

Dear Applicant:

Thank you for requesting privileges and/or Medical Staff membership at CalvertHealth Medical Center. The applicant shall have the burden of producing adequate information for a proper evaluation of their experience, background, training, demonstrated ability and physical and mental health status, and of resolving any doubts about these or any of the other basic qualifications, as stated in the Medical Staff Bylaws. The items below will be needed to complete your application:

FORMS & DOCUMENTS

- **Maryland Uniform Credentialing Application:** Please fill out the complete application. Be cautious with yes and not questions. Review these questions closely. You are signing that responses are accurate and true.
- **Addendum page:** This is the CalvertHealth specific hospital addendum. Please complete the supplemental application. Each hospital has its own supplemental form in addition to the standard Maryland Uniform Credentialing Application.
- **Current curriculum vitae (CV)**
- **Photo:** A color copy of your driver's license (or a black & white good-quality copy) AND a current passport size picture.
- **Privileges:** Completion of Delineation of Privileges form [checked off and signed]
- **Application Fee:** \$350.00. The application fee is made payable to CalvertHealth Medical Center (If you have provided us with the \$ 100 pre-application fee already, reduce the total fee.)
- **Authorization/Release:** Sign & date.
- **Criminal Background Check:** For the completion of a Criminal Records and Background Check, a Release Authorization and Disclosure is required for initial application and with cause.

INFORMATION NEEDED ON THE MARYLAND UNIFORM CREDENTIALING APPLICATION:

- **Affiliations:** When completing the application, please note that we must have **All** hospital affiliations with status and dates since medical school. Please include fax numbers or email contacts to allow a smooth verification process.
- **Malpractice insurance:** Name, address, fax number, policy number for current and all previous liability insurance carriers. This information is used to obtain claims histories.
- **Claims:** A claims history for the past 10 years from your prior and current insurance carriers. If you can initiate the request when you apply, the process moves faster.
- **References:** Complete names, titles, addresses, places of employment, and emails (one reference must be a Supervisor). All others must be **CURRENT** references. **Peer References** are MD to MD, NP to NP and should be in the same category.
- **Start Date:** Please note your anticipated start date on the CalvertHealth Addendum.

INCLUDE COPIES OF:

- **CDS License**
- **DEA License:** must include your Maryland practice address.
- **Maryland State License**
- **Certifications:** A copy of all current certifications including BLS/ACLS/PALS/NRP if applicable
- **Citizenship:** Please provide proof of U.S. Citizenship if born outside of the United States.
- **ECFMG Certificate:** A copy if applicable.
- **Insurance:** A copy of your liability insurance certificate; minimum coverage \$1M/\$3M, listing **CalvertHealth Medical Center as certificate holder** and Entity Coverage.
- **Procedure Logs:** Procedure logs for the past two years.
- **Life Support Certificates:**
 - **Adult Hospitalists:** ACLS
 - **Anesthesia:** BLS, ACLS, and PALS
 - **Emergency Medicine:** ACLS and PALS certificates required for Allied Health
 - **Pediatric Hospitalists:** PALS and NRP
 - **Sedation Privileges:** ACLS, unless Board Certified. in Emergency Medicine, Critical Care, or Anesthesia

HEALTH REQUIREMENTS:

- **Drug Screening:** An 11-panel urine drug screen may be completed at our CalvertHealth Outpatient Lab. Please ask Medical Staff Office for correct form to use. If completing off-site, please inform the medical staff office so that the proper channels can be set up.
- **Hepatitis B information:** Hepatitis B Vaccine information sheet, and Consent or Declination Form/Waiver.
- **Immunization Records:** A copy of your complete immunization records or titers, including MMR, Varicella, Hep B, Flu Vaccine and COVID-19 Vaccination card.
- **Tuberculosis Surveillance:** We require 2 negative skin tests for TB within the last year, one of which must be done in the last 30 days or a negative blood test for TB.
 - If you had a positive skin test, you need to have a confirmatory TB blood test. If the blood test for TB is negative, we accept the negative test.
 - If the blood test is positive, you must have a chest x-ray read as negative for active TB taken and read in the last 6 months to start. A chest x-ray must be done additionally for anyone who has tested positive for TB, NOT as an alternate test.
 - We must have base line TB status at the time of starting.

Please contact us for any questions that arise,
Medical Staff Services
CalvertHealth Medical Center
Office: 410-535-8242 Fax: 410-535-8243
medicalstaffservices@calverthealthmed.org