

**APPLICATION FOR APPOINTMENT TO THE CENTER FOR HEALTH AMBULATORY SURGERY CENTER, LLC, CENTRAL ILLINOIS ENDOSCOPY CENTER, GRAHAM HEALTH SYSTEM, METHODIST MEDICAL CENTER, OSF SAINTJAMES-JOHN W. ALBRECHT MEDICAL CENTER, OSF SAINT FRANCIS MEDICAL CENTER, PROCTOR HOSPITAL, PROCTOR HEALTH SYSTEMS, INC./PROCTOR FIRST CARE, FAYETTE COMPANIES(HUMAN SERVICE CENTER/WHITE OAKS COMPANIES), PEORIA AMBULATORY SURGERY CENTER, PEORIA DAY SURGERY CENTER, and RENAL INTERVENTION CENTER**

**STATEMENT OF APPLICANT  
(Please read carefully)**

All information submitted by me in this application is true to my best knowledge and belief. I fully understand that any significant misstatement in, or omissions from, this application may constitute cause for denial of appointment or cause for summary dismissal from the medical staff.

In making this application for appointment to the medical staff of this hospital or other hospitals and/or institutions to which I am making application, I acknowledge that I have the responsibility of reading the By-Laws, the rules and regulations of the hospital(s) and the medical staff By-Laws and agree to abide by the terms thereof if I am appointed to such staffs and/or granted membership. I agree to conduct my practice in accordance with ethical traditions.

By applying for appointment to the medical staff, I hereby signify my willingness to appear for interviews in regard to my application. I hereby authorize the Peoria Medical Society, the hospital, its medical staff and their representatives to consult with administrators and members of the medical staffs of other hospitals or institutions with which I have been associated and with others, including past and present physicians I have been associated with, who may have information bearing on my professional competence, character and ethical qualifications. I hereby further consent to the inspection of the Peoria Medical Society, the hospital, its medical staff and its representatives of all documents that may be material to an evaluation of my professional qualifications and competence to carry out the privileges requested as well as my moral and ethical qualifications for staff appointment.

I hereby release from liability all representatives of the Peoria Medical Society, the hospital and its medical staff for their acts formed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and I hereby release from any liability any and all individuals and organizations who provide information to the Peoria Medical Society, the hospital or its medical staff, in good faith and without malice concerning my professional competence, ethics, character and other qualifications for such appointment and privileges, and I hereby consent to the release and exchange of information relating to any disciplinary action, suspension, or curtailment of privileges to the Peoria Medical Society or other hospitals where I may have or apply for staff appointments.

I hereby further authorize the Peoria Medical Society and the hospital to communicate

to other hospitals, with a legitimate interest therein, any information within the limits of the described protocol, concerning my professional competence, character and ethics that the Peoria Medical Society or the hospital may have or acquire, and where such communication is made in good faith and without malice, I consent thereto and agree to hold the Peoria Medical Society, the hospital and/or institution and its authorized representatives free of liability therefore.

I understand and agree that I, as an applicant for medical staff appointment, have the burden of producing adequate information and proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

A photocopy of this waiver shall be as effective as the original when so presented.

NAME \_\_\_\_\_  
(PLEASE PRINT)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_