



# Peoria Medical Society

7700 N. Harker Drive, Suite D  
Peoria, IL 61615  
Phone 309-692-1192 Fax 309-692-2502

October 18, 2011

Dear Applicant:

Enclosed per your request is a credentials verification packet. You will find the State of Illinois Health Care Professional Data Gathering Form ("Form") that is to be used **for all hospitals, health care entities, and health care plans** that credential health care professionals. ***We ask that you carefully read and follow the instructions below.***

The enclosed data gathering Form will **BEST BENEFIT YOU IF COMPLETED IN ITS ENTIRETY, make a copy to be held by you,** so if in the future, if required, you may submit this form to other health care entities and health care plans. However, the Peoria Medical Society (PMS) is the coordinating body for credentials verification and if you are seeking appointment at one or all of the following local facilities:

- Center for Health Ambulatory Surgery Center, LLC
- Central Illinois Endoscopy Center
- Human Service Center
- Graham Hospital
- Methodist Medical Center of Illinois
- OSF Saint Francis Medical Center
- OSF Saint James-John W. Albrecht Medical Center
- Peoria Ambulatory Surgery Center
- Peoria Day Surgery Center,
- Proctor Hospital
- Proctor Health Systems in Peoria, Illinois
- Renal Intervention Center

the **following sections must be completed and returned to Peoria Medical Society office,** in order for your request for appointment to be considered:

- **Chapter A & Chapter B**
- **Forms A, B, C, D, E, F(if applicable)**

Remember that a **COMPLETED** State of Illinois Credentialing form, all supporting documents and **TIMELY SUBMISSION** is VITAL in helping to prevent delays in your credentialing process.

## **Allied Health Professionals – Please read**

- We realize that some of the information requested on the State form may not apply directly to you as an Allied Health Professional, but ask that you complete as much as possible. We are in need of all educational information on pages 9 and 10, and your work history on pages 16 and 17. Please include your past and present medically related degrees/titles and employment - please submit extra pages if necessary. (ex: RN, BSN, MSN, etc.,)
- **Peer References:** When providing information on "peer" references, please provide two (2) "true" peers and one Physician.
- **Insurance:** Please complete the insurance section in its entirety, if you were insured under your employer's policy; or your educational institution please provide their insurance information.

Please **individually sign, complete and return** each of the following:

- Application for Professional Staff Appointment
- CME Attestation
- Consent for Release of Information
- Statement of Applicant Form and

- Addendum to the Form for Appointment to the Professional Staff
- Release for investigative background check **now required by all three Peoria hospitals.**  
(Kroll Background America, Inc)

and return all of the above, **along with the completed Application Form** to our office at: **7700 N. Harker Drive, Suite D, Peoria, IL 61615**

**In addition to the above sections, you will also need to complete and include the following:**

- \$395.00 application fee (application cannot be processed/started without fee or billing information)
- Request for additional information **pages 1 & 2**
- Sign the consent for release/attestation pages.
- Photo (**Processing of your file cannot begin without this photo-photo can be sent electronically**)
- A copy of a government issued photo (this can either be a copy of your current state drivers license or a copy of your passport book photo)
- All related certificates (see page 2 of State of IL form. Ex: license(s), DEA(s), certifications, education and training certificate(s) etc.) If you have not applied for your Illinois State license or Controlled Substance please do so right away. You may do so by contacting [www.idfpr.com](http://www.idfpr.com), however do not hold up your credentials application, you can be applying for your state license(s) at the same time as the credentialing process takes place.
- Copy of your Collaborative Agreement (if applicable)
- Copy of your Notice of Delegated Prescriptive Authority for Controlled Substance (if applicable)
- Completed Health Statement (within the past 12 months-enclosed)
- Copy of current TB test results (within the past 12 months)
- Copy of current (employers) malpractice insurance
- Copy of insurance certificate upon practicing and commencement of coverage in the Peoria area.

The Peoria Medical Society has the **responsibility to carefully verify all information** contained on the Application Form directly with the source/institution. This will include but not be limited to verifying licensure, education, employment, background checks, and malpractice experience. The Peoria Medical Society agrees to forward copies of all verified information regarding your Application Form to **only** those hospitals and health care entities to which you have applied.

**The Peoria Medical Society will not be involved in the granting of staff membership or clinical privileges.** This is the responsibility of each hospital and or health care entity after the credentials verification process is completed. Shortly after your Application Form and additional requested items are returned to the Peoria Medical Society, you will receive information about clinical privileges directly from each hospital where you have applied.

**Please note there is a \$265.00 processing fee, plus \$130.00 fee to cover background checks that are now required by the hospitals, for a total payment of \$395.00 made payable to the Peoria Medical Society, which must accompany your completed Application Form.** (This is a non-refundable fee. The fee is to cover the costs of processing the Application Form, and forwarding the information to the hospitals.) **The processing of your Application Form cannot begin until payment is received.**

The average processing time needed to obtain the appropriate verifications from a properly completed form with all attachments enclosed is not less than 45 days. There will be additional steps required by each hospital, which will add to the overall processing time. A completed Application Form and your timely response to requests for additional information will help expedite this process.

Should you have any questions regarding the credentialing process, please do not hesitate to contact me, any of the Credentials Assistants at the email addresses listed below or by calling the office at 309-692-1192.

**Please note: If you decide to withdraw or change your Application Form for any reason, please contact us immediately.**

Sincerely,

*Diane M. Miller*

Diane M. Miller

Credentials Coordinator

*Diane Miller/Credentials Coordinator – [diane@peomedsoc.org](mailto:diane@peomedsoc.org), Meg Williams/Manager – [megw@peomedsoc.org](mailto:megw@peomedsoc.org)  
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[www.peomedsoc.org](http://www.peomedsoc.org)