KFMC Health Improvement Partners (KFMC)

***KFMC use only***:

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**Reviewer Application**

**Choose one:**

⬜ New application – date submitted:

⬜ Re-verification – date submitted:

License Number: Expiration Date:

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name & credentials:

Last First Middle Credentials (MD, DO, etc.)

Alternate Name(s):

Mailing Address:

If you are part of a group practice, please list the **Name of the group and note the City and State**

**Provide phone #, fax #, and your email: Mark the box, indicating the best way to contact you.**

⬜ Home Phone: ⬜ Work Phone/Extension:

⬜ Cell Phone: Fax # and contact:

⬜ Email:

**Affiliated Hospitals**

Please list the **name, city and state** of facilities which you are affiliated with:

If you have no hospital privileges, indicate ‘NONE’

Applicant Initials:

**Certification(s) and Subspecialty(ies)**

**Current Board Certifications**:

(Certifications only. Board eligible or Board qualified status is not recognized by URAC as a certification.)

A list of board certifications and subspecialties recognized by the American Board of Medical Specialties follows. Please check a box in **list A** reflecting your board, **list B** for your certification, and **list C** for your subspecialty.

| **APPROVED SPECIALTY BOARDS AND CERTIFICATE CATEGORIES** | | |
| --- | --- | --- |
| **LIST A**  American Board of | **LIST B**  General Certificates | **LIST C**  Sub-specialty Certificates |
| ⬜ Allergy & Immunology | ⬜ Allergy & Immunology |  |
| ⬜ Anesthesiology | ⬜ Anesthesiology | ⬜ Critical Care Medicine  ⬜ Hospice and Palliative Medicine  ­⬜ Pain Medicine  ⬜ Pediatric Anesthesiology  ­⬜ Sleep Medicine |
| ⬜ Colon and Rectal Surgery | ⬜ Colon and Rectal Surgery |  |
| ⬜ Dermatology | ⬜ Dermatology | ⬜ Dermatopathology  ⬜ Pediatric Dermatology |
| ⬜ Emergency Medicine | ⬜ Emergency Medicine | ⬜ Anesthesiology Critical Care Medicine  ⬜ Emergency Medical Services  ⬜ Hospital and Palliative Medicine  ⬜ Internal Medicine-Critical Care Medicine  ⬜ Medical Toxicology  ⬜ Pain Medicine  ⬜ Pediatric Emergency Medicine  ⬜ Sports Medicine  ⬜ Undersea and Hyperbaric Medicine |
| ⬜ Family Medicine | ⬜ Family Practice | ⬜ Adolescent Medicine  ⬜ Geriatric Medicine  ⬜ Hospice and Palliative Medicine  ⬜ Pain Medicine  ⬜ Sleep Medicine  ⬜ Sports Medicine |
| ⬜ Internal Medicine | ⬜ Internal Medicine | ⬜ Adolescent Medicine  ⬜ Adult Congenital Heart Disease  ⬜ Advanced Heart Failure & Transplant Cardiology  ⬜ Cardiovascular Disease  ⬜ Clinical Cardiac Electrophysiology  ⬜ Critical Care Medicine  ⬜ Endocrinology, Diabetes & Metabolism  ⬜ Gastroenterology  ⬜ Geriatric Medicine  ⬜ Hematology  ⬜ Hospice and Palliative Medicine  ⬜ Infectious Disease  ⬜ Interventional Cardiology  ⬜ Medical Oncology  ⬜ Nephrology  ⬜ Pulmonary Disease  ⬜ Rheumatology  ⬜ Sleep Medicine  ⬜ Sports Medicine  ⬜ Transplant Hepatology |
| ⬜ Medical Genetics and Genomics | ⬜ Clinic Biochemical Genetics  ⬜ Clinical Cytogenetics  ⬜ Clinical Genetics (M.D.)  ⬜ Medical Molecular Genetics | ⬜ Medical Biochemical Genetics  ⬜ Molecular Genetic Pathology |
| ⬜ Neurological Surgery | ⬜ Neurological Surgery |  |
| ⬜ Nuclear Medicine | ⬜ Nuclear Medicine |  |
| ⬜ Obstetrics & Gynecology | ⬜ Obstetrics & Gynecology | ⬜ Critical Care Medicine  ⬜ Female Pelvic Medicine & Reconstructive Surgery  ⬜ Gynecologic Oncology  ⬜ Hospital and Palliative Medicine  ⬜ Maternal & Fetal Medicine  ⬜ Reproductive Endocrinology/Infertility |
| ⬜ Ophthalmology | ⬜ Ophthalmology |  |
| ⬜ Orthopedic Surgery | ⬜ Orthopedic Surgery | ⬜ Orthopaedic Sports Medicine  ⬜ Surgery of the Hand |
| ⬜ Otolaryngology | ⬜ Otolaryngology | ⬜ Neurotology  ⬜ Complex Pediatric Otolaryngology\*  ⬜ Plastic Surgery within the Head and Neck\*  ⬜ Sleep Medicine |
| ⬜ Pathology | ⬜ Pathology-Anatomic/Pathology-Clinical  ⬜ Pathology-Anatomic  ⬜ Pathology-Clinical | ⬜ Blood Banking/Transfusion Medicine  ⬜ Clinical Informatics  ⬜ Cytopathology  ⬜ Dermatopathology  ⬜ Neuropathology  ⬜ Pathology-Chemical  ⬜ Pathology -Forensic  ⬜ Pathology- Hematology  ⬜ Pathology-Medical Microbiology  ⬜ Pathology – Molecular Genetic  ⬜ Pathology Pediatric |
| ⬜ Pediatrics | ⬜ Pediatrics | ⬜ Adolescent Medicine  ⬜ Child Abuse Pediatrics  ⬜ Developmental-Behavioral Pediatrics  ⬜ Hospice and Palliative Medicine  ⬜ Medical Toxicology  ⬜ Neonatal-Perinatal Medicine  ⬜ Pediatric Cardiology  ⬜ Pediatric Critical Care Medicine  ⬜ Pediatric Emergency Medicine  ⬜ Pediatric Endocrinology  ⬜ Pediatric Gastroenterology  ⬜ Pediatric Hematology-Oncology  ⬜ Pediatric – Hospital Medicine\*  ⬜ Pediatric Infectious Disease  ⬜ Pediatric Nephrology  ⬜ Pediatric Pulmonology  ⬜ Pediatric Rheumatology  ⬜ Pediatric Transplant Hepatology  ⬜ Sleep Medicine  ⬜ Sports Medicine |
| ⬜ Physical Medicine and Rehabilitation | ⬜ Physical Medicine and Rehabilitation | ⬜ Brain Injury Medicine  ⬜ Hospice and Palliative Medicine  ⬜ Neuromuscular Medicine  ⬜ Pain Management  ⬜ Pediatric Rehabilitation Medicine  ⬜ Spinal Cord Injury Medicine  ⬜ Sports Medicine |
| ⬜ Plastic Surgery | ⬜ Plastic Surgery | ⬜ Plastic Surgery Within the Head and Neck\*  ⬜ Surgery of Hand |
| ⬜ Preventive Medicine | ⬜ Aerospace Medicine  ⬜ Occupational Medicine  ⬜ Public Health and General Preventive Medicine | ⬜ Addiction Medicine  ⬜ Clinical Informatics  ⬜ Medical Toxicology  ⬜ Undersea and Hyperbaric Medicine |
| ⬜ Psychiatry & Neurology | ⬜ Psychiatry  ⬜ Neurology  ⬜ Neurology with Special Qualifications in Child Neurology | ⬜ Addiction Psychiatry  ⬜ Brain Injury Medicine  ⬜ Child & Adolescent Psychiatry  ⬜ Clinical Neurophysiology  ⬜ Epilepsy  ⬜ Forensic Psychiatry  ⬜ Geriatric Psychiatry  ⬜ Hospice and Palliative Medicine  ⬜ Neurodevelopmental Disabilities  ⬜ Neuromuscular Medicine  ⬜ Pain Medicine  ⬜ Sleep Medicine  ⬜ Vascular Neurology |
| ⬜ Radiology | ⬜ Diagnostic Medical Physics  ⬜ Diagnostic Radiology  ⬜ Interventional Radiology & Diagnostic Radiology  ⬜ Nuclear Medical Physics  ⬜ Radiation Oncology  ⬜ Medical Physics | ⬜ Hospice and Palliative Medicine  ⬜ Neuroradiology  ⬜ Nuclear Radiology  ⬜ Pain Medicine  ⬜ Pediatric Radiology |
| ⬜ Surgery | ⬜ Surgery  ⬜ Vascular Surgery | ⬜ Complex General Surgical Oncology  ⬜ Hospice and Palliative Medicine  ⬜ Pediatric Surgery  ⬜ Surgery of the Hand  ⬜ Surgical Critical Carey |
| ⬜ Thoracic Surgery | ⬜ Thoracic and Cardiac Surgery | ⬜ Congenital Cardiac Surgery |
| ⬜ Urology | ⬜ Urology | ⬜ Female Pelvic Medicine & Reconstructive Surgery  ⬜ Pediatric Urology |

\*Subspecialties that have been approved, but not yet issued.

If your certification is NOT on the list, please document the specialty certification and the name of certifying board below.

Certification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a hospitalist?** Yes ⬜ No ⬜ Are you certified as a hospitalist or in hospital medicine?

Yes ⬜ No ⬜

If your hospitalist certification is through an organization other than the American Board of Medical Specialties, please document the name of the certifying board in the area above.

**If your specialty certification is Family Practice, do you deliver babies?** Yes ⬜ No ⬜

Do you participate in your specialty Maintenance of Certification (MOC) program? Yes ⬜ No ⬜

**Additional Required Information**

**Length of time providing direct patient care and dates: (IR-RCQ 1-2(a.iv)), IR-RCQ 1-4(b))**

Document the dates reflecting when you have provided direct patient care on a full-time basis (37.5 or more hours a week). The years do not have to be consecutive, however if not consecutive, you must document the Month/year to Month/year of each occurrence of full time direct patient care.

Month/year: to month/year (or to present):

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Month/year: to month/year (or to present):

Have you provided direct clinical care to patients within the past three (3) calendar years. **(IR-RCQ 1-6(b))**

Yes ⬜ No ⬜

**Applicant Signature**: \_\_\_ Date of Application: \_\_\_\_\_\_

**Check the box** to verify that you’ve included **all** of the following **and return with your application.**

**Required enclosures:**

⬜ Application

⬜ KFMC PR Attestations

⬜ Curriculum Vitae

⬜ Confidentiality of Information form

⬜ Organizational Conflict of Interest and Disclosure of Affiliations

⬜ W-9