



Peoria Medical Society

7700 N. Harker Drive, Suite D

Peoria, IL 61615

Phone: 309-692-1192 – Fax: 309-692-2502

May 4, 2011

Dear Colleague:

The **Peoria Medical Society is contracted with Methodist Medical Center of IL and assisting to** convert the physicians who currently hold privileges to a monthly reappoint cycle. The monthly reappoint cycle will reflect the month you were initially appointed privileges and cannot be longer than two years since your last reappointment cycle; **therefore in some instances causing the reappointment cycle to be earlier than previously scheduled.**

Moving forward after this reappointment cycle your privileges will expire every two years from the date shown below. Your current medical staff appointment and clinical privileges will expire on **September 1, 2011 at Methodist Medical Center of IL**. If you wish to apply for reappointment, a complete reappointment packet must be submitted within the time frame outlined below.

Please send a current, up to date, completed State of Illinois Health Care Professional Recredentialing and Business Data Gathering Form along with the other necessary attachments enclosed with this letter.

If you do not have the State recredentialing form, you may obtain it at the following website: www.idph.state.il.us/about/credentialing.htm. Please be sure to complete the form used for **re**credentialing. If you need a copy of the blank form, please contact the Peoria Medical Society at 309-692-1192.

****Your individual reappointment privilege packet and any additional required forms will be mailed to you directly from the individual facility(s) you are seeking reappointment, which you have or will indicate on the Supplemental Reappointment form enclosed.**

The following are additional items and information/instructions needed to complete the reappointment process:

1. Complete the **Supplemental Reappointment Application form** and the Attestation and Release of Information enclosed.
2. Please attach copies of the following documents to the application:
 - ◆ Current IL State License
 - ◆ Current IL State Controlled Sub License
 - ◆ Current DEA license
 - ◆ Current certificate of coverage from professional liability carrier
 - ◆ Proof of board certification status (if newly certified or recertified)
 - ◆ Copy of a current drivers license or passport
 - ◆ Copy of current, signed, Written Collaborative Agreement (if applicable)
 - ◆ Current photo – (current within the last 2 year reappointment cycle -Can be submitted electronically)

3. **Department (Section) Chairman Evaluation** – provide the name and address of the current department (section) chair at your **PRIMARY** hospital on the enclosed form.
4. **Confidentiality Agreement Regarding Medical Staff Peer Review Activities** – The enclosed confidentiality agreement serves as a reminder of the protections afforded to all Medical staff members who participate in peer review activities. Since any member of the medical staff may be involved in peer review activities, the Executive committee determined that all medical staff members should sign the confidentiality agreement at each reappointment. **The signed agreement must be returned in order for your reappointment application to be considered complete.**

After completing the entire reappointment application and all necessary forms please return the packet to the Peoria Medical Society office by **(May 25, 2011)** If you have any questions please call the Peoria Medical Society at 309-692-1192. **Failure to return the necessary information will make you ineligible for reappointment and may result in a loss of your hospital membership and clinical privileges by voluntary resignation.**

Sincerely,

Diane M. Miller

Diane M. Miller
Peoria Medical Society
Credentials Coordinator