleida Health has a zero day time gap policy**)
- ☐ Completed Background Check Authorization form – Page 12
- ☐ Completed Professional Liability Claims Information form, if applicable – Page 13
- ☐ Reviewed and signed Certifications, Authorizations and Waivers of Liability Form – Page 23
- ☐ Completed General Indemnification form – **for use by non-Kaleida Health employees only** – Page 14 **
- ☐ Completed 4NP/Verification of Practice submitted to the NYS Education Department** – **Nurse Practitioners only**
- ☐ Completed and signed Collaborating Physician Agreement - Newly appointed nurse practitioners require a collaborating agreement per the Kaleida Health Nurse Practitioner Collaborative Relationship Policy. – Page 15.** - **Nurse Practitioners only**
- ☐ Scope of Practice (SOP)/ Advanced Privileges must be completed, signed and dated. Please note the Core SOP must accompany the Advanced Privileges if advanced privileges are also being requested.**

****Note:** All applicants are required to obtain their Collaborating/Supervising Physician's signature on the required documents.

Kaleida Health Medical/Dental Staff Office

1028 Main Street, 3rd Floor

Buffalo, NY 14202

Phone: 716-859-5501

Email: newapplications@kaleidahealth.org