Kaleida Health Medical/Dental Staff Appointment Application
Signature Attestation

Congratulations! You have almost completed the online application to be considered for appointment to the Kaleida Health Medical/Dental Staff. The application contains several documents requiring the provision of information and your signature. By signing this Signature Attestation you are signing the application and the following documents:

1. Background Check Form
2. Professional Liability Claims Information Form
3. Federal/Champus Acknowledgement form (Physicians only)
4. Physician Coverage Policy Form (Physicians only)
5. Memorandum of Intent – Excess Liability Coverage Form (Physicians only)
6. Continuing Medical Education (CME) Attestation Form
7. Acknowledgement of Review of "The Role of CPH in Helping Impaired Physicians"

I hereby certify that I have carefully read and understand the following documents currently found on the Kaleida Health internet website:

- HIPAA review for Physicians and Allied Health Professionals
- Medical and Dental Staff Bylaws
- Rules and Regulations of the Medical and Dental Staff
- Statement of Practitioner's Rights

I agree to support the hospital's mission and vision of providing excellence in health care.

I hereby attest that I have personally reviewed all of the information provided in and with this application, and that, to the best of my knowledge, such information is true, not misleading and does not omit any material facts. I understand and agree that if the information that I have provided is false, misleading or contains a material omission, then the Medical Staff may decide not to process the application. In addition, if my application is processed and approved, and the Medical Staff later discovers that information that I have provided herein was false, misleading or omitted material facts, then my membership and/or privileges may be terminated.

_____
(Print Full Legal Name)

_____   _____
(Signature)   (Date Signed)

⚠ **IMPORTANT:**

Your application process is not yet complete!

Please return to STEP 2 at
khproviders.org/application
to finish the process.