

Applicants name is required on all correspondence to the Medical staff office

Please enclose the following:

- Non-refundable application processing fee of \$125. 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
- 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, etc.,)
- Copy of school diploma and/or other post graduate level education for which your degree was obtained
- Copy of your current Federal DEA Certificate, if applicable
- Copy of the facesheet of your current malpractice or professional liability insurance - minimum \$1M/\$3M
- 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 board certification/recertification certificate
- Copy of all other certifications (CPR, BLS, ACLS, ATLS, NRP, PALS, APLS, etc.)
- 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 The Aging Provider Policy as well as any repeat testing recommended by the neurologist.)
- Completed Chronological List of Activities form – Page 11 (Note: Kaleida Health has a zero day time gap policy)
- Completed Background Check Authorization form – Page 12
- Completed Professional Liability Claims Information form, if applicable – Page 13
- Completed General Indemnification form – for use by non-Kaleida Health employees only – Page 14
- Completed 4NP/Verification of Practice submitted to the NYS Education Department – nurse practitioners only
- Completed and signed Collaborating Physician Agreement - Newly appointed nurse practitioners require a collaborating agreement per the Kaleida Health Nurse Practitioner Collaborative Relationship Policy. – Page 15
- Reviewed and signed Certifications, Authorizations and Waivers of Liability Form – Page 23