

Boston Medical Center – Renewal Application Checklist

Minimum required to begin processing (functionality to complete these tasks is in Portal):

- _____ **Application** (Portal)
- _____ **Privilege Request** (Portal) – N/A for Refer and Follow
- _____ **Current Curriculum Vitae** in MM/YYYY format

When reviewing your application in the Portal, please note if any of the following are expired and submit new copies if so. Current versions are required for your application to be considered complete but may be submitted later. **Please do not delay submission of the application if you do not have these items readily available.**

Ways to submit documents:

- Upload in the Documents section of the Portal;
- Email to credentialing@bmc.org; or
- Fax to 617-414-6031.

_____ **Massachusetts professional license.**

_____ **DEA Certificate (if applicable)** – issued by the U.S. Drug Enforcement Administration; must have a Massachusetts practice location listed.

_____ **Mass. Controlled Substance Certificate (if applicable)** – issued by The Comm. of Mass., DPH.

_____ (If you not covered by BMCIC) **Current malpractice insurance**, effective for practice affiliated with or at Boston Medical Center Health System - with limits at least \$1M/\$3M

_____ **Basic Life Support (BLS for Healthcare Providers) certification, which includes hands-on training.**

If you are not requesting clinical privileges (e.g. Refer and Follow), you do not need to submit BLS.

The only acceptable certifications are the AMERICAN HEART ASSOCIATION BLS PROVIDER, or the AMERICAN RED CROSS BLS/CPR FOR HEALTHCARE PROVIDERS. Online-only courses are not acceptable. In addition, advanced life support certification (e.g., ACLS, PALS, etc.), while required for certain privileges, does not cover the BLS requirement.

In addition, please address the following items during the renewal process:

_____ **Occupational Health clearance** – Contact BMCHS Occupational Health at medicalclearance@bmc.org to confirm your clearance for credentialing. *If you are not requesting clinical privileges (e.g. Refer and Follow), you do not need Occ Health clearance.*

_____ **Application fee of \$300** – Via credit card at: <https://pay.instamed.com/bmcmedstaff>. Check or money order, made payable to “**BMC Medical Dental Staff**” is also acceptable. A fee invoice is available on the Medical Staff Services website. The fee may be paid separately. *You may wish to inquire with your hiring Department about fee payment prior to submitting payment yourself.*

_____ (Supervised APRNs and Physician Assistants only) **Prescriptive Practice Review Confirmation.** Forms are provided below.

There may be additional documents or information requested after your application is reviewed by the Medical Staff Office.

For questions, contact:

Medical Staff Office
960 Massachusetts Avenue, 2nd Floor
Boston, MA 02118
credentialing@bmc.org

FAQ

My Basic Life Support is expired or will expire prior to my reappointment. How should I proceed?

Please arrange to become recertified prior to your renewal, ***but do not delay submission of the application while you await recertification.*** Please notify us of the date of your scheduled recertification which we will need before your privileges or Medical Staff appointment will be fully approved.

How do I submit my Continuing Professional Development/Medical Education credits?

You may either list a summary of your credits during the past two years, or you may submit certificates (see Page 1 above for ways to submit documents). In either case, the number of hours submitted must meet the requirements of your licensing Board. Refer to your licensing Board's website for more information on requirements.

What am I required to list as my Health Care Affiliations?

Regardless of duration, please list all affiliations you had as a licensed independent practitioner at hospitals, clinics, outpatient surgery centers, private practice, nursing homes, military medical facilities (including reserve training), public health service, contract services, managed care, or any health-care facility during the past three years. Please list **month & year** of start and end dates. Do not include sites to which you only rotated as part of post-graduate training.

Who can I use as my references?

Your professional references should be of the same professional designation as you (if possible), and they may not be related to you nor may they stand to gain financially from you being granted clinical privileges or Medical Staff appointment. They must be able to comment on your current character, judgement, and competence and ability to perform any privileges you are requesting.

Do you require past face sheets for my Professional Liability Insurance?

No, but they may prove to be helpful. We do require you to provide us the **names, precise contact info, policy numbers and dates (months and years of inception and closure)** for all professional liability insurance carriers during the past three (3) years, including any you had during post-graduate training. You will be asked if there have been, or are currently pending, any malpractice claims, suits, settlements, or arbitration proceedings involving you or gaps in coverage, and you must submit detailed explanations if so.