

Kettering Medical Center System (KMCS)
(Kettering Health Main Campus/Kettering Health Miamisburg/Kettering Health Troy)
Advanced Practice Provider Request to Exercise Privileges at Additional KMCS Hospital

Note: This form is for use by Advanced Practice Providers (e.g., Advanced Practice Registered Nurses, Physician Assistants, etc.) who are currently granted and exercising clinical privileges at one or more of the KMCS hospitals; and who are requesting to exercise the same clinical privileges at an additional KMCS hospital.

Applicant Name: _____

Date Requested: 1/19/2023

Current KMCS Clinical Department: _____

Current KMCS Section: _____

Current Clinical Privileges Granted: _____ [Either specify the type of clinical privileges currently granted by KMCS or attach a copy of your current approved KMCS Delineation of Privileges.]

Name of APP's Collaborating/Supervising Practitioner(s) _____

Current KMCS Locations Where Privileges Are Granted:

- Kettering Health Main Campus
- Kettering Health Miamisburg
- Kettering Health Troy

Additional KMCS Locations Where Privileges Are Requested:

- Kettering Health Main Campus
- Kettering Health Miamisburg
- Kettering Health Troy

[Note : Applicant must provide an updated Delineation of Privileges (completed, dated, and signed) requesting the additional KMCS hospital location(s) along with this form.]

Attestation:

I hereby attest that I have been granted the above stated clinical privileges which I am currently exercising at the above stated KMCS hospital(s). I am requesting to exercise the clinical privileges specified in the attached Delineation of Privileges at the additional KMCS hospital location(s) noted above.

I further attest that I am requesting only those clinical privileges for which, by licensure, education, training, current experience, and demonstrated performance, I am qualified and clinically competent to perform. I agree to provide KMCS with the information/documentation necessary to satisfy the qualifications set forth in the Advanced Practice Provider Policy and the applicable Delineation of Privileges for such clinical privileges. I understand that a grant of clinical privileges at an additional KMCS location(s) will be subject to a period of focused professional practice evaluation at each such additional KMCS location if such clinical privileges are granted.

Signature of Advanced Practice Provider: _____

Date: _____

Please submit to:
Medical Staff Services – Kettering Health Main Campus
3535 Southern Blvd.
Kettering, Ohio 45429
Phone: 937-395-8324
Fax: 937-395-8357