Anderson Healthcare

RE: Anderson Healthcare Application

Dear Applicant,

Thank you for your interest in Anderson Healthcare. We look forward to a mutually beneficial relationship with you! Enclosed please find the Anderson Healthcare Application packet, which includes the State of Illinois Health Care Professional Credentialing and Business Data Gathering Form.

To expedite the application process we ask that you complete all sections in their entirety. Please note that any blanks will result in your application being deemed incomplete and returned to you for completion. In addition, please be sure to account for **any gaps greater than 30 days**. If a section or question does not apply, you may simply mark it as "N/A".

In addition to the State of Illinois Health Care Professional Credentialing and Business Data Gathering Form, you will also be required to complete and return the below listed items:

- Anderson Healthcare Entity Application
- Attestation Form
- Consent to Release Form
- Delineation of Privilege Form – **(Must include documentation to support privileges being requested – please refer to the criteria listed on privilege form)**
- Background Check Authorization Form
- Continuing Medical Education Attestation listing CMEs for the past 2 years, if applicable
- Provider Contact Form
- Supplement Information Form
- Autofaxing Enrollment Form
- Conflict Disclosure Statement
- Provider Signature Form
- Code of Excellence /Code of Conduct Form
- Expectations of Practitioners Granted Privileges
- Physician Acknowledgment Statement – (Only required for physicians)
- Statement and Agreement on Confidentiality
- Covering Provider Agreement – **(Must be completed by a covering provider holding equivalent privileges; Not applicable for hospital based specialties, which include Anesthesiology, Emergency Medicine, Pathology, and Radiology)**
- Application Fee Invoice
- Peer Reference Form – **(3 required from someone with a like degree and who has personal knowledge (of at least 6 months within the past 12 months) of your current clinical abilities, ethical character and interpersonal skills and who can attest to their current competence.**

Along with the State of Illinois Health Care Professional Credentialing and Business Data Gathering Form and the required Anderson Healthcare forms listed above, you must provide the following items:

- Application Fee(s) as required by the Anderson Healthcare entities to which you are applying
- Board Plan if not currently certified
- Copy of BLS, ACLS, ATLS, NRP, and/or PALS, if applicable
- Copy of Collaborative Practice Agreement, if applicable

(continued on next page)

- Certificate of Insurance listing your name, policy number and limits of coverage of not less than $1 Million/$3 Million
- Curriculum Vitae
- Explanation of hospital affiliation gaps greater than 30 days
- Listing of all Current State Licenses
- Proof of COVID and Flu Vaccinations or Explanation for Declination of Vaccination

It is the obligation of the applicant to provide information on the matters listed in the application to satisfaction of the hospital. **Failure to provide all information listed above within 90 days shall be construed as withdrawal of the application.**

We look forward to receiving your completed application. If you have any questions, please feel free to contact the Medical Staff Office at (618) 391-6140 or (618) 391-6142 or by email at MSO@andersonhospital.org.

Sincerely,

Robin Zobrist

Robin Zobrist, MHA, CPMSM, CPCS
Medical Staff Office Manager