



St. Charles Health System
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St. Charles Bend St. Charles Redmond
 St. Charles Prineville St. Charles Madras

St. Charles Health System – Initial Application Checklist

The checklist below is a tool to ensure that all items are 100% complete and accurate. **Please feel free to contact us if you need clarification or have questions at any time during the initial application process.**

Sections		Additional Information
Demographics	<ul style="list-style-type: none"> • Name –include middle name if applicable • Other Names – include if applicable (Maiden Name) 	
Office/Locations	<ul style="list-style-type: none"> • MSS will enter this address/will be prepopulated 	
Education/Experience	<ul style="list-style-type: none"> • Medical/Graduate Education • Residency/Fellowship • Hospital Affiliations – hospitals in which you have/had privileges • Work History – employers including contact information – preferably email address • Gaps explained for 60+ days 	<p>Please ensure the to and from dates are included.</p> <p>Undergraduate information is not required.</p> <p>Employment History, Hospital Affiliations and Gaps only need to be entered from the time of completion of your professional training.</p>
Specialty	<ul style="list-style-type: none"> • Board Specialty 	
License/Certification	<ul style="list-style-type: none"> • State License – Oregon • Other Licenses – Other State License if applicable • DEA – Oregon DEA • Board Certification • ACLS, PALS, NRP, or other certifications that are required for your privilege request 	<p>To and From dates must be entered.</p>
Malpractice Insurance	<ul style="list-style-type: none"> • 5 years of malpractice insurance history is required 	<p>To and From dates must be entered</p>
Peer References	<ul style="list-style-type: none"> • Must be a peer who has observed your clinical skills in the 	

	<ul style="list-style-type: none"> past 2 years For physicians – must be physicians in the same specialty For AHP’s – one physician reference is required 	
Health Status	<ul style="list-style-type: none"> COVID Documentation TB Information and Status 	
Claims Information	<ul style="list-style-type: none"> Venue (where is the claim filed) Case # and date of the filing Other Defendants All source documentation, including the complaint document(s) as well as settlement documents, if applicable. 	(This information can be obtained from your legal counsel if not known)
Covering Provider Supplements	Required for Physicians All supplements must be completed by the applicant	CAREFULLY REVIEW Disclosure Questions – for yes questions please provide a summary and attach with the application. PLEASE PAY PARTICULAR ATTENTION TO THE WORDING OF QUESTIONS J and N
	Privilege forms (for each facility where applying)	<ul style="list-style-type: none"> All privileges checked, form is signed and dated For APP’s – form must be signed by supervising physician For special privileges – documentation and cases (if applicable) are identified and included with the application.
	Copies of Required Documents	
	Current professional photo (to be used for identification purposes)	
	DEA (with an Oregon address ; can only apply for after Oregon license has been issued (can take 4 to 6 weeks for approval))	<ul style="list-style-type: none"> The application can be submitted prior to the receipt of the DEA. DEA with the Oregon address will need to be received prior to review
	Copy of Oregon Medical License	
	Copy of Medical Diploma or Professional Graduate School Diploma	
	Physician Assistants - Copy of Collaborating Practice Agreement	

	<p>Case list (activity report) for last 24 months to include specific number of patient contacts/procedures, etc. without specific patient information. Case list should include all procedures being requested (including but not limited to ICU, ventilator management, intubations, etc.).</p>	<ul style="list-style-type: none"> • Special Privilege request – if cases are required to request special privileges (will be identified on the privilege request form), case will need to be identified on case log • The medical records department, medical staff offices, or the billing departments of the facilities where you have worked should be able to assist you. Recent graduates: case logs should come from your most recent training
	DD214 (if prior military experience)	
	Board Eligibility letter from Residency/Fellowship program director OR receipt confirming exam date if not Board Certified	
	Physician or APP Liability Insurance Coverage Application	<ul style="list-style-type: none"> • For SCMG providers only
	Current Certificate of Insurance	<ul style="list-style-type: none"> • Review the malpractice carriers on application to include the last 10 years of carrier information • Include certificate of insurance for previous carriers if available