

Los Angeles County + University of Southern California Healthcare Network
ATTENDING STAFF OFFICE

Dear Applicant:

Check List

REAPPOINTMENT

YOUR APPLICATION WILL BE REVIEWED/CONSIDERED COMPLETE, WHEN ALL DOCUMENTS LISTED BELOW HAVE BEEN RECEIVED AND ALL INFORMATION HAS BEEN VERIFIED.

- A signed application form. (Information in all sections must be completed. Indicate None or Not Applicable, as appropriate.)
- A signed Clinical Privilege Form. (Indicate your desired scope of privileges in the column entitled "applied". Please bear in mind the privileges requested should be those that are actually performed by you.)
- One peer recommendation letter
- Reappointment Fee is **\$200** for paid attending staff members and **\$50** for voluntary attending staff members: Please write check to: LAC+USC Attending Staff Association.

Please Submit a **Copy** of the following documents:

- The number of CME Credits (50 credits within the last two years)
- A copy of Hospital ID Card or (valid picture ID issued by state, federal agency: Driver's License, Passport)
- A copy of any special permits or certificates of training required to support your application/privilege request, i.e.,
 - Fluoroscopy Certificate or
 - General Anesthesia permits,
 - CPR, ACLS, BLS certification (If applicable)
- HIPAA exam (Required every 2 years at the time of reappointment).

Please **Sign** the following documents:

- Data Security Acknowledgment Statement
- List of current Hospital Affiliations
- EMTALA Regulations Letter
- Tuberculosis Screening
- Moderate Sedation Privileges Request (If applicable)
- Brain Death Privilege Request (if applicable)
- Code of Conduct
- Copy of current CV

DO NOT OBTAIN ANY SIGNATURES FROM THE DEPARTMENT CHAIR OR DESIGNEE. PLEASE SUBMIT YOUR REAPPOINTMENT APPLICATION PACKET DIRECTLY TO THE ATTENDING STAFF OFFICE FOR PROCESSING.

Attending Staff Office
1200 N. State St. Clinic Tower, Room 2B300 Los Angeles, CA 90033
Phone: (323) 409-6225 - FAX: (323) 441-8123

