

Important Instructions for the Completion of the Maryland Hospital Credentialing Application and the Johns Hopkins Attachment

Please read through the Maryland Hospital Credentialing Application and Johns Hopkins Attachment before you begin providing the requested information.

If additional space is needed, attach additional sheets (make reference to the question being answered) or, copy the blank application page as often as necessary to provide complete information. Keep these additional pages in sequence with corresponding application pages.

This application is to be used by all applicants to the Medical Staff and Allied Health Professional Staff of Johns Hopkins Medicine, including house staff and clinical fellows.

All information verified through the credentialing process is strictly confidential and will be released only to those entities and individuals that have need of such information.

- The Johns Hopkins Attachment must be completed and returned with the Maryland Hospital Credentialing Application. The Maryland Hospital Credentialing Application, Johns Hopkins Attachment, and any entity specific documents need to be completed and returned to be considered a complete application packet.
- All sections of the application must be **complete** and **legible** or your application will be deemed incomplete and returned to you. This pertains to any **required** attachments as well.
 - < The verification process will not begin until both components of the application have been received.
 - < Do not refer to an enclosed curriculum vitae (CV) in lieu of completing a section. A CV does not usually contain all the information needed (e.g., complete dates, addresses, names, etc).
 - < If a section does not apply to you, check the N/A box for that section.
 - < It is of the utmost importance for you to provide fax numbers and e-mail addresses where requested.
- **All chronology must be accounted for from the completion of your medical and/or pertinent allied health education to the present.** Gaps of one month or more will cause the verification process to be delayed until you provide an explanation. Delays can also be caused by incomplete names and addresses, unanswered questions, and/or incomplete sections -- **please provide complete information.**
- Please pay attention to special notes and recommendations throughout the application and attachment.
- Use the checklist on the back page to ensure all required documentation is included.

Completion of the Verification Process can take 60 - 90 days. It takes at least three weeks to receive responses to our queries. If responses to queries are not received within specified time frames, you will be notified and it will be your responsibility to facilitate receipt of the responses. When the verification process has been completed, your file will be submitted to the entity(ies) to which you applied for credentialing. Each entity has its own credentials committee and governing body review, recommendation, and approval processes which can add another 30 - 60 days to the entire process. If any questions or concerns arise during the verification process, you will be contacted directly. Be sure to keep the **Medical Staff Office** advised of any change in address and/or telephone number.



Print Legibly or Type all Information
Illegible Information will be considered Incomplete and Returned to You

This entire document must be returned with the State Credentialing Application.

Sections I through XIII of the Johns Hopkins Attachment refer to the applicable sections of the Maryland Hospital Credentialing Application. Sections XIV through XVII are unique to the Johns Hopkins Attachment. Arrows (←) in the right margin indicate information required on this Attachment.

Section I – Name

Name _____ ←

Please note: Your name is entered in the credentialing database as it is listed on your Maryland professional license. If you do not yet have a Maryland professional license, be sure to indicate the current status of your license application in Section V of the State Application. You do not **need** a license to submit this application; however, before final action is taken on your appointment, a Maryland professional license must be issued.

For house staff applicants (including clinical fellows), your Unlicensed Medical Professionals (UMPs) registration is in lieu of a Maryland state license). If applicable, please fill out the UMP application, found at <http://www.mbp.state.md.us/forms/umpsapp.pdf>

Your full name, SSN, and date of birth are used as unique identifiers in the database and as a cross-reference in identifying you to those from whom we seek information. Refusal to provide this information will cause a delay in the verification process.

Other Name(s) Used: Be sure to list on the Maryland Hospital Credentialing Application any name you have used during your education, training, practice, licensure, and/or if you have ever used an alias by which your references may know you. An explanation of when your name was changed and why you used another name is required.

Section II – Current Office Information

Please provide information about the office you will be maintaining after your appointment. It is not necessary to include the office you are currently maintaining unless that office site will continue to be used after your appointment. Please provide the name and telephone number of an individual we may contact, if we have questions regarding your application, if you cannot be reached: _____

_____ Relationship: _____ ←

Section III – Education and Training

For physicians: Include requested information regarding your medical degree and any degree work done following your medical degree.

For non-physicians: At a minimum, include your professional education / degree work done which relates to the position for which you are applying.

Section B: Include any and all training undertaken, even if you did not complete the program. If more space is needed, copy page 4 as necessary.

If the name or address of the school/institution has changed since your attendance, please be sure to indicate the current name/address.

Section IV – Affiliations and Employment

All information provided must be since completion of your professional education: Include all hospital affiliations (past and present) and any professional affiliations (office practices, clinics, government/military agencies, teaching appointments, etc.) and any other employment held even if it does not relate to your profession.

Be sure to complete in chronological order – Do not refer to an attached resume or CV.

Section V – Professional Licensure/Registration/Certifications

Complete with all professional licenses ever held. There is a column for Not Applicable.

Section VI – U S Military Service

This is for all those individuals with a current or past affiliation with the U S military. There is a check box to indicate applicability.

Section VII – Specialty/Board Certification Status

Please include all information pertaining to boards for which you have taken, or are scheduled to take, some type of clinical examination, either oral or written. This section does not refer to licensing boards.

Section VIII – Professional Liability Insurance

It is usual, if you have been employed in a health care profession, to have professional liability insurance (malpractice coverage). Either your employer has provided the coverage or you have maintained private coverage. If you are coming out of a training program, that program would have provided professional liability coverage.

If you have ever been involved in a professional liability suit, page 9 must be completed. Do not skip any of the sections; all information requested must be provided. Do not attach a letter from your lawyer or a copy of a NPDB report in lieu of completing this page or the application will be considered incomplete.

Section IX – Additional Questions

Answer each question and provide an explanation, as necessary.

Section X – Continuing Education

Please submit a list of CMEs/CEUs taken during the past two years. It is not necessary to provide a certificate from each course taken. If you are currently in a training program, please indicate that in the space provided.

Section XI– Professional References

For Johns Hopkins: List four persons whom:

- Have worked extensively with you or have been responsible for professionally observing your work, within the past year.
- For physician applicants: All names provided must be physicians in your medical specialty. If you cannot provide references in your specialty, *please explain below.*
- For non-physician applicants: At least two of the named persons must be peers (same specialty and/or certification as your own) and one must be a physician. If you cannot provide two peers, *please explain below.*

Do not list:

- Relatives by blood or marriage;
- The Chief of Service for the department to which you are applying;
- Persons in a current training program with you

When received, information provided by your references will be evaluated according to the extent of their direct observation of your clinical work and other knowledge of you. Names and addresses must be complete and legible.

Use this space for any explanations:

Section XII– Affirmation

To be signed and dated within 10 days of submitting the application. You may want to retain a blank page for future use, if you were to apply to another hospital within Maryland at a later date.

Section XIII - Statistical Information

Please complete and return with the application.

-- Application Checklist

➤ - All copies must be clear and legible.

➤ - **Inclusion of the following documents, as applicable to your profession, will avoid delays processing your application.**

___ Delineation of Privileges. [] N/A

___ Current Curriculum Vitae (CV) or Résumé. Inclusion of a CV with the application cannot be used in lieu of completing the application

___ ECFMG Certificate [] N/A

___ Copy of **all** current state medical (professional) licenses [] N/A

___ Copy of current DEA certificate [] N/A
(Application for a DEA is available on line, see <http://www.dea diversion.usdoj.gov/drugreg/index.html>)

___ Copy of **all** current CDS registration(s) [] N/A
(Application for a CDS is available on line, see <http://www.dhmh.state.md.us/drugcont/>)

___ Copy of specialty board certificate(s) or letter indicating current status [] N/A

___ A list of CME/CEU (post-graduate activities) for previous two years, if not listed on the application. [] N/A

___ Copy of the face sheet (declarations page) from your current professional liability carrier and any other carrier you may have had in the previous five years. Face sheets must show the carrier's name, mailing address, limits of coverage, and period of coverage. If a face sheet is not available for each carrier, be sure this information is recorded on page 8 of the Maryland Hospital Credentialing Application.

___ Copy of your EPSDT certificate (see Section XV of the Johns Hopkins Attachment) [] N/A

___ Immunization Information (JHH Medical Staff and House Staff only) [] N/A

___ Complete and return both attestation statements from the enclosed HIPAA documents

➤ All sections/questions of the Application and Attachment must be complete.

➤ Do not leave any section/question blank. If you believe a section/question does not pertain to you, indicate N/A (not applicable).

➤ Do not leave any time gaps in your education, training, or experience. All time must be accounted for since completion of your medical and/or pertinent allied health education to the present. Any unexplained gap of one month or more will require further investigation and may cause a delay in processing your application.

➤ If this application is found to be incomplete, it will be returned to you; thereby delaying the verification process. **ALL INFORMATION MUST BE LEGIBLE.** Delays can also be caused by incomplete names and addresses, please provide complete information in all sections.