

Kettering Medical Center System (KMCS)
(Kettering Medical Center/Sycamore Medical Center/Troy Hospital)
Physician Request to Exercise Privileges at Additional KMCS Hospital

Note: This form is for use by Practitioners who are currently appointed to the Active or Courtesy KMCS Medical Staff; 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: _____

Current KMCS Medical Staff Appointment Category: _____

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.]

Current KMCS Locations Where Privileges Are Granted:

- Kettering Medical Center
- Sycamore Medical Center
- Troy Hospital

Additional KMCS Locations Where Privileges Are Requested:

- Kettering Medical Center
- Sycamore Medical Center
- Troy Hospital

[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 am appointed to the KMCS Medical Staff category indicated above and 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 Medical Staff governing documents 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 Practitioner: _____

Date: _____

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