Womack Army Medical Center

Provider Name_____ **Specialty**_____

REQUIRED FORMS MUST BE COMPLETED AND SIGNED:

	Application for Clinical Privileges The application is not included, it will be sent to you from your credentials coordinator
	LEIE Form
	License Waiver (complete and sign where noted)
	Statement of Affirmation/Release of Information Form. Read the release form and complete bottom four lines.
	Request for information Disclosure (NPDB) all Blanks completed
	2 (Two) Peer Recommendation Letters required to verify experience and current competence, must be dated within 12 months of submission.
	Directory Release (complete and sign)
	BLS acknowledgment (signed and dated)
	CME/CEU Requirements for WAMC (signed and dated)
	Advanced Directive, DNR/DNI and Withdrawal of Care (signed and dated)
	Fluoroscopy (Physicians and Physicians Assistants)

REQUIRED DOCUMENTATION:

	Copy of Diploma (Qualifying Degree)
	Copy of Educational Commission Foreign Medical Graduates (ECFMG) Certificate (if Foreign Medical Graduate)
	Copy of all Postgraduate training certificates (internship, residency and or fellowships)
	Copy of all Board Certifications, certificates and sub-specialty Board Certifications (if applicable)
	Copy of Current American Heart Association or Military Training Network Basic Life Support (BLS) for the healthcare provider. In addition ACLS PALS or ATLS may be required for select positions. On-Line course are not acceptable
	Copies of all Licensure

	Copy of DEA/CDS registration if applicable
	Copy of all National Certifications/Registrations if applicable (CCNA, NCCPA, APTA, AOT etc.)
	Copy of current Curriculum Vitae (Resume) to account for all periods of time subsequent to obtaining the initial qualifying degree, must be signed and dated. All gaps over 30 days must be explained.
	Copy of National Provider Identifier (NPI)
	Copies of all continuing education (CME/CEU) for the past 2 years
	Copy of Malpractice Insurance policy/Letters for policy listed
	Photograph of Provider
	Copy of orders (Military only)

A copy of WAMC By-laws will be emailed along with the packet.

****NOTE:** Contracted providers must have a complete packet with all documentation Prime Source Verified. Affiliation/Clinical Questionnaires must be completed. Claims report must be completed prior to submission.

If you have any questions or need assistance, please contact the credentials office at (910) 907-7568, 7-8707, 7-8697, 7-7136 or 7-8617. DSN: 337.

RETURN PACKET TO:
WOMACK ARMY MEDICAL CENTER
MCXC-QSD/CREDENTIALS
2817 REILLY ROAD
FORT BRAGG, NC 28310

******PLEASE RETURN THIS DOCUMENT WITH YOUR APPLICATION**********

Application Instructions

The application will be sent to you from your credentials coordinator at a later date

SECTION I – Identification

- Complete all Blanks except Duty Phone/ PCS/PRD Date
- AFSC/AOC/DESIG- Military place AOC and Title, all others place name of your specialty (i.e. Physician, PA, Physical Therapist)
- Medical facility- WAMC
- Office address – 2817 Reilly Road, Fort Bragg NC 28310

Section II- Professional Education- Qualifying Degree-complete all blocks applicable to your degree

Section III- Postgraduate Education (Most recent First)

Section IV- Specialty- Level (Fully Trained or Board Certified) complete all Blanks

Section V- License/ Certification/Registration - Document type (License, Certification, or Registration) complete all blocks. All licenses must be listed that you have maintained even if they are no longer active. Please attach a continuation sheet if required.

Section VI- DEA If applicable

Section VII- Military or Civilian assignments/Academic Appointments/Professional Affiliations- Document most recent place of employment first, use continuation sheet to capture all places of employment. Off Duty employment is only applicable to active duty members.

Organizational memberships- AMA, NCCPA etc

Section VIII- Continuing Education Credits- List all CME completed in last 2 years. Contingency Training- Basic Life Support (BLS) is a requirement for all healthcare providers, this course should be by the **American Heart Association (AHA) or the Military Training Network (MTN) BLS for the Healthcare Provider is the only acceptable course**. Some positions will require other life support training such as ACLS, PALS, and ATLS, list all life support certifications you currently maintain.

Section IX- References- a Minimum of two letters of reference are required for verification of experience and current competence; they should be dated within 12

months of submission. Please complete all blanks, e-mail address or fax numbers are important to expedite the request.

Section X- Practice History- All questions must be answered, those questions answered “yes” must have a comment/explanation placed in the comment box, and a continuation sheet may be used.

Section XI- Health Status- All questions must be answered, those questions answered “yes” must have a comment/explanation placed in the comment box, a continuation sheet may be used.

Section XII- Clinical Privileges requested:

Organization Unit- WAMC

Military/ Civilian – either or

Admitting- Yes or No

Age Groups: select all age groups you request to treat

If you are applying for multiple specialties you will require additional delineations (Family Practice, Sports Medicine, Internal Medicine, Critical Care etc)

In the Provider Column you must enter a number 1, 2, or 4 for every privilege listed (do not place initials or anything else except a number)

Section XIII- Staff Appointment- Initial Expiration date leave blank

Section XIV- Comments- any comments you may have concerning the delineation of clinical privileges

Section XV- Malpractice Insurance- This must be completed for dates of malpractice history and coverage for the 10 years prior to initial application. Please attach separate paper if required

Section XVI- Must check yes or no for all questions. Must sign and date.