



**CHECK LIST OF MATERIALS NEEDED FOR COMPLETION OF APPLICATION**

General Instructions:

- All information requested must be **FULLY** and **TRUTHFULLY** provided.

ITEMS	✓
<b>Education, training and Board information:</b>	
• Medical/Dental/Podiatry School certificate	
• ECFMG certificate ( <i>if applicable</i> )	
• Residency certificate	
• Fellowship certificate ( <i>if applicable</i> )	
• Proof of Board Certification, recertification or Board Eligibility for your specialty	
<b>Current Documentation of :</b>	
• NJ state medical/dental license or current renewal registration or any other state license	
• NJ state controlled dangerous substance certificate (CDS) ( <i>if applicable</i> )	
• DEA registration certificate(s) ( <i>if applicable</i> )	
• Proof of Current professional liability insurance with a minimum coverage of \$1 million/ \$3 million. (Not Applicable if employed by Saint Peter's Healthcare System)	
• Copy of Prior professional liability insurance certificate ( <i>if applicable</i> )	
• Curriculum vitae (CV) <b>must</b> be in <u>chronological order</u> , <b>must</b> list months and years, & any gap in the CV longer than 60 days <b>must</b> be explained.	
<b>Did you complete and/or sign and date:</b>	
• Application (including authorization for release of information)	
• The request for clinical <b>privileges</b>	
• Medicare Acknowledgement Statement	
• Human Trafficking Attestation	
• Medicaid ID number <b>OR</b> Medicaid "Non-Participating provider number"	
• CME attestation form (Note: Physicians who completed their training within the past 24 months are exempt from this requirement)	
• Acknowledgement of Receipt (Code of Professional Behavior, Professional Standards, etc.)	
• Coverage attestation form? (Please note that this form must be completed, signed and dated by <b>the physician who is providing coverage for you &amp; is privileged at SPUH</b> )	
<b>Did you remember to upload:</b>	
• Immunization Record Sheet (Not Applicable if employed by Saint Peter's Healthcare System)	
• Copy of lab results for rubella & rubella titers. (Not Applicable if employed by Saint Peter's Healthcare System)	
• Proof of PPD status (Annual Tuberculosis Testing) (2-Step Required) (Not Applicable if employed by Saint Peter's Healthcare System)	
• A color photograph (jpeg format)	
• Application fee (non-refundable) in the amount of \$500 <b>made payable to: Saint Peter's University Hospital</b>	
• A clear copy of your Driver's License, Government-Issued ID or passport?	