



**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/appointment\\_payment.asp](https://www.kaleidahealth.org/providers/appointment_payment.asp)
- 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
- 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
- Copy of two government issued ID's (one must be a photo ID - Examples: driver's license, birth certificate, passport)
- Copies of medical school diploma, internship, residency and/or fellowship certificates
- Copy of your current Federal DEA Certificate, if applicable
- Copy of the facesheet of your current malpractice or professional liability insurance covering at Kaleida Health (KH) and listing KH as the certificate holder - minimum \$1.3M/\$3.9M
- Copy of the malpractice facesheets 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 all your certifications (CPR, BLS, ACLS, ATLS, NRP, PALS, APLS, etc.)
- Copy of board certification/recertification certificates or a letter indicating admissibility status
- Completed New Practitioners Medical Evaluation form – Pages 8-10 (Note: TB tests are required annually. Applicants aged 70 years or older must undergo and release the results of an IME 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 (Note: KH has a zero gap policy)
- Completed Background Check Authorization form
- Completed Professional Liability Claims Information form
- Completed and signed Federal/Champus Acknowledgement form
- Completed Physicians Coverage Policy form
- Completed Memorandum of Intent – Excess Liability Coverage form
- Read, sign and date Impaired Physician Article
- Reviewed and signed Certifications, Authorizations and Waivers of Liability Form
- References with email address completed on application
- Delineation of Privileges (DOP) completed, signed and dated

**Kaleida Health Medical/Dental Staff Office**

1028 Main Street, 3<sup>rd</sup> Floor

Buffalo, NY 14202

Phone: 716-859-5501

**Email: [newapplications@kaleidahealth.org](mailto:newapplications@kaleidahealth.org)**